

Monica J. Casper + Lisa Jean  
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7

## It Takes Balls

### *Lance Armstrong and the Triumph of American Masculinity*

What's the deal with that name, anyway? Lance Armstrong. Is that a comic-book hero or a bendable action figure? Once somebody gives you a name like that, how hard can life be? Lance Armstrong. Wasn't he the star of those 1950s boys' sports books? LANCE ARMSTRONG, ALL-AMERICAN HERO!

Rick Reilly, "Sportsman of the Year" (2002)

Human bodies are fragmented, divided into specific parts for unique purposes. In allopathic medicine, for example, we rarely have our entire bodies x-rayed or examined; rather, body parts are isolated as part of the doctrine of specific etiology, considered distinct from the organism as a whole. We suffer headaches, stomachaches, and backaches, the pain displaying corporeal regionalism. When we exercise at the gym, we work particular muscles: one day our biceps and the next our quads. We know how, thanks to fitness magazines, exercise shows, and the ever-present instructors and trainers. In pornography, we see only body parts shown in exquisite detail, the full body often not making the frame. The camera lens zooms in on penises, vaginas, and breasts, writhing, heaving, spread open for visual consumption. Our body parts, the pieces that comprise the human machine, each have a history. Some, such as breasts and faces, are highly visible, while others are hidden, tucked away in our cellular folds and blood-rich cavities. All body parts are laden with significance. The story of our own breasts, for example, could be framed as a narrative about girlhood, puberty, sexual florescence, pleasure and anxiety, body image, infant feeding, aging, and health.

In this chapter, we are especially interested in meanings of male anatomy. The human scrotum, for example, is not an everyday topic of conversation. Outside of sex, pornography, and the omnipresent television image of professional athletes adjusting their cups on the playing field, testicles—the spherical glands dangling inside the scrotum—are invisible. Sometimes packaged creatively to enhance size and appearance (recall President Bush's "basket" from chapter 6), men's balls are nonetheless routinely hidden inside clothing and absent as body parts from public discourse. Pornography, when it does focus on male genitalia, tends to emphasize the phallus in all its rigid glory and not the "family jewels" gilding the sword. Diseases of men's bodies (e.g., prostate and testicular cancers) are not nearly as well known or oft discussed as those affecting women's bodies. Indeed, testicles are more popular as a metaphor denoting masculinity: having balls means being a man. Correspondingly, having no balls, like Jessica Lynch, means that one is feminized, a so-called "pussy."

Lance Armstrong, the subject of our inquiry here, has legendary balls. This is entirely appropriate, given that his name conjures up images of spears, javelins, and, dare we say it, another thrusting object: the phallus. Few professional athletes have achieved the megastardom and instant name recognition of the seven-time Tour de France champion. While his achievements on a racing bike are unparalleled and the stuff of sporting legend, his identity as a testicular cancer survivor has further propelled Armstrong into the public eye. Indeed, he remarks often in media interviews that he would prefer to be known first as a survivor and second as a Tour champion. Certainly many athletes have donated their names to various causes, but no athlete has achieved the kind of commingled integration of sport, charity, and celebrity embodied—literally—by Armstrong. And few athletes have been more entrepreneurial: Lance Armstrong™ is an icon relentlessly self-fashioned—physically, mentally, and culturally.

Commenting in 2003 on an Annie Leibovitz photograph of the famous cyclist, journalist Rachel Koper writes: "When I look at Lance Armstrong's thighs I get weak in the knees. The sinuous calf, the knee straining like a neck . . . then those thighs. Naked, with tan lines, head down in the rain on the bike . . . Since the picture was actually shot indoors and not at an actual race, the lighting is fairly even and bright, and Lance becomes a breathing emblem of toughness—an avatar of endurance. It's easy to ignore the tan lines from those goofy spandex tights and the fake rain because those thighs don't lie" (2003). The Austin, Texas, reporter is not the only person obsessed with Armstrong's ripped thighs. *Sports Illustrated's* Rick Reilly

describes a black-tie event in Las Vegas at which golfer Tiger Woods, himself no slouch in the fame and fortune department, asked Armstrong if he could feel his legs: "And Tiger took his hands and put them on Armstrong's concrete thighs. 'Man!' he said, squeezing. 'I mean, man!'" (2002:52).

As alluring as Armstrong's thighs may be—and we admit to a certain regret that we have never fondled them in the name of science—we are equally interested in what lies *between* the man's awesome quads. The story of Lance Armstrong, über-cyclist, cannot be told outside of the story of Lance Armstrong, testicular cancer survivor. And in media accounts, autobiographies, biographies, and Lance Armstrong Foundation materials, this is exactly how the legend is narrated. Both these battles—to overcome advanced cancer and to become a champion athlete—have intertwined to make Armstrong into a mythic (and lucrative) figure.<sup>1</sup> In some ways, it's a familiar trope: an ordinary young man in his prime is struck down by cancer, undergoes aggressive treatment, recovers miraculously, and is a changed man, better than he ever was as a person and an athlete. As the cyclist himself frequently declares, "The truth is that cancer was the best thing that ever happened to me."<sup>2</sup>

But Armstrong's illness narrative, just like Lynch's rescue tale, is no simple fable: it is complicated and fueled by his celebrity, which begins and ends with that legendary, much-photographed physique. Whether vulnerable in disease or triumphant in victory, his body and its extraordinary visibility in popular culture have contributed to the making of the man and the myth. Journalist Martin Dugard (2005) describes "chasing Lance": following Armstrong and the other cyclists around France, with the man in yellow typically pedaling furiously at the front of the *peloton*. It seems to us that everyone has been chasing Lance Armstrong: rival athletes, photographers, attractive women and men, curious and awestruck children, sponsors, journalists, cancer survivors, scientists, and a couple of sociologists. What can one famous body and its highly visible machinations tell us about masculinity, illness, sports, philanthropy, and the redemption of American national identity in wartime?

### *Testicular Cancer and the Politics of Men's Health*

Testicular cancer is the most common type of cancer in young American men ages 15 to 34. It is highly treatable, compared with many other cancers, if diagnosed early. The disease is characterized by development of a malignancy (or malignancies) in the testicles, which are located inside

the scrota underneath the penis. The testes produce sex hormones and sperm cells for reproduction. Causes of testicular cancer are unknown, although there is some evidence that it may be linked to environmental toxins (Daniels 2006). For example, the U.S. Centers for Disease Control and Prevention (CDC) suggests a connection between pregnant women's use of diethylstilbesterol (DES) and development of testicular cancer in male offspring.<sup>3</sup> The age-adjusted incidence rate in the United States during 2000–2004 was 5.3 per 100,000, and the median age at death for testicular cancer was 40 years. Unlike many other diseases where incidence and mortality are higher in African Americans (as with infant mortality rates), for testicular cancer the incidence among white men is significantly higher, at 6.3 per 100,000 for whites as compared with 1.4 per 100,000 for African Americans.<sup>4</sup>

Men's health issues, especially those concerning the genitals, historically have been invisible, and only recently has a men's health movement emerged to rival the women's health movement (Clatterbaugh 2000, White 2002). As sociologists Dana Rosenfeld and Christopher Faircloth (2006) suggest, studying medicalization, men's bodies, and men's health can enhance our understanding of masculinity and gender relations. For example, in *Sperm Counts*, Lisa chronicled practices involving sperm in medicine and culture, including interpretations of semen and male genitalia, noting a clear connection between sperm and constructions of masculinity. All too often, serious discussions of male anatomy (despite visualization in pornography, for example) are shrouded in secrecy, denial, and shame. Men do not often talk about their health, seek care on their own, or undertake preventive practices such as testicular self-exam (TSE). For example, our classroom suggestions to male students that they should be practicing such exams have been routinely met with discomfort and embarrassment. This general neglect of men's health "generates considerable pain and suffering, along with sizeable and avoidable health care costs" (Meyer 2003:709).

The consequences of testicular cancer may be significant, even when the disease is not fatal. In a qualitative study of men's most humiliating experiences, the rankings were, from the most to the least, as follows: not maintaining an erection during sex, *losing a testicle to cancer*, being teased about penis size, having a rectal exam, being diagnosed as sterile, being left by an intimate partner, and being seen naked by male friends (emphasis added).

Canadian psychologist Maria Gurevich and her colleagues assert "testicular cancers occur at a point in a man's life when the impact on

sexuality, identity and fertility may be significant." Drawing on earlier studies suggesting important links between "testicular integrity" and "the coherence of male (sexual) identity," the authors interviewed 40 men diagnosed with testicular cancer. They found that the loss of a testicle was interpreted as a challenge to masculinity; the anatomical structure served as an important marker of identity. In their words, "the routes to readings of masculinity inevitably pass through anatomy . . . [and] anatomically intact bodies are designated as anatomically and socio-culturally 'correct' bodies" (Gurevich et al. 2004:1604).

In a comparative analysis of breast, testicular, and prostate cancer, medical sociologist Juaane Clarke found that, in media portrayals, "the threat of the disease seems to be less a threat to life itself than a threat to the proper, i.e., gendered enactment of life" (2004:549). Coverage of testicular cancer, in particular, emphasized early detection and aggressive treatment while also couching genital terminology in colloquialisms such as "nuts," "balls," and "family jewels." Testicles were frequently associated with manhood and masculinity, and the disease and its treatment often discussed in militarized metaphors. Reference is made in this article to Armstrong's autobiography, in which he describes "the war on cancer" and the disease as "just like a big race." Moreover, in Clarke's study, testicular cancer was found to be associated with sexuality, fertility, and relationships with women. This type of media coverage causes Clarke to ask, "Why are breast, testicular, and prostate cancers portrayed as threats to masculinity, femininity and sexuality rather than as mechanical and organic failures that could have life-threatening consequences?" (549).

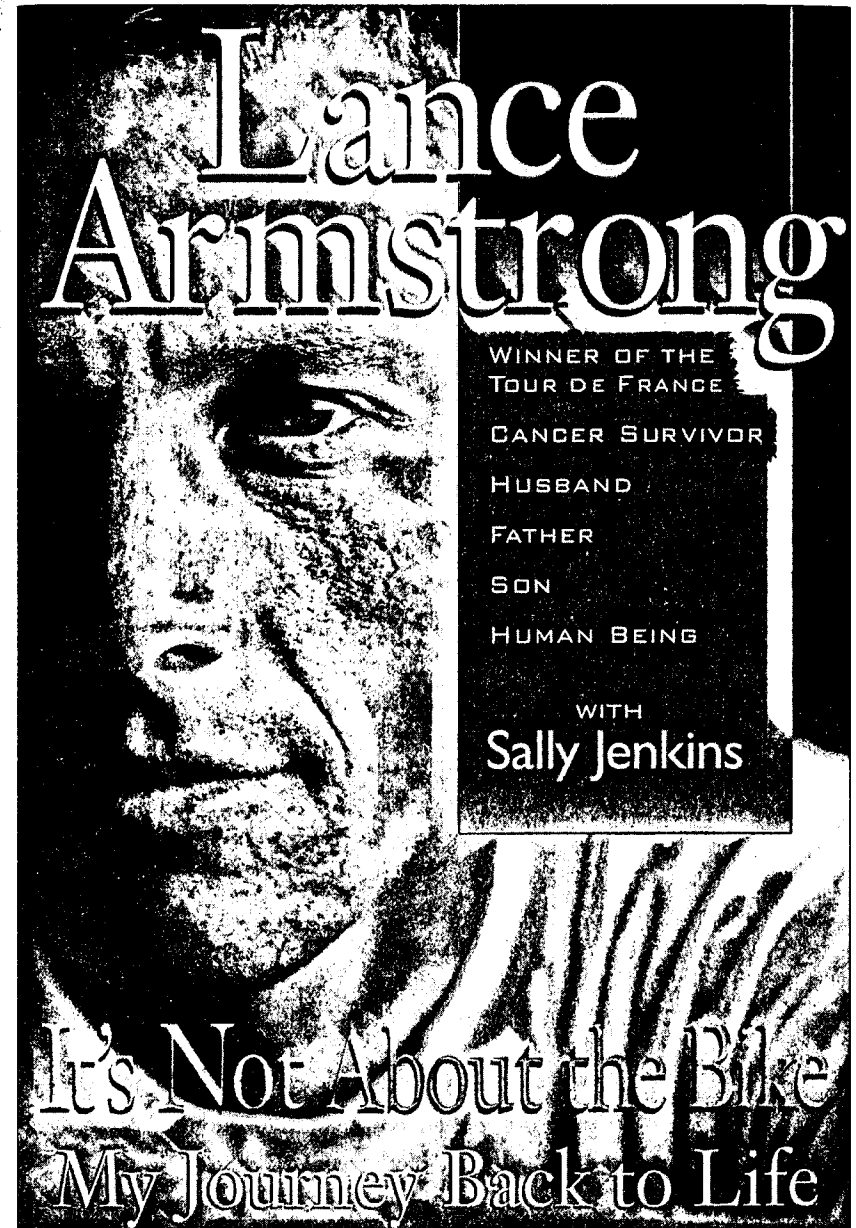
Journalist Arthur Allen (1999) reports "advances in chemotherapy and other treatment nearly assure survival for most of the patients diagnosed with testicular cancer nowadays, a fact obscured by Armstrong—and most of the press—when they proclaimed his accomplishment as downright miraculous." According to oncologist Bruce Roth, however, "it is absolutely not a miracle" (quoted in Allen 1999). Testicular cancer is quite survivable, even when it is advanced. But "this is not to say that [it] is a walk in the park," writes Allen (1999). Orchiectomy, or amputation of the testicle(s), is one common treatment for testicular cancer, and potentially the one with the most lasting emotional consequences. Chemotherapy and radiation are also key weapons and may reconfigure the body while destroying malignancies. The overall message of testicular cancer is that it is often silent, rarely deadly, but can have enormous implications for a man's sense of masculinity.

*"Two Lance Armstrongs": The Making of a Champion and a Cause*

In 1996, when Armstrong was 25 years old, his strong, young body betrayed him by developing cancer. He did not pay attention when his right testicle swelled and became painful. In fact, he assumed it was a bike-related injury and, like many men, ignored it. In his autobiography, *It's Not about the Bike*, he writes, "Of course I should have known that something was wrong with me. But athletes, especially cyclists, are in the business of denial. You deny all the aches and pains because you have to in order to finish the race" (Armstrong and Jenkins 2000:5). He continued to compete, winning the Flèche-Wallonne (the first American to do so) and the Tour Du Pont. He was frequently exhausted but told himself to "suck it up." That year, he dropped out of the Tour de France after just five days, too tired and sore to be a viable contender. In September, he experienced a "brain-crushing" headache, and one day soon after he began to cough up blood. He thought perhaps his sinuses were acting up. It was not until his right testicle had expanded to the size of an orange that he sought medical care (testicles are typically about the size of a plum). The diagnosis: stage 3 testicular cancer, which had already metastasized to his lungs, abdomen, and brain.

Armstrong describes his illness as "humbling and starkly revealing," forcing him to consider aspects of his life with "an unforgiving eye" (Armstrong and Jenkins 2000:4). Indeed, the narrative of *It's Not about the Bike* follows Armstrong's cancer experience from shocking diagnosis to incredible recovery, with a brief sojourn through his personal history, including his strong bond with his mother, Linda, who raised him on her own. The subtext of the book, co-written with prolific sports journalist Sally Jenkins, is about how a champion is forged from adversity, both on and off the bike. In Armstrong's case, that adversity comes in the form of a personal and public war against testicular cancer.

The story is suffused with elements of masculinity, from Armstrong's characteristically male denial of his illness, to his relationship with his now ex-wife ("Don't be a skirt," he tells her when she drives too cautiously), to his abundant and renowned cycling achievements. The take-home message is that "there are two Lance Armstrongs, pre-cancer and post"; both are men, but only one can become a superhero. Ironically, Armstrong had to lose a testicle to gain the kind of symbolic balls that turned an ordinary, if highly successful, athlete into a megastar. Dugard puts it this way: "The cancer had reshaped Armstrong's body, stripping away all that upper body



Cover of book. Lance Armstrong and Sally Jenkins, *It's Not about the Bike: My Journey Back to Life* (Penguin), 2001.

musculature. In its place was the stick-thin torso the world has come to know so well. His heart, by contrast, was bigger—not physically, but meta-physically. Lance Armstrong had faced death and miraculously returned to life. He knew what it was to race against time” (2005:81).

In Armstrong’s own story, cancer is deeply transformative: “I left my house on October 2, 1996, as one person and came home another. I was a world-class athlete with a mansion on a riverbank, keys to a Porsche, and a self-made fortune in the bank. I was one of the top riders in the world and my career was moving along a perfect arc of success. I returned a different person, literally. In a way, the old me did die, and I was given a second life” (Armstrong and Jenkins 2000:4). One of the most striking aspects of Armstrong’s account is the fear and self-doubt that consumed him after he received his cancer diagnosis. Before cancer, he believed himself to be “an indestructible 25-year-old, bulletproof” (14). He worried not only that cancer might take his career and his life but also that it would change his very definition of *self*. He writes, “There were gallons of sweat all over every trophy and dollar I had ever earned, and now what would I do? Who would I be if I wasn’t Lance Armstrong, world-class cyclist?” Immediately post-diagnosis, he was reduced to a frighteningly monolithic identity: “sick person” (14).

Armstrong sought and received aggressive treatment for his advanced cancer, from October through December 1996 at Indiana University Medical Center. He underwent two surgeries: one to remove his affected testicle, and the other to remove cancerous tissue from his brain. In his autobiography, Armstrong writes: “I spent the first weekend on the couch recovering from the surgery. The anesthesia made me woozy, and the incision was excruciating. I rested and watched football while my mother cooked for me, and we both read up on cancer, exhaustively” (Armstrong and Jenkins 2000:84). He experienced two rounds of chemotherapy and later was hailed by pharmaceutical manufacturers as a poster child for their products.<sup>5</sup> These chemical cocktails also came to have a starring role in the doping scandals and allegations by the French media of Armstrong’s use of performance-enhancing supplements. “I had no life other than chemo,” Armstrong recalls; “My old forms of keeping dates and time fell by the wayside, substituted by treatment regimens” (132).

An important part of Armstrong’s cancer narrative is confronting his low sperm count and future reproductive capacity. He eventually banked his sperm, and after treatment, he fathered three children with whom he is frequently photographed. Only after he retired from competitive cycling

did he divorce their mother and begin a succession of relationships with celebrity women. A significant portion of *It’s Not about the Bike* and its sequel, *Every Second Counts* (2003), is devoted to Armstrong’s quest for his lost masculinity. This process began with his successful efforts, with then-wife Kik, to produce children through in vitro fertilization, but it certainly did not end there. Armstrong’s life, as detailed in these books, is devoted to hard bodily work, pain and suffering through sport, the annihilation of his opponents in the Tour, and a series of risky practices including diving headfirst off a 50-foot bluff into Dead Man’s Hole near his home in Texas, just to remind himself that he’s still alive. His is an epic quest, framed in the language of conquest. Or, as journalist Daniel Coyle (2006) terms it, *Lance Armstrong’s War: One Man’s Battle against Fate, Fame, Love, Death, Scandal, and a Few Other Rivals on the Road to the Tour de France*.

Armstrong was not the first celebrity to struggle against testicular cancer, and probably he will not be the last. In 1970, the Chicago Bears’ Brian Piccolo died at age 26 from the disease, inspiring a book and made-for-TV movie, *Brian’s Song*. As sportscaster Bob Costas has pointed out, viewing *Brian’s Song* is practically a male rite of passage with requisite emotional catharsis: “There’s no question that Brian Piccolo’s story was amplified by the movie. And now generations later, you don’t know how many guys who ordinarily would be loath to admit that they shed a tear, will tell you at the drop of a hat, I still cry every time I see *Brian’s Song*.”<sup>6</sup> Emotional displays aside, the movie does not mention testicular cancer or make any overt reference to the type of cancer that Piccolo died from.

In 2000, comedian Tom Green turned his testicular cancer into television entertainment, offering real-time coverage of his surgery and filming several public service announcements. And Olympic figure skater Scott Hamilton underwent treatment in 2003 for advanced testicular cancer, accompanied by significant media exposure. Yet “it wasn’t until Lance Armstrong . . . won the Tour de France [in 1999] that the disease again received mass attention” (Vastag 1999). This time around, it was an unprecedented amount, fueled by our collective fascination with sport and disease, and by increasing public attention to men’s health (White 2002). Health educator Samantha King argues that Armstrong’s “very public battle with testicular cancer has helped strengthen the profile of men’s cancers in general” (2006:xvii). Or, as Allen (1999) puts it, “Skater Scott Hamilton, subway shooter Bernard Goetz, Alexander Solzhenitsyn and the panda Hsing-Hsing all survived testicular cancer, but none stepped forward as role models. Armstrong has gripped the role with gusto.”

Like the family and friends of football player Piccolo, who established the Brian Piccolo Foundation for testicular cancer research, Armstrong set up his own organization, the Lance Armstrong Foundation (LAF). He did so during his treatment for the disease and before he knew if he would recover. Consider the self-promotional language used on the LAF website: "This marked the beginning of Lance's life as an advocate for people living with cancer and a world representative for the cancer community." The LAF supports research on testicular cancer, particularly the aftereffects of treatment, and it has helped solidify Armstrong's role as an authority in the war on cancer. In 2005, it awarded 27 grants to 21 institutions across the United States, totaling more than \$5 million. It also provides resources for support and care of cancer sufferers; for example, the afflicted (and their families) can download or order materials to help them guide and organize treatment and recovery. In 2005, more than 28,000 survivorship notebooks were distributed.<sup>8</sup>

Clearly, Armstrong's "balls" have been incredibly productive. He is not just a survivor and a winner but is a champion *for* people with cancer. He transformed his illness experience—and his considerable earnings—into an effective, financially sound advocacy organization. How effective can be measured, in part, by the unexpected success of the yellow silicon LiveStrong bracelets worn by cancer survivors, athletes, youth, gym-rats, cycling fans, soccer moms, presidential candidates, and health care professionals around the country. The bracelets hit the market in 2004 at various outlets (Niketown, Foot Locker, etc.), selling for \$1 each. With corporate sponsorship from Nike, 100% of the proceeds from the first 5 million bracelets went directly to the LAF. The bracelets sold out before that summer's Tour de France had ended—illustrating an emergent and profitable alliance between corporations and philanthropies.<sup>9</sup> Why so successful? *New York Times* consumer journalist Rob Walker (2004) suggests "there's nothing even vaguely controversial or political or even provocative about a visible declaration of concern about cancer. Perhaps more crucial, the item is associated not just with a cause, but also with a heroic athlete at the peak of his popularity."

Celebrity cases draw attention to disease, and they may help spawn social movements and change. But as physician and author Barron Lerner (2006) points out, the ways in which illnesses affect celebrities may be quite different than for ordinary people. For example, while Armstrong may fit the demographic for testicular cancer incidence, he is quite unusual in other respects. For one, he survived a rare form of advanced

cancer that might have killed a "lesser" human, somebody not wealthy, privileged, and extremely fit. Anthropologist and bioethicist Barbara Koenig (2001) argues, "Armstrong's dramatic recovery is atypical. . . . Over 1,500 Americans die each day from cancer. No commercials trumpet their needs or remind us that once 'saved' from cancer we will necessarily die of something else. . . . It's the miracles that sell, repeating the heroic narratives of success we are so fond of."

In Armstrong's epic recovery, our insatiable desire for evidence of medicine's achievements collides seamlessly with our need for everyday miracles and invincible heroes. But what makes Armstrong so special, aside from his considerable fame and fortune? How is it possible that he actually *survived* advanced cancer? Is he, indeed, superhuman? How was he able to redeem his masculinity despite amputation of one of his testicles? In addressing these questions, we turn next to bodily obsessions, or the ongoing cultural examination of "what makes Lance tick" (Leopold 2005).

#### "The Lance Armstrong Effect": Scrutinizing the Unbeatable Body

In *It's Not about the Bike*, peppered among descriptions of grueling cancer treatment and the challenges of recovery, Armstrong details the surprisingly positive changes wrought upon his body by the disease. He writes, "There was one unforeseen benefit of cancer: it had completely reshaped my body. I now had a much sparer build. In old pictures, I looked like a football player with my thick neck and big upper body. . . . Now I was almost gaunt, and the result was a lightness I'd never felt on the bike before. I was leaner in body and more balanced in spirit" (2000:224). Ironically, testicular cancer and its physical aftermath transformed Armstrong from a decent athlete into a superstar, in part by chemically resculpting his body, paring it down to perfectly meet the demands of competitive cycling. Media coverage routinely notes the cancer as a signal moment in which Armstrong shifted from merely racing to becoming a champion, marking corporeal changes as part of the legend. Dugard declares, "Before the cancer, Lance had been just another bike racer" (2005:207).

Reilly asserts, "Among professional athletes Armstrong is mythic" (2002:52). Opinion seems mixed as to whether Armstrong's success is due to one of three factors: enhancement, genetics, or sheer will. Science writer Gina Kolata (2005) argues in the *New York Times*, "The urban

legends about Lance Armstrong have been circulating for years: He's superhuman, a genetic freak, the one person on the planet so perfectly made to ride the Tour de France that competitors don't have a chance." Others have described the cyclist as Herculean, evoking mythical strength. Yet we are not invested here in resolving these disagreements; we do not particularly care morally what makes the Lance machine run like the Energizer Bunny or whether he in fact used performance-enhancing drugs. Rather, we want to focus on what public discussions about Armstrong's famous physique can tell us about sport, embodiment, and masculinity. We have detected a certain obsession with the cyclist's body on the part of sportswriters, scientists, cyclists, and the media. They all want to know one thing: how a man who survived stage 3 cancer became one of the greatest athletes of all time.

Few athletes are as frequently measured and evaluated as Armstrong. Indeed, the detailed analysis of Armstrong's body represents a whole new order of fragmentation. Journalist Michael Specter (2002) writes, "Every ounce of fat, bone, and muscle on Armstrong's body is regularly inventoried, analyzed, and accounted for. I asked him if he felt it was necessary to endure the daily prodding and poking required to provide all this information, and to adhere so rigidly to his training schedules. 'Depends on whether you want to win,' he replied. 'I do.'" This scrutiny is most evident in the doping controversy surrounding Armstrong. Coyle observes, "As the world's premier cyclist, he was treated with unparalleled levels of suspicion. Armstrong was tested thirty, forty times a year, both in competition and out. . . . In 2001-02 the Postal team had been the subject of a twenty-one-month French judicial inquiry that was eventually dropped for lack of evidence" (2005: 184).

Tested randomly in the United States, France, and elsewhere over a period of many years, the cyclist has always turned up clean. Moreover, he has repeatedly and publicly denied drug use. In a clever television ad for Nike produced in 2000, he stated "Everybody wants to know what I'm on. What am I on? I'm on my bike, busting my ass six hours a day. What are you on?" (Specter 2002). In *Every Second Counts*, Armstrong avowed, "I wanted all the tests, because I knew they would come back pure. They were my only means of vindication" (2003:80). But the accusations continue to fly, especially from the French who he perpetually beat (seven times) on their own turf (Dugard 2005, "Lance Armstrong Denies Doping Report" 2006). Surely, no "ordinary" human being could accomplish what Armstrong did without enhancement, according to this camp.



# HOW LANCE DOES IT

Put the Success Formula of a Champion into Everything You Do



BRAD KEARNS

Cover of book. Brad Kearns, *How Lance Does It: Put the Success Formula of a Champion into Everything You Do* (McGraw-Hill), 2006.

Other commentators, outraged by allegations of doping, believe that Armstrong is a singularly phenomenal natural athlete endowed with superior qualities. In *How Lance Does It*, for example, his longtime friend Brad Kearns (2007) blends self-help and hagiography to position Armstrong as “genetically superior.” Specter (2002) describes Armstrong’s body as “specially constructed for cycling,” noting that “his thigh bones are unusually long . . . which permits him to apply just the right amount of torque to the pedals.” He also points out that “Armstrong’s heart is almost a third larger than that of an average man.” (And here we assume he means physically, not metaphysically.) Coyle remarked about Armstrong in one interview, “He’s the proof that Darwinism works.”<sup>10</sup> Here, evolutionary theory is marshaled in the service of celebrity.

A group of scientists were so impressed by the cyclist’s stunning ability to recover from metastatic testicular cancer that they coined the term “the Lance Armstrong Effect” to describe such “astounding therapeutic success” (Coffey et al. 2006:445). The subtext of the article, which examines cellular and molecular factors related to Armstrong’s survival, is: If Lance can do it, so perhaps can other patients diagnosed with testicular cancer (assuming they have some of the same physical attributes as Armstrong). This is a theme repeated often in LAF materials designed to inspire other cancer survivors. But as Armstrong himself notes, “Basically, I can endure more physical stress than most people can, and I don’t get as tired while I’m doing it. So I figure maybe that helped me live. I was lucky—I was born with an above-average capacity for breathing” (Armstrong and Jenkins 2000:4).

A third category of Lance-chasers eschews genetic explanations while also dismissing allegations of doping. This camp believes there is an obvious explanation for Armstrong’s success: he works harder and “trains more than his competitors” (Specter 2002). Reilly says, “It’s not Armstrong’s body that wins Tours. It’s his will” (2002:52). Armstrong has described his bike as his office: “It’s my job. . . . I love it, and I wouldn’t ride if I didn’t. But it’s incredibly hard work, full of sacrifices. And you have to be able to go out there every single day” (quoted in Specter 2002). The cyclist is known for his fixation on every detail about diet (including how much each morsel weighs); watts burned while riding; his weight, speed, aerodynamics; his heart rate at rest and in motion; lactic acid levels; aerobic and anaerobic abilities; and other performance-related minutiae. His workouts are legendary and have been featured in books for the masses (e.g., *The Lance Armstrong Performance Program*). On Armstrong’s success, kinesiologist Ed Coyle reports: “As it turns out, it wasn’t drugs or any

other artificial enhancement—it was just a simple matter of determination, natural-born physical gifts and a training ethic that 99 percent of us don’t come anywhere close to having” (quoted in Randall 2006).

All of these perspectives on “how Lance does it” share two important features: they agree that the champ was (and perhaps still is) relentlessly unbeatable, and they focus on the cyclist’s legendary body. We are not suggesting here that Armstrong is the only American athlete ever to be so dissected by press and pundits. Others, such as Michael Jordan and Barry Bonds, have had their share of the media spotlight, including emphasis on extraordinary physical capabilities. However, Armstrong’s body represents a unique conglomeration of factors. His experiences with testicular cancer and his identity as a survivor are layered inextricably with his unprecedented success as a seven-time Tour de France champion and his celebrity. His body, and his testicles specifically, represent male vulnerability at the same time that they embody the superhuman. He is one of us, but crucially not. Not only is his body perceived to be superior to the bodies of most athletes (much less vis-à-vis ordinary people), but so is his drive to win and succeed. Regardless of which perspective one adopts regarding what makes Lance tick, all are focused on the same goal: explaining his post-cancer success and articulating a unified theory about his extraordinary physical capabilities.

Consider Discovery Education’s lesson plans for grades 9–12, “The Science of Lance Armstrong.” (The cyclist was initially sponsored by the U.S. Postal Service, and later by the Discovery Channel.) Objectives of the lesson plans include learning that science is essential in athletic training, researching examples of sports science, explaining how new technologies have changed sports, and discovering careers in sports science. Modules of the plan focus on physiology, equipment, psychology, and training or strategy. Armstrong’s body is the material used to illustrate each module. For example, under physiology the plan reads: “Heart can pump more blood per minute and beat more times than the average heart,” “He was 20 pounds lighter after cancer but with the same strength,” and “Has very high lung efficiency and aerobic capacity.”<sup>11</sup> So while the lesson plan is geared toward explaining various aspects of training and strategy, contained within it are assumptions about Armstrong’s corporeal uniqueness and superiority. He becomes that anomaly which sports science must *explain*. High school students can learn about drafting, drag, and lactic acid, but they will also learn that Lance Armstrong is special. There is nobody quite like him.



Armstrong's body, then, is both literally and figuratively taken apart and displayed by educators, medical professionals, the media, the LAF, high school students, and his supporters and rivals. The physical vulnerability showcased by his testicular cancer is reframed, over and over again, as an *opportunity*. In the end, Armstrong still has only one ball (his friend, the comedian Robin Williams, jokingly calls him the UniBaller [quoted in Reilly 2002:52]), but he has *balls*, and thus his masculinity is redeemed. The reality of Armstrong's body as "deformed" (i.e., missing a testicle) is erased; the most gendered physical consequence of testicular cancer—amputation of the balls—is hidden from view. We suspect that a woman athlete who undergoes mastectomy would not be able to overcome public scrutiny and be seen as whole, nor would she forever be identified positively (much less humorously) as the one-breasted champion. Yet we see Lance Armstrong's body as whole, and then some. He is not reduced to a missing testicle but becomes even *more than* the sum of his parts—magnificent thighs, giant heart, oversized lungs, and imposing will.

These dynamics are not only gendered, but they are also thoroughly racialized. Consider the figure of Barry Bonds, the bad boy of baseball. Unlike Armstrong, who has deflected allegations of steroid use while lesser men (and women) have fallen, Bonds has been unable to dodge accusations of chemical enhancement. And where Armstrong embodies the straight, white, male American hero that everyone (except the French) admires, Bonds is unavoidably black. He is routinely portrayed in the media as a liar and a criminal, and much is made of his arrogance and lack of polish. As author and critic John Ridley (2007) points out, Bonds is just not that "likeable"; little wonder that a biography of the famous hitter is called *Love Me, Hate Me: Barry Bonds and the Making of an Antihero* (Pearlman 2007). Bloggers have picked up on the distinctions between the cyclist and the baseball giant, noting that Armstrong is often portrayed as the "anti-Barry Bonds." Not only is Bonds already culturally suspect by virtue of his race, he did not overcome a near-fatal disease nor has he been seen bicycling among the wildflowers with Dubya. His philanthropy, the Bonds Family Foundation, helps underprivileged youth (read: African American) in the San Francisco Bay Area, not cancer survivors. And the lived realities of poor kids' lives cannot compare with the glamour of celebrity diseases and charities.

Lance Armstrong is, to borrow Rick Reilly's words, a bendable action figure. He is a superman for our times. And if "it's not about the bike," then it really must be about the balls or, rather, the structural arrangements of

gender that are routinely advantageous to men, particularly white men, and disadvantageous to women and men of color. As Christi Anderson of Eurosport tells Dugard in *Chasing Lance*: "It's all about having a big set. . . . The upper ten percent of the riders all have a big set of balls. Lance only has one, but it's a very big one" (2005:173). And in our enduring national quest for heroes, bigger really is better.

### *Holding Out for a (National) Hero*

In 2006, the U.S. Navy announced that its elite SEAL (sea, air, and land) unit would begin recruiting from within the ranks of accomplished athletes, including snow boarders, surfers, ice climbers, and water polo players (Hsu 2007). Due to conflicts in Afghanistan and Iraq, in which the SEALs are heavily involved, there is an ongoing need for new recruits who can successfully complete the rigorous training. The SEALs are known as one of the toughest and fittest military units in the country, and "the Navy Special Warfare Command figures that ultra-athletes have the physical and mental toughness to get through SEAL training's legendary Hell Week and thrive in the secretive, intensely demanding world of special ops" (Liewer 2006). Because less than 25% of each class of trainees graduates, the Navy has become more creative in how it seeks and retains recruits. This means targeting men who "are already living an athletic lifestyle" (Liewer 2006), men just like Lance Armstrong who would make the perfect Navy SEAL (he was once a competitive swimmer)—except that he is now several years past the cutoff age (28 years old in 2008) for new recruits.

Armstrong's physique and its visibility evoke a dream of the perfect soldier: a lean, mean fighting machine, capable of withstanding extraordinary challenges. Armstrong is a kind of weaponized cyborg, ready to be deployed down (or up) a mountain—his memoirs are full of military metaphors involving conquests and battles. His body has been (re)crafted from a potent mix of chemicals, exercise, training, strategy, supplements, measurements of all kinds, food, and a perfect melding of his muscular frame to the technology of a super light bicycle. No surprise that "he was the first cyclist in the Tour to use aerodynamically tapered handlebars for the final time trial" (Specter 2002). Indeed, according to Specter, one of the things the French do not like much about Armstrong is that he embodies a "technological renaissance" that troubles many traditionalists who believe the Tour should be won by sweat alone. Armstrong

the cyborg is more like the soldier of the future, genetically and technically enhanced, than he is like the Tour de France riders of old (e.g., Thompson 2006).

A bionic man for the 21st century, Armstrong first won the Tour in 1999, *after* recovering from testicular cancer; his seventh and final victory came in 2005. In March 2003, President Bush launched an invasion of Iraq, and just a few short weeks later, Pfc. Jessica Lynch was “rescued” by U.S. troops. Later that month, in April 2003, Secretary of State Colin Powell warned France that there would be consequences of its refusal to support military action against Iraq. According to BBC News, “the idea would be to send a signal to the French that relations are in the freezer. President Chirac should not expect an invitation to the White House” (“Q&A” 2003). French goods and services—including wine, cheese, and hotels—faced a backlash from American consumers who supported the invasion (Bhatnagar 2003). Foods such as French fries were temporarily renamed Freedom Fries, a move that the U.S. Congress supported. In such tense times, it was terribly satisfying for many Americans when Armstrong beat France on its own geopolitical terrain.

As sportswriter Andrew Hood (2003) reported, “What could be more galling to the Gauls on July 27 than to see Lance Armstrong—whose record, cocksure manner and red-white-and-blue, government-sponsored U.S. Postal Service team screams American domination—atop the podium on the Champs-Élysées for a historic fifth straight time? After all, Armstrong has not just dominated their Tour the last four years, he has changed its character by introducing private jets, bodyguards, and retractable barriers to a sport whose charm was once rooted in the accessibility of its champions.” It mattered little that Armstrong publicly stated his opposition to the invasion of Iraq, especially after he was photographed bicycling with his friend George W. Bush on his Texas ranch.

Like Jessica Lynch, who left the war with significant injuries requiring technical intervention, Armstrong, too, has become a pop culture cybernetic organism. Feminist historian of science Donna Haraway’s (1991) cyborg was meant to be gender-free, a kind of explosion of binary categories such as male and female and an opportunity for hopefulness about the dismantling of gender through technological integration and innovation. Yet we want to argue here that cyborgs are profoundly gendered; they may deepen gender differences and cleavages rather than erase them. Jessica Lynch and Lance Armstrong both are cyborgs, to be sure, but they are very different kinds of cyborgs: one a girl soldier, configured as a fragile,

injured princess to be rescued, the embodiment of “messy hardware,” and the other a superhero for our times, a soldier of the future (and of fortune), remade stronger than ever before.

In closing, we want to talk about what happens when visually privileged superheroes become human again. In 2006, Armstrong took on a different challenge: he ran the New York City Marathon, a grueling 26.2-mile race through Manhattan. By his own admission, he had not really prepared, other than engaging in his usual postretirement workouts, and he stumbled across the finish line exhausted, sweaty, and obviously in pain. He finished the race in the middle of the pack, with a time of two hours, 59 minutes and 36 seconds—“good stockbroker or schoolteacher time” (Cazeneuve 2006:23). Signaled out among 37,000 runners by his celebrity, a “Lance Cam” captured his efforts for a live webcast. One marathoner said, “I don’t know how Lance’s race went, but I almost hope it was pretty tough on him, because that gives us more credibility” (23). There was grumbling among serious racers about the marathon being “hijacked” by celebrities; one remarked, “There were two American Olympic medalists in this race and you hardly knew it. If Madonna wants to run next year, what are you going to do?” (quoted in Jeansonne 2006). Armstrong himself remarked upon finishing, “The two-hour guys in front. I don’t know how they do it” (Cazeneuve 2006:23).

But even with his now “imperfect” body clad in baggy shorts and his less-than-championship finish, Armstrong is redeemed as a genuine hero. Perhaps not as strong as he was in his Tour days, to at least one commentator, he is still a winner: “So when he crossed the finish line yesterday on a perfect Technicolor fall day . . . it was not only a victory for a first-time marathon runner, but for thousands of cancer patients like me and survivors everywhere. . . . I applaud him every day for what he has done for the thousands of cancer patients and survivors worldwide who look to him for daily inspiration. The fact is, people with cancer run a marathon every day, whether it’s going to work or walking a block to the subway or doing laps around the hospital ward after a grueling surgery. So if he inspires us to get out and walk or move or live, he deserves a lot of credit” (Terrazzano 2006).

In victory or defeat, with just one actual testicle but a collectively recognized set of symbolic cojones, Lance Armstrong is a mythical hero for our time, in ways that Jessica Lynch, with her delicate femininity and “failure” as a soldier, could never be. Okay, so the über-jock did not win the New York City Marathon, nor is he likely to be recruited by the SEALs

for Operation Iraqi Freedom. But his elevation to national superstardom, both in the cycling world and in the war on cancer, is predicated on his technically enhanced, exuberantly displayed, visually choreographed masculinity. He is a “man’s man,” a frequent subject in magazines catering to men’s interests and the very picture of the valiant warrior from children’s fairy tales. After beating cancer, Armstrong wrote, “I want to die at a hundred years old with an American flag on my back and the star of Texas on my helmet, after screaming down an Alpine descent on a bicycle at 75 miles per hour” (Armstrong and Jenkins 2000:1). This sure sounds to us like the embodiment of glorious, red-blooded, American masculinity, reproduced and celebrated in the name of national allegiance.

## 8

### Conclusion

#### *Excavations*

It was an awful time, 2007, what Queen Elizabeth II might have called an *annus horribilis*. The Iraq War was in its fourth bloody, immoral year. In April, a deeply disturbed young man executed 32 people at Virginia Polytechnic Institute and State University and wounded many others before killing himself. A fiery helicopter crash took four lives and burned hundreds of acres in the mountains east of Seattle. Girls and women were raped, beaten, and murdered. A bridge collapsed in Minneapolis, smashing and trapping victims underwater. Desired embryos were germinated and miscarried, and thousands of infants died. Angry fires raged across Southern California. And in Afghanistan, a young American medic was killed in combat. This was by no means the only, or even the most significant, death caused by U.S. military engagements in the world’s battle zones. But it was the most intensely personal for us: the Marine was Monica’s brother-in-law, Luke Milam.

A Special Amphibious Reconnaissance Corpsman assigned to Golf Company of the 2nd Marine Special Operations Battalion, Luke was on his fourth combat tour. He had previously served three tours in Iraq. On September 25, 2007, the fighting in Afghanistan’s Helmand Province was intense, with many casualties on all sides. Luke’s unit was heavily engaged, and his position on top of a Humvee exposed him to a direct attack. Fatally injured by recoilless rifle fire, Luke bled to death within minutes after being hit. As noted by all who eulogized him in Seattle and Denver after his body was returned home for commemoration and burial, Luke died “doing what he loved.” We note here the cruel irony that Luke decided to enlist in the Navy as a medic—essentially a healer of warriors—after losing his best friend, Isaiah Shoels, to the gun violence at Columbine High School in 1999. Wars of all kinds inevitably bring death, and families of soldiers and civilians alike grieve and mourn.

13. Both of us breastfed our daughters, and while expressing milk into a pump rather than into our children's eager mouths was relatively easy for one of us, it was virtually impossible for the other.

14. At <http://www.commonweal.org>.

15. American Institute for Cancer Research, 2008, at [http://www.aicr.org/site/PageServer?pagename=res\\_report\\_second](http://www.aicr.org/site/PageServer?pagename=res_report_second). The full report and the executive summary for this study can be obtained at [https://secure2.convio.net/aicr/site/Ecommerce?store\\_id=4581&JServSessionIdroo9=5s8iie6na2.app45a](https://secure2.convio.net/aicr/site/Ecommerce?store_id=4581&JServSessionIdroo9=5s8iie6na2.app45a).

16. At <http://bcaction.org/index.php?page=newsletter-75f>.

17. For the full report, see <http://www.fda.gov/cber/gdlns/tissdonor.pdf>.

18. Thanks to Rachel Washburn for this point.

19. At <http://www.cryobank.com/sbanking.cfm?page=2&sub=126>.

20. As explored in *Sperm Counts* (Moore 2007), CODIS, the FBI's databank of DNA information, is made possible through a coordinated effort of federal, state, and local law enforcement agencies. Each agency collects biometric data from a variety of men and a variety of crime scenes attempting to match materials. Due to varying laws and law enforcement practices, certain types of men are more likely than others to end up with their biological information in CODIS regardless of the crime committed or proof of guilt. Due to institutional racism and inequality endemic in the criminal justice system, practices of racial profiling "capture" men of color and poor men within the biological/criminal nexus—in a mutually reinforcing cycle, these men are thus labeled dangerous and simultaneously treated as such.

21. Although this may be changing (Daniels 2006).

## CHAPTER 6

1. Allegations that the rescue itself was orchestrated for dramatic impact are fairly common. The most alarming allegation may be one by Representative Henry Waxman, the oversight committee's chairman, who suggests that perhaps the military delayed Lynch's rescue by one day to allow the team to be accompanied by a cameraman. It was the resulting night-scope video that was released to the media and broadcast widely (Whitelaw 2007:39).

2. Army News Source, 2003, at [http://www.militaryconnections.com/news\\_story.cfm?textnewsid=](http://www.militaryconnections.com/news_story.cfm?textnewsid=)

3. At <http://www.washingtonpost.com/ac2/wp-dyn/A14879-2003Apr2>.

4. At <http://edition.cnn.com/2003/US/11/07/lynch.interview/index.html>.

5. At <http://oversight.house.gov/documents/20080714111050.pdf>.

6. In 1992, women were harassed and assaulted at the Tailhook Association convention in Las Vegas, when naval aviators "formed a gauntlet on the third floor of the Hilton and trapped women in it, pawing and molesting them, stripping off their clothes" (Douglas 2007). This event turned into an

even more impressive scandal when the Navy was revealed to have engaged in a major cover-up of the incident. Secretary of the Navy H. Lawrence Garrett was forced to resign after it became clear that he had not only approved the cover-up but also been present in one of the Tailhook party suites during the infamous convention. As feminist communications scholar Susan J. Douglas notes, "we should remember Tailhook, what it did, and did not, change in the military."

7. "Of the 12 Aberdeen staff members charged, two are serving prison terms for sexual misconduct convictions, one was cleared of sexual misconduct charges, two agreed to be discharged in lieu of court martial, four including Robinson face court martial, and three have yet to complete the military equivalent of a grand jury hearing" (at <http://www.cnn.com/U.S./9705/27/army.sex/>).

8. At [http://hrw.org/reports/2003/iraq0703/2.htm#\\_Toc45709963](http://hrw.org/reports/2003/iraq0703/2.htm#_Toc45709963)>[http://hrw.org/reports/2003/iraq0703/2.htm#\\_Toc45709963](http://hrw.org/reports/2003/iraq0703/2.htm#_Toc45709963).

9. The quotation in the heading is from [http://www.salon.com/news/feature/2007/03/07/women\\_in\\_military/](http://www.salon.com/news/feature/2007/03/07/women_in_military/).

10. After she wrote this piece, three Bosnian soldiers were indicted in 2001 for rape through the War Crimes Tribunal at The Hague (at <http://www.globalpolicy.org/intljustice/tribunals/2001/0803icty.htm>). Oosterveld is also advisor to the United Nations, Human Rights and Economic Law Division of Foreign Affairs.

11. At [http://www.salon.com/news/feature/2007/03/07/women\\_in\\_military/](http://www.salon.com/news/feature/2007/03/07/women_in_military/).

12. At [www.bushcommission.org](http://www.bushcommission.org) and [www.nion.us](http://www.nion.us).

13. Karpinski (2005), the commanding officer at Abu Ghraib, claims she has been consistently scapegoated and targeted by the military.

14. At <http://www.theportlandalliance.org/2006/july/suzanneswift.htm>.

15. At <http://www.democracynow.org/article.pl?sid=06/09/18/1351245>.

16. Bloom died in Iraq from a pulmonary embolism, a non-combat-related ailment, on April 6, 2003.

17. At <http://www.womensmemorial.org/PDFs/StatsonWIM.pdf>.

18. At <http://www.azcentral.com/ent/tv/articles/0413piestewa.html>.

## CHAPTER 7

1. Forbes estimates Armstrong's annual earnings between June 2004 and June 2005 as \$28 million (at [www.forbes.com](http://www.forbes.com)).

2. At [www.livestrong.org](http://www.livestrong.org).

3. At [www.cdc.gov](http://www.cdc.gov). For an excellent account of DES, see Bell (forthcoming).

4. At [www.cancer.gov](http://www.cancer.gov).

5. The first was a combination of bleomycin, etoposide, and Platinol, and the second a combination of ifosfamide, etoposide, and Platinol.

6. Bob Costas, *SportsCentury* series, ESPN Classic, quoted in Puma (n.d.).

7. At [www.livestrong.org](http://www.livestrong.org).

8. For financial data on the foundation, see *Annual Report 2005*, at [www.lives-trong.org](http://www.lives-trong.org).

9. The bracelets were so popular that they spawned numerous copycats in a rainbow of colors demonstrating myriad diseases and causes and have also become fashion accessories.

10. At [www.booknoise.net](http://www.booknoise.net) (accessed 2006).

11. At [www.DiscoveryEducation.com](http://www.DiscoveryEducation.com).

#### CHAPTER 8

1. At <http://www.nytimes.com>.

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- . 2006. "Penguins Pack Pop-Culture Punch." December 19.