

Cancer Butch

Trip Up the Fast Lane

I didn't set out to test-drive a sports car. Commuting one morning in my work-a-day Honda Civic, I noticed rows of BMWs and a huge banner inviting me to *Come and drive one! Raise money for breast cancer!* I screeched into a U-turn: I had always wanted to try out a BMW roadster. The showroom, decked out with pink roses, ribbons, helium balloons, and a huge array of finger foods donated by Whole Foods, reminded me of a movie star's funeral, only the centerpiece was a BMW 3 Series instead of a coffin. That car would spend the summer purring through air-conditioned dealerships across the the southern swath of the United States being signed—yes, written on—by test drivers. The gleaming hostess, a cancer version of Vanna White, exclaimed, "You can drive as many times as you want to," with the confided aside, "but you can only sign once." That I was in North Carolina only added to the novelty of the experience.

Near the door, another exhibit—"The BMW Pink Ribbon Collection"—featured the usual array of logo'ed stuff—towels, coffee mugs, sport bags, caps—all embossed with the words *The Ultimate Drive*. A fellow test driver 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."

Beckoned more by style than care, I turbo-charged down the highway minutes later, encapsulated within exquisite walnut and leather. (This was no CT scanner tube.) Five minutes after that, I accidentally

diverged from the specified route, thus driving uninsured the same stretch of freeway on which my own car had been totaled by a semi the previous month. (For a minute, cancer seemed less dangerous than the current risk.) At least I was Earning-a-Dollar-a-Mile-for-Breast-Cancer. I turned pink at the thought.

It can be hard to untangle the motives of the breast cancer–corporate care nexus. I bought a Hansen’s grapefruit soda the other day, which bade me to “Save lives, Send tabs”: If I disengaged the pink opener from the can (“use extreme care!”), washed it, put it in an envelope, and sent it, they’d donate a dime to the cause. The right postage stamp would earn another two cents. Although it is difficult enough to find out how much money these campaigns collect, it is nearly impossible to figure out where that money goes. Nevertheless, BMW raised \$9 million through its campaign, and I was able to drive the car I’ve long fetishized.¹

Despite the thrill, something about the campaign struck me the wrong way. The advertising for the event made it seem as if a cure were just down the road, although survival rates have barely accelerated in the last century. Nor did the atmosphere of self-congratulation and celebration leave space to mention several known carcinogens that the auto industry has lobbied hard to allow in gasoline and in car manufacture (a paradox perhaps made easier to swallow after the collective loss of brain cells from decades of inhaling leaded gas fumes). And the whole event, with the pink, the products, the dealer’s marketing strategy, doubled down on the same traditional femininity that seeps through the entire complex of women’s cancer, such as the pamphlets that let women know how soon after mastectomy they can return to “washing walls.”²

It reveals my own messed-up romanticism to admit my reaction at diagnosis: *Why can’t I have a cool disease, like HIV/AIDS?* I wanted a queer disease, a young-guy disease. Susan Sontag wrote in the 1970s of the varying licenses bestowed by different diseases: “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.”³ Not only does a cancer diagnosis tend to relegate one to the world of loserdom, but breast cancer in particular drags one by the hair into the territory of gender. When diagnosed with breast cancer, the literary theorist Eve Kosofsky Sedgwick thought, “Shit, now I guess I really must be a woman.”⁴

Moving between self-elegy and elegy of her friend Michael Lynch, a gay man living with HIV/AIDS, Sedgwick examines diagnosis and

gender in her article “White Glasses.” She details her cross-country search for a pair of spectacles. She wanted those very glasses that Michael wore as a flaming signifier, to augment her own self-identification as a gay man. But on finally finding them, she realized with dismay that on a woman “the pastel sinks . . . invisibly into the camouflage of femininity.”⁵ In the end, the glasses merely reinforced the very codes of femininity that Sedgwick aimed to shuck. In a similar way, breast cancer—not the breast itself—sinks her further into the obscurity of white womanhood.

You can spend your whole life creating an identity different from the one people smear onto you (girl, husband-seeker, spinster, mother, whatever), and then one charming little diagnosis threatens to suck you under, into the archetypal death doled out by the feminine body. Like a huge “we told you so,” diagnosis provides the capstone to the argument that biology defines you. “They” (whoever they are), with hurtling finality, shamed me into accepting the truth of my sex.

Then again, gender signifiers provide an easier conversation topic than does mortality. “Shit, I am woman (fine, have it your way)” is more palatable than “I’m also *person*—animal, mortal, finite.” What would it mean to acknowledge—*really acknowledge*—the sheer number of people who literally rot from the inside out each year, with no way to stop it, while so many known causes of cancer continue to be pumped into the environment? Just like Sedgwick’s white glasses, which sank “banally and invisibly into the camouflage of femininity on a woman,” cancer everywhere drops into a sludge of nowhere. The focus on pink and breasts and comfort conveniently displaces sheer terror, as do the ubiquitous warning signs. While the gay activist slogan *silence = death* decreed public outcry, for cancer, ubiquity = death. Now, *that’s* terrifying.

BOMBSHELL

In *The Cancer Journals*, feminist Audre Lorde compiled journal entries, poetry, and analysis to explore her experience of breast cancer in the 1970s. The book brought cancer out of two closets: the personal closet of disguise and the political closet of cancer production. Lorde believed that the pressure toward prostheses and reconstructions tended, on the one hand, to prevent women from coming to terms with the multiple losses that accompany the disease and, on the other, 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, Lorde poses the counterexample of the Israeli defense minister Moshe Dayan, who wore an eye patch to cover an injury sustained in World War II. 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. And if you have trouble dealing with Moshe Dayan's empty eye socket, everyone recognizes that it is your problem to solve, not his. Well, women with breast cancer are warriors, also."⁶

For Lorde, the signifier of the scar presented opportunities for communicative and collective action. *The Cancer Journals*—a critical part of both the history of cancer and the history of feminism—offers an exhilarating read. Lorde called it as she saw it, unapologetically. When offered a prosthesis to stuff into her bra, she responds, "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 lambswool or silicone gel. I refuse to be reduced in my own eyes or in the eyes of others from warrior to mere victim."⁷

To Lorde's list one might add the many carcinogens that have been researched since her death in 1992, as well as an extensive list of unresearched substances (such as bisphenol A [BPA], found in 93 percent of American bodies), many of which were grandfathered into the National Toxicology Program (NTP).⁸ Since 1980, the NTP has published, through the National Institutes of Health (NIH), the go-to biannual report on known or suspected carcinogenic chemicals. The document neither leads to nor advocates for any sort of regulation; instead, it simply lists dangerous products, such as the flame retardant hexabromocyclododecane (HBCD), often found in insulation and electrical equipment. (HBCD remains unregulated, and is commonly found in grocery store foods, though European companies have discontinued its use.) The latest Report of Carcinogens lists "known carcinogens" such as formaldehyde and "anticipated carcinogens" such as styrene. The peer-reviewed report, which draws from peer-reviewed literature, has come under vicious attack by Congressional Republicans, who aim to kill the NTP altogether.⁹ Prostheses, Lorde notes, disguise these issues, asking even those who have taken the fall for these politics to graciously

accept an illness that may well be a measured sacrifice to the ideology of economic progress.

Trained as a soldier, Moshe Dayan received his eye injury—and his eye patch—as a young man fighting against the profascist Vichy regime. Audre Lorde, a black lesbian, received her mastectomy as the result of a disease that was, at the time, barely utterable, let alone funded, researched, or understood.¹⁰ Without dismissing the horror and humiliation that Dayan reports having felt after his injury, such that he could not be fitted for a glass eye, one can note that the eye patch signifies an event, a quick and clear cause and effect. The mastectomy scar, in contrast, verifies not a singular event, but an inchoate process. When I was in treatment, I longed for the solidity of a verifiable enemy.

In making cancer survivors into warriors, Lorde strategically transforms cancer into an event, taking it from the banal, everyday slow death into the language of crisis.¹¹ On the personal level, every diagnosed individual experiences this cataclysmic moment. Only at the level of the aggregate can cancer be chronic, endemic, or statistically representable—descriptors that leave out the human element altogether. A few years after Lorde's book appeared, the activist group ACT UP made the personal political, taking to the streets to ensure that precisely this representational catastrophe did not arise. ACT UP was not about to allow HIV/AIDS to become the new "cancer."

I think Audre Lorde would have reveled in the archive of images that proliferated since her book, and more so after her death, beginning with Deena Metzger's 1977 portrait "The Warrior," which depicts her mastectomy and the tree branch she had tattooed around the scar. This poster-postcard image reached virtual cult status during the 1980s (and Lorde certainly must have seen it). Metzger aimed to alleviate some of those awkward moments in 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. In these places where unveiling occurs, no matter how politely one approaches the space, hair growth is surveilled, sexual object choices assumed. Communication takes place through the furtive glance as well as through projected assumptions learned years ago from gossip about the high school gym locker room.

Corporate models have also displayed breast cancer's scars. Among the first was Matuschka, who posed with her mastectomy scar in a specially designed white gown on the cover of the August 15, 1993,

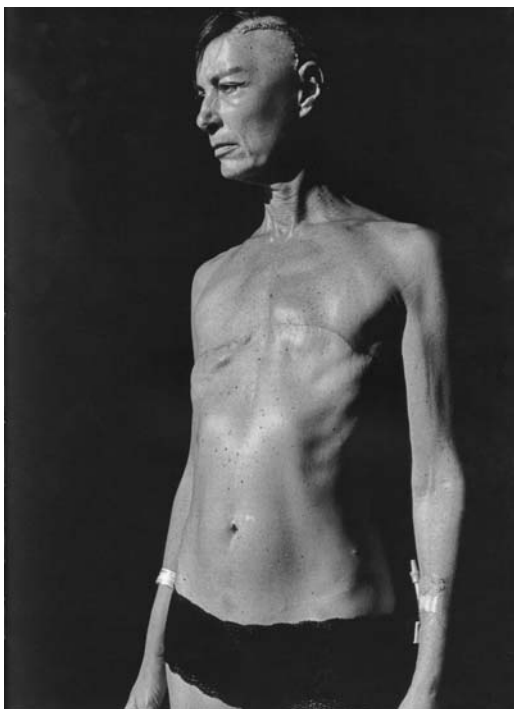


FIGURE 9. Lynn Kohlman, a model well known in the 1970s for her androgynous look, died in 2008 of brain cancer at age sixty-two. (Photo courtesy of Robin Saidman)

New York Times Magazine. Lynn Kohlman, a model in the 1960s and 1970s and then a photographer, upped the ante a decade later, posing with no top before her death of brain cancer (figs. 9–10). Her naked torso reveals thin mastectomy scars, and her shorn hair divulges a crescent moon of staples. No disguise here. She kept herself public in the journey from the front of the camera to the back and again to the front, and in so doing she 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.”¹² With this last statement, she presumably means that she has matured in the way she locates her own beauty. When I showed these images to a colleague alongside ones from her youthful modeling days, she said, “Kohlman is right. She is more beautiful when she is older.”

The same weekend that I discovered the photos of Kohlman, an ad



FIGURE 10. Kohlman's brain surgery required thirty-nine titanium staples. Her *New York Times* obituary reported that a body piercing fan complimented her on them in the streets of Manhattan, saying they were "really nicely spaced and even." She gave him the name of her doctor." (Photo courtesy of Mark Obenhaus)

for Mount Sinai Medical Center appeared on the back cover of the *New York Times Magazine* (fig. 11). I always notice such ads because I find the for-profit nature of hospitals so bizarre; they sell health as if it were a raffle ticket or cotton candy. This ad in particular caught my eye because the stitches on the iconic American baseball look nearly identical to the stitches I'd just seen on Kohlman's head, and indeed, the ad explicitly invites one to compare the embroidered ball to a sutured body. With its layered whites, its smooth texture, its aesthetic perfection, the incision seems much shorter than one expects on a baseball, yet so much longer than one expects on a head. In both images, the beauty lies in the purity of the visual effect and the startle of the upscale visual pun.

The U.S. government has appreciated the political impact of a publicly visual culture of injury at least since WWII, when it banned any images relating to posttraumatic stress disorder or other illness while still allowing patriotic images of amputated veterans to proliferate.¹³ In a similar way, Kohlman's photo aestheticizes the bedlam of illness.

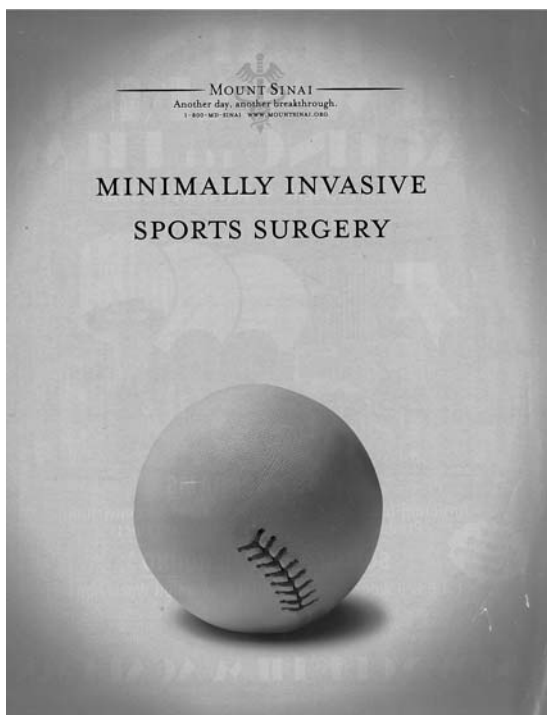


FIGURE 11. Mount Sinai Medical Center advertisement, circa 2009.

Going one step further, the baseball offers a purely theoretical injury, suggesting that Mount Sinai can just make it all go away.

For months after my first mastectomy but before the second, I repeatedly found myself in front of the mirror—appraising with clothes off, evaluating with clothes on. With a shirt on I wanted the second breast off; with the shirt off I wanted the breast left on. In public, I could not seem to find a way to negotiate the clear statement that having only one breast seemed to make. Not wearing a prosthesis seemed like an implicitly political statement, though the politics lay simply in the shape of the body rather than in any actual action. I did not want to feel permanently warriorlike. But when I wore the tacky puff of nylon stuffing I had been given, it wandered around my chest like a puppy searching for a teat. Besides, I did not want to have to wear a prosthesis just to seem as though I were *not* making a statement.

I liked the remaining breast: as my squash buddy said in the changing room one day, “Why would you get rid of a pleasure point?” and

I agreed. Then again, breasts had forced me to live in a sort of social drag. Rather than being a welcome harbinger of womanhood twenty-five years before, breasts stole my tomboy youth.¹⁴ Not only did they require a cumbersome bra and add weight and heft that had to be dragged around the soccer field; they also came with a set of expectations about my behavior. Though certain of the perquisites of the phallus seem attractive (making more money, being taken more seriously), I do not want to actually *be* a guy. Nevertheless, if the second breast were to go, my body would approximate, albeit inexactly, my body image, absent the moral baggage of an unnecessary surgery.

Though unsure how to negotiate these politics and implied politics, I knew I didn't want either the reconstruction surgeries *or* the Amazon look. I especially didn't want anything that belonged in a litter searching for nourishment—so I did opt to have the other one removed.¹⁵ As I lay in the hospital bed, shaking with pain, head clasped between two ice packs, the awesomely attentive nurse confided, “Vomit is my least favorite bodily fluid.” (I had to agree, though sperm comes a close second.) 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 ask before. I suddenly needed to know the story of a friend whose girlfriend had died of cancer. It wasn't that I didn't want to know before, but I had no go-to etiquette for such questions. Like many people, for fear of seeming nosey or saying the wrong thing, I just never asked. The stories I now sought were about dying: about how people experienced dying in their lives; about how I could get close to those tales, snuggle up, and make them a part of me too.

Although having no breasts seems illicit, neither pleasure nor shame covers the range of emotion. My body can now fold into positions that it could not have before. Months after surgery, I was still surprised when I could do a tight yoga twist or hold the kids really close, and I suddenly realized that it was because my breasts were not in the way. But just as having breasts did not make me feel particularly girly, *not* having them doesn't make me feel more manly (or perhaps I should 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.

So, about a week after my second surgery, and after about two seconds of thought, I took my shirt off in a yoga class full of strangers. Of course, the possibility of performing that act was part of why I opted

for the surgery: it would have been unthinkable with one breast. But once I did it, I could not stop squeezing the incident for meaning, imagining it as a communicative action.

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

I remember my horror at seeing, just after my diagnosis, the diagrams of mastectomies in the pamphlet they gave me: straight scars stretching across a narrow, pectorally challenged, smooth chest: not butch, and intensely not hot.¹⁶ It took me two days to gather the courage to look down after my first mastectomy. If shock value spurred the disrobing in yoga class, what actual value that shock carried was uncertain at best, as I was in a roomful of strangers in the small Canadian town I was visiting. Perhaps I wanted the honor that Lorde claimed, the warrior pride. Or do the scars address the great denials of our culture: illness and death? Are they some medal of hardship that I now get to bear, like Jesus's scarred palms on a female martyr? Do the scars render visible the cultural sacrifice of cancer, showing that, because I bore the disease, six other women will escape it? (And can I please choose who they will be?)¹⁷

I know, that's a lot to read into a sweaty shucked T-shirt. Besides, I did not feel very honorable. Unlike the transgender queer who chose mastectomies, and unlike the prizefighter Rocky's demand to "cut me!!" to drain his swollen-shut eyelid so he could continue the fight, I remained just an unremarkable person who had that very morning searched her bag for a bra before remembering that she didn't wear one anymore.

As part of a militant strategy to bring AIDS out of the closet in the late 1980s by injecting gayness into popular culture, ACT UP staged events called kiss-ins, in which bystanders were invited to read the lips of kissing queers. ACT UP sought to normalize definitively queer behavior by increasing straight people's exposure to the prosaic, if pleasant, act of smooching. Such actions eventually tweaked the homogeneous, heterosexual public sphere, subtly changing what was considered acceptable public behavior. Read within this history of gay bodies in public, my taking-off-the-shirt moment may, at least for the sake of reflection, signify something other than debased narcissism.¹⁸ Perhaps it could be read as a tiny, hard resistance to the layer-

ing on of social shame to the experiences of gender, possibility, and cancer.

Just as swathing the act in vanity misses the point, so does dismissing it solely as a reaction to shame. Perhaps my display was a call not for, but *to*, attention: a call to consider cancer as a communal event. It put into the public domain what every dimension of the cancer complex had told me should be kept private. And not public as in a magazine image—a staged photo that can be cropped, moved around, published, stared at, censored, discussed, and debated, 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 mess with the cultural distinctions of public and private and what's at stake. I wanted a group-think outlet. Because when I took the shirt off, the breast question faded behind the marks of cancer—scars left from radiation and the drains and the Port-a-Cath. I may have wanted to feel tough for bearing all of that (go, cancer butch!), but it was nothing like the suffering of women who had surgeries before anesthesia or chemotherapy before antiemetics.

Lorde bristled at the way her lambswool prosthesis was intended to make her appear whole again, but the absence of the breasts introduces a new set of interpretive problems for this odd mix of gender and illness. Had I not undergone a second mastectomy precisely to make myself feel and look whole again after the first mastectomy? Hadn't I now regained some of the sense of freedom I'd felt during my last shirtless summer at the age of six, when I learned to read the raised eyebrows of conservative Canadians?

Perhaps with this little social experiment I requested (desired? challenged?) a response from this tiny public culture of a yoga class in a small mountain town. As my shirtless girls used to say, "Look at me!" (Of course, they were five and three and so could be excused for such unabashed behavior.) But I could also have been saying something like: "Look or don't: I used to have another body that you couldn't 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?" (I guess I can't blame the yogis if they didn't catch all that.) Or maybe I just wanted my body to be witnessed as a material bearer of carcinogenic culture, that artifactual statistic 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 be asked on a date. Something; anything.

SAFE-KEEPING

The San Francisco activist group Breast Cancer Action (BCA) decries the BMW campaign that gifted me with my coveted ride because it takes on the breast cancer cause while selling a product that pumps known carcinogens into the environment. In driving the BMW, I found myself in the middle of a cycle: a company sells a product that causes cancer, and then, to help find a cure for the disease that it is helping to cause, the same company raises awareness for the disease by selling more products that cause it, all while seeming to care about the cancer they are causing. You can nearly see one of those flowcharts with arrows pointing from one thing to the next and before you know it you are back where you started. And not in a good way.

So driving cars causes cancer. What does driving a car emblazoned with a cheesy pink ribbon do? For one thing, it increases the 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, like a pastel version of Betsy Ross. When Haley, not wanting to go commercial, refused to work with cosmetics icon Estée Lauder, Lauder had her lawyers design a new ribbon based on focus group research: hail the birth of the pink ribbon as we know it. 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.”¹⁹ That said, not one country has found it health-giving enough to use in a national flag.

Though pink was considered a version of red and thus a boy’s color in the early twentieth century, by the 1950s Americans definitely understood pink as a girl’s color.²⁰ By this period, corporations widely adopted pink as a signifier for heterosexual womanhood through their introduction of special “women’s” products. In the 1950s, Carte Blanche marketed a bright pink credit card to husbands as “a special HERS card to give your wife all the credit she deserves.”²¹ Nevertheless,

like all credit cards at the time, it always bore the husband's name: he determined how much credit she deserved, while divorced women could rarely get credit at all. Because of the color's iconic use in signifying, and even constituting, heterosexual femininity, and perhaps also because of the use of the pink triangle to stigmatize gay men in the Nazi Holocaust, the gay pride movement, and particularly gay men, have actively resurrected and resignified it. But these oppositional uses of pink operate only in the context of the color's overwhelming coding of hetero-normative girl- and womanhood.

Despite Estée Lauder and other cosmetic companies' use of breast cancer to garner publicity, and their sponsorship of classes to teach women (and now men) to use makeup to make themselves presentable through cancer treatment, the cosmetics industry lobbied vociferously against the 2005 California Safe Cosmetics Act (S.B. 484), which requires that companies reveal potentially hazardous ingredients of their products to the state government. When industries use breast cancer pink to build goodwill, move product, and cover up their production of carcinogens, it's called pink-washing. Jingle writers have made over breast cancer and then handed it back as something palatable, obscuring the links among the production, suffering, and obfuscation of disease. Breast cancer poses as an innocent disease; as one marketer said, being "free from sin," it offers a promising way to transfer its affect to a "feeling about your business."²² Barbara Brenner, a former executive director of Breast Cancer Action, argued that breast cancer presents an undercover opportunity to sell sex, but I think it offers an opportunity to sell girlhood—femininity precisely *without* the sex.²³ This version of benign girlhood requires sexual offenders to post their addresses on a website, but it doesn't teach girls to take off their shirts while playing street hockey.

The toothsome BMW campaign sprawling among the booths in the parking lot and the large trailer sporting huge posters from each year's campaign traffic in cure lingo. Not one mention of illness or suffering or death sullies the experience. By emphasizing the vague promise of a cure rather than the disease itself, corporate pink-washing diminishes the experience of breast cancer, diffusing other kinds of emotion, thus rendering them illegitimate or, worse, illegible. Unpink fear can barely be heard over the din of survival rhetoric and pink kitsch. 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 this innocence?

In the twenty-first century, the coinciding rhetorics of pink-washing, sentimentality, the war on cancer, and the survivor figure scatter the politics of the disease as much as the pink-washing campaigns hide the distribution of cancer profits such that personal risk and responsibility become the primary discourses for discussing the disease.²⁴ Women can undergo patented genetic testing that costs upward of \$5,000, while analyzing breast tissue for chemical carcinogens is virtually unheard of and is 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.

In these models of corporate care, everyone has a scripted role. The Caring Corporation invites the Consumer to walk the line between denial and inevitability, neither of which are useful, but both of which prompt purchases. The Game-Faced Survivor toughs it all out, making the best of odds, and the Good-Girl Survivor revels in narratives of the “gift” of cancer and the “freedom to choose” from among a range of treatments and hospitals.²⁵ Sentimental empathy offers a passive, feminized ideal, which pink-washes the Corporation into the Caring Maternal Figure. Of course people want comforting images of cancer, and of course people want to help. And of course, people always want to buy stuff.

The almost viciously feminizing effect of sentimentality impacts the provision of healthcare. Although we want to imagine the rituals of detection as being cloaked in the professional touch of a gynecologist, sexuality pervades the doctor’s office. Several women, both queer and straight, have told me that they wanted to say something when a doctor neglected to do a breast exam, but did not speak up for fear that the doctor might feel awkward touching their breasts.

A study of the media discourse around testicular, breast, and prostate cancers found that men who survive testicular cancer consider themselves as having “cheated death.”²⁶ Lance Armstrong, as we saw in chapter 2, played up his survivorship as a measure of his personal potency, though somewhat by chance chemotherapeutic agents proved to be very effective for even metastasized testicular cancer. More men, in fact, die of breast cancer than of testicular cancer (the five-year survival rates for metastatic testicular cancer are over 70 percent, compared to about 5 percent for metastatic breast cancer). As Armstrong

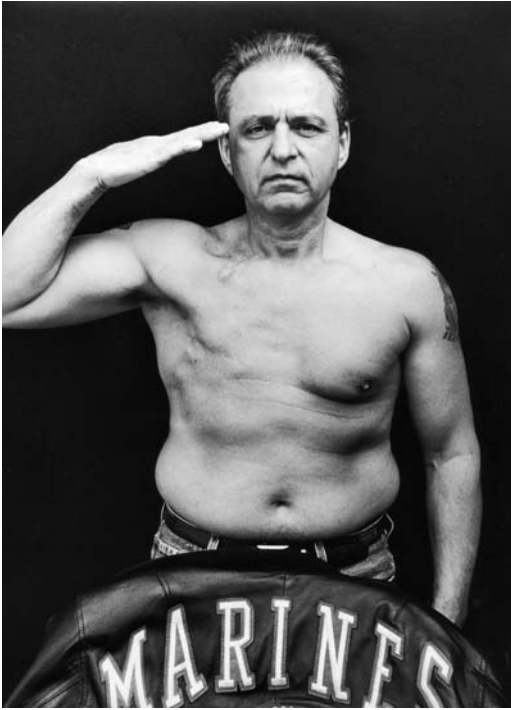


FIGURE 12. Jim Fontella, who as a marine worked at Camp Lejeune, a military installation where residents were knowingly poisoned through the water supply. Lejeune is at the center of the largest male breast cancer cluster in the United States (to date, over eighty men associated with that site have been diagnosed). (Photo courtesy of Patricia Izzo, www.izzophotography.com)

demonstrates, the myth of agency, in concert with the different biologies and cultures of disease, provides a critical space for men to be tough when it comes to cancer. But women's cancers (those of the reproductive organs) are less easily found and less easily treated than men's cancers, and death rates are nearly four times as high.²⁷ Although a guy could tough it out while his testicular cancer spreads and still have a very high chance of a cure, a woman toughing out her cancer will, after a certain point, have virtually no chance of survival.

To my knowledge, Armstrong prefers releasing images of his face to images of his cancer scars. Within the context of this history of gendered roles of protector, protected, and injury, Jim Fontella offers an ironic image of his mastectomy scar (fig. 12). Fontella lived at the Marine Corps Base Camp Lejeune in Jacksonville, North Carolina, believed to be the site of one of the largest water contaminations in U.S. history. (The U.S. Department of Defense is likely the nation's largest polluter, although it must vie for that honor with domestic oil and gas fracturing.)²⁸ Between 1957 and 1987, an estimated 750,000 to 1 million people living on the military base drank and bathed in tap

water containing toxic chemicals in concentrations hundreds of times those permitted by current laws.²⁹ Camp Lejeune correlates with the largest cluster of breast cancer among men in the country.

Military men spearheaded a movement to gain reparations for the toxic exposures. Rather than focusing on their internal beauty, these middle-aged men are fed up with the betrayal of institutionalized friendly fire. Patricia Izzo's photograph of Fontella seems to say, "I protected America, and all I got was this lousy disease."

Despite Lorde's argument, mastectomy scars cannot offer a regendered version of Dayan's eye patch or Fontella's display, 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). Military scars signify if not the success of, then at least the obligation to masculine duties of protection, duties that are virtually definitive of manhood within the context of nation and heterosexuality. Women's mastectomy scars cite the amputation of gender, at once undermining nurturance and sexuality. Kohlman tames the threat through a coy look and a perfect body; Metzger tames it through a tree tattoo. These warriors take on a masculine sentimentality that is routed through recognizable femininity.

The endurance of *The Cancer Journals* and its continued resonance for so many people surely lies in the fact that it offers a way to inhabit cancer not as a victim, but as an agent. Lorde outlines a route through anger toward productive action. Yet I finished reading her book wanting still more. For one thing, cancer can be shut away behind prostheses, but it doesn't disappear. Cancer haunts us; terror underpins the spin of that cancer wheel, both for those postdiagnosis (*damn!*) and for those yet to find out (*could it be me?*). For another thing, if we are warriors, whom are we fighting? What is our mode of resistance? Whom are we protecting? How might breast cancer culture be understood beyond the singular normative ideals of femininity, but in a way that does not take on a militarized masculinity?

BLINDSIDED

Lynn Kohlman's mastectomy images fall outside the pink charity mode, even if her language remains fixed on redemption. In one sense, these images bring cancer out of the closet by inviting scars out of the realm of private natural death and into the sphere of public, violent, and tech-

nological death. In a way, the images depsychologize scars by rendering them public, tough, and masculine. These scars display the trace of illness as a memorial of death. But the beauty of these images lies not in the way they mark mortality but, rather, in their hyper-designed quality: they draw attention to the markings that technology leaves on the body.

Also beautifully designed and engineered, BMW's ultimate driving machine features bulletproof glass, side-curtain air bags, and quick braking and acceleration to speed away from danger. It is a good thing, too. Even with safety features, nearly as many people are killed in car crashes in the United States as are killed by breast cancer each year: 32,885 in car crashes, and close to 39,970 of breast cancer.³⁰ Car crashes are the leading cause of death for people ages eight to thirty-four, after which cancers take the lead until the age of sixty-four. In terms of years of life lost, cancer is the main driver, car crashes take the back seat, and heart disease rides shotgun.³¹ Canny, then, that a company with the reputation for producing some of the most aggressive members of the automotive fleet would have chosen breast cancer as its cause célèbre.³² The physical and metaphoric versions of the ultimate drive juxtapose a masculinized car crash aesthetic against the pink-kitsch sentimentality of breast cancer.

By the 1950s, middle-class Americans experienced a vastly increased risk of public death (car crash fatalities reached the century's peak), as well as increased exposure to more realistic representations of violence through spy stories, westerns, and media images. At the same time, deaths due to illness became less and less visible—almost, as one social anthropologist described, “smothered in prudery”—as dying was moved from the living room to the hospital.³³

Throughout the twentieth century, the automobile served as a critical cultural and material node for allying masculine characteristics with mechanical agency, and it has powerfully constituted gender in relation to heterosexuality, both socially and physically, in cultural domains as varied as auto racing and the rise of suburbia. Twentieth-century artists, from the Futurist Filippo Tommaso Marinetti to director David Cronenberg, portrayed car crash deaths in the service of masculinized fantasies of speed, power, agency, and the limits of human performance. No shame adhered to the car crash deaths of James Dean or Jackson Pollock, which in fact enlarged their statues while disguising the more widespread issue of automobile danger.³⁴ Fantasies of masculine prestige, liberation, and heroism 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.³⁵

Car deaths and cancer deaths meet in elaborate structures that give them layered meanings invested with fantasies about ideal gender types. Kohlman references a masculine aesthetic in this tradition, bringing attention to the scars and staples as technological enhancements and offering an intervention to the strict gender norms operating in the representation of breast cancer. Opposing reconstructive surgeries, and different from Matuschka's white-robed aesthetic, Kohlman's images bring the mastectomy into an aesthetic of the beautiful death. Far from engaging in the war against industrial pollution that Lorde envisioned, Kohlman instead cites the technobeaauty dreamed of by Marinetti or documented by street photographer Weegee, and the mass violence of repetition iterated by Warhol: she offers an unveiling that usually is done in private or with trusted friends, family, and physicians. She takes her scars outside the realm of sadness and sentimentality and makes them matter as spectacle. Coming out of the domestic space, Kohlman shows and tells, adding to a personal and cultural archive of possible people. Her scars pose not as ugly to be covered, nor as ugly to be embraced, but as beautiful—both in themselves and on this classically beautiful androgynous woman.

Kohlman's chest is far from masculine, and she plays with the camera. Kohlman redeems her impending death by means of feminized norms, reclaiming her inner beauty as a response to and representation of the threat to her life. Beauty—in its varied guises—stands as a central narrative in the rhetoric of breast cancer culture, with regard to the valuation and evaluation of death. For example, when actress and singer Dana Reeve (most famous for her marriage to *Superman* actor Christopher Reeve) died of lung cancer in 2006, the shocked commentary revolved around her beauty and lack of culpability.³⁶ The reportage noted that Reeve, as a nonsmoker, 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. No one put it better than Edgar Allan Poe: “the death of a beautiful woman is, unquestionably, the most poetical topic in the world.”³⁷

Much of breast cancer culture parades as the pornography of death, with its constant representation of young women in sexualized poses on 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 showing how to do a breast self-exam. A recent ad by the Breast Cancer Fund of Canada featured a young, purposely slimy teenage boy named "Cam" who offers the free service of doing breast exams ("1-866-Ring-Cam"). Playing on the long-standing joke of the groping peach-fuzzed adolescent, the ad collaborates—even in its purported irony—in the same model of gender that has belittled the disease.³⁸ Is any other medical procedure sexualized in this way?

The very politics that leads to corporate use of breast cancer renders certain kinds of death innocent and tragic. This construction of innocence can be politically savvy, as when prioritizing children's issues such as car seats or safety regulations on school buses. But cancer is still perceived against all evidence as a natural illness, and the sentimentalization of tragic personal stories (rendered only more poignant in the case of the very beautiful) focuses on the suffering of individuals rather than on the culture that produces cancer, often through the very trappings that constitute beauty—the cosmetics, the cars.

As long as cancer remains an individual rather than a communal disease, as long as it is buffered by cultural 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."³⁹ The stigma, the sentimental individuation, and the warrior offer triplet figurations. Slippery military metaphors insist that individuals, rather than the culture, suffer from cancer and that cancer can be fought—battled—and represented as outside of the very culture that produces it. Within that nexus, the Caring Corporations maintain the illusion of their own innocence.

CONCLUSION

Upon diagnosis, Sedgwick recognized the way in which the mammary ineluctably brought her under the umbrella of a gendered disease—and the violence of that gendering. *Shit, I am a woman*: I am the person whose wheel of fortune pointed to the illness not only of cancer but of

femininity. Mastectomy offers a recuperation (of sorts) to that pregendered preadolescent 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.

What if, instead of drowning breast cancer in a sea of pink and fundraising, those interested in mourning the toll of the disease took examples from other movements? Probike activists in many cities have revived, for a short time, cyclists killed by cars by chaining a white bicycle to the spot where they met their death.⁴⁰ 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, foregrounds a living presence, a material body, in the face of sterile statistics of accumulated deaths, a reminder of the embedded, invisible violence of the streetscape and of the structures that produce these deaths on a mass scale. If the Caring Corporation lionizes the individual to keep us from detecting the patterns, these communities honor the individuals who suffer from the patterns and in so doing draw attention to both.

Unlike Dayan's eye patch, which marked the end result of injury, the cancer scar can never really be the insignia of a survived event. The scar can only be temporary. The scar marks unpredictability. As the scar on the chest fades, are little cancer stem cells gathering force, reduplicating? One has no idea until later, just as no one knows now who harbors incipient cancers. The loss, ultimately, has less to do with a body part; cancer takes one's imagined immortality. Cancer is about the way U.S. culture shrouds terror under a scarf of rosy hopefulness.

Vito Russo, an HIV/AIDS activist, talked at an ACT UP demonstration about living with a disease that is cast as shameful from the beginning: "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."⁴¹ I have no idea what it would be like to lie, night after night, in the cold bog of a WWI trench not knowing when an enemy might approach. Still, I can see why those metaphors have such descriptive power. When you're ill, you feel under siege.

ACT UP did not focus on how beautiful they all were. Instead, ACT UP acted out about all of the issues that affect people living with HIV/

AIDS: the cost of drugs, housing, and medical insurance; the discrimination. They rioted, they educated, they stormed the National Institutes of Health, they unleashed power. They were arrested and they made news. The slogans from that era sound ballsy even decades later: “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.” At one ACT UP demonstration, the artist and activist David Wojnarowicz wrote on his jacket: “When I die of AIDS, throw my body on the steps of the FDA.” At the height of the HIV/AIDS crisis, deaths from the disease spurred countrywide riots, and people were pouring ashes on the lawn of the White House. The disease was public and angry, but most of all, it was a collective enterprise, bringing together people who then exercised their social power.⁴² ACT UP’s war—nevermind the limits of the metaphor—spurred a 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?”⁴³ Lorde leaves this as an open question, but I suspect that such women would have been 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.

Ubiquitous breast cancer marches offer a strange space for reflection, one that is not quite mourning and not quite triumph, not a wake but not a celebration. But what if queers had sat around sipping Hansen’s soda for a cure to HIV? Would the HIV/AIDS death rate in the United States now be a third of what it was two decades ago? Yet cancer continues, and we are just marching (and marching), throwing our pink around. Was HIV/AIDS any more of a genocide than cancer?

To raise money for cancer, I’d like to drive a scratched-up and dented car with photographs of tumors and of careers in ruins because of time spent in hospitals, trailing vomit and sperm out the exhaust pipe. Even in pacifist Canada, cigarette warnings sport graphic details of blackened lungs. Whom are we protecting here in the United States? But if I found such a car and, channeling my very toughest inner butch, had the guts to drive it, my display would be dismissed as a political statement. Meanwhile, the BMW pink car-lot celebration passes as care. And so, if I die of cancer? Forget burial—just drop my carcass on the steps of BMW HQ.