

**Butch:** The 21st-century butch identity may hinge on comfort with and performance of gender-neutral and masculine affect or manner that has to do both with fashion as well as the appearance of physical, emotional, and social confidence and/or strength. Although butches can be straight, historical associations position the butch as pursuer and protector, a role that sits uneasily for women in normative straight culture.

The *OED* definitions (cited at the front of the article) indicate the lack of subject positioning available for women who want to be (or seem) strong or tough. The *OED* genealogy moves from a strongly built person to a woman who “wears mannish clothing” to a person who rejects conventional female roles to, finally, someone who can lovingly protect others—specifically, other women who are presumed to be her sexual object choice. Ultimately, no word yet exists for a tough female youth or a tough woman that does not imply a sexual object choice. (*Tough* means “capable of great physical endurance”). But butch stereotypes tend also to conflate and confuse masculine-identified affects or clothing with toughness, although there are options for the performance of male masculinity that do not make this conflation (e.g., think computer geek).

Oddly, given the multiple and exciting ways that men and women perform masculinity, butches tend to be stereotyped as brawny, overbearing, and badly dressed. In other words, the performances of masculinity central to normative male identity—jocular, physical strength, confidence, straight talking, space taking—are perceived as threatening when performed by women. For that reason, some butches cultivate an extra toughness to compensate for the vulnerabilities created through social discrimination and threat of physical violence. This can lead to a vicious circle in which various forms of self-protection and vulnerability intersect with compounded social coding and violence.

Butch phobia has been—indeed, continues to be—used to configure, diminish, and ridicule personal strength for all women. Women athletes, for example, were dismissed as “lesbians” for using weights in their training well into the 1970s, and Martina Navratilova lost millions of dollars in sponsorship for not compensating in gendered ways for her physical strength. Nevertheless butch identities proliferate (aristocratic, soft, sissy, geek, indie, stone, etc.), and many of these carry class and race inflections. Despite the recent popularity of such nonthreatening butch figures as Ellen DeGeneres among mainstream audiences, discrimination and violence against butches remains a serious issue.

The reliance of these definitions on gender caricatures lead some people to refuse the label *butch*, even though butches tend to be fashionable, beautiful, gentle, intelligent, and outgoing. [Thanks to my superb informants Jennifer Bajorek, Anita Jain, Louise Rafkin, and Gayle Rubin.]

# CA

## Cancer Butch

S. LOCHLANN JAIN  
Stanford University

BUTCH: A tough youth or man; a lesbian of masculine appearance or behavior. Also attrib. or as adj. In the U.S. also applied to a type of short haircut, crew-cut. 1947 Cromwellian May 35: Butch, a strongly-built person. 1949 W. R. BURNETT Asphalt Jungle (1950) v. 30: His white-blond hair disfigured by a butch haircut. 1954 News (San Francisco) 10 Sept. 1: Then some of the girls began wearing mannish clothing. They called themselves 'Butches'. 1965 New Statesman 26 Mar. 493/1: This rejection of the female role is very common among the 'butch' type of lesbian. 1966 Ibid. 13 May 696/3: One of the femmes, secure in the loving protection of her butch. 1967 W. MURRAY Sweet Ride ix. 148: Three burly men with butch haircuts.

—Oxford English Dictionary

It wasn't that I set out to test drive a sports car. Rather, on my way to work, I noticed rows of BMWs underneath a huge sign saying come and drive one, raise money for breast cancer. I had always wanted to take a Z-4 for a spin, so within five minutes I was in a convertible roadster—one with an exquisite wood and leather interior and pink-ribbon paint job. Within five more minutes, I had already accidentally diverged from the route (and so was driving uninsured—the

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**FIGURE 1.** BMW signed car in North Carolina. (Photograph by the author.)

same stretch of freeway on which my car had been totaled by a semi the previous month—but at least I was Earning-A-Dollar-A-Mile-For-Breast-Cancer).

The lot and showroom were decked out with pink roses, ribbons, helium balloons, and various displays including a huge array of finger foods donated by Whole Foods. The centerpiece, a BMW 3-series, would spend its summer vacation trekking through air-conditioned showrooms across the U.S. South being signed—yes, written on—by test drivers. The gleaming hostess, cancer version of Vanna White from *Wheel of Fortune*: “You can drive as many times as you want to, but you can only sign once” (see Figure 1). Near the door was an exhibit of “The BMW Pink Ribbon Collection,” which featured the usual array of logo-ed stuff—towels, coffee mugs, sport bags, caps—embossed with the pun: “The Ultimate Drive.” I asked a fellow participant what she thought of it, and she said, with real feeling, “It’s really beautiful, they did such a good job this year.” I took a pamphlet inviting me to “Show you care with style.”

It can be hard to untangle the motives of the breast cancer–corporate care nexus. The company that manufactured the soda I bought the other day bid me to “Save lives, Send tabs” and promised to donate a dime for disengaging the pink opener from the can (“use extreme care!”), washing it, putting it in an envelope, and sending it. The right postage stamp will earn another two cents. If it is difficult to



FIGURE 2. “Ford Vehicles: Ford Cares” (Ford Vehicles 2007).

find out how much money these campaigns collect, it is nearly impossible to figure out where that money goes. Nevertheless, BMW has raised \$9 million through this campaign, and I was able to drive the car I have always fetishized.<sup>1</sup>

Still, something about the campaign struck me the wrong way. The advertising of the event made it seem as if a cure were just down the road although survival rates have barely increased in the last century.<sup>2</sup> The atmosphere was one of self-congratulation and celebration, and not surprisingly there was no mention of the several known carcinogens that car and gas companies have lobbied hard to allow in gas and car manufacture.<sup>3</sup> And the whole event—with the pink, the kinds of products, the way they were being marketed—seemed to offer the same redoubling of femininity that fissure through the entire biomedical complex of cancer treatments: the pamphlets that let women know how soon after mastectomy they can return to “washing walls”; the mascot color pink, understood to be “comforting” to women; the Look Good, Feel Better classes that teach women how to use cosmetics to make themselves look good throughout treatment.<sup>4</sup> The pink kitsch of breast cancer culture, claims Barbara Ehrenreich, is as much as cult as a culture—one that is downright infantilizing (Ehrenreich 2007). Her widely circulated Harper’s article has touched a nerve with the many women who chafe at the pink and at calls to be warriors and vixens, or to look better in the midst of treatments (see Figure 2).<sup>5</sup>

When diagnosed with breast cancer, literary theorist Eve Kosofsky Sedgwick’s first thought was, “Shit, now I guess I really must be a woman” (Sedgwick 1992:202–203). Crucially, Sedgwick’s recalled reaction to diagnosis was that the cancer, not the breast (which she already had), offered the defining trauma that

constituted her as a woman.<sup>6</sup> (Perhaps just as HIV/AIDS constituted her friend Michael Lynch as a gay man.)

Moving between self-elegy after her diagnosis and elegy of Michael, Sedgwick examines the contexts and identities of illness within the gender performances of the two friends through the prop of a pair of white glasses. Her article tells the tale of her effort to adopt the white glasses worn by Michael in her own attempt to be recognized as a gay man. But after a cross-country search for the same glasses, she finds on wearing them that “the pastel sinks banally and invisibly into the camouflage of femininity, on a woman, a white woman. In a place where it doesn’t belong, on Michael, the same pastel remains a flaming signifier” (Sedgwick 1992:193–208). Not hip at all—and certainly not an expression of the fag identity she desires to communicate—the glasses merely supplement the codes of her own femininity.<sup>7</sup>

By conceding gender through cancer rather than through the breast, Sedgwick asserts that the mammary tissue bears a certain truth, or materiality, that gender does not: the truth of mortality. Gay men (such as Sedgwick) and butches (albeit soft, indie, andro butches—such as me) inhabit different gender identifications. But as Sedgwick makes clear, at least one aspect of the shame of breast cancer for those who inhabit nonnormative genders lies in the seeming destiny of biological gender. Breast cancer demands a surrender to femininity and to the mortality doled out by the feminine body.<sup>8</sup> The forces that distribute that mortality are multiple, and range from the way in which mammary tissues are particularly susceptible to carcinogens, to homophobia in health care, to the widespread dismissal of women’s complaints in medical care (which has led to breast cancer misdiagnosis being one of the most common causes of action in medical malpractice suits in the United States).

Of course gender signifiers offer an easier conversation topic than does mortality. Shit, I am a person—human, animal, mortal. The focus on pink and breasts and comfort may be, quite simply, a convenient way to displace sheer terror: after all, what would it mean to really acknowledge—really acknowledge—the fact that 41,000 people each year die of a disease from which one literally rots from the inside out with no cure while so many known causes continue to be pumped into the environment? Surely such acknowledgement would require the resources of a war on terror? Instead, the disease and its traumas seems to have been absorbed into the culture as inevitably as the signs posted everywhere like flags of surrender, warning that gas and exhaust “are known by the state of California to cause cancer.”<sup>9</sup> Whereas in 1977 Adrienne Rich could describe breast cancer as an “unfair, unfashionable, unforgivable woman’s death,” pink marketing has made breast cancer

practically into a stereotype, a parody of itself.<sup>10</sup> Women's cancers and deaths sink, as Sedgwick describes her purloined white glasses, "banally and invisibly into the camouflage of femininity on a woman."<sup>11</sup>

And so it may be that through this paradoxical invisibility, unlike the gay activist slogan "silence = death," ubiquity = death. I disentangle this strange nexus, one that joins among the gendered effects of industrial production; the culture of secrecy and the sharing of those secrets that "define women as such," as Sedgwick notes; and the sentimental politics that attend—or are represented or encouraged, or perhaps just signified by—the pink. Further, the relentless hyper- and heterosexualization of the disease results in something of a recursive process through which gender is produced and policed. In this context, a queer analysis offers much more than analysis of the fact that lesbians may be the most undertreated group in the United States; rather, it provides a radical intervention into the ways in which gender is constituted and inhabited of in relation to industrial capitalism and the distribution of one of its modes of suffering.

I am not calling for (to the extent that anthropologists get to makes such calls) a war on cancer and its terrors here; rather, the activist desire is to proliferate the possible identities of illness—including dying. More than just about allowing space for queer identities, I aim in this article toward what my colleague Derek Simons calls an elegiac politics, or a retrieval of affect and death and illness in the context of profit (2007; Jain 2007). Rather than a call to action, an elegiac politics recognizes the basic human costs of U.S.-style capitalism. The point is not simply to eradicate the shame that has for centuries accompanied the disease, but also to acknowledge the ugliness of the disease and of the suffering it causes and to let that suffering be okay, not because it is okay but because this is what we have. I draw a space in which cancer can be brought out of the closet in a way that is not about comforting ourselves and each other, and that is not about righteous anger but, rather, is a space of mourning and a space that allows for the agency and material humanity of suffering and death.

A stark difference between cancer and HIV/AIDS has been vastly undertheorized by medical anthropologists. Taking cancer seriously as an ethnographic object shows the impossibly brutal underside of U.S. productive regimes. And so, although corporations may like nothing more than to get rid of the ever-present threats that human cancers pose to production and consumption regimes (a dead smoker cannot buy cigarettes), at the same time the long incubation period and multiple possible causes provides a means by which causal relationships can be questioned.<sup>12</sup> The extended period between exposure and tumor growth also means that often by the

time a person's cancer is detectable, his or her productive years are over.<sup>13</sup> In that sense, cancer offers the perfect capitalist disease.<sup>14</sup>

Consider the example of diethylstilbestrol (DES). The antimiscarriage drug was marketed in the 1950s and 1960s despite the fact that evidence was gathered in the 1930s showing it to be a carcinogen, and in the 1950s showing it to be ineffective against miscarriage.<sup>15</sup> If the synthetic estrogen had caused breast cancer rather than a rare form of cervical and vaginal cancers, the link would never have been made. Although these cases of purposeful injury are usually considered incidental to U.S. capitalism (indeed that assumption is fundamental to the tort system), I have argued elsewhere that such injuries are central to, and inevitable in, U.S. economic exchange (Jain 2006).<sup>16</sup>

The academic literature tends to take Audre Lorde (1997) as the primary feminist theorist of breast cancer, and her 1980 *Cancer Journals* remains, nearly three decades out, the final word on breast cancer and gender theory. Still, HIV/AIDS activism, a revolution in thinking on gender brought about by queer theory, and the inklings of new approaches to a cancer aesthetic, have changed the stakes of the public and private in thinking through the shame, illness, and sexuality nexus. In the first section, I grapple with these issues in disentangling the alliances between breasts and gender and how their disengagements have been marked and framed through various modes representing beauty, shock, and shame.

In the second section, I frame the cultural work done by the pinkwashing mode of recognizing breast cancer and offer a reading of sentimental politics. In the final section, I return to Lorde through a brief analysis of car culture and car violence as a reflective surface to think about cancer and sentimental masculinity. Relying on Lorde, the contemporary academic literature on breast cancer misses an opportunity to better understand the nexus of gender, materiality, and illness in cultures that now differ substantially from when she wrote.

### FRAYED EDGES

In her book *The Cancer Journals*, the self-identified black, lesbian, feminist, warrior Audre Lorde compiled journal entries, poetry, and analysis to explore her experience of breast cancer in the 1970s.<sup>17</sup> The text brought cancer out of two closets—the personal closet of disguise and the political closet of cancer production. Lorde believed that the pressure to wear prostheses and have reconstructions dishonored women's experiences of cancer. This pressure, she thought, tended, on the one hand, to steer women away from coming to terms with the multiple losses that accompany the disease and, on the other hand, to make women feel the lack

of a breast as a stigma: a sign of shame, a token of lost sexuality, and therefore an indicator of cultural worthlessness.

In considering mastectomy as a gendered stigma, she poses the counterexample of the Israeli defense minister Moshe Dayan, who wore an eye patch. To Lorde, the patch was an insignia of Dayan's suffering and thus his strength and courage: "The world sees him as a warrior with an honorable wound, and a loss of a piece of himself which he has marked, and mourned, and moved beyond. . . . Well, women with breast cancer are warriors, also."<sup>18</sup> For Lorde, the space of the mastectomy and the signifier of the scar offered opportunities for communicative and collective action. Reading Lorde offers a certain exhilaration; furthermore, *The Cancer Journals* has become more than simply a commentary, but a critical part of the histories of cancer culture, and feminist thought, in its own right. Nevertheless, it offers a moment in the theorizing of breast cancer in need of updating.

To be sure, breast cancer culture has focused since Lorde on all of the things she was against. Women are still directed toward disguise through makeup, wigs, and prostheses rather than toward politics. The cosmetic industry, for example, sponsors the nearly ritual Look Good, Feel Better class, which gives women free cosmetics and teaches them (us?) how to apply makeup and wigs to make themselves look good and feel better through chemotherapy treatment.<sup>19</sup> Chemotherapy and radiation treatments that target all quickly dividing cells in the body are still the main breast cancer treatments, and breast cancer remains the largest killer of women between the ages of 30 and 65 (this is the only demographic for which cancer is the primary cause of death).<sup>20</sup> Despite the widespread acknowledgement that early detection offers virtually the only route to "cure," it often fails because doctors still assume that women complain too much, or underestimate the cancer risks for younger women.<sup>21</sup> The most notable change since Lorde's era lies in the rates of a woman's lifetime risk of breast cancer, up from one in 20 to one in seven women.<sup>22</sup>

A politics of pollution and its violent and violating gendered effects haunts the scars that Lorde wants to recuperate. She writes,

for me, my scars are an honorable reminder that I may be a casualty in the cosmic war against radiation, animal fat, air pollution, McDonald's hamburgers and Red Dye No. 2, but the fight is still going on, and I am still a part of it. I refuse to have my scars hidden or trivialized behind lambs wool or silicone gel. I refuse to be reduced in my own eyes or in the eyes of others from warrior to mere victim. [Lorde 1997:60]

To Lorde's list one might add so many carcinogens that have been researched since her death: plastics, auto and truck exhaust, long-term effects of nuclear testing, and phthalates, as well as an extensive list of those that have not been researched.<sup>23</sup> For Lorde, the issue was more than the fact that the scar would be covered but also that the prosthesis made evident the paradox that femininity would be recuperated with that very "natural" signifier of gender that makes breasted people vulnerable to the sacrifices of industrial culture. This disguise was part of the recursion of this mode of cultural acceptance of the illness, as though it were fate or nature rather than a measured sacrifice to economic progress.

But the comparison to Dayan that Lorde offers can be mined further. Trained as a soldier, Moshe Dayan received his eye injury—and his eye patch—as a young man in Syria fighting against the profascist Vichy regime. Audre Lorde, a black lesbian, received her mastectomy as the result of a disease that, at the time, was barely utterable, received virtually no funding for research, and for which it was impossible to locate a cause.<sup>24</sup> The eye patch signifies an event, the mastectomy scar a process. Further, unlike Dayan's eye patch, cancer injuries harbor ghosts: baldness recalls criminality and the holocaust as much as the subsequent performances (commonly read as codes of aggression) of punk rockers and lesbians. In making cancer survivors into warriors, Lorde strategically renders cancer into a certain kind of event, taking it from the banal everyday slow death into the crisis figuration of the epidemic (Berlant in press). This move is made through the personal descriptions of her cancer experience. For every individual, cancer offers a crisis moment; only at the level of the aggregate can it be chronic, endemic, or statistically representable. In this offering of the personal as political, *The Cancer Journals* cannily prefigures the HIV/AIDS movement, although, ironically the HIV/AIDS movement had some success where the war on cancer has had very little.<sup>25</sup>

Maybe Audre Lorde would have been happy with an archive of images that proliferated after her death, one that began with Deena Metzger's 1977 portrait, "The Warrior," of her mastectomy and the tree branch she had tattooed around the scar (see Figure 3). Metzger, like Lorde, wanted to bring mastectomy out of the closet.<sup>26</sup> She succeeded: this poster-postcard image reached virtual cult status through the 1980s. Metzger claimed her goal was to alleviate some of those awkward public-private places: saunas, dressing rooms, places where women congregate and undress, places that merge the ultimate privacy of the body with the (potential, sidelong) gaze of peers, places in which one is unveiled no matter how the space is approached, and places in which communication takes place, hair growth is surveilled, or sexual object choices assumed.



**FIGURE 3.** Deena Metzger. (Photograph by Hella Hammid, 1980. © Reprinted with the permission of Deena Metzger.)

Corporate models have also displayed their injuries; most famously, the model Matuschka posed in a specially designed white gown with her mastectomy scar on the cover of the *New York Times Magazine* in 1993. Lynn Kohlman a model in the 1960s and 1970s, and then a photographer ups the ante slightly a decade later, posing this time in stark black and white with no top: neither shirt nor head wrap, and shorn of some of her hair. The lack of shirt reveals thin mastectomy scars and the bald patch divulges a set of fat metal staples bulging out of her scalp echoing the contours of her left ear (see Figures 4 and 5). She too has kept herself public in the journey from the front of the camera to the back and again to the front, and in so doing moved along on another kind of expedition. She writes, “cancer has been an unexpected gift that has brought with it dramatic change and transformation. . . . I never believed in my beauty as a model, but here I am, 57 years old, with a double mastectomy, hair fried from radiation, never feeling more beautiful! . . . I have gone inside out” (Kohlman 1995:14).<sup>27</sup> With this last statement, she presumably means that she has matured in the way she locates her own beauty. But when I showed this image to a colleague, she said, “Kohlman is right, she is more beautiful when she is older.”

The weekend that I discovered the images of Kohlman, an ad for Mount Sinai appeared on the back cover of the *New York Times Magazine* (see Figure 6). I always notice them because, even after living for more than a decade in the United States,



**FIGURE 4.** Lynn Kohlman. (Photograph used with the permission of Lynn Kohlman and Mark Obenhaus.)

I find it bizarre that hospitals are a for-profit business, like selling raffle tickets or cheap candy. The stitches on the iconic U.S. baseball of the ad look nearly identical to the stitches on Kohlman's head, and one supposes that this is the point. Maybe this ad signifies a face taken to its modernist aesthetic extreme, with its layers of whites, its smooth texture, its perfect incision: so much shorter than one expects on a baseball;<sup>28</sup> so much longer than one expects on a head. The beauty lies in the startle of the design, in both cases.

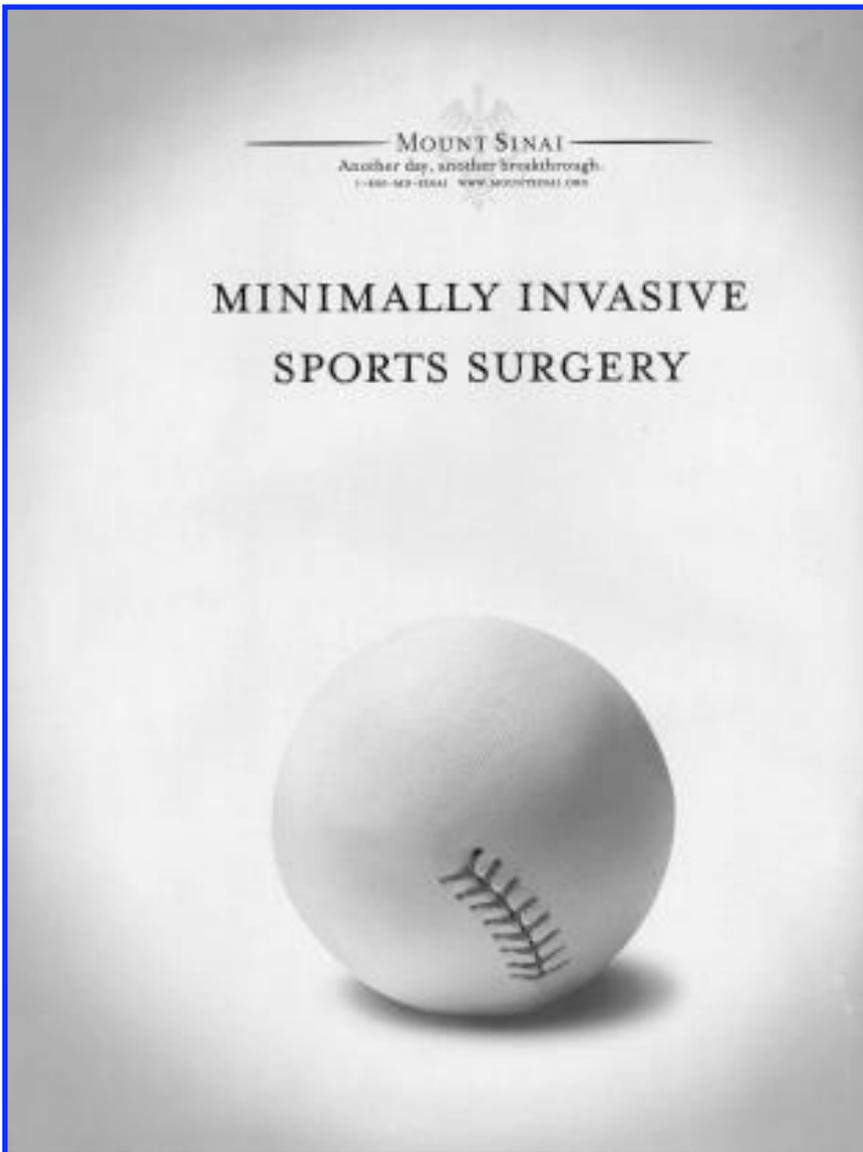
The U.S. government has appreciated the political importance of public visual culture of injury at least since WWII, when it banned any images relating to post-traumatic stress disorder or other illness while still allowing patriotic images of



**FIGURE 5.** Lynn Kohlman. (Photograph used with the permission of Robin Saidman.)

amputated veterans to proliferate (Serlin 2007). In a similar way, Kohlman's images are sterilized of the mess and complications of illness. What other subject positions might be available in coming out of the various photographic and semiotic closets?

For months after my first mastectomy but before the second, I repeatedly found myself in the mirror: appraising with clothes off, with clothes on. With a shirt on I wanted the second breast off, with the shirt off I wanted the breast on. But in public, I could not seem to find a way to negotiate the clear statement that having only one breast seemed to make. It seemed implicitly like a political statement to not wear a prosthesis, even when the only "politics" was in having neither prosthesis nor a second mastectomy rather than in any actual action. I did not want to be coded as making some permanent radical political statement. But the prosthesis was uncomfortable: it was unwieldy and troublesome to keep track of throughout



**FIGURE 6.** Back cover, *New York Times Magazine*, March 12, 2006.

the day. So I did not want to have to wear a prosthesis just to seem as though I were not making a statement. One breast seemed to force me into permanent warrior status.

I also had a sort of ambivalence toward breasts. On the one hand, I liked the remaining one: as my squash buddy said in the changing room one day, “Why

would you get rid of a pleasure point?” and I agreed. On the other hand, breasts forced me to live in a sort of social drag. Rather than being a welcome harbinger of womanhood, 25 years ago breasts had stolen my tomboy youth. Not only did they require cumbersome bras and add weight and heft that had to be dragged around the soccer field, but they also came with a set of expectations about my behavior.<sup>29</sup> Although certain of the perquisites of the phallus, such as making more money, seem attractive, I do not want to be a guy nor do I experience myself in the wrong body. Nevertheless, here was an opportunity to have my body approximate, albeit inexactly, my body image in a way that did not come with the moral baggage of an unnecessary surgery.

Unsure of how to negotiate these politics and implied politics, I did opt to have the second breast removed. As I lay in the hospital bed, shaking with pain and with my head clasped between two ice packs, the awesomely attentive nurse admitted, “vomit is my least favorite bodily fluid.” The surgery was minor compared to the first mastectomy, yet illness carries its own license and I used it shamelessly to call my friends and ask them about things I had never had the courage to before. I suddenly needed to know the story, for example, of a friend whose girlfriend had died of cancer. It wasn’t that I didn’t want to know before, but instead that I did not really know the etiquette of such questions. Like many people, for fear of being nosey or saying the wrong thing, I just never asked. These stories I sought were about dying: about how people experienced dying in their lives, about how I could get close to those and snuggle up to them and make them a part of me too.

Having no breasts seems illicit, although neither pleasure nor shame covers the range. My body can now fold into positions that it could not have before. Months later I was still surprised when I could do things like a yoga twist or hold my babies really close to me, and I suddenly realized that it was because my breasts were not there. But in the same way that I did not consider that having breasts made me particularly girly, I do not consider not having them to be more manly (or should I say boyish, given my lack of whiskers [yay!] and biceps [bummer]?) Still, my femme colleagues take pains to assure me that this gender disjuncture is a good thing, more butch, requiring the femme to take a second look.

So, about a week after my surgery, and after about two seconds of thought, I took my shirt off in a yoga class full of strangers. In part, of course, the possibility of performing that act was why I opted for the surgery: it would have been harder to do so with one breast. But once I did it, I could not stop thinking about it, squeezing it for meaning, imagining it as a communicative action. This was no simple gesture.

On the one hand, it was a bow to Audre Lorde, and the activism since her death, which has brought out into the public shameful acts such as gay kissing. On the other hand, the act implicitly held a dare: can women not show their chests in public because they are women, or because they have breasts?

I remember my own horror just after my diagnosis in seeing the line diagrams of chests with mastectomies on the little pamphlet they gave me—just straight scars stretched across a narrow pectorally challenged smooth chest: not butch and intensely not hot. And it took me two brutal days to gather the courage to look down after the first mastectomy. If a potential shock-value effect spurred the disrobing in yoga class, what value that shock carried was uncertain at best, as I was alone in a room of strangers in the small Canadian town I was visiting. Perhaps I wanted to know more about the honor that Lorde claimed. Or do the scars perform the great denials of our culture: illness and death? Are they some sort of medal of hardship that I now get to bear, like some Jesus at the cross that cannot ever go quite right for the female martyr? Do the scars render visible the cultural sacrifice of cancer, showing that, because I bore the disease, the six other women of that one in seven stat will escape (and can I please choose who they will be)?<sup>30</sup> Are we sacrificial subjects or are we the abjected subjects of bare life? This is a lot to take on in a single act of a shorn T-shirt. Besides, I did not feel very honorable. Unlike the transgender queer who has chosen the mastectomy, and unlike the boxer who has made the demand “cut me!!”—I was just an unremarkable person who had that morning searched her bag for a bra before remembering that she did not wear one anymore.<sup>31</sup>

Michael Warner writes: “It is often thought, especially by outsiders, that the public display of private matters is a debased narcissism, a collapse of decorum, expressivity gone amok, the erosion of any distinction between public and private” (Warner 2000:62). Warner writes in the context of a history of gay activism and HIV/AIDS in which making private acts public have revolutionized the terms for whose lives matter. By making gay culture public, Act UP normalized it in a series of tactics that had been thought of as shocking, like public kiss-ins. In turning queerness from an occasion for shame and thus silence into a cause of action, they eventually tweaked the homogenous, heterosexual public sphere, changing what counted as acceptable in public. Taken in that genealogy, the taking-off-my-shirt moment offered perhaps a contravention to shame:—a tiny, hard resistance to the layering of social shame on the experiences of cancer.

But just as would dismissing the act as one of narcissism, dismissing it solely as a reaction to shame renders its own interpretive violence. Perhaps, my display

was a call not for, but to attention: a call to notice and a call to consider cancer as a communal event. It put what every dimension of the cancer complex had told me should be kept private into the public domain—and not in a magazine, not as a designed photo that has been staged and can be stared at, moved around, cropped, published, censored, discussed, debated as an object that takes on its own life—but as a person in a room with other people. The act could be read as an attempt to enter the fray of what counts as the standards and content of the public and messing up the distinctions in the cultural stakes of public and private. What if we think together about cancer as a communal event? Because when I take the shirt off, the breast question fades behind the marks of cancer—scars left from radiation and the drains and the Port-O-Cath. One may want to feel tough for having been through all of that (go cancer butch!) though it's now nothing like the hundreds of thousands of women who did the surgeries before anesthesia or the chemotherapy before antiemetics. Still, those marks harbor a kind of shame. If Act UP had a relatively straightforward alliance between sexuality and HIV/AIDS, and its publicity sought to bring it all out of the closet, where are cancer's alliances? What are the idioms that a cancer butch gets to inhabit?

Lorde bristled at the way in which her lambs' wool prosthesis was intended to make her appear whole again, but the absence of the breasts introduces a new set of interpretive problems for the odd mix of gender and illness, internal and external health and appearance, that cancer and its cultures presents. Maybe I was offering my own personal Anti-Look-Good campaign, a campaign in which hair and eyebrows were overrated. Had I not undergone a second mastectomy precisely to make myself feel and look whole again: again since the first mastectomy; again since my last shirtless summer at the age of 6, when I learned to read the raised eyebrows of conservative white Canadians?<sup>32</sup>

I was requesting (desiring? challenging? disavowing?) a response to the proposition I made to this tiny public culture of a yoga class in a small mountain town in Canada. As my shirtless daughters say: "Look At Me!" (Of course, they are five and three and can be excused for such unabashed behaviors.) But I could be saying something like: "Look or don't, I used to have another body that you couldn't by law look at, but now I have this body that you can, because its breasts have been taken off and in that place remains a flat space that is sort of coded male but really is very different and when I take off my shirt you can see that, and anyway, why should males get to hoard masculinity and shirtlessness to themselves." Or maybe I just wanted my body to be witnessed as a material artifact that visibly bore what I have always understood to be the public violence of a culture in which fewer than ten

percent of its 85,000 chemicals are tested for carcinogenicity (Brody et al. 2007); a violence distributed with a spin of the wheel of fortune. I guess I both did and did not want something to happen: maybe I wanted to be kicked out, or to be asked on a date. Something.<sup>33</sup>

### SENTIMENT

Breast Cancer Action (BCA), the activist group in San Francisco, decries the BMW campaign because it takes on the breast cancer cause while selling a product that pumps known carcinogens into the environment (see Figure 7). In driving the BMW, I found myself in the middle of a cycle in which a company sells a product that causes cancer and, on the basis of the goal of finding a cure for the disease that it is helping to cause, the same company takes on that cause in an aim to sell more products that cause cancer, and also makes it seem as if they cared about the cancer they were causing. The concept would work well on one of those flowcharts that have arrows pointing from one thing to the next and before you know it you are back where you started with no end in sight and no progress either.

So driving cars causes cancer. What does driving a car emblazoned with a cheesy pink ribbon to purportedly counter cancer do? For one thing, it adds to the increasing hypervisibility of breast cancer. It bears noting that the pink ribbon derives from a grassroots movement in which Charlotte Haley (inspired by the HIV/AIDS movement) sewed and distributed peach colored ribbons to raise awareness about cancer and raise funds for prevention. When Haley, not wanting to go commercial, refused to work with Estee Lauder, Lauder had her lawyers design a new ribbon based on focus group research: hail the birth of the pink ribbon. In her history of the ribbon, Sandy Fernandez cites Margaret Welch, director of the Color Association of the United States, as saying: “Pink is the quintessential female color. The profile on pink is playful, life-affirming. We have studies as to its calming effect, its quieting effect, its lessening of stress. [Pastel pink] is a shade known to be health-giving; that’s why we have expressions like ‘in the pink.’ You can’t say a bad thing about it” (Fernandez 1998).

Although early in the 20th century, pink was considered a version of red and thus a boy’s color, by the 1950s, pink was established as a girl’s color. By this period, pink was used virtually as a signifier for heterosexual womanhood and was widely adopted by corporations in their introduction of special “women’s” products (Paoletti and Kregloh 1989).<sup>34</sup> In the 1950s, a shocking pink Carte Blanche was marketed to wives. The card was advertised as “a special HERS card to give your wife all the credit she deserves” (Cohen 2003:147).<sup>35</sup> Nevertheless, like

# Who's really cleaning up here?

**EUREKA**  
WHIRLWIND  
12" WPS 15" WIDE

It sounds noble: Buy this vacuum cleaner and Eureka will give a dollar to a breast cancer organization.

But wait. A dollar gift on a \$200 purchase is less than one percent—and Eureka caps its annual contribution from the sales at \$250,000.

Is the company spending more on its "Clean for the Cure" ads than it's donating to the cause?

It's not just Eureka. American Express donates a penny per transaction when you "Charge for the Cure." BMW kicks in a buck per mile when you test-drive its cars, which produce chemical compounds linked to breast cancer.

Avon lipstick, Yoplait yogurt—the list goes on and on. During Breast Cancer Awareness Month, pink-ribbon promotions are everywhere.

Breast Cancer Action urges you to "think before you pink." Will your purchase make a difference? Or is the company exploiting breast cancer to boost profits?

Preventing, curing, and guaranteeing quality treatment for breast cancer will require real change—and not the kind you carry in your pocket.

**BREAST  
CANCER  
ACTION**

55 New Montgomery St., Suite 323, San Francisco, CA 94105 • [www.ThinkBeforeYouPink.org](http://www.ThinkBeforeYouPink.org)

FIGURE 7. Cleaning up. (Reprinted with permission of Breast Cancer Action.)

all credit cards at the time, it always bore the husband's name, making it virtually impossible for divorced women to get credit. Because of the color's iconic use in signifying, and even constituting, heterosexual femininity, and perhaps related to the use of the pink triangle stigmatize queers in the Nazi holocaust, pink has been a primary color in the rise of the gay pride movement, particularly for gay men. But these oppositional uses of pink operate only in the context of the color's overwhelming coding of heteronormative girl and womanhood.

Despite Estee Lauder and other cosmetic companies' use of breast cancer as a way of garnering publicity and its sponsorship of the Look Good, Feel Better classes, the cosmetics industry lobbied vociferously against the recent measure passed in California (California Safe Cosmetics Legislation) to reveal the many carcinogens in its product not to consumers, but to the state government.<sup>36</sup> The use of pink and breast cancer by industries to build good will, move product, and cover up their production of carcinogens bears the name "pinkwashing." Pinkwashing is about palatability; it also obscures the links among the production, suffering, and obfuscation of disease (Orenstein 2003).<sup>37</sup> Jingle writers have resignified and rewritten breast cancer and then handed it back as something literally palatable. Breast cancer poses as an innocent disease; as one marketer said, it is "free from sin," and thus offers a promising way to transfer its affect to a "feeling about your business" (Lorde 1997). Or, as Barbara Brenner, the executive director of the activist group Breast Cancer Action says, breast cancer presents an undercover opportunity to sell sex.<sup>38</sup>

The whole BMW campaign was also palatable, sprawling through the showroom, various booths in the parking lot, and a large trailer with huge posters of each year of the campaign all trafficking in "cure" lingo. Not one mention of illness or suffering or death sullied the experience. In making itself good—associating with a possible, vague, and presently unknown cure rather than disease—the effect (perhaps unintended) of corporate pinkwashing is to pinkwash the experience of the disease, diffusing other kinds of emotion, rendering them illegitimate, or worse, making them into something illegible. Fury or fear can barely be expressed over the din of survival rhetoric and pink kitsch.<sup>39</sup> But why are we so eager to buy this story about cancer, even as the prevalence of the disease means that everyone must know someone who has suffered or died of it? How has breast cancer become a disease that harbors such innocence—for everybody involved? What are the costs of these innocences?

For all that people tend to know more about Saddam Hussein than whether their insurance's lifetime limit will cover cancer treatment, and for all that cancer is shut away in hospitals, hidden under wigs or behind statistics or individuated through

the tragic personal story, cancer prevails as a central trauma of U.S. culture. Why else would the mantras (lit. defined as “an expression or idea that is repeated, often without thinking about it”) such as “fade away” or “succumb” to cancer be used to pacify surely one of the most violent, cruel, and torturous ways to die?<sup>40</sup>

In her now-classic article on sentimentality, “Poor Eliza,” Lauren Berlant discusses the peril of politics in the sentimental mode. She writes:

Because the ideology of true feeling cannot admit the nonuniversality of pain . . . the ethical imperative toward social transformation is replaced by a civic-minded but passive ideal of empathy. The political as a place of acts oriented toward publicness becomes replaced by a world of private thoughts, leanings, and gestures. *Suffering, in this personal-public context, becomes answered by survival, which is then recoded as freedom.* [Berlant 1998:641, emphasis added]

Berlant might as well have been writing about U.S. neoliberal cancer rhetorics of the 21st century, in which the coinciding rhetorics of pinkwashing, sentimentality, the war on cancer, and the survivor figure scatter the politics of the disease as much as the pinkwashing campaigns hide the distribution of cancer profit. This approach offers legion cultural paradoxes: primarily, that a culture that understands cancer to be ubiquitous and virtually unavoidable (everything seems to cause cancer), personal risk and responsibility are the primary discourses for discussing the disease. Thus, risk factors located in the body lead women with breast cancer to undergo patented genetic testing that costs about \$5,000. Yet analyzing breast tissue for chemical carcinogens is virtually unheard of and certainly not paid for by insurance companies, despite studies that have shown that breast tissue around tumors often has a higher level of carcinogenic material to which siblings and other community members may also have been exposed.<sup>41</sup>

In these models of corporate care, everyone has their role and the scripts for these roles seem to be provided by, on the one hand, the caring corporation that allows us to play our roles through consumption (walking the line between denial and inevitability, neither of which are useful) and, on the other hand, the role of “survivor,” which seems to revel in narratives of the gift of cancer.<sup>42</sup> Thus, the point is that sentimental empathy offers a passive, feminized ideal—which is why it works so well for pinkwashing in the construction of the caring corporation. Of course people want to be brought comforting images of cancer, and of course people want to be doing something.

My point here is not just that sentimental politics offers a mode of individuating and acceptance, and further, not just that cancer and toughness has been

aestheticized. It is not just that the identities of breast cancer mean that certain people are culturally alienated—indeed, perhaps everyone is—and not just that the innocence of the disease works against women and for corporations. These alienations affect the health care received by queers. Homophobia in health care results not only from the lack of employer-provided health care for gay partners but also in individual encounters. If we want to imagine the rituals of detection to be about the professional touch of a gynecologist, the doctor's office often manifests a meeting of women, and one in which sexuality pervades the space. Thus, one of my ethnographic subjects explained how she wanted to say something when her doctor neglected to do a breast exam, but did not—for concern that the doctor might feel awkward touching the breast of a lesbian. For such reasons, the Mautner Project, subtitled the National Lesbian Health Organization, has found that: “Lesbians are likely to receive substandard care, or remain silent about important health issues they fear may lead to stigmatization . . . lesbians may be one of the most medically underserved populations in the U.S.” (Mautner Project n.d.). Thus, homophobia joins the list of discriminations, such as age and race that lead to the late detection of a disease for which only the counternarrative of early detection can provide (could have provided) a cure.

So if the sexualization of the breast leads to a strange and dangerous juxtaposition with homophobia in medical care, the public coding of breast cancer provides a strange intergendered space such that the butch woman literally cannot be tough in “battling” cancer, and still maintain a gender identity as a butch. Not wearing the wig, for example, results not only in being a bad cancer patient but also gets coded as aggression.<sup>43</sup> So how can one maintain her investment in performing toughness, let alone recuperate butchness, in the sea of pink designed precisely to “heal” by restoring and recuperating a presumed “lost” femininity? There is simply no subject position available for cancer butch.

One study of the media discourses around testicular, breast, and prostate cancers found that men with testicular cancer write about how they “cheated death” (Clarke 2004:546). By chance, it happened that chemotherapeutic agents are very efficacious for even metastasized testicular cancer. More men, in fact, die of breast cancer than of testicular cancer. Then by another chance, Lance Armstrong (and I always wonder how he would be perceived if he had had breast rather than testicular cancer)<sup>44</sup> has taken on a key role in the U.S. culture of cancer—particularly around the notion of “survivorship.” At stake in being “tough” against cancer in this vein is its maintenance of a myth of agency, and the different biologies and cultures of disease provide critical space for men to be tough against cancer. But death rates for

“women’s” cancers (those of the reproductive organs) are nearly four times as high as those of “men’s” cancers and are less easily found and less easily treated.<sup>45</sup> This correlates uneasily with the materiality of cancer, and its tendency to spread over time. Thus, although a guy could tough it out while his testicular cancer spreads and still have a very high chance of cure, someone toughing out breast cancer will, after a certain point, have virtually no chance of cure.<sup>46</sup>

Despite Lorde’s argument, mastectomy scars cannot offer a regendered version of Dayan’s eye patch, for the analogy skips over the heterosexual underpinning of toughness. Following the various definitions in the *Oxford English Dictionary* for *tough* and *butch*, we find that tough women are lesbians (note the reversal). A military scar such as Dayan’s acts as a signifier of his success in the masculine duties of protection, those duties that are virtually definitive of manhood within the context of nation and heterosexuality. The mastectomy scar could not be more different; mastectomy necessarily cites gender, mastectomy necessarily queers a woman in a homophobic world.<sup>47</sup> Kohlman tames the treat through a coy look and a perfect body—Metzger tames it through a tree tattoo.<sup>48</sup> These warriors take on a masculine sentimentality routed through feminized guiles.

The endurance of *The Cancer Journals* and its resonance for so many people surely lies in the fact that it offers a way to inhabit cancer as an agent. Lorde outlines a route to anger and action. But her analysis remains problematic. For one, it does not acknowledge the haunting terror of cancer in U.S. society and how that underpins the ways that cancer is lived purportedly by the spin of that wheel, by those postdiagnosis (damn!) and those yet to find out? Second, if we are to be warriors, who are we fighting? What is our mode of violence? Who is to be protected? How might breast cancer culture be understood in relation to—and against—singular normative ideals of femininity, but in a way that does not take on a militarized masculinity?

### NATURAL DEATH

Lynn Kohlman’s mastectomy images are not in pink charity mode, even if her language remains in the redemptive vein of cancer as gift. In one sense, the Kohlman scar images bring cancer out of the closet by bringing its markers, its scars, out of the realm of private natural death into the sphere of public, violent, and technological death. In a way they take the scars, if not suffering, out of the interior psychologized domain and render them public, tough, and masculine. These scars display the trace of illness, the memorial of death. But the beauty of these images lies not in the

way they mark mortality but, rather, in their hyperdesigned quality, in the way they draw attention to the markings that technology leaves on the body.

BMW's are also beautifully designed and engineered. These ultimate driving machines feature bulletproof glass, side-curtain air bags, and quick braking and acceleration to speed away from dangerous situations. It is a good thing, too, because nearly as many people are killed in car crashes in the United States as are killed by breast cancer each year: 42,636 (in 2004) in car crashes, and close to 41,430 (in 2006) of breast cancer.<sup>49</sup> Car crashes are the leading cause of death for people ages four to 34, and cancer takes the next demographic until the age of 64. In terms of years of life lost, cancer is the main culprit, and car crashes take the third seat, heart disease occupies the center slot (Centers for Disease Control [CDC] n.d.).

It is canny, then, that the company with the reputation for producing the fastest, most extreme, and most aggressive members of the automotive fleet would have chosen breast cancer as its cause célèbre. These death structures juxtapose the gendered agentive masculinity of a car crash aesthetic against the pink kitsch sentimentality of breast cancer.<sup>50</sup> So, what do the tropes and technologies have to do with gendered agency and mortality?

In 1955, the social anthropologist Geoffrey Gorer wrote an article that he called "The Pornography of Death" (Gorer 1955). There he noted how natural death [I repeat: natural death] was less and less visible, indeed, it had become "smothered in prudery." At the same time, car crashes brought "the possibility of violent death into the expectations of law-abiding people," and violent death, through spy stories, Westerns, and thrillers, "play an ever-growing part in the fantasies offered to mass audiences." Gorer writes about the titillation of violent deaths, of those torn bodies rendered public through cameras and newspapers, and possible through technologies such as guns and cars and grenades.

The semiotics of car crash deaths over the 20th century, from Marinetti to Cronenberg, were not deaths that lent themselves to charity but, rather, to fantasy: masculinized fantasies of speed, power, agency, and the limits of human performance. James Dean or Jackson Pollock had nothing to be shameful about in their violent and aesthetic deaths, deaths that only enlarged their statures as much as they hid the mass violence of automobility.<sup>51</sup> Fantasies of prestige, liberation, and heroism endlessly articulate ideals of masculinity that then invest car-crash deaths with significance. Jackson Pollock provides one of many examples. Although he died rather ingloriously by hitting an oak tree with his head, the crash that ejected him became a key element in the interpretation of both his life and art. The fact

that he killed his female passenger was virtually never mentioned in the significant media coverage of the event.<sup>52</sup>

Perhaps here car deaths and cancer deaths meet: both have elaborate semiotic cultures of interpretation of individuated deaths that, as Berlant notes, can have the effect of disengaging the impersonal and depersonalizing mass social violences from their individual effects.<sup>53</sup> Kohlman masculinizes her mastectomy scars through this technoaesthetic, putting her mark against the grotesque gender norms operating in disease. Directly opposite from the spectacle of reconstruction, and different again from Matushka's white-robed aesthetic, Kohlman's images bring the mastectomy into an aesthetic of the beautiful death. Not the war against industrial pollution that Lorde envisaged, Kohlman cites the technobeauty dreamt of by Marinetti or documented by Weegee; or the mass violence of repetition iterated by Warhol: she takes it outside of its own familial community, outside the realm of sadness, true feeling, and sentimentality and make it matter as spectacle. Kohlman comes out of the domestic space; she shows and tells. In this reading, Kohlman adds the scars and these bodies to our personal and cultural archive of possible people. These scars pose not as ugly to be covered, not as ugly to be embraced, but as beautiful—in themselves and on this classically beautiful woman.

As I argue elsewhere, throughout the 20th century the automobile served as a critical cultural and material node for allying masculine characteristics with mechanical agency, and has operated as a powerful means of constituting gender in relation to heterosexuality, both socially and physically, in cultural domains that have varied from auto racing and the rise of suburbia to mechanical prowess and auto advertising (Jain 2004, 2005a, 2005b). In the cancer context one can take this argument farther still, for the marks on the body are not cancer per se but, rather, the traces of cancer treatments borne of military technology. Radiation as a cancer treatment developed post-WWII in an effort to both find peacetime uses for military atomic technologies as well as to study the effects of radiation exposure (for which cancer patients served as a useful study population with little to lose; see Kutcher 2003 and Welsome 2000). Nitrogen mustard was discovered in WWI to destroy quickly dividing cells, and became the first chemotherapeutic.<sup>54</sup> So in terms of the development of treatments, the hundreds of thousands of cancers caused by nuclear testing, and the economics of cancer treatment, the multibillion dollar industry of the "war on cancer" ties in thoroughly with the massive infrastructures of the military industrial complex. Thus, the car crash aesthetic of the Futurists meshes with the military rhetoric of masculine sentimentality.

But Kohlman's facial expressions are coy; she beguiles. Her gesture toward masculinity is not serious; she plays with the camera. Kohlman renaturalizes, recuperates her impending death through the feminized norms of redemption in reclaiming her inner beauty through the gift of cancer.<sup>55</sup> Beauty—in its varied guises—stands as a central narrative to the value and evaluation of death in breast cancer culture rhetoric. For example, when Dana Reeves died of lung cancer recently, the shocked commentary revolved around her beauty and lack of culpability. Literally all of the reportage noted that Reeves was a nonsmoker, and thus, that she did not deserve lung cancer. She was young, rich, and most of all beautiful—and so beautiful so recently, and still so dead of cancer. The tragedy of her death was our loss of another beautiful woman, the focus was emphatically not on cancer and its takings.<sup>56</sup>

It can be hard not to conclude that much of breast cancer culture performs a literal pornography of death, with its constant representation of young women in sexualized poses in everything from the medical posters pinned in the doctor's office, to the covers of cancer magazines such as *Mamm* and *Cure*, to the ubiquitous cards about how to do a breast self-exam. A recent ad by the Breast Cancer Fund of Canada featured a young, purposely slimy teenager named "Cam," who offers the free service of doing breast exams ("877-Ring-Cam"). Playing on a long-standing joke of adolescent boys, the primary violence of the ad is its collaboration—even in its purported goal of early detection—in the same logic that has belittled the disease.<sup>57</sup> Is any other medical procedure sexualized in this way?

This politics, the very one that leads to the usefulness of breast cancer to the corporation renders certain kinds of death innocent and tragic. This construction of innocence can sometimes offer a savvy approach to politics, as it has in prioritizing children's issues such as safety regulations addressing school buses and car seats. But in cancer, an illness that tends to still be perceived against all evidence as a natural illness, the sentimentalization of these tragic personal stories, rendered only more poignant in the case of the very beautiful, focus the suffering—in this case the injustice of that suffering on individuals rather than on the sacrificial takings of a culture that produces cancer (as much through the very trappings that constitute beauty—the cosmetics, the cars).

As long as cancer is rendered an individual rather than communal disease, and surrounded with cultural disavowal and fear of suffering and death, stigma can be the only response. And stigma gives rise to stigma, as Erving Goffman wrote. The stigmatized bears the burden of acting "so as to imply neither that his burden is heavy nor that bearing it has made him different from us; at the same time he must keep

himself at that remove from us which ensures our painlessly being able to confirm this belief about him” (Goffman 1963:121–122). And as long as stigma can be the only response, models of corporate care will be able to maintain the illusions of their own innocence in the disease.

But the stigma, the sentimental innocence and individuation, and the warrior offer triplet figurations; the continual isolation, continual shame, and continual cultural denial result from the slippery military metaphors that insist that cancer is suffered by individuals rather than the culture, and that cancer can be fought and kept outside of the very culture that produces it.

When at diagnosis Sedgwick cursed the truth of her gender, she recognized the way in which the mammary ineluctably brings her under the umbrella of a gendered disease—and the violence of that gendering. In this sense, the battle over the recognition of breast cancer is a semiotic, economic, and gender battle. Shit, I am a woman—I am the person whose wheel of fortune pointed to the illness not only of cancer but of femininity.<sup>58</sup> For cancer butch, mastectomy offers a recuperation (of sorts) of that pregendered adolescent space. This space ended with the coming of breasts, when girls’ performance in math and sciences and sports tends to drop off and a heterosexual interest in boys is encouraged. But that is only one of cancer’s wheel of fortune slots.

What if instead of marking breast cancer through an unspecific sea of pink and the suggestion that some amount of money is going somewhere to do something about some problem, those interested in mourning the toll of the disease took examples from other ways of marking violence? Anticar activists in many cities have marked cyclists killed by cars through a “ghost bike” movement, in which they chain a bicycle that has been painted white to the spot where cyclists have been killed.<sup>59</sup> This move, like the HIV/AIDS quilt or the photos on the back pages of the *New York Times* of those killed in the World Trade Center, enables a material presencing that bypasses the sterility and absencing function of statistics of accumulated deaths, a reminder of what Simons (2007) calls the embedded violence of the streetscape, a violence that is normally invisible.

Unlike the eye patch, which marked the end result of Dayan’s injury, the cancer scar can never really be the insignia of survival—the scar (like youth, like life) can only be temporary. The scar marks unpredictability. As the scar on the chest fades, are little cancer stem cells also finding their way back, gathering force, reduplicating? One has no idea until later—just as no one knows now who harbors incipient cancers. Although inaccurate, I can see why the war metaphors have so much descriptive

power—one feels under siege, alone, naked from the inside. That language of cancer and mourning does not fit into the aesthetic of scars and the aging beauty of corporate models. But it must be there for them too, among cancer's gifts. The loss, ultimately, has little to do with the breast; cancer takes one's immortality and one's life. Cancer is about terror, and this article has been about the ways U.S. culture shrouds that in a sea of rosy hopefulness. This is Vito Russo talking about living with a disease also cast as shameful from the beginning, HIV/AIDS, at an Act UP demonstration:

It's like living through a war which is happening only for those people who happen to be in the trenches. Every time a shell explodes, you look around and you discover that you've lost more of your friends, but nobody else notices. It isn't happening to them. They're walking the streets as though we weren't living through some sort of nightmare. And only you can hear the screams of the people who are dying and their cries for help. No one else seems to be noticing. [Russo 1988]

He is not mewling about how a biopsy hurts or how scary it is to think of the long illness that precedes dying—he is talking about the isolation of living in a disease that no one seems to notice. Act UP did not talk about how beautiful they all were. Act UP acted out—about all of the issues that affected people living with HIV/AIDS—the cost of drugs, housing, medical insurance—they rioted, they educated, they stormed the National Institutes of Health, they unleashed power and they were arrested and they made news. “Bring the dead to your door, we won't take it anymore,” “George Bush you can't hide, we charge you with genocide.” “This is an angry funeral, not a sad one.” “We are dying of government neglect equivalent to genocide.” David Wojnarowicz (1954–92) wrote on his jacket for one Act UP demonstration, “When I die of AIDS throw my body on the steps of the FDA.” At its height, HIV/AIDS deaths provided the locus for countrywide riots—people were pouring ashes on the lawns of the White House. The disease was public and angry, but most of all, it was taken on as a collective enterprise by people with social power. Act Up's war—regardless of how the metaphor worked—spurred a more or less successful social movement.

In a pre-Act UP era, Lorde asked, “what would happen if an army of one-breasted women descended upon Congress and demanded that the use of carcinogenic, fat-stored hormones in beef-feed be outlawed?” (Lorde 1997:15). Lorde leaves this as an open question, but one suspects, that at least for a time, these women would be ridiculed and dismissed as radical bra-burning dykes, just as the antinuclear activists were a generation ago by those who presumed themselves

immune to cancer. Instead, since Lorde, breast cancer has the ruse of having come out (at least for those it allows to be out—straight white women of a certain class). Ubiquitous breast cancer marches offer a strange space; one that is not quite mourning and not quite celebration, not a wake but not a celebration. But what if queers had sat around sipping peony tea for a cure to HIV? Would the HIV/AIDS death rate in the United States now be a third of what it was? Yet cancer continues and we are just marching (and marching) and sipping (and sipping) and driving. Is HIV/AIDS more of a genocide than cancer?

The question that has run in the background of this article, then, is how are we to understand this juncture of corporate care in liberal economies of gendered bodies in the context of a virtual explosion of the profitability of medicine? The role of capital is incidental to none of this—neither the production of cancer, the models of treatment, nor the core centrality of the nuclear family as the consumptive unit. And yet the constant (desperate) sexualization of the disease in this market biopolitics leaves virtually no language for examining how cancers have become so central, at every level, to market logics.

Here is what I would like to test drive to raise money for cancer (or depict in an ad for a hospital): a scratched up and dented car with photographs of tumors and the ruins of careers lost because of time spent in hospitals, trailing blood out of the exhaust pipe. After all, even in that pacifist nation, Canada, cigarette warnings sport graphic details of blackened lungs. But that display would be dismissed as a “political statement,” whereas the BMW domestication of disease passes as corporate care. And so, if I die of cancer—forget burial—just drop my carcass on the steps of BMW Headquarters.

### ABSTRACT

*The academic literature still tends to take Audre Lorde as the primary feminist theorist of breast cancer, and her *The Cancer Journals* (1997) remains, nearly three decades out, the definitive word on breast cancer and gender theory. In this article, I revisit the cultures and politics of cancer, offering a queer analysis of breast cancer in the U.S.*

**Keywords:** medical anthropology, queer, cancer, sentimentality, gender, illness, body image, photography

### NOTES

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1. The sum is paltry compared to say, Ford's \$40 million, Avon's \$250 million, or Revlon's \$40 million but not exactly chump change. See Susan Orenstein (2003:88–94). Critically, there is no oversight for all of this breast cancer funding, which means that no matter how much money there is in total, the “war” is not launched in any organized way.
2. Survival rate statistics are based on stage at diagnosis, and although a slightly higher percentage of all breast cancer diagnoses are made at earlier stages (which have a higher survival rate), survival rates correlated with stage remain virtually unchanged (see American Cancer Society 2006).
3. See Breast Cancer Action website (Evans 2006).
4. For more information on the program, including before and after photos, see CTFA Foundation (n.d.).
5. Barbara Ehrenreich writes that the pink allows women to take a stand without having to identify as “feminists,” and that “cheerfulness is more or less mandatory, dissent is a kind of treason” (2001:50).
6. Sedgwick writes, “As if our unceasing function is to present, heterosexually, the spectacle of the place where men may disavow their own mortality and need as well as ours” (1992:203). I confess perhaps too much when I say that my reaction to diagnosis was: why could I not at least have had a “cool” disease, like HIV/AIDS, by which I suppose I meant a queer disease, a guy disease. “Cancer Butch” focuses on gender and breast cancer, but cancer historically has a particular relation to shame. Susan Sontag writes, “The tubercular could be an outlaw or a misfit; the cancer personality is regarded more simply, and with condescension, as one of life’s losers” (2001:49).
7. As Monica B. Pearl makes clear, “White Glasses” can be read in multiple ways. See Pearl’s brilliant reading, “Eve Sedgwick’s Melancholic ‘White Glasses,’” (2003).
8. Halberstam writes about the link between the material body and sets of gendered expectations:

If adolescence for boys represents a rite of passage (much celebrated in Western literature . . .), and an ascension to some version (however attenuated) of social power, for girls, adolescence is a lesson in restraint, punishment, and repression. It is in the context of female adolescence that the tomboy instincts of millions of girls are remodeled into compliant forms of femininity. . . the image of the tomboy can be tolerated only within a narrative of blossoming womanhood; within such a narrative, tomboyism represents a resistance to adulthood itself. [1998:6]

9. In 1986, Proposition 65, a California voter initiative, was passed. An 18-page single-spaced list of chemicals in use that need to carry a warning is available for download (Office of Environmental Health Hazard Assessment 2007). As a consequence, warning signs are omnipresent: at gas stations, parking lots (my favorite is at the Stanford Cancer Center), dentists offices, cooking stores, florists, and so forth.
10. Lorde’s friend Adrienne Rich explored these ambiguities of touch in an elegiac poem, “A Woman Dead in Her Forties” (2002), that meditates on the public and private of breasts and mastectomy scars and mortality. The poem shifts among looking, touching, and speaking in remembering the story of her relationship with a childhood friend who dies of breast cancer as an adult. The poem begins by describing a group of women topless in the sun; the woman with scars at first takes off her blouse but then dons it again. Rich writes: “I barely glance at you / as if my look could scald you / though I’m the one who loved you.” Their childhood love took the form of “mute loyalty: you fought a girl / who said she’d knock me down”. As adults they “kept in touch, untouching” . . . “fingering webs / of love and estrangement til the day /

the gynecologist touched your breast / and found a palpable hardness.” Rich reminds us that before cancer is about scars, it is about touch: the rituals of detection. The poem plays on the prohibition of intimate touching among women: “how can I reconcile this passion / with our modesty” with the impersonal medical touch of the physician and the “truths” told by the body “in its rush of cells” even as speaking between the women was (left) undone: “we never spoke at your deathbed of your death.” But as I argue, homophobia and lesbian death are tied in with a larger materiality of the disease, for gender and breast cancer are coconstitutive.

11. “Cancer Butch” takes white middle-class popular culture in the United States seriously (to state the perfectly obvious, but to do so because typically the middle class is the unmarked category).
12. One of the clearest cases in which economic health was put in direct opposition to public health was in the Supreme Court’s resolution of the FDA’s attempt to regulate cigarettes as drug delivery devices in favor of the tobacco industry and the economic health of the nation (*FDA v. Brown and Williamson Tobacco Corp.*, 529 US 120 [2000] 98–1152).
13. Furthermore, its cause in any individual case is virtually impossible to locate, every one can position themselves as “against it”—by the very act of driving—even as we all cause it. Moreover, a sort of ersatz, structured bewilderment surrounds the disease. The *New York Times* reported recently that no one can understand why rates of thyroid cancers are increasing in young adults, for example. The article quotes a doctor from Sloan Kettering: “The only thing we know of that causes thyroid cancer is radiation,” Dr. Tuttle said, noting that people living downwind of Chernobyl had higher rates of this cancer. “But the spike in the U.S. is not being caused by radiation” (Schaffer 2007: A1) Can it be that easy to forget that Americans live in a country that has tested over 1,000 nuclear bombs of hundreds of times the power of those exploded in Hiroshima and Nagasaki? Maps provided by the government show radiation carried by wind spread all over the United States, plants that mistake strontium for calcium suck up and carry radioactive materials all over the country, and the nuclear testing is estimated to cause an additional 70,000 to 800,000 cancers a year, yet this information seems to be some sort of secret. Nuclear waste has so far eluded every human attempt to contain it. See Schwartz 1998; see also Masco 2004. This bewilderment also overflows to the age issue—why are cancer rates for young adults increasing? One major reason is that despite increasing rates, cancer has an unfounded reputation of being a disease of older people.
14. Professors Gerald Markowitz and David Rosner have detailed the illegal conspiracy by the lead and plastics industries to consistently downplay the massive dangers of their products. Vinyl chloride propellants, for example, were used long after they were shown to be carcinogenic. Studies showed that average concentration of the chemical when used in hair sprays was five times the legal threshold, and “in some cases where the duration of spraying is long (3 minutes) the concentration may be as high as 1400 ppm 28× recommended.” VCM was a propellant in hairsprays, insecticides, deodorants, and spray paints. Their carcinogenicity was known by government and industry at least 15 years before they were banned as propellants in 1974. See Gerald Markowitz and David Rosner (2002:185). The smear campaign launched by the chemical industry in response to the book is reported by Jon Wiener (2005).
15. See the summary of Judith Helfand documentary film *A Perfect Baby Girl* (1997).
16. One area of continual fascination for me in my career studying U.S. cultures of injury, is the way in which corporations knowingly spread injury and death among their “own” populations. Although the standard view maintains that this is not endemic but, rather, accidental to the capitalist system, overwhelming evidence—that I have no space to present here—suggests that this is not the case. Furthermore, although there are many cases in which it is economically feasible to hide the health effects of products at least in the short term, in other cases it is not economically feasible to sell the more injurious product. Most often this issue is taken up by theorists as a problem that Must Change. But what if we looked at the issue more sympathetically—after all, the people who go off to work in these companies often kiss their kids good-bye in the morning and give their seats up to old people on the bus. So what kind of violence does this present when people working in corporations—normal people—injure and kill their own? I work this out more in a more thorough analysis of capitalism and cancer in *Cancer Butch* (in press).

17. First published in 1980, it is still in print and widely assigned in college courses.
18. Lorde writes,
 

nobody tells him to go get a glass eye, or that he is bad for the morale of the office. The world sees him as a warrior with an honorable wound, and a loss of a piece of himself which he has marked, and mourned, and moved beyond. And if you have trouble dealing with Moishe Dayan's empty eye socket, everyone recognizes that it is your problem to solve, not his. Well, women with breast cancer are warriors, also. [1997:61].
19. For more information on the program, including before and after photos, see CTFA Foundation (n.d.).
20. See CDC (n.d.b). Like any statistics, these can be tweaked in accordance with the argument one wants to make. Consider another CDC report that has the goal of comforting women. The format of the pamphlet, written with headings as questions, such as, "What increases my chance of getting breast cancer?" and the pamphlet poses as the expert. The risks given are age, history, race, having children, personal history of breast cancer, certain medications, and does not mention the fact that the vast majority of people diagnosed have none of those symptoms. There is nothing about exposure to radiation or carcinogenic chemicals in cosmetics, pesticides, and household products. It states that breast cancer is "only" the fifth leading cause of death for women over 40 (this is true if the statistic includes women of all ages and divides cancers by type.) It rhetorically diminishes the number still further by saying that: "Each year, about 210,000 women are diagnosed with breast cancer. Many fewer women, around 40,000 each year, die of breast cancer." Does anyone else find it strange that the 1/4 death rate is used to make the number of deaths seem small, rather to make both numbers seem huge? (Understanding Breast Health, cdc.gov). The vernacular description of breast cancer treatment as "slash, poison and burn," gets at some of the violence of the treatments, as does the term "red death," for one of the most common chemotherapy drugs. But these terms are throw away lines that do not provide a venue for thinking through the ramifications of these violences. I examine the history of the treatments in the context of how illness changes notions of what counts as human in "Half-Life, Half Hope" (Jain n.d.).
21. The subject of the breast exam is also one that requires a certain mode of anxiety or expectation of risk.
22. This is a lifetime risk: if every woman lived to be 85, one in seven would develop breast cancer. See Breast Cancer Action (2007).
23. See, for example, Markowitz and Rosner 2002.
24. For a reading of Lorde and her previous experience with a lover who had a mastectomy and a reading of *Zami*, see Chin 2003. In her dissertation on scars and scarring, Carol E. Henderson writes that, "slaves in the ante-bellum era and African American in the post-bellum period manipulate and re-vision this site of abuse to their bodies as a sign of empowerment and self-ownership" (1995).
25. Act UP members were explicit that they did not want HIV/AIDS to become another "war on cancer," referring to the lack of progress in cancer survival since Nixon declared this war in 1971.
26. Samantha King writes that this sort of unveiling is along the lines of what Lorde would have wanted; I argue to the contrary. See King 2006.
27. I am curious both about who gave the gift, as well as how it might be reciprocated. Also, I do not understand why there seems to be such a dearth of language for thinking through hardship as parts of life through which people suffer and may or may not learn—what is the necessity for recuperative languages such as that of the gift?
28. One of my surgeon's spoke of my scar as her "signature," and when I asked another of my surgeons about why she had not removed all the tissue that I had asked her to, she explained that she wanted to leave me "with a nice contour."
29. Do not get me wrong here: I totally understand why someone would want reconstruction, I know exactly how it feels to stand in front of a group of people at a professional event just thinking one's body screams "breast cancer," or "Shame, Shame, Shaaaaammme." The point, then, is not about judging how people respond to mastectomy (obviously).

30. Not only does the pressure for reconstruction and prosthesis disavow women's experience of breast cancer, Lorde pointed out, it renders cancer an invisible scourge, and protects our fellow citizens from dealing in the suffering costs of industrial life.
31. About six years ago, I submitted a paper on the silicone breast implant legal debacle, and I was refused publication on the basis that I had not experienced mastectomy and, therefore, was not qualified to comment. By this allegorical unveiling, I do not mean to imply that only certain among us qualified to speak of mastectomies, a point with which I emphatically disagree. And I leave open question of academic modesty, and what ethnographic insight is gained through experience; see Rosaldo 2003.
32. My friend Jennifer Bajorek tells me a story about her kid who wanted to wear a homemade breast prosthesis to school one day (this is a story about a three year old). When told that it might be inappropriate, the response was: "But why? Women with mastectomies do it."
33. Alas, nothing happened and although one young guy went out of his way to say hello the next morning in a café, no one said a thing and I did not catch any stares or oblique glances from anyone in the crowded class. How is the body an ethnographic object – and one with a different set of visual frames than those that bound the photographic image? What is it to both participate and observe at such an intimate scale? What and who was to be observed there? How do we, as anthropologists, insert ourselves – and thus alter – the cultures we are attempting to make sense of?
34. Pink has also been adopted by other women' groups, such as CodePink, a feminist antiwar group.
35. Similarly, Dodge introduced a car they called "La Femme" in 1955 to gain a foothold in a rising woman's market. The car was pink, and included a matching purse (with lipstick and cigarette cases), umbrella, and raincoat.
36. See Li et al. 2002. Critically, this legislation does not ban the use of known carcinogens in cosmetics, it merely enforces disclosure to the government, and the government is not obligated to disclose to citizens. Many of these carcinogens have now been banned in Europe but remain legal in the United States.
37. Perhaps the most egregious of these is AstraZeneca (formerly ICI chemical). They had until recently the patent for Tamoxifen, the also controlled Salick Health Care Cancer Centers, and for a long time manufactured acetochlor, a known carcinogen and a \$300 million market. They also funded breast cancer organizations (Barbara Brenner, lecture, February 8, 2007).
38. Personal correspondence, February 8, 2007. And of course, nowhere have women been so useful in this enterprise than draped across car hoods in ads and car shows.
39. The gruesome history of breast cancer in the history of medicine has been well documented. James S. Olson (2005) traces the use of invasive and disabling surgeries that women underwent for even very small tumors, suggesting that surgeons were able to improve their survival statistics by operating on women who would have had high survival rates with much less invasive procedures. He puts analyses such as these in the context of the overwhelmingly male profession and the power differentials that were exacerbated by misogyny. Olson also discusses the two decade delay after its invention of the use of anesthesia for mastectomy. One example of this attitude toward women is found in this comment by the ground-breaking cellular pathologist Rudolf Virchow: "Woman is a pair of ovaries with a human being attached, whereas man is a human being furnished with a pair of testes" (2005:77). It would be hard to read the history of breast cancer—of massive surgeries done without anesthesia or sterilization (until early 20th century)—and not conclude that women have been unbelievably tough.
40. In many cases in which a causal link is suspected, there is often nothing one could have done about it. In his ethnography of New Mexico, Jake Kosek examines the variety of ways that cancer pervades the environment—physical and social—as a sort of haunting, as a violent disease that escapes explanations of cause. In *Understories*, he cites a conversation with a woman about her husband, a blue-collar worker in Los Alamos who had died of cancer. She said: "he knows where the cancer came from—we all do—but it's hard to admit you were wrong and it's hard to bite the hand that has fed us for over thirty years. Besides, . . . it's hard to know for sure." See Kosek 2006:234. And as Kosek points out, the worker was employed to clean radiation out of areas close to his home—so was it his job, or the nuclear pollution that

migrated to his residence, the cause of the thyroid cancer? How does this uncertainty pervade the cracks in the institutions (such as law) that are intended to promote responsible use of chemicals and dangerous products? This causal haunting is endemic for virtually all cancers except (finally) lung cancer, which feature stories about culpability—either of smokers themselves or of evil companies hiding causative links between cancer and smoking.

41. The use of these so-called risk categories also creates another risk category: the “person-perceived-as-not-being-at-risk.” Breast cancer, for example, is considered to be a disease of older women (median age at diagnosis is 61 and at death is 69); see National Cancer Institute (n.d.).  
Of course, as Stephen Jay Gould argued at diagnosis, the median isn’t the message (Gould 1985); still, about 6,000 women a year under the age of 49 die of breast cancers that presumably could have been located when women were in their twenties and thirties. In my ethnography of support groups, I found that young women with breast cancer reported again and again approaching their doctors with breast lumps and being told not to worry, they were too young for cancer, or that they did not need to worry because they had no cancer in their families—only to find later that they had indeed had cancer all the while. In that sense, cancer prognosis and death is always already social, taking into account the human errors that miss diagnosis of early stage cancers. Missed diagnosis for breast cancer is one of the most common medical malpractice suits. As one blogger who is living with and dying of cancer writes: “I knew something was wrong by the look on his face. . . . He then reached for a prescription pad and ordered me to get a mammogram at a nearby radiologist’s office. I was shocked by how easy it was for him to do that. If all he had to do was write my name at the top of a pre-printed prescription pad, why hadn’t he done that the year before?” (Fighting Breast Cancer 2005).
42. In critiquing that narrative, I do not mean that each person does not have to figure out how cancer will be in the design of their lives: those with and without the disease will be called on to make flight or fight decisions and some of those may or may not make one’s life richer or shallower. The point, rather, is that if cancer is a private experience, it is also public, and so I want to maintain scars as more than public spectacles, I want them to come with understanding of more than “gift” of cancer.
43. I had two men go out of their way to physically intimidate me at different times when I was bald in public spaces, one pushed me roughly in an airport, and the other threatened me loudly in a gym.
44. Although if that had been the case, he would have been dead a long time ago. The tongue-in-cheek newspaper *The Onion* (2006) poked fun at the ridiculousness of such a claim as “cheating death” when it reported that Lance Armstrong held a press conference to announce that “he will be taking the next three months to prepare for a rematch against the opponent with whom he is most often identified: cancer.” The humor of this article works only if you assume that no one decides if they will live or die against cancer and also recognize how widespread this trope is. Thanks to Diane Nelson for sending me this clipping.
45. See the American Cancer Society (2006) fact sheet, which shows that 97,150 women and 28,000 men each year die die of cancer of the reproductive organs.
46. In her ingenious graphic novel about breast cancer, *Cancer Made me a Shallower Person* (2006), Miriam Engelberg has herself holding up a sign when she is diagnosed with metastatic cancer: “Lance had a different kind of cancer.”
47. Before anyone panics, I am not saying that women get reconstructions because they are homophobic.
48. Furthermore, the warrior figure sets the question: warrior against what? As she put it so well, the carcinogens infusing our environment are created by “our” corporations and acceptable to “our” government. Where and who is the “enemy” here?
49. For breast cancer, 40,970 women and 460 men die annually (American Cancer Society 2006). Each year 274,900 Americans are diagnosed with breast cancer, and for each car death there are about 72 disabling car-related injuries. The lifetime risk for Americans to be injured in a car crash approaches 100 percent. Both are gendered, too. Of car crash deaths, males account for 29,320 and females 13,310. See U.S. Department of Transportation, National Highway Traffic Safety Administration 2004:3). In 2001, the fatal crash involvement rate per 100,000 population was

- almost three times as high for male drivers than females; male drivers accounted for 69 percent of traffic fatalities, 70 percent of all pedestrian fatalities, and 90 percent of all pedacyclist fatalities. (U.S. Department of Transportation, National Highway Traffic Safety Administration 2001).
50. It is canny also in the sense that both the car and the health industries seem to have gathered their own momentum, and in their vastness have forgotten the very things that they purportedly grew around: transportation and health.
  51. For a reading of gendered automobility deaths and violence, see “Violent Submission,” (Jain 2005a). I argue here that the culture of the car (and its associated myths of death, violence, and skill) have had a structural organizing effect on U.S. heterosexuality in the 20th century, and how that production of heterosexuality has, in the case of automobility, been relentlessly physical.
  52. For more on the Pollock death, see Schneider 2002.
  53. For an extensive analysis of how this happens through the cumulation individual cases, see Jain 2006.
  54. For a good and brief history of chemotherapeutics, see the first chapter of Goodman and Walsh 2006.
  55. The redemption story is a powerful one in U.S. cancer culture: it provides a brave face for the cancer survivor and gives a way to think the unthinkable. Like the reclamation of words such as *queer*, it returns agency to the cancer “victim.” For the individual, maybe it provides a crucial language to cost out and to deal with the losses of cancer. Nevertheless, I want to stand against the illness-as-gift discourse and argue for an expansion of language, the proliferation of acceptable and complicated responses.
  56. In “Poor Eliza,” Berlant notes, “sentimentality, unlike other revolutionary rhetorics, is after all the only vehicle for social change that neither produces more pain nor requires much courage” (1998:664).
  57. Thanks to Vasile Stanescu for referring me to the ad (Breast Exam Commercial n.d.).
  58. Consider the controversial counterposing of Dana’s breast cancer and Max’s transitioning in the popular TV show *The L Word*, as reasons for mastectomies, both understood their lives depending on these surgeries.
  59. A tip of the keypad to Rebecca Herzig for telling me about this movement; see Visual Resistance n.d.
- Editor’s Note:* *Cultural Anthropology* has published several other articles on the stigmatizing effects of health conditions. See, for example, Leslie Butt’s “‘Lipstick Girls’ and ‘Fallen Women’: AIDS and Conspiratorial Thinking in Papua, Indonesia” (2005) and Stacy Leigh Pigg’s “Languages of Sex and AIDS in Nepal: Notes on the Social Production of Commensurability” (2001). *Cultural Anthropology* has also published articles on queer, gay, and lesbian topics, including an article by Corinne P. Hayden, “Gender, Genetics, and Generation: Reformulating Biology in Lesbian Kinship” (1995) and a special issue that included several responses to one of David M. Schneider’s final articles, “The Power of Culture: Notes on Some Aspects of Gay and Lesbian Kinship in America Today” (1997).

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