Notes

Introduction

1. According to the American Cancer Society and Susan G. Komen for the Cure, 226,870 new U.S. cases of invasive breast cancer and 63,300 cases of noninvasive (in situ) are estimated for 2012, and 39,500 will die of this disease; see www.cancer.org/Cancer/Breastcancer/Detailed Guide/breast-cancer-key-statistics.html and www.komen.org/breastcancer/statistics.html.

2. For analysis of the global dimensions of breast cancer and elaboration of this statistic, see Kingsbury, 36–43.

3. See Davies and White, and also Lerner, 276–79, for the story of how King and her team at Berkeley proved that a gene related to breast cancer existed on chromosome 17, how Mark Skolnick and his colleagues at Myriad Genetics isolated the BRCA1 gene, and how BRCA2 was isolated. Deleterious mutations in either gene can be passed on to offspring by a carrier parent, and each child has a 50 percent chance of inheriting it. The term previvor originated with Sue Friedman, founder of the organization FORCE (Facing Our Risk of Cancer Empowered), which educates and supports women at risk for inheriting breast and ovarian cancer; see www.facingourrisk.org.

4. If a female infant inherits a BRCA mutation, estimates suggest that she will have a lifetime breast cancer risk of 85 percent (as opposed to 12 percent in the general U.S. population) and an ovarian cancer risk of up to 50 percent—hence the increasing turn to prophylactic mastectomy and oophorectomy by previvors. On this point, see www.facingourrisk.org and Gessen, 5–8. For evaluation of the efficacy of prophylactic mastectomy for high-risk women, see Hartmann; on patient satisfaction, see Brandberg et al. and Hallowell.


6. To view images by Matuschka, see Ferraro and www.matuschka.com. For Spence’s images, see Spence 1988 and 1995 or visit the Jo Spence Memorial Archive at www.hosted.aware.easynet.co.uk/jospence/h01/htm. To view the iconic image of Metzger, visit www.deenametzger.com and click Tree.

7. For theoretical discussion of connections between autobiographical and photographic images, or “life writing” and “light writing,” see Adams, Paul Jay, and Rugg.

8. Women of Ashkenazi Jewish descent have a 1 in 40 chance of testing positive for a BRCA mutation according to the American College of Obstetrics and Gynecology (www.acog.org); see also Gessen, 3–116. On the roles that race and ethnicity play
in breast cancer incidences and survival rates, see “The Color of Cancer,” Kingsbury, LaTour, Patterson, Silver, and Williams.

9. See Ehrenreich, 43–50, for discussion of “pink kitsch” and culturally mandated cheerfulness in the face of cancer; see King, 101–15, for analysis of the “culture of survivorship and the tyranny of cheerfulness.” For a history of the pink ribbon’s use in breast cancer activism, see King, xii–xix; Ley, 118–22; McCormick, 44–46; and Sulik, 3–71.

10. For a New York Times article about the Komen controversy regarding Planned Parenthood funding, see Harris and Belluck. For an autobiographical account of founding Komen, see Brinker. For a trenchant critique of Komen’s priorities, see Aschwanden. Another feminist blog that critiques Komen’s perspective is that of S. L. Wisenberg, or “Cancer Bitch” (www.cancerbitch.blogspot.com), who features such 2012 postings as “News!!! Spine Discovered by Republican-founded Komen Foundation.”

11. In “Living in Prognosis” Jain calls for an “elegiac politics” that recognizes identities for breast cancer patients other than that of survivor, “a space that allows for the agency and material humanity of suffering and death” (505). For a meditative study of the human effects of pain, see Thernstrom.

Chapter 1

1. More than 99 percent of breast cancers occur in women and less than 1 percent in men according to the Susan G. Komen for the Cure website (www.komen.org/breastcancer/statistics.html). An estimated 226,870 new cases of invasive breast cancer occurred in the United States during 2012, fewer than 1,500 of them in men. The vast majority of breast cancer memoirs have thus been written by women, but for a man’s account, see Willis. This disease is also gendered due to the pervasive cultural fetishizing of women’s breasts; on this point see Eisenstein, 69–70; Garland-Thomson, “Politics of Staring,” 70–72; Olson, 110–20; and Yalom, 49–90.

2. King defines the breast cancer continuum as a trajectory that includes “risk, incidence, screening, diagnosis, treatment, survival, and mortality” (xviii). Regarding mammography as a breast imaging technology, McCormick notes that as of 2003 there were 8,600 mammography facilities in the United States, that a digital mammography machine typically costs $350,000 ($100,000 for analog), that 74.6 percent of U.S. women over forty had mammograms in 2005, and that although mammography continues to be widely viewed as the most viable and economical method of breast cancer detection available in the global North, the number of deaths prevented through the use of this technology has not changed during the past forty years. She discusses as well the Mammography Quality Standards Act of 1992, which required U.S. facilities to regulate standards more tightly than ever before (14–22). See Kingsbury for discussion of the paucity of screening technologies available to women in the global South.

3. Rugg explains the dual role of photographs in autobiographical narratives: “The presence of photographs in autobiography cuts two ways: it offers a visualization of the de-centered, culturally constructed self; and it asserts the presence of a living body through the power of photographic referentiality” (19). In addition, photographs in autobiographies “cue the reader into a complex play of signifiers that indicates the presence of a player, a person, upon whom text and images rebound” (21). See also Bal,
who notes that contemporary scholars of photography view it as “a form of writing, etymologically speaking ‘with light’” and thus as beyond “the word-image opposition as it has been classically construed” (1). Bal further comments on the term subject as “bizarrely ambiguous” in that it “refers to the ‘maker’ . . . as well as the represented object” and offers a cautionary tale relevant to matters of ethical viewing that I take up later in this chapter: “That ambiguity harbours a truth about our relationship to the objects of analysis that warrants further scrutiny. It suggests that subject and object are conflated whenever we place ourselves, as observers, in the position of the maker” (6–7).

4. For discussion of photography as technology, see Barthes and Benjamin. For discussions of mammography as a screening technology for breast cancer, see Lerner; Ley, 22–23; McCormick, 14–22; and Olson, 131–32, 201–2. For analysis of the ways that breast cancer bodies are technologically mediated, see Ley, 182–96; McCormick, 87–146; Proctor, 255–56; and Stacey, 1–5.

5. My own previous work also addresses issues of illness, narrative, and embodiment; see DeShazer, 11–51.

6. For other feminist theorizations of chemo-related baldness, see Schultz and Sedgwick, “My Bald Head.”

7. For a history of the pink ribbon’s use in breast cancer activism, see King, xii–xix; Ley, 118–22; McCormick, 44–46; and Sulik, 3–71.

8. For assessments of the primacy of the face in early photography and in modern critical discourses on photographic portraiture, see Bal, 4–5, and Benjamin, 225–26.

9. Chapter 2 of this study addresses more extensively the issue of environmental silencing; see also Accad; Devra Davis; Eisenstein; Jain, “Cancer Butch”; Ley; McCormick; and Steingraber.

10. For additional information about Matuschka and her work, visit www.matuschka.com or www.songster.net/projects/matuschka; see also Matuschka, “The Body Beautiful”; Cartwright, 126–31; Dykstra; Van Schaick; and chapter 5 of this study.

Chapter 2


2. On this point see Lerner, 276–90; McCormick; and chapter 3 of this study.

3. For additional discussion of ICI (Astra-Zeneca’s) production of both tamoxifen and carcinogens, see Lerner, chapters 11 and 12; Ley, 38, 121–22; King, xx–xxi, 81–82; and McCormick, 37–38, 64–65. For a positive view of tamoxifen as a breast cancer treatment protocol, see Mukherjee, 216–22, 456–65.

4. On carcinogens that enter the body through mammary glands, see Devra Davis, 238–39, 288; McCormick, 128–29; “The Facts”; and Steingraber. Breast Cancer Action
and other environmentally focused breast cancer activist organizations cite 2011 studies that link the chemical Biphenyl-A (BPA) to breast cancer; on this point see Bader.

5. See Steingraber; Devra Davis, 338–61; and McCormick, 82–83, 91–100, for analysis of cancer alleys, environmental racism, and breast cancer mapping studies. For discussion of high breast cancer incidence rates among African Americans and Latinas in the Bay Area, see Klawiter, who reports that according to the Bay Area Partnership Latinas had the highest 1997 incident rate in the state of California, while African Americans had the second highest (154–56). See also Ley, who notes that according to WomenCare of Santa Cruz, Spanish-speaking women in the Watsonville, CA, area who contracted breast cancer were especially at risk because they lacked access to medical treatment and cancer support and services (20).

6. Lerner and Proctor recount this history in detail.

7. See Devra Davis, 281–84, for further articulation of estrogen-related claims, especially as relevant to young African American women's breast cancer risks. On the roles that race and ethnicity play more generally with regard to breast cancer risk, see "The Color of Cancer," LaTour, Silver, Kingsbury, and the essays in Williams.

8. For a summary of the results of the NIH's 2008 study of the health risks and benefits of hormone replacement therapy (HRT), see Heiss et al. This randomized U.S. trial ended early in 2005 when it became clear that HRT could lead to increased risk for breast cancer.

9. For more on automobile companies' participation in breast cancer cause-marketing, see King, vii–xii, 13–15.

10. For an analysis of the relevance of Carson's environmental writing to contemporary cancer movements, see DeShazer, 242–52; Leopold, 113–40; Olson, 226–30; Proctor, 36–46; and the website of the Silent Spring Institute: www.silentspring.org.

11. It is important to note that the history of breast cancer is also well populated by physicians who work valiantly to overcome this disease and treat patients with professionalism and empathy; for an overview of that history, see Leopold, Lerner, Mukherjee, and Proctor.

12. For an analysis of prosthesis from a disability studies perspective, see Mitchell and Snyder, 6–10.

13. For further discussion of the politics of reconstruction, see Herndl, “Reconstructing,” whose stance on reconstruction also differs from Lorde's and Eisenstein's. On recent developments related to breast reconstruction and women's experience of it, see Cobb and Starr; Crompvoets, “Comfort, Control, or Conformity” and “Prosthetic Fantasies”; “Progress and Promise,” 28–30; and Singer. As Cobb and Starr note, it is difficult to access accurate statistics on the percentages of women who choose reconstruction during or after mastectomy; they cite one 2010 study that 25 percent of breast cancer patients do so but claim that anecdotal evidence provided in 2011 by surgical oncologists and plastic surgeons suggests that as many as 60 percent of U.S. women who require mastectomy undergo reconstructive surgery (99, fn 14).

14. For a related assessment of bodily hybridity following breast cancer treatment, see Herndl, “Reconstructing.”

15. For thoughtful analyses of postmillennial directions in U.S. and transnational feminist breast cancer activism, see Ley, who discusses the shift "from pink to green,"
and Klawiter, who chronicles changing social movements and “cultures of activism.”


Chapter 3

1. See Boesky, Gabriel, Gessen, Port, and FORCE (www.facingourrisk.org) for additional narratives of prophylactic mastectomy. Both Boesky and Gabriel chronicle the impact of the BRCA gene on their lives and on the mother-daughter dynamic; Gabriel writes also about maternal abandonment and loss. As an investigative medical journalist with a BRCA mutation, Gessen interviews genetic counselors, oncologists, cancer researchers, and previvors and details her own decision-making process regarding prophylactic surgery. Port offers narratives of five high-risk women under forty who support one another in choosing prophylactic mastectomy. FORCE is the premier U.S. organization that raises awareness about previvor issues. See Gessen and Wexler for discussions of research into genetic risk and disease inheritance; see Couser, Vulnerable Subjects, for an analysis of the ethical considerations of seeking and acting on genetic information.

2. For an argument that genetic research should proceed with caution, see Hubbard and Wald. For a 2011 journalistic report on the disappointing results of once-promising targeted gene therapies, see Kolata.

3. For an assessment of the efficacy of prophylactic mastectomy in women with a family history of breast cancer, see Hartmann et al.

4. For an account of the research that led to the isolation of the BRCA genes, see Davies and White.

5. The statistic of a 1 in 40 chance of testing positive for BRCA1 or BRCA2 if one is of Ashkenazi Jewish descent comes from the American College of Obstetricians and Gynecologists (www.acog.org.).

6. For a different perspective on patient satisfaction after prophylactic mastectomy, see Hallowell.

7. Results of a 2008 study of quality of life for women after prophylactic mastectomy appear in Brandberg et al.

8. For critiques of triumphalist rhetoric in breast cancer culture, see Conway, 17–40; Ehrenreich; and chapter 5 of this study.

9. Ley discusses biomedical and biogenetic approaches to breast cancer causation as a “limited paradigm” that mistakenly emphasizes “reproductive, behavioral, clinical, and genetic factors over environmental factors” (4–6). See Ley, 77–121, 188, for an analysis of the successes of the U.S. feminist environmental breast cancer movement in bringing national attention to body burden studies that link chemical levels in the body to specific disease outcomes, in advocating a “precautionary principle” approach to the corporate development and commercial distribution of cancer-causing carcinogens, and in supporting the establishment of Breast Cancer and Environmental Research Centers at Michigan State University, the University of California at San Francisco, the University of Cincinnati, and Fox Chase Cancer Center in Philadelphia.
Chapter 4

1. To view illness photographs by/of Spence, see www.google.com/search?q=jo+spence+photography&hl; to see images of Wilke’s “Intra-Venus,” enter www.google.com/search?q=hannah+wilke+intra-venus&hl.

2. See Prijatel for a layperson’s analysis of current medical research on “chemo brain.”

3. For a Bakhtinian theorization of the comic grotesque, see Stott, 87–91; for a Bakhtinian analysis of carnivalesque humor employed by hospital personnel and medical practitioners, see Gabbert and Salud.


5. For additional examples of cancer comics, see Andres; Batiuk; Bechdel; Fies; Marchetto; and Pekar and Brabner. For feminist theorizing of the postmillennial rise of graphic novels by women, see Chute.


7. For discussions of Susan G. Komen for the Cure’s corporate politics and the breast cancer philanthropy of Avon, see Sulik; King, xix–xxx, 6–51; and Ley, 125–31.

8. Saranne Rothenberg, founder of ComedyCures, was diagnosed in 1999 with stage-four breast cancer and “made a vow to laugh at least 100 times a day.” She subsequently began a career as a motivational speaker and hosted a “laugh line” telephone service—1–888-HA-HA-HA-HA—that in 2006 reached 4,000 people each month; see Entemann.

Chapter 5

1. For more information on Matuschka’s life and work, see her “The Body Beautiful”; Cartwright, 126–31; Dykstra; and Van Schaick. To view Matuschka’s photographs, visit www.matuschka.com.

2. To view the photograph of Metzger by Hammid, visit www.deenametzger.com and click on Tree.

3. For further discussion of Metzger and this photograph’s feminist history, see Cartwright, Dykstra, and van Schaick.

4. For more information on Spence’s life and work, see Cultural Sniping and Putting Myself in the Picture; for theorization of her photographs, see Dykstra and van Schaick. To view Spence’s photographs, visit the Jo Spence Memorial Archive at www.hosted.aware.easynet.co.uk/jospence/jo1/htm.

5. See Clark and Redgrave, Jay, and the introduction to this study for other examples of collaborative breast cancer photo-documentaries.

6. Other images from Winged Victory can be viewed at www.canceranswers.org/gallery/myers.htm.

7. It is interesting to consider Myers’s use of exotic, romantic, and sentimental images and discourses in Winged Victory in light of Rosemarie Garland-Thomson’s
critique of “four primary visual rhetorics of disability” in contemporary culture: “the wondrous, the sentimental, the exotic, and the realistic” (“Politics of Staring,” 58–72). While all four forms of visual rhetoric appear in Myers’s collection, the first three forms (and from her perspective the most ethically problematic) are especially prominent.


9. For discussion of twenty-first-century reconstruction options and the choices women are making, see Crompvoets, “Prosthetic Fantasies”; Erickson, Herndl, “Reconstructing”; “Progress and Promise,” 28–30; and Singer. On the difficulty of getting accurate statistics regarding the number of U.S. women who choose breast reconstruction after mastectomy, see Cobb and Starr, 99, fn. 14.

10. My June 2, 2012, Google search for breast cancer tattoos produced an astonishing 1,590,000 results. For analysis of this phenomenon, visit www.1st-in-breastcancer.com/breast-cancer-tattoos-for-women. To view additional breast tattoos, visit www.youtube.com/watch?v=dKvLyqHAc. Not all breast cancer tattoos appear on patients’ post-mastectomy chests; many constitute activist gestures of solidarity; see www.pinterest.com/facecancer2gthr/inspired-ink-cancer-tattoos for a range of cancer-related tattoos on various parts of the subjects’ bodies.

11. To view several images from Heroines, visit www.events.mnhs.org/media/news/release.cfm?ID=837.

12. Information and several images from Caring for Cynthia can be found at www.caringforcynthia.com.


15. Brodsky and Byram discussed their collaboration in a 1994 interview with David Demerest; see “At Charlee’s House.” They also collaborated on an Emmy-award-winning documentary film, Stephanie, produced by Mary Rawson and shown nationally on PBS in October 2000.

16. In Vulnerable Subjects Couser advocates “principalism” as a guideline for evaluating biographical or visual representations of vulnerable subjects, defined as “respect for autonomy, beneficence, and justice” (preface).

17. Personal email from Brodsky to author, June 5, 2012.

Chapter 6

1. In a posthumously published journal entry from 1977 Sontag described Illness as Metaphor as “an attempt to ‘do’ literary criticism in a new way but for a pre-modern purpose: to criticize the world” and claimed that study was “about how the metaphoric understanding, and the moralization of a disease, belies the medical realities” (As Consciousness, 453–54). For an analysis of the importance of Illness as Metaphor to feminist theories of illness and embodiment, see DeShazer, 11–18, and Diedrich, 26–32.

2. See, however, Sontag, As Consciousness, which covers the period when she was treated for breast cancer and features occasional commentary on her illness and
her confrontation with mortality. On page 401, for example, she describes humans “in youth, growing up, floated up by— with—the body; ageing or sick, the body drifting downwards, sinking or plummeting, leaving the self stranded, evaporating,” and on page 401 she refers wryly to “my cancer minstrel show.”

3. Prior to its exhibitions in London and Europe, A Photographer’s Life was exhibited at the Brooklyn Museum, The Corcoran Gallery in Washington, DC, the Legion of Honor Museum in San Francisco, and the Fox Theater in Atlanta. I saw the exhibition at the National Portrait Gallery in London, February 1, 2009. The term American Master comes from a PBS series by that title that in 2008 featured a documentary film about Leibovitz directed by her sister, Barbara Leibovitz.


5. Based on his interview with Leibovitz, Guthmann explains her decision to exhibit and publish these images as follows: “The decision to include the shots of Sontag hospitalized, dying, and then deceased were made, she says, after enormous deliberation. Leibovitz consulted with Sontag’s sister, Judith Cohen, and her agent, Andrew Wylie, co-executor of Sontag’s estate (‘I wanted to make sure everyone was comfortable’), but not Sontag’s son, David Rieff. ‘I don’t talk to David;’ she said with a sad, resigned frown. ‘Everyone deals with death in a different way, and it didn’t end well with David.’”

6. The bathtub images of Sontag from My Apartment in London Terrace can be viewed at www.ganasdeananas.tumblr.com. Other widely circulating post-mastectomy photographs include Hella Hammid’s portrait of poet Deena Metzger’s tattooed mastectomy scar, sold as a poster in the late 1970s and reproduced in the 1992 edition of Metzger’s Tree (www.deenametzger.com); the model Matuschka’s self-portrait of her draped, flat chest on the cover of the New York Times Magazine in 1993, which accompanied an article by Susan Ferraro, “The Anguished Politics of Breast Cancer”; and the photographic depictions of women’s post-surgical breasts in Amelia Davis, Myers, and Nikpay, as discussed in chapter 5 of this study. For additional information about Matuschka’s breast cancer photographs, see www.matuschka.com; www.songster.net/projects/matuschka; Cartwright, 126–31; Dykstra; and Van Schaick.

7. “Leaving Seattle, November 15, 2004” can be viewed at www.flickr.com; the contact sheet images of Sontag in the funeral home can be viewed at www.bagnewsnotes.typepad.com/misc/leibovitz-sontag-deceased.jpg.

8. For further discussion of photographs depicting trauma, see Baer; Butler, Frames of War; Hirsch; and Pollock. For analysis of the perils of portraiture in a post-traumatic age, see Bal and Saltzman.

9. With regard to the history of photographing the dead as a form of memento mori, see Gilbert, 222–41, and Hirsch, 5–23, 245–47.

10. In “Mourning and Melancholia” Freud describes the work of mourning as a “testing of reality” necessary to prove that “the loved object no longer exists,” an effort of detachment that initiates an emotional struggle in the bereaved to be “carried through bit by bit, under great expense of time and cathectic energy, while all the time the existence of the lost object is continued in the mind” (165–66). This description sheds light on Rieff’s account as he probes his response to his mother’s final illness and death.

11. For further discussion of Rieff’s writing process and ethical decisions, see Horton.
12. Reviewers who argue that Leibovitz exploits Sontag include Karnasiewicz, McRobbie, Thomson, and Roberta Smith.

13. For discussion of Hirsch’s views on expanding the “postmemorial circle,” see my Afterword.


15. See Nancy K. Miller for a different conclusion, however. In her analysis of Sontag’s “posthumous life” as revealed in Leibovitz’s photographs, in obituaries, and in Rieff’s memoir, Miller agrees with Rieff that Leibovitz’s memorialization is ethically problematic. She speculates that Sontag, who wrote about photography as invasive and appropriative, would not have sanctioned the publication of photographs of herself dying or dead.


17. In his analysis of viewers’ relationships to traumatic photographs Baer considers how our imaginations can “invest the act of commemoration with ethical significance” through an “active, critical, and fundamentally creative stance” (155). On ethical representations of victims of war and/or torture, see also Sontag, “Regarding the Torture of Others,” and Butler, Frames of War, 63–100.

18. In “Cancer Butch” Jain probes the corporate underpinnings of U.S. breast cancer awareness and activism and advocates as a progressive response an “elegiac politics”: “Rather than a call to action, an elegiac politics recognizes the basic human costs of U.S. capitalism.” Jain attributes the phrase elegiac politics to AIDS activist Derek Simons. See also Jain, “Living in Prognosis,” 77–92, and chapter 2 of this study, which analyzes Jain’s theories in detail.

19. The comments cited in regard to Rieff’s work are those of reviewers Roiphe (11), Sacks (as quoted on the book jacket of Swimming in a Sea of Death), and Johnson and Murray (np). The comments cited in regard to Leibovitz’s book and/or photographic exhibition are those of reviewers Roberta Smith, Karnasiewicz, and Thomson. Obviously aesthetic as well as ethical judgments inform reviews of Rieff’s and Leibovitz’s work, and graphic photographs of cancer may offend audiences more than graphic words describing it do. Still, it disturbs me that Sontag’s lover received much condemnation for an intimate public representation parallel to that for which her son received mostly accolades; on this point, see McKinney, who suggests that Leibovitz’s photographs of Sontag upset some viewers because they represent “an ethics of queer domesticity.” To be sure, a few reviewers lauded Leibovitz’s photographs of Sontag as courageous; see Garwood, Guthmann, and Wilson. I also found two reviewers who objected on ethical grounds to Rieff’s representation of his mother’s death in his memoir, Mars-Jones and Zuger.

Chapter 7

1. See Adams and Rugg for further theorization of this point.

2. See Brodsky and Byram, Butler and Rosenblum, Lynch and Richards, Middlebrook, and Romm for other examples of cancer autothanatography. For further analysis of this genre, see Egan, DeShazer, 223–37, and chapter 5 of this study.
3. For further consideration of cultural assumptions about maternal transcendence, see Rich, chapter 7.

4. See Couser, Vulnerable Subjects, for further discussion of ethical representation of the dead, dying, and/or severely disabled.

5. Despite the fact that Ruth Picardie’s narrative does not discuss the feminist breast cancer movement, it is important to note that Ruth’s sister Justine Picardie and Beth Wagstaff launched a U.K. breast cancer organization, the Lavender Trust, shortly after Ruth’s death and in her honor. Its mission is to provide information and support to young women with this disease. Part of the proceeds from sales of Before I Say Goodbye went to this organization, and Picardie’s family has continued involvement; see www.lavendertrust.org.uk.

6. For further discussion of illness as infantilizing, see Ehrenreich and Stacey, 1–5.

7. For feminist perspectives on breast cancer experimental drug trials, see Ley and McCormick. For a medical doctor’s perspective on targeted therapies for breast cancer, see Mukherjee, 413–22.

8. For more on class-related issues regarding access to breast cancer treatment, see Devra Davis and Eisenstein.

9. See Phelan for a compelling theorization of grief and mourning in the context of the AIDS pandemic.

10. To the best of my knowledge no U.S. breast cancer organizations have floated the idea of a memorial quilt, but I consider it a project worth exploring. On the relevance of HIV/AIDS activism to breast cancer activism, see Boehmer and Jain, “Cancer Butch,” 527–28. For information on the AIDS memorial quilt, see Cvetkovich, 156–238; Morris, 190–246; and wwwaidsquilt.org.

**Afterword**

1. For analysis of Lin’s Vietnam Veterans Memorial project, see Saltzman, 7–12, and Mitchell, 379–81.

2. For discussion of the ethical implications and public impact of Bunker Hill Monument Project, see Saltzman, 28–47. For an analysis of Boltanski’s public art projects, see Saltzman, 14, 92–93, and Hirsch, 260–63. The full title of Walker’s Gone is Gone, An Historical Romance of a Civil War as It Occurred Between the Dusky Thighs of One Young Negress and Her Heart; see Saltzman, 58–69, for an analysis of this work’s aesthetic strategies, memorializing capacities, and controversial status in the art world.

3. For further consideration of such memorial practices, see Gilbert’s chapter “Millennial Mourning” in Death’s Door, 242–92.

4. Brodsky and Byram discussed their collaboration in a 1994 interview with David Demerest; see “At Charlee’s House.”

5. Numerous exhibitions of breast cancer art have circulated in the United States and beyond in recent years, including the Art.Rage.Us exhibitions from San Francisco to New Orleans to Hong Kong during the late 1990s and early twenty-first century; see Kenneth Baker and www.tulane.edu/~newcomb/artrage.html. There have also been many decorative bra exhibitions such as Cups Full of Hope in 2010 in Washington, DC,
and *Dance of Life: Bras for Breast Cancer* in 2010 in Dallas; see www.washingtonpost.com/wp-syn/content/article as well as www.web.me.com/juneannepack/BRAS_For_Breast_Cancer. Bra exhibitions have extended as far as Brazil. A 2010 São Paolo exhibition was entitled *The Bra: The Battle Continues—Campaign against Breast Cancer*; for information about the artists and goals of this project, see www.nydailynews.com/entertainment/music/galleries/bras_for_a_cause. An exhibition entitled *Voices and Visions: Standing on the Bridge between Health and Disease*, which features breast cancer art in many mediums, was on display during June 2011 in Portland, Oregon, and traveled nationally through 2012; see www.carenhelenerudman.com. And a 2010 *Pink Lady Art Show* in Australia raised money for Breast Cancer Network Australia and the National Breast Cancer Foundation; see www.pinkladyart.com.au. Additional paintings related to breast cancer can be viewed at the website of The Breast Cancer Answers Project, www.canceranswers.org/gallery. My hope would be that art from such exhibitions could be housed in a national breast cancer archive alongside art that is overtly elegiac, resistant, and/or memorial in tone and scope.

6. A parallel project that could serve as a model is the national Lesbian Herstory Archive in Brooklyn, NY; see Cvetkovich, 78–79, 240–51, 269–70.

7. For more on the AIDS memorial quilt see Cvetkovich, 156–238; Gilbert, 288–90; Morris 190–246; and www.aidsquilt.org.