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Audre Lorde’s Successors

Breast Cancer Narratives as Feminist Theory

The compelling legacy of the self-described “Black lesbian feminist warrior poet” Audre Lorde (1934–92) has been the subject of significant critical commentary by theorists of breast cancer during the past decade. In Beyond Slash, Burn, and Poison Marcy Jane Knopf-Newman claims that both The Cancer Journals (1980), written shortly after Lorde’s 1978 mastectomy, and A Burst of Light (1988), written after cancer had metastasized to her liver in the mid-1980s, catalyzed the work of feminist health activists: “Lorde’s ideas motivated people to consider various modes of resistance to hegemonic ideas about women’s bodies and women’s health” (139). Activists have since paid tribute to Lorde in their organizational newsletters and websites, dedicated women’s and gay health clinics in her name, and continued her project of “transforming silence into language and action” (Lorde, Cancer Journals, 18). Among the breast cancer crusaders who have acknowledged Lorde as a foremother are Dr. Susan Love, who in her Breast Book praises Lorde for having spoken out as a lesbian to control her treatment agenda; Barbara Brenner, former executive director of Breast Cancer Action, who quoted Lorde’s writing for years in her organization’s monthly publication as a way to inspire action; and Sandra Steingraber, poet and environmentalist, who urges contemporary feminists to join Lorde in “challeng[ing] the unquestioned and sanctioned discourse about what causes cancer” (Knopf-Newman, 139–40).

In a 2006 essay in Signs Diane Price Herndl evaluates Lorde’s legacy as a breast cancer memoirist and characterizes her feminist analysis of the disease as unmatched by subsequent cancer narratives: “The Cancer Journals made an enormous difference not only in the visibility of breast cancer and in the possibilities of writing about it, but also in creating an imperative: not only should one write about one’s experience of cancer, but doing so is a political act, and doing so correctly is an ethical act” (221). Although many contemporary memoirists have followed Lorde in
making breast cancer visible, notes Herndl, most have not challenged prevailing medical or social codes, analyzed the role of environmental toxins on breast cancer, or explored the cultural politics of this disease (238). Herndl criticizes late twentieth-century breast cancer anthologies for their political quiescence, yet she rightly identifies two feminist theorists of cancer who did politicize the disease near the turn of the century: Eve Kosofsky Sedgwick, whose 1999 essay “White Glasses” theorizes connections between breast cancer and the AIDS pandemic, and Barbara Ehrenreich, whose 2001 essay “Welcome to Cancerland” indicts corporate promulgators of breast cancer culture for complicity in “global poisoning” (Herndl, “Our Breasts,” 238–39, 242). Although Sedgwick and Ehrenreich made valuable contributions to feminist cancer discourse, neither has published a cancer narrative comparable in scope to _The Cancer Journals_. It is therefore initially tempting to agree with Herndl that while some breast cancer narratives movingly depict private trauma, most of them fail to “look outward from this experience” (240).

In this chapter, however, I revise Herndl’s contention by analyzing breast cancer narratives by three feminist mammographers whom I view as Audre Lorde’s postmillennial successors: Zillah Eisenstein’s _Manmade Breast Cancers_ (2001), Evelyne Accad’s _The Wounded Breast: Intimate Journeys through Cancer_ (2001), and three essays by S. Lochlann Jain published between 2007 and 2010: “Cancer Butch,” “Living in Prognosis: Toward an Elegiac Politics,” and “Be Prepared.” Like Lorde, these autobiographical theorists argue that breast cancer needs further feminist analysis and political scrutiny. All are academics—a politics professor, a novelist and poet who teaches languages, and a cultural anthropologist, respectively. Each writer contracted breast cancer in her thirties or forties; underwent mastectomy or lumpectomy, chemotherapy, radiation, and in two cases a second elective mastectomy; and determined to explore the disease from theoretical and experiential perspectives. All three writers acknowledge Lorde as a predecessor: Eisenstein praises her for having chosen “to be a militant one-breasted woman rather than practice what she felt was deceit” (32); Accad extols Lorde for having urged women to march on Washington to demand that Congress allocate more funding for breast cancer research; and Jain claims in “Cancer Butch” that _The Cancer Journals_ “brought cancer out of two closets—the personal closet of disguise and the political closet of cancer production” (507).

The cancer narratives of Eisenstein, Accad, and Jain affirm yet extend Lorde’s vision through six theoretical gestures.
1. They claim that breaking silence about breast cancer is still a vital feminist act but that new forms of silence exist to be broken.
2. They investigate probable links between breast cancer and environmental toxins, air and water pollution, food additives, and industrial waste.
3. They challenge the medical establishment, expose corporate control of the cancer industry, and interrogate the policies of mainstream organizations such as the National Cancer Institute (NCI) and the American Cancer Society (ACS).
4. They theorize the politics of appearance in breast cancer culture by questioning the emphasis on prosthesis, reconstruction, and hegemonic femininity.
5. They queer breast cancer by affirming lesbian or butch embodiment and resisting heterosexist assumptions that mainstream culture promulgates.
6. They assume antiracist and transnational perspectives in their analysis of breast cancer treatment and politics.

In the sections that follow I review Lorde’s insights in *The Cancer Journals* and *A Burst of Light* and explore the ways in which her successors build upon her theories. I also consider ways in which they take issue with Lorde, thus disrupting any facile sense of an unmediated theoretical genealogy. In conclusion, I assess the cultural work that narratives by Eisenstein, Accad, and Jain accomplish and the breast cancer activist agendas that they offer for a postmillennial era.

Breaking New Silences

For Audre Lorde in 1980, speaking out about sexism, racism, and the politics and lived experience of breast cancer constituted a feminist ethical imperative. In her introduction to *The Cancer Journals* Lorde stakes her rhetorical and political claim.

Breast cancer and mastectomy are not unique experiences, but ones shared by thousands of American women. Each of these women has a particular voice to be raised in what must become a female outcry against all preventable cancers, as well as against the
secret fears that allow those cancers to flourish. May these words serve as encouragement for other women to speak and to act out of our experiences with cancer and with other threats of death, for silence has never brought us anything of worth. (10)

Lorde draws here on the methodology of 1960s feminist consciousness-raising groups formed to help women hear each other into speech. Writing not only for herself but also for other women of all races, ages, and sexual orientations, she argues that truth-telling about “the travesty of prosthesis, the pain of amputation, the function of cancer in a profit economy” can help to liberate women from the confines of a racist, capitalist patriarchy (9). Linking silence to racism and heterosexism, Lorde challenges her readers to confront their own frightened visages: “What are the tyrannies you swallow day by day and attempt to make your own, until you will sicken and die of them, still in silence?” In stating unflinchingly her pedagogical purpose as “a black woman warrior poet doing my work, come to ask you, are you doing yours?” Lorde issues an impassioned call for women to question the troubling politics of breast cancer (21).

More than twenty years later, in Manmade Breast Cancers, Zillah Eisenstein states her narrative’s purpose with similar explicitness but expanded reach: “Breast cancer is a political site from which I uncover the silences used to construct women’s bodies. I share pain and suffering not simply to authenticate this way of knowing, but to push elsewhere” (ix). The elsewhere toward which she gestures is postmillennial global terrain, her chief metaphor that of traveling: “I begin with the breast and end with the globe and I start with the globe and end with the breast”—a paradox clarified by her claim that “my travels build a theorized journey from my body to a politics of bodies for a healthful globe” (x). Like Lorde, Eisenstein asserts transnational feminist consciousness as the lens through which she will investigate breast cancer; like Lorde, she embraces the ethical as well as the personal and/as the political, establishing for her narrative such goals as “personalizing the body politic” and “writing a female materiality” (4, 40). Eisenstein moves beyond Lorde, however, in focusing on the breast’s wider environment, for a holistic approach to breast health demands “a rethinking of the politics of the body and the body of politics” (79). As a member of an Ashkenazi Jewish family deeply wounded by genetically influenced cancers—one sister died of breast cancer, another sister and an aunt died of ovarian cancer,
and she and her mother have had breast cancer—Eisenstein nonetheless rejects simple or single causality, for in her view, genetic-centered narratives depoliticize breast cancer. Like Lorde, she asserts that although there is no single breast cancer identity, most women who confront the disease grapple with issues of silence, invisibility, and fear. As a feminist theorizing cancer Eisenstein speaks for these women as well as for herself and her family: “I am humbled by the pain and grief and terror breast disease creates. I use this pain to push beyond the dominant narratives of nonseeing and silence” (x).

For Evelyne Accad in The Wounded Breast, too, narrating cancer in the twenty-first century’s global contexts assumes both ethical and personal imperatives. Her narrative purpose is to reveal “the mutilations and deaths suffered the world over as a result of cancer” and to “help me overcome my anxiety and allay my fears,” for writing ethically about cancer is both consciousness-raising and emotionally restorative (vii, 528). Moreover, in the poems, journal entries, and theories that she includes in this memoir, Accad connects the silence that surrounds an environmentally triggered breast cancer epidemic with other late twentieth-century massacres, one of which, the Israeli war against Lebanon, she and her family have experienced firsthand. She expresses concerns about the paucity and brutality of treatment options for women with breast cancer worldwide and asserts angrily after her mastectomy and radiation, “Before, I was proud of my body, but now I’m seeing it being mutilated, stitched up and mended” (221). Yet the drive to make meaning of her cancer remains paramount: “What can I learn through this ordeal? What can it teach me?” (14). Accad’s queries recall Lorde’s resolution in The Cancer Journals that “for other women of all ages, colors, and sexual identities who recognize that imposed silence about any area of our lives is a tool for separation and powerlessness, and for myself, I have tried to voice some of my feelings and thoughts” about the politics of cancer (9). Both writers thus acknowledge the therapeutic and pedagogical dimensions of narrating breast cancer.

Breaking new silences is also a goal of S. Lochlann Jain, who in “Cancer Butch” examines the effects of “butch phobia” on her own breast cancer experience and on mainstream cancer culture. She argues cogently that “there is simply no subject position available for cancer butch” in mainstream U.S. culture (521). Given this absence, a queer analysis is necessary to “provide a radical intervention into the ways in which gender is constituted and inhabited in relation to industrial capitalism and
the distribution of one of its modes of suffering” (506). Extending Lorde’s anticapitalist critique of 1980, Jain works to “untangle the motives of the breast cancer–corporate care nexus” from a postmillennial perspective (503). Her point of departure, a wry look at BMW’s 2006 “Drive for the Cure” campaign, offers a rich vantage point for critiquing the corporate politics of the cancer complex. In addition, Jain join other contemporary theorists in challenging breast cancer culture’s sentimental politics, pink iconography, and survivor discourses.

Connecting Breast Cancer to Environmental Carcinogens

Writing *The Cancer Journals* during the early stages of both the U.S. environmental movement and the women’s health movement, Lorde seems prescient in having recognized that “cancer is becoming the physical scourge of our time” and that its likely causes are environmental: “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 #2, but the fight is still going on, and I am still a part of it” (60). Anticipating the views of twenty-first-century holistic health advocates who recommend a vegan or macrobiotic diet as an antidote to cancer, she worries about the harmful effects on breast tissue of hormonally enhanced meats and chastises the ACS for its failure to make this problem visible: “Why hasn’t the American Cancer Society publicized the connections between animal fat and breast cancer for our daughters the way it has publicized the connection between cigarette smoke and lung cancer? These links between animal fat, hormone production and breast cancer are not secret” (58). In support of this claim Lorde cites a 1978 study reported in the *British Journal of Cancer* and famously wonders “what would happen if an army of one-breasted women descended upon Congress” to complain about hormones added to beef, an act of mobilization that she unfortunately never enacted (*Cancer Journals*, 16). Yet throughout *The Cancer Journals* she laments “our environmental madness” and probes the carcinogenic aspects of “our malignant society,” from cigarette smoke to car exhaust, from airborne chemicals to contaminated water (75).

Lorde extends her environmental critique in *A Burst of Light*, which chronicles her experience of traveling to Germany and Switzerland in the mid-1980s to seek holistic treatment for the cancer that had metas-
tasized to her liver. In this book she reports on her dialogue with Swiss and German feminists about European studies linking breast cancer to chemical exposure: “Chemical plants between Zurich and Basel have been implicated in a definite rise in breast cancer in this region” (60). What frustrates her is the lack of power ordinary citizens have to control their own environments, much less to mandate corporate and governmental changes in environmental policy: “I’m not being paranoid when I say my cancer is as political as if some CIA agent brushed past me in the A train on March 15, 1965 and air-injected me with a long-fused cancer virus. Or even if it is only that I stood in their wind to do my work and the billows flayed me. What possible choices do most of us have in the air we breathe and the water we drink?” (120). Environmental irresponsibility is a form of terrorism, a claim that some readers might dismiss as extreme but for which Lorde makes no apology.

For Eisenstein, an emphasis on environmental factors in considering the worldwide rise in cancer incidences can challenge the genetic master narratives to which she has been subjected as a member of a cancer-prone family. As she clarifies in *Mannmade Breast Cancers*, it is vital to “think of environments as plural and as entering the body” in ways that can lead to its contamination (ix). She uses the plural because environments are “rhizomed knots that often cannot be unraveled into singular sites” (84). Her particular concern in this regard is the potential hazard of tamoxifen and contaminated breast milk. With regard to tamoxifen, an anti-estrogen medication widely prescribed to U.S. women with breast cancer and increasingly prescribed to high-risk women as a means of preventing the disease, Eisenstein points out that in 1996 the World Health Organization (WHO) identified it as a known human carcinogen, that its primary developer was the London-based Imperial Chemical Industries (later Zeneca, then Astra-Zeneca), which also developed and marketed carcinogens, and that the National Women’s Health Network has questioned tamoxifen and its drug trials on three grounds: that it is difficult to determine which women are high risk, that small but significant numbers of cancer-free women have died while taking tamoxifen, and that the medication can increase the risk of ovarian cancer and blood clots.3 With regard to breast milk, Eisenstein cites Steingraber’s claim that it is the most contaminated human food due to the large amounts of dioxin found there, poisons that enter the body through air and water and then permeate the breast tissue and milk ducts.4 Women’s bodies are “the first
environment,” she concludes, and it is morally reprehensible that nursing infants at the age of six months have already internalized the amount of dioxin that scientists deem safe over a lifetime (148).

Eisenstein further analyzes the ways in which environments are socially constructed and the impact of carcinogenic occupations on the rise in breast cancer. “My notion of environments includes the knotted layerings that are unnatural, that are manmade, that construct the disregard for clean air, or fresh water, or healthy bodies,” she explains. “Environments and diseases alike are socially constructed, although they also always contain remnants of what I hesitantly call their biogenetic potential” (84). Again quoting Steingraber, Eisenstein insists that “a cancer cell is made, not born” (155). One result is the creation of “cancer alleys” in towns such as Convent, Louisiana, the location of more than 140 petro-chemical and industrial factories and the home of many economically challenged residents, primarily African Americans or Latinos, who are subjected to high levels of toxicity and subsequently to high incidences of cancer and high rates of mortality (95–96). Certain occupations have also long been identified as carcinogenic: the chromium industry, for example; most types of mining but especially uranium. Eisenstein cites the pioneering environmental research of Wilhelm Heuper in the 1950s and 1960s as well as the conclusion of Joseph Califano, U.S. Secretary of Health in the late 1970s, that “20–40 percent of all cancers could be caused by exposure to six industrial pollutants found in the workplace” (103). Why have such arguments been marginalized in the early twenty-first century? she wonders, echoing a question Lorde asked decades earlier.

In The Wounded Breast Accad incorporates quotations from researchers who posit a correlation between the global rise in cancer incidence and environmental poisoning, most notably Steingraber but also French researchers Gilles-Eric Seralini and Lucien Israël. In her prologue Accad cites Steingraber’s claim, supported by the World Health Organization, that 80 percent of cancers can be attributed to environmental influences. Early in her narrative Accad acknowledges, “I am but one of many people who have had to foot the bill for all the pollutants and chemicals ejected into the environment, which affect us through the air we breathe, the water we drink. . . . Our body can stand only so much of this sabotage” (13). The word sabotage recalls Lorde’s fantasy of a CIA-transmitted cancer virus, and Accad uses similarly inflammatory diction throughout her narrative. As an immigrant to the United States she wonders whether
she would have contracted cancer had she remained in Lebanon, given statistics revealing that once women from areas with low incidences of breast cancer live in the United States for several years their rates of contraction match those of U.S. women. “I’m paying the price of living in this civilization,” she ruefully concludes (128).

Like Eisenstein, Accad is concerned with the impact of estrogen-producing toxins on breast tissue. She cites U.S. epidemiologist Devra Davis, who claims that women’s greatest cancer risk comes from lifetime exposure to estrogen, whether from birth control devices or hormonally enhanced foods or ionizing radiation (316–17). Indeed, when a friend suggests that “women’s breasts are the receptors of the world’s miseries,” Accad concurs (261). As she consults with oncologists in the United States, France, Tunisia, and Lebanon, she gradually determines that her own cancer was likely triggered by the aggressive estrogen replacement therapy (ERT) that her gynecologist had prescribed to prevent osteoporosis, even though she was both premenopausal and asymptomatic (37–38, 67, 71, 259–60, 290). In addition, she identifies the depletion of the ozone layer, the multiplication of pathogenic microbes worldwide, record levels of pesticides and industrial chemicals in drinking water, and high rates of urban pollution as explanations for the fact that while cancer has always existed, “it’s manifesting differently and more aggressively, reaching epidemic proportions, and hitting younger and younger people” (164). By interweaving environmental scrutiny into her illness narrative Accad challenges the Middle Eastern belief system of her childhood, which posited that merely speaking the word cancer would bring on the disease (29). Probing the environmental causes of cancer allows Accad to de-stigmatize her disease.

In “Cancer Butch” Jain likewise insists on enhanced environmental scrutiny to assess breast cancer’s causes and methods of prevention, and she indicts breast cancer fundraising strategies that protect carcinogenic-producing industries. Using BMW as a case study, she notes that although this automobile manufacturer raised $9 million for breast cancer research through its 2006 Pink Ribbon “Ultimate Drive” campaign, the company’s self-congratulatory publicity contained “no mention of the several known carcinogens that the car and gas companies have lobbied hard to allow in gas and car manufacture” (504). Jain argues that “taking cancer seriously as an ethnographic object” will demystify corporate obfuscation of carcinogenic modes of production and demonstrate “the impossibly brutal underside of U.S. productive regimes.”
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 of cancer and multiple possible causes provide a means by which causal relationships can be questioned. (506)

By questioning causal relationships between cancer and the carcinogens they produce, corporations can claim to have clean hands as they underwrite market-driven breast cancer philanthropy. As an antidote to such claims, Jain advocates for U.S. activist exposure of “the public violence of a culture in which fewer than ten per cent of its 85,000 chemicals are tested for carcinogenicity” (516–17). One way to combat this form of cultural violence is to view breast cancer as a communal rather than an individual disease—an approach that Lorde advocated and organizations such as Breast Cancer Action have long endorsed.

The activist memoirs of Lorde and her successors are therefore linked by an emphasis on environmental carcinogens, a connection established in the 1960s by Rachel Carson in *Silent Spring* but largely downplayed by the medical establishment even today. Such denial infuriates Eisenstein, Accad, and Jain, who view our carcinogenic environment as contributing to the rise of breast cancer worldwide.

Lorde puts it bluntly in *The Cancer Journals*: “Cancer is not just another degenerative and unavoidable disease of the ageing process. It has distinct and identifiable causes, and these are mainly exposures to chemical or physical agents in the environment” (73). It is not surprising that in her 2009 study *No Family History: The Environmental Links to Breast Cancer* Sabrina McCormick praises Lorde, along with Steingraber and Davis, as “sentinels to the new fight over breast cancer,” women who have led others to “devote attention to the environmental causes of the disease in order to generate a new understanding of how to respond to the epidemic” (6). Clearly Eisenstein, Accad, and Jain likewise serve as sentinels whose writing is reshaping these debates.

Challenging Medical Hegemony

In *The Cancer Journals* Lorde chronicles her decision to take charge of her breast cancer treatment and recovery rather than accepting whole-
sale the advice of physicians. She explains why she insisted upon a two-step diagnostic process—biopsy first, mastectomy three days later—that was not standard procedure at the time and why she refused chemotherapy and radiation, which she considered carcinogenic. She lambastes the ACS and the NCI for suppressing research into the causes and prevention of breast cancer, and she coins the term Cancer Inc. to refer to the capitalistic medical system whose representatives pressure post-mastectomy women to wear prostheses, undergo breast reconstruction, endure grueling regimens of chemotherapy and radiation, yet blithely envision their post-operative selves as cured. In particular, Lorde accuses the ACS of colluding with the medical establishment to protect its economic interests by withholding information about holistic approaches to cancer. As the most powerful U.S. cancer organization the ACS should offer multiple perspectives on treatment, not merely that of conservative Western medicine, yet Lorde contends that the ACS fails to inform constituents about progressive alternatives.

European medicine reports hopeful experiments with immunotherapy, diet, and treatment with hormones and enzymes such as trypsin. Silencing and political repression by establishment medical journals keep much vital information about breast cancer underground and away from the women whose lives it most affects. . . . The ACS and its governmental partner, the National Cancer Institute, have been notoriously indifferent, if not hostile, to the idea of general environmental causes of cancer and the need for regulation and prevention. (72)

Ties to toxic corporations and the pharmaceutical industry, the concern of ACS board members and NCI employees to promote their own economic agendas, and a resistance to publicizing cancer information recommended by women’s health groups are major factors in the failure of these agencies to serve constituents responsibly.

Lorde challenges insensitive medical personnel in The Cancer Journals as well as the medical hierarchy, most notably an oncology nurse who chides her for not wearing her prosthesis to a post-surgical consultation because a visibly one-breasted woman is “bad for the morale of the office” (59). Although she consented to a mastectomy, Lorde remained concerned that surgical interventions could activate otherwise dormant cancer cells; for this reason she refused exploratory surgery when doc-
tors diagnosed a probable liver metastasis in 1984 and turned instead to holistic treatments such as injections of Iscator, a mistletoe-based biological believed to boost the immune system. “Every woman has a militant responsibility to involve herself actively with her own health,” Lorde concludes. “We owe ourselves the protection of all the information we can acquire about the treatment of cancer and its causes, as well as about the recent findings concerning immunology, nutrition, environment, and stress” (Cancer Journals, 73).

In Manmade Breast Cancers Eisenstein updates Lorde’s argument by critiquing a “transnational medicalized corporate structure” whose ideology prevents many physicians and researchers from envisioning “a science free to explore a holistic, interactive, and preventive modeling” of breast cancer (69). The argument that Eisenstein develops consists of ten areas that the medical establishment often fails to consider, including awareness that breast cancer is both an individual and a socially constructed disease, that mythologies of the breast and its cultural fetishizing negatively affect medical approaches to its diseases, that racism occurs in breast cancer treatment because the fetishized breast is “imaged as white,” that breast cancer is underreported globally because economically vulnerable women have no access to health care, that breast cancer can confound oncologists because it “reflects and also constructs the medicalized gender visors of the historical moment,” and that dominant estrogen narratives are misleading because “cancer cells, fed by estrogen, are viewed as self-determining rather than as a complex multifarious process of long-term mutations that interact with the body and its environments” (67–68).

Eisenstein rarely challenges the actions of particular doctors or nurses; rather, she identifies systemic problems fueled by a “petro/chemical-pharmaceutical/cosmetic complex” and a “postindustrial-medical complex”—powerful entities that affect the public’s understanding of breast health through discourses developed to serve their own profit agendas (86). Seventeen percent of the U.S. economy is connected to medical services and/or the pharmaceutical industry, she notes; huge profits accrue to those who approach breast cancer as a disease that is genetically or estrogen-driven, and best prevented by estrogen-inhibiting drugs like tamoxifen—already a $320 million industry when she was writing in the late 1990s, nearly twice that today—rather than as an environmentally driven disease best prevented by eliminating workplace toxins, trace levels of DDT in soil, agricultural pesticides, hormones
fed to cows and chickens, and plastics that mimic estrogen and disrupt normal hormone production (88–89). As Lorde did before her, Eisenstein exposes the corporate ties of key government agencies and cancer watchdogs, most notably the Federal Drug Administration (FDA), which “interlock[s] with pharmaceutical/drug companies to determine research initiatives and medical trials,” and the ACS, whose board is made up of corporate donors (102). “Breast cancer is big business,” Eisenstein concludes.

Many of the same corporations that contaminate our bodily environments sell the drugs that are supposed to prevent malignancy. Zeneca manufactures pesticides at the one end and markets tamoxifen at the other. The postindustrial-medical/beauty complex researches and markets breast cancer at the same time. This just might be a deadly combination: moneymaking and women’s health. (124–25)

In The Wounded Breast Accad castigates the medical establishment as well, concentrating particularly on physicians who fail to acknowledge their mistakes or who recommend invasive treatments that they know have little chance of success. “What power doctors have over us,” she laments (210). In the course of her treatment for a malignant breast tumor of three centimeters, the writer explains, she receives no apology from the gynecologist who prescribed the aggressive estrogen replacement therapy that might have triggered her cancer. Accad endures grueling months of chemotherapy recommended by an oncologist who later admits having known that it was unlikely to shrink the tumor, and she encounters another oncologist who blurts out that he “hasn’t seen such a large tumor in four years” yet tells her not to worry (193). Although Accad praises one communicative surgeon, who performs her mastectomy and clearly explains her lobular carcinoma, she ultimately confides a loss of faith in modern medicine.

In a chapter entitled “Bureaucratic Doctors” Accad reports on a public lecture she attended in 1999 by an oncologist who recounted impassively the U.S. statistics on breast cancer—182,000 new cases would be diagnosed each year, 49,000 of which would be fatal—yet asserted that although U.S. women were high risk, few would want to live anywhere else, given the quality of life here. “What quality of life, if breast and other
kinds of cancer are on the rise?” Accad wonders; “What quality of life, if women have to undergo treatment that I consider to be ‘twentieth-century torture’?” (223). She notes that while the U.S. public typically (and justifiably) expresses outrage at torture conducted in their name during wartime, they fail to protest torturous medical interventions that “the ‘developed world’ inflicts on itself” (224). Bureaucratic oversight and physician indifference cause Accad to receive incomplete information about the risks her medical treatments carry; her radiologist, for instance, does not warn her about possible rib damage during radiation until she complains about brittleness in her chest bones, nor is she told until treatment is over that chemotherapy can trigger menopause. During a costly consultation with oncologists at the Institut Gustave Roussy research center in Paris, Accad receives contradictory information: from one physician a disturbing diagnosis of the need for further chemo because her breast cancer is inflammatory rather than lobular, from another the claim that because her cancer is lobular and contained, further chemo would be ill advised. Since the two specialists never discuss their disagreement, Accad is left confused and disheartened. Like Lorde, she finally seeks holistic treatments, from Chinese herbs to mistletoe cream to relaxation therapy, and distances herself from the mainstream medical enterprise, which envisions women’s ill bodies as “space into which the profit-making machine casts off its waste, as it casts off its waste into the rest of Nature” (500).

In “Cancer Butch” Jain likewise challenges the biomedical complex for its excessive attention to profitability and its long-term military links, as revealed through the history of the post–World War II development of radiation therapy, a treatment protocol that allowed the military to assess the effects of sustained radiation exposure on humans. She links the U.S. medical establishment to a “breast cancer–corporate care nexus” whose marketers urge consumers to buy pink kitchen products, breast cancer awareness postage stamps, and cosmetics designed to “offer the same redoublings of femininity that fissure through the entire biomedical complex of cancer treatments” (503–4). In addition, Jain finds it troubling that U.S. hospitals are structured as “a for-profit business, like selling raffle tickets or cheap candy” (511). As a Canadian living in the United States she endorses a government-run health care system that would provide equal access to care for all breast cancer patients. Toward the end of “Cancer Butch” Jain posits a question for postmillennial activists to probe: “How are we to understand this juncture of corporate care in lib-
eral economies of gendered bodies in the context of a virtual explosion of the profitability of medicine?” (528). She goes on to indict the medical establishment for its greed and for its corporate and military ties.

Lorde, Eisenstein, Accad, and Jain thus share a narrative commitment to expose a systemically flawed medical establishment—an establishment that Lorde critiques as sexist, racist, and heterosexist; that Eisenstein considers governed by “carcinogenic capitalism”; that Accad accuses of “medicalized massacre”; and that Jain challenges for its connection to “the massive infrastructures of the military industrial complex” (Lorde, *Cancer Journals*, 72–73; Eisenstein, 100; Accad, 29; Jain, “Cancer Butch,” 524).

Interrogating the Politics of Prosthesis and Reconstruction

The narrative moment that Lorde uses in *The Cancer Journals* to launch her critique of prosthesis is a post-mastectomy hospital visit she received from a volunteer with the ACS’s Reach for Recovery program, a potentially valuable support service undermined by its emphasis on conventional femininity and cosmetic concealment. This woman’s message—“You are just as good as you were before because you can look exactly the same. Lambswool now, then a good prosthesis as soon as possible, and nobody’ll ever know the difference”—offends Lorde for its focus on appearance rather than survival, its assumption that only two-breasted women can look attractive, its corollary assumption that all post-mastectomy women are heterosexual, and its expectation that to look and feel the same after breast cancer would be positive for women rather self-denying (42). Lorde declares emphatically, “I refuse to hide my body simply because it might make a woman-phobic world more comfortable” (60). She further argues that by wearing prostheses women participate in their own silencing, invisibility, and infantilization: “By accepting the mask of prosthesis, one-breasted women proclaim ourselves as insufficients dependent upon pretense. We reinforce our own isolation and invisibility from each other, as well as the false complacency of a society which would rather not face the results of its own insanities” (61).

Lorde is equally resolute on the then-new topic of breast reconstruction, which she labels an “atrocity . . . now being pushed by the plastic surgery industry as the newest ‘advance’” (68). She emphasizes reconstruction’s potential dangers, high cost, and cosmetic rather than cura-
tive nature, and she critiques physicians who urge women to undergo reconstructive surgery as a way to become whole. While she does not condemn individuals who choose prosthesis and/or reconstruction, she questions how free such a choice is since the U.S. public is “surrounded by media images portraying women as essentially decorative machines of consumer function, constantly doing battle with rampant decay” (64). Lorde brands as misogynistic surgeons who recommend that women reconstruct both their healthy and their cancerous breast to attain symmetry, since cosmetic surgeries are always medically risky. Ultimately she rejects reconstruction and prosthesis on the grounds that they prevent emotional well-being: “Either I would love my body one-breasted now, or remain forever alien to myself” (44).

Writing in 2000, when breast reconstruction had become commonplace (estimates suggest that up to 60 percent of U.S. women who have mastectomies now undergo this procedure), Eisenstein explores the politics of prosthesis and reconstruction from a different vantage point than Lorde’s, yet she too questions the cultural assumption that cosmetic enhancement is desirable.13 Because her cancer had a likely genetic component, Eisenstein reports having chosen prophylactic surgery on her right breast months after a mastectomy removed her cancerous left breast; like Lorde, she refused reconstructive surgery. In her narrative Eisenstein criticizes her oncologist for pushing reconstruction: “I wondered why she was so much more focused on the cosmetics than on the recurrence of cancer for me” (27). Explaining her choice to “map my own cancer look” by exercising with weights to strengthen her chest muscles, Eisenstein revels in running defiantly topless but acknowledges wearing a breast prosthesis occasionally “as costume” (31–32). While she praises Lorde for her political stance, Eisenstein differs with her predecessor about the ethics of prosthesis and reconstruction.

I wish I could talk to Audre Lorde about this now. . . . She asserted her one breastedness in order to make breast cancer visible. Lumpectomy has of course changed the issue of (in)visibility. . . .

It is many years later and I am not sure there is one truth or form of militancy today. . . . I have reconstructed my own body while my body is never wholly mine to define. I have chosen my flesh over silicone or saline, but sometimes this is not enough. So I clearly do not want a breast cancer identity plastered onto me. (32–33)
Eisenstein’s perspective reflects postmodern assumptions about embodiment: an acceptance of bodily hybridity, an awareness of multiple and contingent identities, and ambivalence toward a definition of feminism that would require women always to make visible their breast cancer status.14

Accad reports in The Wounded Breast that she usually wears a prosthetic device, although she expresses ambivalence about her choice. Late in her memoir she admits that while a part of her would prefer to reveal her one-breastedness to the world, she chooses the easier alternative, concealment; she does not analyze this decision, only complains about the cost and discomfort of prosthesis. Accad expresses mixed feelings about reconstruction as well. On the one hand, she resents the cultural pressures that urge women to reconstruct their breasts as an homage to conventional femininity: “I have strong feelings about the artificiality of reconstruction, and especially about the discourse that surrounds it” (526). On the other hand, “I still feel mutilated in my body . . . off balance; as embarrassed and uneasy as a person would be after he or she had lost a limb. This is why I occasionally pay a visit to a plastic surgeon. As yet, I haven’t resolved the problem” (527). Like Eisenstein, Accad cites Lorde in her discussion of whether to remain one-breasted. Having found The Cancer Journals “painful to read because the author suffers so much,” she nonetheless praises Lorde’s political vision: “I enjoy engaging with her because she’s politically aware of the disease” (150–51). Despite her acknowledged sense of disfigurement, Accad commissions a friend to photograph her post-operative body, and she displays on the cover of her memoir a gripping image of her bald head, puckered mastectomy scar, and remaining breast as she confronts the camera with a sober gaze. This friend also photographs Accad with a sister cancer patient, Severine Arlabosse, as the two smiling women reveal their scarred chests and the heads they shaved to prepare for hair loss from chemotherapy. Accad includes these images in her narrative as an antidote to cultural denial and environmental myopia. “Why are women so quiet about their suffering?” she wonders. “Being photographed is a way of dominating my anxieties and fears, for me to say ‘Look at me; I’m here. This is what you did to me, how your poisoned civilization poisoned my breast—invaded my whole body with its mad cells’” (208–9).

As a queer theorist and a cancer butch Jain expresses ambivalence not toward prosthesis or reconstruction but toward breasts themselves, for as gendered bodily markers, breasts “forced me to live in a sort of
social drag” (“Cancer Butch,” 514). The arrival of breasts at puberty, she explains, initiated unwelcome social expectations of gender conformity; while she never wanted to “be a guy,” neither did she wish to be socially constructed as feminine (514). Although Jain confides that after her cancer diagnosis she initially felt dismay when viewing photographs of women’s post-mastectomy chests, once she recovered from surgery she began to consider prophylactic mastectomy on her remaining breast.

For months after my first mastectomy but before the second, I repeatedly found myself in the mirror: apprising 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. (512)

Eventually she recognizes that a second mastectomy would offer “an opportunity to have my body approximate, albeit inexact, my body image,” and after undergoing elective surgery she admits that “having no breasts seems illicit, although neither pleasure nor shame covers the range” (514). While she takes pleasure in her newfound ability to hold her children close to her chest, she acknowledges struggling to feel comfortable in a public culture that stigmatizes butches and breastless women. At one point in “Cancer Butch” Jain recounts a spontaneous decision to remove her shirt during one yoga class and expose her scarred chest—a gesture that she deems “a bow to Audre Lorde” for her public challenges to prescribed gender norms: “Can women not show their chests in public because they are women, or because they have breasts?” (515). While Jain’s disrobing does not answer this query, it does offer, in her view, “a tiny, hard resistance to the layering of social shame on the experiences of cancer” in a heterosexist public sphere (515). She removes her shirt because she wants her breast cancer body “witnessed as a material artifact that visibly bore what I have always understood to be the public violence of a culture” that refuses to test ninety percent of its pharmaceuticals and other chemical products for toxicity (516–17).

Although Jain pays tribute to Lorde as a pivotal breast cancer theorist, she finds it problematic that many contemporary feminists regard her positions on prosthesis, reconstruction, and activism as iconic, for both mainstream cancer culture and attitudes toward breast conservation and reconstruction have shifted in the decades since The Cancer Journals was published. Postmillennial feminists should acknowledge, Jain concludes in “Cancer Butch,” that “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" (507). She thus reshapes Lorde’s vision of defiant breast cancer embodiment for the twenty-first century by queering it.

**Queering Breast Cancer**

In recounting the story of a Reach for Recovery hospital volunteer who brought Lorde a pale prosthesis to wear after mastectomy, she exposes the woman’s heterosexism as well as her racial myopia. Losing a breast “doesn’t really interfere with your love life,” the volunteer informed a bemused Lorde, who confesses in *The Cancer Journals* that although she “didn’t have the moxie or the desire or the courage maybe to say, ‘I love women’” when the volunteer asked if she was married, she would surely never worry about heterosexual beauty norms (42–43). Lorde’s concerns are how to survive and prevent a recurrence, not how to cope sexually, for “a lifetime of loving women had taught me that when women love each other, physical change does not alter that love. It did not occur to me that anyone who really loved me would love me any less because I had one breast instead of two” (56). She thus refutes heteronormativity by defining a lesbian post-mastectomy erotic.

Lorde further bemoans the lack of visible lesbian role models for breast cancer patients in 1980. She acknowledges wishing that she could “share in dyke-insight” about her mastectomy, and she questions the invisibility of lesbians of color in the leadership of breast cancer organizations: “I wonder if there are any black lesbian feminists in Reach for Recovery?” (42, 49). In foregrounding lesbian identity and sexuality as central to her cancer experience Lorde never fears that her lover will reject her, but she wonders in her journal how lovemaking will differ now that she is one-breasted: “I was thinking, ‘What is it like to be making love to a woman and have only one breast brushing against her?’ I thought, ‘How will we fit so perfectly together ever again?’” (43). Yet even as she mourns the loss of her breast, she recognizes that its erotic power can still be tapped: “Right after surgery I had a sense that I would never be able to bear missing that great well of sexual pleasure that I connected with my right breast. That sense has completely passed away, as I have
come to realize that that well of feeling was within me” (77). In *A Burst of Light* Lorde again writes as a lesbian feminist determined to approach cancer as one of many political struggles: “Battling racism and battling heterosexism and battling apartheid share the same urgency inside me as battling cancer” (116).

Challenging heterosexism is a prominent topic in Jain’s breast cancer narratives as well, although her queer postmodern approach differs from Lorde’s lesbian feminism. In “Cancer Butch” Jain queers breast cancer by focusing on the lack of a subject position for butches in contemporary cultural cancer discourses. “What are the idioms that a cancer butch gets to inhabit?” she wonders, given the heterosexism of mainstream breast cancer culture (516). By defining her theoretical project as “disentangling the alliance between breasts and gender,” she invites readers to ponder “how their disengagements have been marked and framed through various modes representing beauty, shock, and shame” (507). Like Lorde, who complained in 1980 about her post-mastectomy hospital visit from an ACS representative hawking cosmetics, fashion, and hegemonic femininity, Jain challenges Estée Lauder’s “Look Good, Feel Better” campaign, whose literature appears in U.S. hospital oncology wings, mammography clinics, and doctors’ waiting rooms. Looking good still translates as being feminine and heterosexual, Jain contends; mainstream breast cancer culture continues to depict as its iconic survivors young women wearing glamour wigs, breast prostheses, and tight pink T-shirts. Just as Lorde once “bristled at the way in which her lambs’ wool prosthesis was intended to make her appear whole again,” Jain rejects the postmillennial version of reconstructed breasts and examines how and why “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” (516).

Having decided to begin what she calls “my own personal Anti–Look Good campaign, a campaign in which hair and eyebrows were overrated,” Jain wittily claims breastlessness and baldness as butch-inflected insignia of wholeness. Yet she notes in “Cancer Butch” that despite such queer campaigns, mainstream culture continues to place transgendered cancer patients in untenable positions.

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. 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? (521)

This question leads Jain to theorize breast cancer’s gender coding as discriminatory toward those who reject heterosexual norms. Thus, even as she decries the absence of any “subject position available for cancer butch,” Jain carves out its terrain (521).

In The Wounded Breast ACCad does not address lesbian invisibility or heterosexism to the extent that Lorde and Jain do. Although she describes attending lesbian-feminist events, mourning the breast cancer diagnoses of lesbian friends, and mentoring gay youth during a visit to Beirut, queer discourses do not figure prominence in her narrative. Eisenstein does explore the disease’s queer politics in Manmade Breast Cancers, questioning the logic, for example, of established medical claims for lesbians’ heightened cancer vulnerability.

It is often said that lesbians are at higher risk for breast cancer because they do not bear children. Of course this assumes that lesbians have not had children, which is very often not the case. So is the assumption of lesbian high risk simply an assumption, or is there evidence to the contrary? As well, if lesbians are found to have higher cancer rates, is it not possible that one’s economic status is also in play here? Maybe some lesbians suffer the absence of male wages like poor women more generally. (120)

In this passage Eisenstein challenges the stereotype of lesbians as childless, introduces issues of lesbian identity and economic justice, and challenges researchers to do smarter research on sexuality and breast cancer. In addition, she echoes Jain in arguing that not all breast cancer patients view loss of breasts as negative: “One sees this deep imprint of breast culture maybe most clearly with people who reject the clarity of heterosexual categories of identity. For female to male transsexuals, mastectomy is experienced as freedom” (136). By acknowledging multiple gendered perspectives on post-mastectomy embodiment, Eisenstein joins Lorde and Jain in queering breast cancer.
Resisting Racism, Thinking Transnationally

In *The Cancer Journals* Lorde bears witness to racialized bodies under siege, whether from the Holocaust or lynch mobs, apartheid or cancer. In *A Burst of Light* she makes transnational links explicit: “The devastations of apartheid in South Africa and racial murder in Howard Beach feel as critical to me as cancer” (11). An antiracist stance is evident throughout *The Cancer Journals*, as Lorde challenges white feminists who fail to recognize that “the blood of black women sloshes from coast to coast” and laments the deaths of Black youth due to racist violence (11–12). She is further outraged by an article in which a physician claims that only unhappy people get cancer: “In this disastrous time, when little girls are still being stitched shut between their legs, when victims of cancer are urged to court more cancer in order to be attractive to men, when 12 year old Black boys are shot down in the street at random by uniformed men who are cleared of wrongdoing . . . what depraved monster could possibly be always happy?” (75). Only those who work for social justice can experience even momentary joy, and it provides no insulation from suffering.

Extending Lorde’s analysis, Eisenstein in *Manmade Breast Cancers* critiques white patriarchy for enforcing gender and racial privilege and develops an “anti-racist . . . feminist episteme” for analyzing how racism makes invisible both violence against women of color and their cancers (141). She notes that U.S. cancer rates are highest in communities populated by poor people of color, who suffer disproportionately from heavy pesticide use in public housing, exposure to toxic waste dumps that wealthy communities have rejected, and soil contamination by agribusiness; environmental racism exists because of racial and class privilege that leads to zoning inequities, she argues. Eisenstein especially strives to understand why black women in the United States have a higher mortality rate from breast cancer even though white women experience higher incidences, and she rightly claims that “late-stage diagnosis and lack of medical access, an intimate part of the politics of racism, define the varied realities of breast cancer” (97). She cites the research of epidemiologist Nancy Krieger, which reveals that black women under forty experience particular risk of breast cancer, as do highly educated black women, and she proposes more extensive transnational research on breast cancer, race, and racism.

Accad, too, evinces a global feminist consciousness in *The Wounded Breast*, expressing solidarity with those who have suffered “mutilations
and deaths . . . the world over as a result of cancer” (vii). She praises Middle Eastern women who have written about cancer, most notably the Lebanese poet Nadia Tueni, who died in 1983, shortly after publishing her collection of poetry *July of My Remembrance*. In her chapter “Breast Cancer in France: Why So Hushed Up?” Accad cites examples of cultural silencing and trivialization of the disease and probes its possible causes. Most controversially, she compares Holocaust victims and breast cancer patients, noting that women today are often blamed for contracting breast cancer due to stress or poor diet, just as Jews in Nazi Germany were blamed for the anti-Semitism that led to their extermination. While Accad acknowledges this comparison as inflammatory, especially because she writes as an Arab woman, she argues that both the Holocaust and the breast cancer epidemic serve as “paradigm[s] of modernity gone horribly awry” (31). In addition, she employs cancer as a metaphor for Israel’s 1996 bombardment of her homeland—“this blight is like a cancer coming back into Lebanon, my dear country”—and argues that military bombing and chemotherapy share common ground.

Both total warfare and some of these all-out, aggressive cancer therapies serve only to shift the problem from the source to the symptoms. Both situations are preventable, and both are an expression of failure to resolve imbalances while there’s still time. Cancer and wars of mass destruction are the hallmarks of this century, and of a world that’s bursting at the seams with contradictions and conflict that continues to spiral. (471)

Despite her apocalyptic rhetoric, Accad draws convincing parallels between her amputated breast and her wounded country.

Although Jain’s essays do not emphasize the global dimensions of breast cancer, as a Canadian she sometimes compares her country’s cancer culture to that of the United States. In “Cancer Butch,” for instance, she lambastes the Breast Cancer Fund of Canada for its sexist use in breast self-examination advertisements of a predatory teenage-male cartoon figure called Cam who offers to examine girls’ breasts free of charge: “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. Is any other medical procedure sexualized in this way?” (525). However, she extols the Canadian government for presenting photographs of lungs black-
enied from cancer as part of its public antismoking campaign. By extending her analysis to Canada, Jain reminds readers that both hegemonic and radical advertising initiatives cross borders, just as the disease of breast cancer does.

Extending Lorde’s Vision

What textual and cultural work do the breast cancer narratives of Eisenstein, Accad, and Jain perform? How do they extend Lorde’s vision, and what models do their critiques of mainstream breast cancer culture offer postmillennial readers and activists? Like Lorde, Eisenstein foregrounds transnational feminist perspectives by asserting the “materiality of the female body as a site for resistance against human degradation and global obscenities” and by contextualizing breast cancer activism worldwide.

When women in Islamic countries defy interpretations of the sharia that they know to be unjust, when women in Cuba demand lesbian rights, when women in Nigeria lead the movements against environmental degradation, when women in Pakistan, and India, and South Africa demand better medical access for dealing with breast cancer, they are all speaking from their localized bodies and their cultural meanings that voice a shared experience across the globe. The pull and seductiveness of feminism derive from the truths of bodily experiences. (154)

In “taking the breast to the globe,” Eisenstein envisions a geopolitical feminism that would challenge the oppression of women across borders and affirm women’s ownership of their bodies as “transversal” (151–53). In addition, she reports the findings of women with whom she interacted at the 1999 Second World Conference on Breast Cancer regarding lack of access to first-rate treatment protocols, medications, and prostheses as well as the stigmatization they confront (161–66). Ultimately Eisenstein affirms that a valuable new “racialized gender politics emerges as family, nation, and globe are renegotiated” (151–55).

Accad shares the ethical imperatives of Lorde and Eisenstein with regard to radical cancer activism. Breast cancer incidences are rising and the disease increasingly affects a younger population.
We must make the facts known to the world so that both today’s and tomorrow’s generations will know, and so that women who have been hit by the disease won’t be forgotten, as so many of their silent sisters have been who’ve never opened their mouth because they’re told to be quiet, or who are never given a chance to speak; or who have their mouth shut as a result of centuries of crushing, sewing up, veiling, masking and closing up. (16)

Speaking out about the inadequacies of breast cancer’s current treatments constitutes for Accad a global feminist intervention and a way to commemorate women silenced by breast cancer and other bodily violations.

As an antidote to shame and self-blame, Jain encourages postmillennial cancer activists to adapt militant strategies used by cycling rights and HIV/AIDS organizations. In “Cancer Butch” she envisions an approach that would take its cues from anti-car activists’ “ghost bike” initiatives in which protesters chain white bicycles to sites where cyclists have been killed, and she praises members of Act Up for their radical acts of resistance: “They rioted, they educated, they stormed the National Institutes of Health, they unleashed power and they were arrested and they made news” (527). Jain expands this argument in “Be Prepared” by urging cancer organizations to protest legal carcinogens rather than proffer sentimental discourses of hope.

What if instead of some broad and grammatically, if not affectively, meaningless aim as marching and riding “for hope,” fundraisers attempted to ban any one of the thousands of known carcinogens in legal use? What if we walked, ran, swam, rode not for hope, but against PAH, MTBE, BPA or any other common carcinogen? Such an effort would require naming the problem rather than the symptom, and recognizing how we are all implicated. It would require that we invest in cancer culture not as a mode of sentimentality but as a basic fact of American life. (181)

Although activism remains critical, public confrontation with suffering and grief is also essential. In “Cancer Butch” Jain advocates an elegiac cancer politics that would “proliferate the possible identities of illness—including dying” (506).
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. . . . 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. (506)

A cancer culture that privileges survivorship does injustice to the dead and dying, Jain contends, by feeding discourses of disavowal.

Eisenstein, Accad, and Jain are allied with Lorde in endorsing militant forms of cancer activism, even as they reconfigure her vision for a postmillennial era. Their narrative delineations of feminist, environmental, transnational, queer, and anticorporate perspectives represent major theoretical challenges to contemporary cancer culture. Such narratives remind readers that all autobiography, especially political memoir, involves a complex intersection of the writing subject’s discursive position, embodied materiality, and sociohistorical location, and that breast cancer offers a productive critical site for both self-disclosure and cultural intervention.