### 1

#### Disclosure Theory – Minnesota lied to us in the pre-round saying there were no changes to the 1AC – took out the Selgelid evidence without telling us – 2 implications:

#### Screws pre-round prep – teams look through the entire 1AC to develop DA, CPs, and Ks hyper specific to the affirmative – their model makes debate impossible cuz teams can change any part of the 1AC without telling opponents – voter for clash.

#### Fairness – Kenji and I are at a procedural disadvantage because of the failed disclosure – only a ballot can remedy this moment of unfairness.

### 2

#### One general law, leading to the advancement of all organic beings, namely, multiply, vary, let the strongest live and weakest die….[[1]](#footnote-1)

(Constitutional Rights Foundation, No Date, “BRIA 19 2 b Social Darwinism and American Laissez-faire Capitalism,” <https://www.crf-usa.org/bill-of-rights-in-action/bria-19-2-b-social-darwinism-and-american-laissez-faire-capitalism.html>)

"Society advances," Spencer wrote, "where its fittest members are allowed to assert their fitness with the least hindrance." He went on to argue that the unfit should "not be prevented from dying out." Unlike Darwin, Spencer believed that individuals could genetically pass on their learned characteristics to their children. This was a common, but erroneous belief in the 19th century. To Spencer, the fittest persons inherited such qualities as industriousness, frugality, the desire to own property, and the ability to accumulate wealth. The unfit inherited laziness, stupidity, and immorality. According to Spencer, the population of unfit people would slowly decline. They would eventually become extinct because of their failure to compete**.** The government, in his view, should not take any actions to prevent this from happening, since this would go against the evolution of civilization.

#### Evolution pulses through the bloodline of society. Survival is the prize and competition is its gatekeeper.

#### Queerness illuminates itself in the shadow of Darwinism demonstrating the mantra of “survival of the fittest” is not just a biological, but also social imperative. Whether it’s Pat Robertson’s statement that AIDS is “God’s way of weeding his garden,” or the attribution of queerness itself as a defect of “decadence,” queerness becomes the marker for society’s genocidal impulse to demonstrate that there are some populations that were born to die

Sedgwick 8 (Eve, Professor of English at Duke University, Epistemology of the Closet, second revised edition, California at Berkeley Press, p. 127-130)

From at least the biblical story of Sodom and Gomorrah, scenarios of same-sex desire would seem to have had a privileged, though by no means an exclusive, relation in Western culture to scenarios of both genocide and omnicide. That sodomy, the name by which homosexual acts are known even today to the law of half of the United States and to the Supreme Court of all of them, should already be inscribed with the name of a site of mass extermination is the appropriate trace of a double history. In the first place there is a history of the mortal suppression, legal or subjudicial, of gay acts and gay people, through burning, hounding, physical and chemical castration, concentration camps, bashing—the array of sanctioned fatalities that Louis Crompton records under the name of gay genocide, and whose supposed eugenic motive becomes only the more colorable with the emergence of a distinct, naturalized minority identity in the nineteenth century. In the second place, though, there is the inveterate topos of associating gay acts or persons with fatalities vastly broader than their own extent: if it is ambiguous whether every denizen of the obliterated Sodom was a sodomite, clearly not every Roman of the late Empire can have been so, despite Gibbon's connecting the eclipse of the whole people to the habits of a few. Following both Gibbon and the Bible, moreover, with an impetus borrowed from Darwin, one of the few areas of agreement among modern Marxist, Nazi, and liberal capitalist ideologies is that there is a peculiarly close, though never precisely defined, affinity between same-sex desire and some historical condition of moribundity, called "decadence," to which not individuals or minorities but whole civilizations are subject. Bloodletting on a scale more massive by orders of magnitude than any gay minority presence in the culture is the "cure," if cure there be, to the mortal illness of decadence. If a fantasy trajectory, utopian in its own terms, toward gay genocide has been endemic in Western culture from its origins, then, it may also have been true that the trajectory toward gay genocide was never clearly distinguishable from a broader, apocalyptic trajectory toward something approaching omnicide. The deadlock of the past century between minoritizing and universalizing understandings of homo/heterosexual definition can only have deepened this fatal bond in the heterosexist imaginaire. In our culture as in Billy Budd, the phobic narrative trajectory toward imagining a time after the homosexual is finally inseparable from that toward imagining a time after the human; in the wake of the homosexual, the wake incessantly produced since first there were homosexuals, every human relation is pulled into its shining representational furrow. Fragments of visions of a time after the homosexual are, of course, currently in dizzying circulation in our culture. One of the many dangerous ways that AIDS discourse seems to ratify and amplify preinscribed homophobic mythologies is in its pseudo-evolutionary presentation of male homosexuality as a stage doomed to extinction (read, a phase the species is going through) on the enormous scale of whole populations. 26 The lineaments of openly genocidal malice behind this fantasy appear only occasionally in the respectable media, though they can be glimpsed even there behind the poker-face mask of our national experiment in laissez-faire medicine. A better, if still deodorized, whiff of that malice comes from the famous pronouncement of Pat Robertson: "AIDS is God's way of weeding his garden." The saccharine luster this dictum gives to its vision of devastation, and the ruthless prurience with which it misattributes its own agency, cover a more fundamental contradiction: that, to rationalize complacent glee at a spectacle of what is imagined as genocide, a proto-Darwinian process of natural selection is being invoked—in the context of a Christian fundamentalism that is not only antievolutionist but recklessly oriented toward universal apocalypse. A similar phenomenon, also too terrible to be noted as a mere irony, is how evenly our culture's phobia about HIV-positive blood is kept pace with by its rage for keeping that dangerous blood in broad, continuous circulation. This is evidenced in projects for universal testing, and in the needle-sharing implicit in William Buckley's now ineradicable fantasy of tattooing HIV-positive persons. But most immediately and pervasively it is evidenced in the literal bloodbaths that seem to make the point of the AIDS-related resurgence in violent bashings of gays--which, unlike the gun violence otherwise ubiquitous in this culture, are characteristically done with two-by-fours, baseball bats, and fists, in the most literal-minded conceivable form of body-fluid contact.

#### The pharmaceutical industry preys on queers - the case of PReP proves – pharma is only interest in surplus value extraction.

Tankut Atuk 20 Pathopolitics: Pathologies and Biopolitics of PrEP, Front Sociol. 2020; 5: 53, doi: 10.3389/fsoc.2020.00053

Dumit (2012) also called our attention to how the pharmaceutical industry redefined (surplus) health to create new markets and generate demand for new medicine. Health today means not preventing diseases but reducing risk since everyone is assumed to be “inherently ill.” Being inherently ill hits gay men close to home, for they have long been conceived and have conceived themselves as always already sick, even before the epidemic.

Since 2012, the pervasive commodification and regulation of queer sexualities and bodies has taken a new form with the expansion of the use of antiretroviral medicine for HIV negative people. The new definition of health as risk prevention requires that one is “PrEPared” all the time, as many gay men like to put it on the social media. This, Thomann (2018) argues, indexes the pharmaceuticalisation of the neoliberal sexual actor, as self-responsible as self-interested and rational, who is encouraged to respond to HIV risk pre-emptively through PrEP, trade name Truvada, an antiretroviral (ARV) medicine manufactured by the transnational pharmaceutical company Gilead since 2004. Since 2012, it has been used as pre-exposure prophylaxis, the scientific term from which the more common, more euphonic, and market-friendly abbreviation “PrEP” is derived. Truvada alone, when taken daily or as otherwise recommended, is more than 99% effective in providing protection against HIV (Grant et al., 2010; Anderson et al., 2012).

In this essay, I focus on the biopolitics and pathologies of PrEP. Foucault developed his ideas on biopolitics that first appeared on the first volume of The History of Sexuality during a series of lectures gathered under the name of Society Must Be Defended. There he explained, “Biopolitics deals with the population, with the population as a political problem, as a problem that is at once scientific and political, as a biological problem and as power's problem” (2003, p. 245). By biopolitics, I specifically refer to (a) governance of bodies in the name of health and (b) management of life chances, that is, manipulating who will be protected from and exposed to risk. Medical anthropologist and physician Paul Farmer chooses the phrase pathologies of power to describe this latter function of biopolitics invested in determining “who will suffer abuse and who will be shielded from harm” (2003, p. 7).

I offer the term pathopolitics1 to draw attention to the pathological nature of biopolitics under the pharmaceutical industry. The leading actor of pathopolitics is the pharmaceutical industry, commonly known as the Big Pharma, whose raison d'etre is curing pathologies, even though it survives through the reproduction of both biological and social pathologies. Pathopolitics is essentially biopolitics enacted by the pharmaceutical industry; in other words, it is a particular way of dealing with the population as a political and medical problem that needs to be distinguished from biopolitics writ large. Instead of relying on governmental or non-governmental techniques of managing life and death, pathopolitics operates primarily through corporate strategies of risk distribution.

Pathos in ancient Greek means, among other things, suffering. Therefore, pathology (pathos-logia) by definition signals suffering and pathopolitics can be defined in terms of ending and/or perpetuating pathologies as well as the suffering they cause. Paradoxically, the contemporary pharmaceutical industry prevents some pathologies while reproducing others—indeed, sometimes it produces certain pathologies precisely to treat others. Like biopolitics, pathopolitics makes live, lets die, and makes die, but in a slightly different fashion. Administering enough or too much medicine into bodies or depriving bodies of the necessary medicine is how pathopolitics determines who will be exposed to and protected from risk. While biopolitics can produce death in numerous distinct ways, death under pathopolitics will only take the shape of a disease or a pathology, which can mostly be prevented.

There are essentially two problems with the pharmaceutical industry and its pathopolitics: on the one hand, it penetrates too deeply into people's lives and bodies and turns them into a not-so-fictitious capital. The human body and its biological functions are made into physical assets that keep producing profit as long as they are alive (and, in our case, aroused). In this instance, the omnipresence and omnipotence of the pharmaceutical regime is what renders it extremely violent. On the other hand, the problem is its absence: the pharmaceutical regime is not equally concerned about populations whose medicalization does not promise an inexhaustible source of profit. The violence occurs in this case not from being subjected by/to pharmaceutical regimes but from being ignored/erased by them. Pharmaceutical (mis)management of bodies is a double-edged sword invested in the “overtreatment of some and undertreatment of others” (Tomes, 2016, p. 2). The phenomenon is also carefully documented in Global Pharmaceuticals by Petryna et al. (2006) who described the constitutive contradiction of pharmaceutical markets in terms of access vs. excess.

Instead of looking at how PrEP intervenes in the prevention of pathologies as has been done abundantly by public health and HIV experts, I examine pathologies that are produced and sustained by the pharmaceutical industry in tandem with widespread structural inequalities. To accomplish this, I raise three interrelated questions: (1) What are the techniques and mechanics of pathopolitics? (2) How does the pharmaceutical industry produce and exploit surplus value? (3) What is the nature of the relationship between the pharmaceutical citizenship and pathopolitics? In response to these questions, I argue that although Gilead Sciences, Inc. promises to prevent a pathology through PrEP, it reproduces social and biological pathologies that expose certain people to higher risks of infections and diseases. This happens in three fundamental ways: by setting exorbitant drug prices, halting generics, and relocating pathologies to developing countries. Here, I also claim that PrEP lays bare the constitutive failure, or the operating logic, of the pharmaceutical industry: life is only worth protecting from risk as long as it can offer surplus value. Finally, I make the case that uncritical advocacy and consumption of a drug in the name of health or pleasure can inadvertently reproduce pathopolitics, for it will invisibilize the unjust—or, to put it differently, pathological—mechanics through which risk is distributed.

In this article, I interpret the violence enacted by pathopolitics on those undertreated as an instance of slow violence, so normalized, pervasive and pernicious that it rarely makes into news. Nixon (2011) employs the term slow violence to account for the environmental damage both on nature and human life, which is readily ignored because it is neither spectacular nor instantaneous. As a result of slow violence, people are perpetually debilitated—living each day without necessary medications or care brings them one step closer to illness. Slow violence brings slow death, which Berlant notes, “shapes our particular biopolitical phase: mainly, people do live in it, just not very well” (2007, p. 780). To paraphrase Foucault, the question is if the pharmaceutical industry's objective is essentially to make live, how can it let die? (2003, p. 254).

Go to:

Preventing HIV at the Cost of $24,000

“With its vested interest in biological catastrophism, neoliberalism is similarly intent on profiting from the ‘unregulated’ distribution of life chances, however extreme.”

Cooper (2011, p. 11)

When it comes to the production and sale of ARVs, Gilead is the largest and richest company and Truvada is one of its most important sources of profit, bringing in more than US $ 3 billion each year (Langreth and Brown, 2019). The development of new and better ARV medicines led Gilead to create alternative markets for its old compounds to extend patent protection (Spieldenner, 2016), which is commonly known as “evergreening.” Truvada has been a part of anti-retroviral treatment of HIV since 2004. Later, in 2012, it was approved by the Food and Drug Administration (FDA) as PrEP. It consists of Emtricitabine and Tenofovir, which together inhibit the replication of HIV and thereby controls its growth. The first successful PrEP trials (iPrEx) were initiated in Peru and Ecuador in 2007, and were extended to Brazil, South Africa, Thailand, and the U.S. In 2010, the first set of results demonstrated that Truvada provides protection from HIV infection by up to 99% when taken daily (Grant et al., 2010; Anderson et al., 2012). For public health authorities this was a harbinger of a new era in HIV prevention and for many in the queer community it heralded a sexual revolution, which offered the chance to say goodbye to condoms, which is not necessarily antithetical to the principles of public health and HIV prevention (Brisson et al., 2019; Rojas Castro et al., 2019). Three decades after the AIDS epidemic, gay and trans people were once again able to enjoy sex without latex barriers and with virtually no risk of HIV transmission. This found widespread criticism from influential figures of the early AIDS movement such as Larry Kramer and Michael Weinstein, the president of the AIDS Healthcare Foundation. While the former considered PrEP as an erasure of the history of AIDS and the end of the fight against HIV (Healy, 2014)2, the latter suspected an ominous increase in the transmission of sexually transmitted infections (STIs) (Ryan, 2017).

Gilead, who spent more than 100 million dollars in 2017 alone on advertising Harvoni, a Hepatitis C medicine, spent merely several hundred thousand dollars per year on promoting PrEP (Fitzsimons, 2018). This considerably small-scale marketing strategy of Gilead can be interpreted on two registers: first, as I will mention in more detail below, Gilead sought to portray PrEP as a public health intervention and not a commercial tool. Second, gay men, public health experts, and government agencies took it on themselves to popularize PrEP. In 2014, the CDC suggested half a million of uninfected Americans should go on PrEP as an HIV prevention strategy. In 2019, Gilead, the producer of Truvada, announced in its publicly accessible second quarterly earning results that more than 213,000 Americans are on PrEP and the numbers are rapidly growing. Nevertheless, PrEP uptake has counterintuitively been slow in spite of its often-cited (by Gilead and CDC) public health potentials and it remains inaccessible to those who need it most (CDC., 2019). Truvada for PrEP in the US costs approximately $24,000 per year plus the expenses of visits and obligatory tests every 3 months. The exorbitant prices are commonly justified by citing the expenses of research and development even though “after tax deductions only about 1.3 percent of the money that the industry spends actually goes into basic research, the type of research that leads to new medications” (Lexchin, 2018, p. 2). Moreover, the research necessary for the discovery of new drugs is usually undertaken by universities or governments and funded by philanthropic organizations or the NIH. The Democratic congresswoman Alexandria Ocacio-Cortez brought to public attention in May 2019 that the research that enabled the use of Truvada as PrEP was publicly funded through taxes3. Following is an excerpt from the testimony of Dr. Robert Grant, who is the leading scientist of the first successful PrEP trial:

I believe that the root cause of low PrEP access is the high price of the medication. PrEP can be manufactured and distributed, including a profit, for about $6 per person per month. Gilead charges more than $2,100 per person per month, a 35,000% markup. Gilead's prices continue to increase: Gilead has increased the price of Truvada 76% since I published evidence of PrEP efficacy in 2010, using US government funding. You might hear that “no one pays” the list price after discounts. This is not true […] In my experience, public health officials are reluctant to promote PrEP in their jurisdictions because of the high price of PrEP medications (House Committee on Oversight and Reform, 2019).

McKenney et al. (2017) demonstrated PrEP drug costs must be reduced to be a cost-effective and efficient prevention method. Along the same lines, Patel et al. (2017) noted insured people are four times as likely to use PrEP compared to the uninsured. Doblecki-Lewis et al. (2017) too pointed out that white people and people with health insurance are more likely to use PrEP. The biggest obstacle in providing PrEP for all is the absence of generics in the US (although they can be ordered from abroad). Gilead substantiates the popular belief that Big Pharma, infamous for morally questionable marketing techniques like patent interference and evergreening, has blood on its hands when it comes to generics. In 2018, the FDA published a list of pharmaceutical companies blocking the production of generics. Gilead secured a place on the list for preventing generics of Truvada among a few other medicines (FDA, 2018). Moreover, the company is accused of reaching agreements with potential generic manufacturers behind closed doors to halt generics (Rowl, 2019). When the unethical and rapacious actions of Gilead hit the fan, the company eventually announced the introduction of generic PrEP in the US in 2020. Nevertheless, the patient groups and activists are not thrilled about the news since Gilead will share the patent with a single manufacturer, Israel-based Teva, one of the pharmaceutical companies accused of fueling the opioid crisis in the U.S. (Lovelace, 2019). This is naturally not expected to result in a significant decrease in the price of Truvada due to the continuing monopoly over the patent. The timing of this announcement is highly suspect too: first, the patent of Truvada is already going to expire in 2021. Second, at the time of this writing, Gilead obtained approval for another medicine, Descovy, as PrEP (Fitzsimons, 2019). The company has been sued in the past few years for intentionally deferring the use of Descovy until Truvada's patent expires, even though the former is proven to be less toxic. This crystallizes the fundamental mechanics of pathopolitics: not only does Gilead perpetuate pathologies and suffering by making life-saving drugs inaccessible as a result of high prices and lack of generics, but also it openly causes those who take its drugs to suffer easily preventable life-threatening side-effects. This is a crucial point for one of the central claims this paper makes: in the next section, I will discuss how human life is protected only insomuch as it promises financial returns. Nonetheless, the intentional delaying of Descovy makes clear that even those whose lives can be capitalized are expandable within pathopolitics.

According to the data provided by the U.S. Department of Health & Human Services, populations disproportionately affected by HIV are gay men (and especially gay men of color), people of color, queer and trans people (of color), and IV substance users. Notwithstanding, studies showed those that are disproportionately affected by HIV also have greater difficulties accessing PrEP (and, treatment too): IV drug users (Guise et al., 2017), young transgender women (Wood et al., 2017), black men who have sex with men (MSM), transgender women (Hoots et al., 2016; Garnett et al., 2018), and male sex workers (Underhill et al., 2014) reported higher barriers to access PrEP. These studies reported that disparities in PrEP uptake stem from mistrust in the medical system, lack of information, limited awareness, lack of universal health care and high prices of pharmaceuticals. In 2017, after receiving widespread criticism by activist groups like ACT UP, Gilead broke the silence and finally admitted the racial disparities in the use of PrEP. The numbers shared by Gilead disclosed that the white population makes up 27% of new HIV incidents but 75% of PrEP users; whereas African-Americans and Hispanics respectively make up 44% and 23% of new cases but only 10 and 12% of PrEP uptake (Levin, 2017). Another set of results was released in March 2018:

In 2015, there were approximately 1.1 million Americans who could potentially benefit from PrEP: 500,000 African Americans, 300,000 Latinos, and 300,000 whites. However, analysis of available data on PrEP prescriptions finds that 7,000 prescriptions were filled at retail pharmacies or mail order services for African-Americans [that is, only 1%] and only 7,600 for Latinos [3%] during a similar time period (September 2015–August 2016) (CDC., 2018).

On the other hand, today women represent only 11.4% of current PrEP consumers (no racial or ethnic data is provided) (Levin, 2017). Although Gilead claims a growing increase in PrEP uptake, a set of recent studies still point out significant racial and gendered disparities (Golub, 2018; Kuehn, 2018; Caponi et al., 2019; Jenness et al., 2019).

These numbers would be confusing for someone who has recently watched Gilead's TV ads or visited Gilead's social media campaign HealthySexuals. Both are saturated with the images of queer people of color (POC), operating within a framework of public health and centering them as the targets of HIV prevention4. In a statement on its TV ads Gilead declared, “When developing this campaign, it was important to us that the materials feature a diverse group of individuals who are representative of the communities most impacted by HIV, including young Black and Latino gay men, as well as cis-gender and transgender women” (Fitzsimons, 2019). What Gilead misses is that although PrEP is advertised as targeting primarily queer POC, inclusion and outreach take more than online visual representation5,6. Gilead's original PrEP strategy was to portray it as an essential public health tool not a “commercial opportunity” as expressed by Gilead's spokesperson Cara Miller in 2015 (Chen, 2015). Today, Gilead is heavily invested in advertising PrEP, yet, as an example of its marketing genius that disguises commercial gains under the roof of public health, the company says, “TV advertising is a natural evolution of efforts to educate people about risk factors and what they can do to protect themselves” (Tindera, 2018).

I would like to go back to the HealthySexuals to raise a few urgent questions. HealthySexuals is a web platform created by Gilead, although the visitors, unless they scroll all the way down where they can spot Gilead's logo, would not notice the origin at first sight since the corporate identity behind the platform is carefully veiled to make it more user friendly. The platform invites everyone to “find [their] healthysexual side” and informs them that “there are things everyone can do to help protect their sexual health.” The homepage welcomes visitors with a brief, minute-long video, where PrEP is only mentioned toward the end of it, probably to avoid to be registered by visitors as an aggressive advertisement. The HealthySexuals supposedly gives the message of protection and its sole purpose is to provide information on sexual health, which, to the trained eye, is just another way of advertising. What the HealthySexuals campaign is not capable of asking—so I will ask for Gilead—is what does it take to be healthy? Is PrEP enough if one cannot even afford healthy food and basic medical care? The HealthySexual campaign encourages people to “be sexy and healthy” and to “talk healthy,” fetishizing health as a commodity required to be sexually attractive while, at the same time, pretending as though being healthy is simply a personal choice.

The individualization of responsibility not only for health but also for risk (Thomann, 2018; Nicholls and Rosengarten, 2019) is a conspicuous example of how pharmaceuticalization and neoliberalism are inextricably intertwined. In reference to the popular PrEP campaign implemented in the NYC in 2015 that encouraged gay men of color to “stay sure” and “play sure,” Thomann (2018) discussed the pharmaceuticalized neoliberal sexual actor who must assume exclusive responsibility for his sexual health. Consequently, responsibility, when located in the individual, is avoided by public and private institutions. What HealthySexuals campaign points out is yet another way in which the neoliberal pharmaceutical regime creates pathologies through depoliticization of health. Whereas biopolitics is about politicization of health, pathopolitics is about its depoliticization. Being able to price a medicine at about $2,000 per bottle requires an understanding of health that is not rooted in social justice or politicized. Under pathopolitics, health is treated as a product of free-market whose purchase is up to the individual's discretion. In order to cover up its complacency in the unequal distribution of health, Gilead puts the burden of being healthy on the individual or offers nominal assistance. The most popular strategy it employs to distort the reality of how it reproduces pathologies is commonly known as Corporate Social Responsibility.

Philanthrocapitalism: Saving the World Through Corporate Social Responsibility?

Amidst all the criticisms directed toward Gilead's outrageous pricing policies, two things remained stable: the increase in Gilead's earnings (Owens, 2019) and the global recognition for its corporate social responsibility. The pharmaceutical giant is extremely proud of its success in “promoting global health” and does not shy away from branding itself as a global health super hero. Gilead dedicates a meticulously curated section to “responsibility” on its official website, placed at the very upper center, where it catches the eye before anything else. The social responsibility initiatives include Compass Initiative, a 10-year, $100 million partnership with community-based organizations working to combat the HIV/AIDS epidemic in the Southern United States; HIV Age Positively Initiative, supports programs that may help improve quality of life and health for aging PLWHIV; US Patient Access, helps patients to access Gilead therapies accessible for uninsured individuals and those who need financial assistance; Developing World Access, supports the developing world to fight against HIV/AIDS and viral hepatitis usually by funding regional organizations and cheap generics produced by Indian companies to be exclusively used in low-income countries; and, Corporate Contributions, an example of which is Gilead Fellowship awarded to non-profits, patients advocates, and medical researchers. Gilead is also the first pharmaceutical company to join the Medicines Patent Pool whose vision is “a world in which people in low- and middle-income countries (LMICs) have rapid access to effective and affordable medical treatments and health technologies” through voluntary licensing and patent pooling. The company whose 2019 revenue was a little more than $22 billion and whose total worth is around $70 billion prides itself endlessly on having spent $300 million only in cash donations and for being chosen the leading corporate funder 4 years in a row for helping to address HIV/AIDS epidemic by Funders Concerned About AIDS (Gilead Impact Report, 2017).

In the U.S., Gilead offers limited opportunities for uninsured people and people who are insured but have to pay co-pays. On the popular Facebook group PrEP Facts: Rethinking HIV Prevention and Sex, created by Damon Jacobs, a self-proclaimed PrEP warrior dedicated to mainstreaming PrEP, one can find numerous posts by gay men sharing their happiness with the Gilead Co-pay Assistance Program (or CAP, from which I also benefit to avoid monthly co-pays for my ARV medicine). Only those who are privately insured are eligible for CAP and can benefit from up to $7,200 annual help with drug coverage. It must be noted that this is a common practice among drug manufacturers—I am personally enrolled in two other co-pay programs offered by Jannsen and ViiV. Sadly, Medicaid participants are not eligible for Gilead assistantship. Although states that have expanded Medicaid cover Truvada for PrEP, the co-pays and other treatment-associated costs—transportation, visits etc.—can still be a huge burden for many. As Allen et al. (2017) observed, “insurance alone may not translate into access to health care” as substantial barriers exist even for the insured due to patient-level (family/work barriers), provider-level (perceived discrimination etc.), and system-level (coverage, financial, and access barriers) factors.

Ecks (2008, p. 178) convincingly exposed that strategic mechanisms such as assistance programs are inherently insufficient and employed to “distract from less obvious market mechanisms” that create the need for assistance programs in the first place. The drug donations and assistance programs have been also criticized for justifying monopoly, not being sustainable or reliable, and for pharmaceuticalizing disease and depoliticizing health (Rajan, 2017, p. 190). Žižek (2006) opines that the real evil of corporate responsibility is hidden in its ability to offer a fictitious moral action without structural transformation. Notwithstanding, as though the solution was to offer more financial assistance, on July 2018, Gilead raised the annual limit on the CAP from $4,800 to $7,200, which was widely celebrated by the PrEP-warriors.

The good news came right before Gilead announced a potential price increase of 4.9% for Truvada (Rivas, 2019), which barely found any coverage within the mainstream LGBQT media outlets. What did attract attention was the deal reached with Gilead following Donald Trump's State of the Union Address in February 2019, where he pledged to end HIV in the US (The Lancet HIV, 2019). According to the agreement, which came a few months after the US government sued Gilead, Gilead is to donate 2 million bottles of Truvada per year for up to 11 years. The donated bottles will be distributed by a new federal program called Ready, Set, PrEP—yet, the patients will still be responsible for paying for the regular blood tests and medical visits. This seemingly beneficent step taken by Gilead was rightfully called an “empty gesture” by a 2019 Lancet Editorial, which concluded, “The donations from Gilead […] are on the surface positive steps, but they will not close the gap in the number of people at risk and the number of people on PrEP sufficiently to counter the inequity in access to this proven public-health intervention.” Besides, the CDC suggests there are 1.1 million people in the US right now who could benefit from PrEP and the amount donated would cover <200.000 individuals. In a context far away from the US, Whyte and her colleagues' work on Uganda revealed that price cuts by the big multinational pharmaceutical companies, action research programs, donor support, and even the production of cheaper generics are never sufficient to provide universal access to ARV (Whyte et al., 2006). Without significant regulation of drug prices, access to medicine will never be universal neither in the U.S. nor in Africa and that it was never meant to be.

“It is sadly ironic,” Susan Craddock (2017, p. 58) wrote in her latest book, “that pharmaceutical companies might now profit socially if not financially from the disease burdens they helped create through their own strident pursuit of pharmaceuticals with hefty financial returns to the neglect of public health.” The quote from Craddock reveals what is at the heart of pathopolitics: the pharmaceutical industry contributes to the emergence of pathologies it claims to cure. If the unreasonable pricing of medicine is how the pharmaceutical industry perpetuates suffering nationally, the prevention of access to generic medicine is what globalizes suffering. The 1995 TRIPS (Trade Related Aspects of Intellectual Property Rights) Agreement signed by the World Trade Organization is the quintessential reason behind the worldwide lack of access to generic medicine. The last step of the Uruguay Round of the General Agreement on Tariffs and Trade (GATT) was TRIPS whose mastermind was the U.S. government and the pharmaceutical lobby. It was the same pharmaceutical lobby of 41 companies who pressed charges against South African Government in 1998 and criticized president Nelson Mandela for trying to universalize ARV access through generics. TRIPS is causing hundreds of thousands of people to suffer numerous illnesses and face death. Hickel (2012, p. 526) argues, “The bulk of Swaziland's present AIDS burden can be directly attributed to constraints imposed by the TRIPS agreement and the resistance of the WTO and pharmaceutical companies to changing it.”

When it comes to Gilead's CSR, there are two critical questions to be answered: Why aren't generics made available to U.S. patients and why does Gilead provide cheaper generics or donate medicine abroad? In response to the second question, Ecks (2008) claims some medicines are never meant to be affordable in the Global South. While losing the chance to exploit potential local medical markets, pharmaceutical companies win two other battles by donating medicine: they protect their good image and maintain the higher prices in the Global North (Ecks, 2008, p. 177). In essence, through drug donations and third-party generic agreements, not only will Gilead enjoy control over the locally produced drugs (Ecks, 2008) but it may partially prevent or delay any backlash from poor countries, which, as Melinda Cooper (2011) suggests, might end up igniting the public in the U.S. as well. Besides, Gilead might be rightly concerned about the lack of access to treatment in Africa. HIV/AIDS in Africa is a global concern and turning a blind eye to this would simply be a bad marketing strategy for the company who owns most of the patents on ARV medicine. One of the most important functions of CSR is to transform the conventional monstrous, greedy image of pharmaceutical companies. Or, as Fortune's Change the World list claims (Anderson-Minshall, 2016), Gilead can simply be a force for good (note the irony here).

As for the absence of generics for the U.S. citizens, Gilead's partners in crime are the insurance companies for profiting from the lack of universal healthcare and the U.S. government for failing to implement a functioning healthcare system. When Daniel O'Day, the CEO of Gilead Sciences, was asked during the congressional hearing to explain the lack of generic PrEP in the U.S., he gave as pretext “the government's willingness and ability to pay, market dynamics, and the structure of insurance markets specifically related to drug delivery” (HIV Prevention Pill, 2019). O'Day went on justifying the exorbitant prices on the grounds that Medicaid insurance covers Truvada for PrEP as though it does not create an immense burden on the taxpayer, who paid for the PrEP research in the first place. This pervasive normalization of lack of free healthcare and its domination by the insurance industry deceivingly moves the discussion away from those factors and agents that make it possible for the reign of the pharmaceutical companies. The insurance industry is among the principal actors who impeded the implementation of compulsory healthcare during the early 20th century (Hoffman, 2001). “American values” and capitalist market dynamics must also be accounted for here as state-sponsored healthcare was widely attacked based on its “un-American” nature that goes against the principles of free market (Hoffman, 2012). The most striking aspect of O'Day's response is how he verbalizes a dangerous open secret when he mentions “the government's willingness to pay.” Examples such as Brazil, South Africa, and Turkey make clear that the pharmaceutical regime is not stronger than people and their lives when the governments take the necessary actions to put citizens' needs before the profit of pharmaceutical companies. As corrupt as it is, the system is not broken. It “works quite well at what it is designed to do—provide a good return on investment” (Tomes, 2016, p. 416).

The question is whether “global corporate citizenship is not a brake in free-wheeling capitalism, but rather a strategy of extending and accelerating it by new means” as provocatively suggested by Ecks (2008, p. 178) or whether “the seemingly contradictory goals of ethical action and profit incentive are not mutually exclusive” as incisively pointed out by Craddock (2017, p. 57). Rajan too wrote that “ethics can be potentially opposed to surplus value but also deeply tangled within its logic” (2017, p. 21). According to him, ethics are not irrelevant but inherent to the extraction of value as it is materialized in the idea of corporate responsibility. Although Rajan is hopeful about the embrace of ethics by corporations and writes “one could envisage a value that is not just defining of capital but (in its ethical registers) also an alternative normative framework to capital,” he is well cognizant that “corporations are perfectly capable of enfolding these concerns into their own value-generating enterprises” (ibid).

Go to:

To Swallow or Not To Swallow: Pharmaceutical Citizenship and Pathopolitics

“Being poor, being black, being of color puts your life at risk. Your health is compromised when you do not have the external resources to support a life in all of its contingencies. And then of course, you are deemed responsible for your own ill health, for your own failure to look after yourself better. When you refer to structures, to systems, to power relations, to walls, you are assumed to be making others responsible for the situation you have failed to get yourself out of. ‘You should have tried harder.’ Oh, the violence and the smugness of this sentence, this sentencing.”

Ahmed (2017, p. 238)

In a piece called chemical condoms written in response to mainstreaming of PrEP, Preciado highlights the purpose of PrEP is not to improve consumers' life but to exploit them by creating an illusion of freedom [from fear] and liberation [from condoms] (2015). In contrast, I argue that the purpose of PrEP is precisely to improve consumers' life as long as they are able to consume and generate profit. The pharmaceutical industry cares about human life insofar as it produces a surplus value that can be extracted to accumulate wealth. In the words of Rabinow and Rose, pharmaceutical companies seek to “develop and maximize targets for pharmaceutical markets and other health-care interventions […] in the name of the maximization of quality of life” (2015, p. 317). It follows that only those bodies that can be transformed into profit-making machines deserve a quality life, as is shown below. On the other hand, having one's life quality maximized comes with its own costs. “There exist biopolitical [or, pathopolitical] side-effects (in addition to physiological ones) to mass compliance with pharmaceutical mandates” (Dean, 2015, p. 234). In return for the protection the pharmaceutical industry offers, it expects full cooperation which necessitates complicity in distributing and relocating pathologies.

Figures 1, ​,22 provide evidence that when it comes to PrEP what is at stake is not so much public health as it is profit (as well as pleasure). PrEP is disproportinately enjoyed by white gay men and celebrated for eliminating the need for condoms. In the words of Race (2009, p. 15), PrEP is “emblematic of a broader technology of power that converges on embodiment, consumption, and pleasure in the name of health.” The popular Facebook group mentioned earlier, PrEP Facts, is a perfectly suitable platform to follow the trends on PrEP use. With over twenty thousand members from all over the world but mainly the U.S., the posts on the page can be gathered under two broad categories: posts made by members who need guidance to access PrEP and stories about sexual liberation achieved a result of saying goodbye to condoms without fear (Race, 2018). One of the most common activities in the group is to create polls to see who is still using condoms and who is only practicing bareback (condomless) sex. The results always lean toward the latter. One particularly attention-grabbing post was about a gay man asking others' opinion on whether PrEP provides enough protection to fulfill his fantasies of being a “cumdump,” where multiple men ejaculate inside the same person. This post was welcomed by others who enthusiastically assured him that the beauty of PrEP comes from its ability to make one's fantasies come true7.

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Figure 1

Number of PrEP users by sex, race/ethnicity-IQVIA Longitudinal Prescription Database, United States, 2016. Adopted from Huang et al. (2018).

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Figure 2

“HIV prevention pill not reaching most Americans who could benefit—especially people of color.” Retrieved from https://www.cdc.gov/nchhstp/newsroom/2018/croi-2018-PrEP-press-release.html.

Duggan (2003, p. 50) defined homonormativity as “a politics that does not contest dominant heteronormative assumptions and institutions, but upholds and sustains them, while promising the possibility of a demobilized gay constituency and a privatized, depoliticized gay culture anchored in domesticity and consumption8”. The homonormative gay man is the henchman of the neoliberal state: he is an exemplary citizen because he protects social norms rather than questioning them. He is an indispensable part of the workforce, a zealous supporter of consumerism, and is patriotic. Ironically, it was the AIDS epidemic that gave way to an epidemic of assimilation. In conjunction with public health discourses and prevention technologies, gay men are made into “proper” healthy citizens, who are monogamous, ideally married, or practice only safe-sex and remain HIV- at any cost (Davis, 2002; Keogh, 2008; Gonzalez, 2010; Robinson, 2014). Thanks to their surplus economic and biopolitical value, they have taken their place among those whose lives matter and shall be protected, even at the cost of others. As Collins (2009, p. 467) wrote “homonormativity—like heteronormativity—is an exclusionary process; inclusion is for select bodies—white, middle-class, consumerist, Western, and often gay male bodies who have access to the consumer “freedoms” of the West.” In Stefan Ecks' words, the homonormative gay man is the most desirable citizen under the framework of “pharmaceutical citizenship” which not only determines who has the right to access medicine but also operates in a feedback loop such that those who take the medicine become more fully citizens (Ecks, 2005, p. 241). Thanks to PrEP, gay men can now enjoy condomless sex without risking HIV or losing their citizenship privileges.

Even though the original conceptualization of homonormativity puts a lot of emphasis on the intimate relations between queer subjects and state institutions such as military and marriage, what I want to call attention to is another set of relations and practices quintessential to the operations of the pharmaceutical regime. Queer citizens today extend the realm of homonormativity to the uncritical consumption of pharmacological discourses and products, therefore, contribute to pathopolitics. Gay men's contribution to the extraction of surplus value is not limited to their consumption and labor. Neither can it be reduced to their enthusiastic advertisement of PrEP, which is claimed to be the most effective form of pharmaceutical advertising (Elliot, 2010). They also produce infinite value through what Preciado (2013, p. 36) calls masturbatory cooperation: every excitation and every ejaculation achieved on PrEP extends the reach of biopower and the revenue of pharmaceutical industry. White gay men's HIV negative cum is not wasted knotted up in latex condoms in the garbage, but, rather turned into a profitable asset through PrEP, circulating not only between bodies but also in the pharmaceutical market. Already engaged in an intimate relationship with the state, the homonormative citizen opens the doors of his bedroom to the pharmaceutical regime and invites it to be a part of and enjoy the most intimate bodily moments. And, he does so willingly without being coerced by the state. “It is not power infiltrating from the outside,” said Preciado, “it is the body desiring power, seeking to swallow it, eat it, administer it, wolf it down, more, always more, through every hole, by every possible route of application” (2013, p. 208). In this consensual encounter between the body and power, both of them find pleasure in penetrating and being penetrated.

Pathopolitics does not only determine who gets to live disease free but also who gets to enjoy sex without risking HIV infection. When it comes to women, trans persons, people of color, sex workers, substance users, and HIV+ people who are not on medication, their orgasms are not equally valuable or lucrative. Preciado writes: “the new hegemonic subject is a body (often codified as male, white, and heterosexual) supplemented pharmacopornographically (by Viagra, coke, pornography) […]” (2013, p. 48). To this description, I would add that a new hegemonic subject is the white gay man who is supplemented by PrEP. The security and protection provided by PrEP is nothing new for the homonormative subject who benefits from all the material and immaterial advantages of being privileged. “When a whole world is organized to promote your survival, from health to education, to the walls designed to keep your residence safe, to the paths that ease your travel, you do not have to become so inventive to survive,” wrote Sara Ahmed (2017, p. 237) powerfully in another context. You do not need to be inventive to survive; if not the state, then the pharmaceutical companies will find a way to keep you alive, so long as you keep producing profit. This is by no means to deny the problems even the homonormative subject can face. “Privilege does not mean we are invulnerable: things happen; shit happens. Privilege can however reduce the costs of vulnerability; you are more likely to be looked after” (Ahmed, 2017, pp. 237–238). Even though not heterosexual, he is still cared for and made to live by the same system that condemns marginalized people to slow and not-so-slow violence and death. PrEP is only another piece of the larger puzzle, extending economic, political, and social safety into corporeal satisfaction and biological security. It is through such improvements the bare flesh becomes a fully abled social subject, blurring the lines between bios (qualified, meaningful life) and zoe (unqualified, bare life) (Agamben, 1998). It is not the life alone that matters anymore; it is a particular way of life—a more sexual, more aroused, more commodifiable and marketable one, where bodies are more fuckable. It is less about bare life than it is about bareback sex.

Lastly, the final question is what kind of sufferings and pathologies are produced in the making of some bodies more biosecure and sexually attractive? To put it another way, whose suffering made the consumption of PrEP possible? The pharmaceutical industry complex does not simply cure pathologies; instead, it relocates them. The prevention of HIV for the citizens of the Global North might mean exposing the disposable bodies of the Global South to increased risk of HIV. One could say some are sacrificed so that others can enjoy more pleasurable and less risky sex. The pharmaceutical industry produces global casualties by recruiting “treatment-naïve” populations found in resource-poor countries, where trial recruitment and conduct is less costly and less time-consuming due to insufficient regulations and monitoring (Petryna, 2006). The first PrEP trials in Cambodia, funded by NIH and Gates Foundation and not by Gilead9, were conducted with sex workers. Nevertheless, they were halted in 2004 by the Cambodian Prime Minister. Among the reasons that incited widespread demonstrations by small local HIV and queer activist groups were inadequate prevention counseling, a lack of pre- and post-HIV test counseling, non-provision of services for those who seroconverted during the trials, insufficient data about the long-term effects of tenofovir for HIV- people, and the inadequate involvement of target populations in the research design and implementation. As the activist groups made clear, “participants take all of the risks and get little [if any] of the benefits” (Singh and Mills, 2005). In 2005, trials in Cameroon were canceled due to similar concerns about lack of counseling. Yet, local activists this time made an astonishing claim about participants being intentionally exposed to risk of infection (ibid). Unlikely though it sounds, the case of Cameroon uncovers a constitutive failure of global health and randomized drug trials. Researchers most often find themselves trapped between meeting ethical standards and obtaining “desired” scientific outcomes (Adams, 2010). Obtaining the most profitable outcomes, although not necessarily the most scientific ones, might at times require manipulation of the data (Dumit, 2012). It may too require giving placebos—as is the case in PrEP trials—to members of poor marginalized populations and watch them become infected with HIV. Years after the first PrEP trials, the trend of outsourcing human subjects has remained the same. Among the countries where the succeeding trials were conducted are Kenya, Uganda, Thailand, Botswana, Peru, Ecuador, and Zimbabwe, most of which suffer from the absence of universal access to ARV treatment. It must be noted that the ethical issues with PrEP trials are hardly only about the outsourcing of research participants. In an article entitled The Cost of Science, Patton and Kim (2012) question the ethics of PrEP trials altogether. They argue that PrEP trails used the limited resources for pharmaceutical interventions instead of community support and divested resources from people who already live with HIV. Patton and Kim also strongly defend that neither were trial results transferable to the U.S. nor they were able to prove enough efficacy for the use of women (which was ignored for the benefit of MSM). Their most controversial point is on the potential misinterpretation of data, which might have obscured how PrEP can do more harm than good.

Go to:

Conclusion

As I was finishing this essay, the COVID-19 pandemic hit the world, which like any other modern epidemic or pandemic meant disaster for those affected and business for those who profit from disasters. Disaster capitalism can be observed at its worst when human life is at stake. Gilead was among the first scavengers who rolled up their sleeves to benefit from the pandemic. One of Gilead's broad-spectrum antiretroviral medicine, Remdesivir, also developed with US government funding, promised hope against the novel Coronavirus (Fang and Lerner, 2020). As a result of high demand, on March 23rd, Gilead announced it would stop providing emergency access to Remdesivir. Following the announcement, the drug was given orphan status by the FDA within the same day (ibid.). Orphan status, which gives the manufacturer the exclusive control of the drug and its pricing, is reserved for drugs used to treat rare diseases that affect fewer than 200.000 individuals. However, due to a loophole, popular drugs can enjoy orphan status if they earn it before the disease reaches the threshold. This was the case with Remdesivir and it visibly increased Gilead's stock price in a matter of hours (ibid). The story of Remdesivir is but an example of how much can a drug company value profit over life during extraordinary circumstances. The only thing that separates this story from others is that on March 25th, following widespread public outcry, Gilead surprisingly announced it will seek to rescind orphan drug designation for Remdesivir (Lerner, 2020). There is a limit, an invisible line, the pharmaceutical industry sets for itself to judge how much of greed is too much. It turns out it is not yet too much to exclude 48% of global population—including low- and middle-income countries—from the geographical scope of the voluntary licenses Gilead provides for the production of Remdesivir's affordable generics (Baker, 2020). Neither has the limit been breached yet when Gilead was blocking generics and setting unaffordable prices for a life-saving Hepatitis C drug, Sovaldi, only a few years ago (TAG, 2015).

#### The aff’s call for more businesses, more individuals, and more communities to compete within the economy is homocapitalism and homonationalism par excellence. American corporate progression ensures the regression of the Global South as new markets and businesses pave the way for the structural adjustment of countries in the name of inclusion.

Rao 15 (Rahul Rao, Senior Lecturer in Politics at SOAS University of London, “Global Homocapitalism,” Nov/Dec 2015, Radical Philosophy, <https://www.radicalphilosophy.com/article/global-homocapitalism>)

Temples of global capitalism have become increasingly vociferous of late in their opposition to homophobia. In February 2014, shortly after Uganda’s President Museveni gave his assent to a draconian Anti Homosexuality Act, the World Bank announced that it was delaying a US$90 million loan to Uganda on the grounds that the law would adversely affect health programmes that the loan was intended to support. [1] Bank president Jim Kim justified the decision with the argument that ‘when societies enact laws that prevent productive people from fully participating in the workforce, economies suffer.’ [2] In the same month, the Bank published a study estimating that homophobia and the exclusion of LGBT people cost the Indian economy between 0.1 per cent and 1.7 per cent of its GDP in 2012.3 Both the Bank and the International Monetary Fund (IMF) have contributed to the It Gets Better viral video campaign, launched to dissuade queer young people from committing suicide, with short films featuring LGBT staff speaking about growing up queer and being out in their personal and professional lives. [4] In August 2015 The Economist magazine launched ‘Pride and Prejudice’, which it describes as ‘a comprehensive global initiative tackling the business and economic case for LGBT diversity and inclusion’. Culminating in a public event to be held in London in March 2016, the initiative aims to bring together over 200 leaders from the worlds of business, politics and society to catalyse debate on the ‘economic and human costs of discrimination against the LGBT community’. [5] In this article I ask why leading institutions of global capitalism have begun to take activist stances against homophobia, and why they have done so now. I want to understand the terms on which the figure of the queer has come to be adopted as an object of concern for the development industry. Rather than pretending to offer a ‘balanced’ assessment of what is being called the ‘business case’ for LGBT rights, I am interested in thinking through how a radical queer anti-capitalist politics might relate to this emerging discourse. Central to the initiatives mentioned above is a common-sense understanding of homophobia as a cultural disposition that might be disincentivized through the deployment of economic carrots (the promise of growth) and sticks (the withdrawal of capital). Revisiting debates over recognition and redistribution politics, I argue that viewing homophobia as ‘merely cultural’ enables international financial institutions (IFIs) to obscure the material conditions that incubate homophobic moral panics, and their own culpability in co-producing those conditions. Positioning themselves as external to the problem they seek to alleviate, IFIs are able to cast themselves as progressive forces in a greater moral struggle at precisely the historical moment in which austerity and capitalist crisis threaten to bring them into ever greater disrepute. In sum, through a critical survey of recent IFI initiatives on homophobia, I attempt to delineate the emerging contours of what I call ‘global homocapitalism’. Queering ifis Sexuality has long been central to the development agenda, but it has tended to be implicit and framed as the driver of a host of problems, including ‘overpopulation’, reproductive health, sexual violence and disease. Focused on regulation and risk management, the development industry has tended to ignore the more positive and affirmative dimensions of sexuality. And it has, until recently, been deeply heteronormative in its understanding of desire. [6] As Gilles Kleitz puts it, ‘The poor simply can’t be queer, because sexual identities are seen as a rather unfortunate result of western development and are linked to being rich and privileged. The poor just reproduce.’ [7] Nonetheless, the statements and initiatives cited at the start of this article suggest that something is beginning to change. HIV/AIDS has been pivotal in forcing an acknowledgement of the diversity of sexualities and prompting interventions targeted at communities deemed to be especially at risk. Sexual rights victories on issues such as decriminalization of same-sex conduct, recognition of same-sex marriage and adoption rights, and access to gender transition in countries across Europe and the Americas have in turn led international development bureaucracies based in these countries to fund projects dealing with sexual orientation and gender identity (SOGI) elsewhere. The growing prominence of SOGI issues as a development concern is also linked to the increasing propensity of development workers themselves to identify as LGBT in their professional lives. Andil Gosine has traced how the founding in 1993 of GLOBE (the World Bank’s LGBT staff association) was instrumental in getting staff to come out at work and to lobby the Bank for better benefits, but also, eventually, in prompting the Bank to exercise political leadership on HIV/AIDS and to support LGBT advocacy in the global South. [8] Understanding the terms on which new issues are incorporated into the agenda of the Bank can tell us quite a lot about the motivations underpinning such moves. In this regard, I suggest that we have much to learn from the Bank’s longer history of engagement with (cisgendered heterosexual) women as a development constituency. In a study of this engagement, Kate Bedford argues that gender work became central to the Bank’s fashioning of a post-Washington Consensus. Stung by criticism of its ill-fated structural adjustment programmes in the 1980s, which typically demanded liberalization, deregulation and a downsizing of the state in exchange for Bank assistance, the post-Washington Consensus purported to recognize the importance of the state. It abandoned conditionality for a commitment to borrowing-country ‘ownership’ of policymaking and partnership with civil society, and it identified good governance, social safety nets and targeted poverty reduction as key priorities. The family, and especially poor women, became crucial sites for the Bank in demonstrating its commitment to a kinder, more inclusive and humane approach to economic growth. [9] In this, we might see the Bank as exemplifying the long-standing tendency of imperial governmentality to legitimate its will to power in humanitarian justification – what postcolonial theorist Gayatri Spivak has pithily described as ‘white men saving brown women from brown men’. [10] More specifically, guardians of capitalism have always sought to anchor capitalist social relations in extra-market moral justifications, ranging from the libertarian virtues of meritocracy and individual self-worth in neoconservative defences of capitalism to more welfarist concerns such as gender empowerment in neoliberal variants thereof. [11] As Bedford argues, previous Bank gender policy had been criticized for overlooking the double burden placed on women when they entered formal employment, and for ignoring men altogether. Nonetheless the conviction that women were empowered by formal employment remained central to Bank lending. Simultaneously, Bank research on poor men was beginning to suggest that economic hardship engendered a crisis in masculinity when men could no longer play the role of breadwinners. Bedford demonstrates how these critiques and insights produced a new model of intimate attachment that became central to post-Washington Consensus projects, wherein the Bank moved from a breadwinnerhousewife model of domesticity to a two-partner sharing model of love and labour in which women were encouraged to work more outside the home while men were urged to take on greater domestic caring responsibilities. [12] Crucially, Bedford underscores that the new gender regime effectively (re-) privatized responsibility for social reproduction, consistently privileging fatherhood promotion over state provision of childcare in a number of projects. Nonetheless it appealed to a range of different constituencies because its benefits appeared unqualifiedly desirable: greater sharing of the domestic labour of social reproduction was, after all, an unimpeachably feminist goal. Ultimately, the success of the Bank’s new gender regime rested on its ability to link the dual imperatives of efficiency and empowerment: greater female employment in the market promised to liberate traditional gender relations, and better gender relations promised a more efficient allocation of labour resources. [13] Thus, gender relations were reimagined in ways that purported to serve neoliberal and feminist goals. Although Bedford’s study suggests that the Bank was wedded to a heteronormative model of domestic intimacy, there are striking continuities between its reformulation of ideal heterosexual relations and its more recent interest in queer subjects. Describing the post-Washington Consensus interest in poor men, Bedford notes a tendency to think of poverty as engendering a humiliated masculinity, which manifests itself in irresponsible behaviour such as alcoholism, drug abuse, sexual violence and child neglect. These beliefs generate an insistence in Bank policy that ‘poor countries are more sexist than rich ones, and that markets transform gender relations in unequivocally more efficient and empowering directions’. [14] We can see in some of the Bank’s LGBT initiatives the analogous premiss that poor countries are more homophobic than rich ones. While lacking the status of an official policy pronouncement, the Bank’s It Gets Better video (2011) is revealing of the pervasiveness of this assumption. It features an employee reflecting that ‘some [of his colleagues] had it easy coming out. But some others had it difficult. Specially those from developing countries.’ [15] Explaining why it might be difficult for IMF staff to come out at work, one speaker on the Fund’s It Gets Better video (2013) notes that ‘a lot of people at the Fund come from societies that are much less welcoming of gay people and that is a baggage that you don’t leave at the door when you come to the IMF. It’s very hard to overcome that, I think, for people who come from those societies.’ [16] Yet another speaker in the IMF clip elaborates helpfully: ‘We have so many people from all over the world working here, and their ideas of sexuality, of orientation, of how things are supposed to be … it’s all very different. You have anything from progressive Western countries to traditional Eastern countries or African nations or Latin America. And everybody has a different perspective.’ [17] The pervasiveness of these attitudes among Bank staff is borne out by Gosine’s ethnographic work on GLOBE. Asking why gay white men seemed to be overrepresented in its membership relative to the gender and geographical balance in the overall makeup of the Bank’s staff, Gosine teases out two barely disguised assumptions that recurred in his interviews: first, that heterosexual people who were non-white or not from Western countries were more likely to be homophobic; second, that women and non-white men who were not heterosexual hesitated to come out and to join GLOBE because they faced overwhelming ‘cultural’ pressures to remain closeted. [18] Eliding ‘culture’ and levels of ‘development’, these discourses participate in what Jasbir Puar has influentially described as ‘homonationalism’, whereby LGBT rights have become a new marker for old binaries (civilized/savage, developed/less developed). [19] But they do considerably more. In their subversive reworking of the IMF It Gets Better video, the Greek conceptual audiotextual performance duo FYTA suggests that the video is also an artefact of ‘pinkwashing’ in its implicit yoking of its neoliberal economic mission with a ‘civilizing’ anti-homophobic project. [20] Overlaying the IMF video with subtitled commentary, FYTA punctures the monotonously familiar coming-out narratives of well-groomed, largely white, male, upper-middle-class professionals uttered against an aural backdrop of anodyne elevator music, with viciously snarky political and psychoanalytic critique. The most productively jarring moments in the performance come when we are reminded of the dissonance between the values that the individuals featured on the video seek to reclaim from their personal struggles, and those that they promote through their work. When a lesbian Haitian staffer bemoans her upbringing in a Haiti where ‘you don’t hear people talking about gays and lesbians in a very positive way’, FYTA reminds us that Haiti’s contemporary political predicaments can, in quite significant measure, be traced back to the devastation of its agricultural sector by IMF policies foisted on the country in 1986 in return for desperately needed financial assistance. When IMF managing director Christine Lagarde appears on the video to affirm that she wants to head an organization where ‘everybody has to be able to be who they are, and they have to be comfortable, respected, proud of their difference’, FYTA reminds us of Fund policies imposing ‘user fees’ that made education and health care inaccessible to the poorest in many borrowing countries. Beyond the specific instances of hypocrisy that FYTA draws our attention to, there is something apposite about this critique being offered by queer Greek voices in the current conjuncture. Although FYTA is deeply invested in deconstructing Greek nationalism, committing itself in its self-description to ‘wiping out notions of Greek tradition and Greekness’, it is not incidental that its critique should have emerged from Greece. Indeed it does not take much to imagine how self-evidently absurd it must appear to queer Greeks to hear the IMF promise that ‘It Gets Better’, even as it participates in imposing draconian austerity measures on their country. If the It Gets Better videos can be dismissed as amateur efforts that are unrepresentative of IFI policy, this certainly cannot be said about the Bank’s more recent attempts to build an economic case against homophobia. Its 2014 report estimating the cost of homophobia to the Indian economy, authored by economist Lee Badgett, is revealing of the Bank’s emerging interest in queer sexuality. The basic argument is simple enough. Homophobia imposes avoidable costs on economies by lowering productivity and output as a result of employment discrimination, reducing investment in human capital as a result of discrimination in education, and widening health disparities between heterosexual and queer people thanks to the disproportionate risk of HIV/AIDS, violence, depression and suicide borne by the latter. Offering a conservative estimate of these costs as amounting to 0.1–1.7 per cent of 2012 GDP in its chosen case study India, the Bank seeks to incentivize governments to end homophobia by quantifying the economic growth that they would enjoy as a consequence of doing so. [21] Once again, the Bank advances an efficiency rationale for gender empowerment, which appears incontrovertibly good because ending homophobia is desirable for its own sake. Yet in unpacking what is at stake here we must ask not only what the Bank is doing for queers but also what queers are doing for the Bank. As FYTA’s pinkwashing critique of the IMF suggests, a radical agenda is effectively conscripted in the service of the capitalist imperative of expanding output, productivity and markets. Queer visions of the good life become mortgaged to limitless growth, which is itself further insulated from environmental, equity, and other critiques. Beholden to capitalism, the prospects for a queer Green or a queer indigenous politics become increasingly remote. In the political context of the Bank’s work in India, the Bank’s overtures to queers should invite us to interrogate the queer movement’s relations with other social movements – those of farmers, fishworkers and adivasis (forest dwellers) to name only a few – that have struggled against the effects of Bank-led policies for decades. As with queer Greeks and the IMF, it is sobering to imagine what queer adivasis might make of a Bank project that hailed their participation (as queers) in the very processes that are destroying their lifeworlds (as queer adivasis). That the intersectionality of queer and adivasi is virtually unthinkable in the imaginary of the Bank and possibly the mainstream of the queer movement in India begs important questions that I cannot do justice to here. A second problem concerns the deeply reductive account of freedom as participation in the market which appears to animate this project. There is something profoundly troubling about a strategy that makes respect for personhood contingent on the promise of that person’s productivity were their personhood to be fully recognized. To do so is of course not to treat persons as ends in themselves. But it should also prompt us to wonder about the implications of strategies that premiss full citizenship on productivity for those who find themselves unable or unwilling to be ‘productive’ within the terms of the market – the disabled, the unemployed, the elderly, the ‘development’-induced displaced. One consequence of the increasingly tight link between personhood and productivity is that public support for welfare for the ‘unproductive’ becomes increasingly difficult to sustain, especially in a climate of austerity.

#### Reject their call to rally around the spectacle of extinction – it’s rooted in a eugenic project that valorizes reproduction as survival, which embraces a heterosexual future at the expense of queers in the present

Feit 2005. Extinction Anxieties: Same-Sex Marriage and Modes of Citizenship[Feit, Mario.](http://muse.jhu.edu.libweb.lib.utsa.edu/search/results?action=search&searchtype=author&section1=author&search1=%22Feit,%20Mario.%22)Theory & Event, Volume 8, Issue 3, 2005. Asst. Prof.. George Mason University

Why this **doomsday rhetoric**, which outpaces and exceeds the likely consequences of same-sex marriage? Because same-sex marriage calls into question the perpetuation of community *in the face of mortality*. In one case, **reproduction of community** quite literally **is understood as *sexual* reproduction of community**; homosexuality in this instance is presented as lethal because it is non-reproductive.Queer opposition to marriage, on the other hand, presents marriage as a lethal force to a community that does not raise its succeeding generations. In this case, **the fear is that an instrument of heteronormativity overwhelms precarious queer processes of socialization and regeneration.** In short, both **arguments are concerned with the perpetuation of community in light of the absence of** gay sexual **reproduction**.[4](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn4)  Why are these anxieties about the preservation of existing modes of citizenship across time anxieties about mortality? **Because citizenship -- world-making of any kind -- is always also about coping with human finitude**, as Zygmunt Bauman points out: **Such a life** -- life **forgetful of death,** life **lived as meaningful and worth living,** life alive with purposes instead of being crushed and incapacitated by purposelessness -- **is a formidable *human* achievement. The totality of social organization, the whole of human culture** (not certain functionally specialized institutions, nor certain functionally specialized cultural precepts) **cooperate to make this achievement possible.**[5](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn5)  Bauman emphasizes that concern with death and efforts to give meaning to life by transcending death are not to be understood as religious matters, i.e. as falling within the provenance of certain ethical dispositions or cultural institutions. Many aspects of culture, which apparently bear no relation to existential consolation, are very much concerned with it. Indeed, they become highly effective inasmuch the aspiration to transcend death remains unarticulated.[6](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn6)  **Anything that appears to challenge the perpetuation of community evokes the fear of death**. This is why both straight and gay opponents react so intensely to same-sex marriage **-- they fear the extinction of the form of community that provides them with existential consolation**. For straight opponents, George Weinberg's explanation is salient: "**The** notion that there are homosexuals **distresses some people because the thought of persons without children reawakens their fear of death**. Today in the larger population, vicarious immortality through having children and grandchildren assuages the spirit of millions and blunts the edge of mortality for them. **Our great glorification of reproduction, with all the customs and modes that advance it, serves in part as a ceremony to circumvent death as if by magic**."[7](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn7) My argument elaborates how Weinberg's point applies to the debate on same-sex marriage, and expands it to include queer critiques of marriage. In the latter case, queer cultural practices and politics -- chiefly, finding alternatives to marriage -- function as the "children" who provide existential consolation, that is, allow for the conclusion: "He died, but his work lives on."[8](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn8)  My argument, though based on a comparison, does not attribute equal ethical weight to the two sides. To the contrary, I am indebted to queer theory's critique of heteronormativity, and consider my argument as a contribution to queer theory. This contribution is two-fold: first, **I hope to flesh out** one account of heteronormativity that is largely neglected, namely **heteronormativity's reliance on the fear of death. The association of homosexuality with death** is not exhausted by homophobic discourses on HIV/ AIDS. It precedes the emergence of AIDS. As Paul Morrison notes, "the epidemic has resolved, rather than occasioned, a crisis in signification: the crisis that has always been gay sexuality itself...The cultural function of AIDS has been to stabilize, through a specifically narrative or novelistic logic, the truth of gay identity as death or death wish."[9](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn9) Gay men are considered "a population doomed to extinction, anyway."[10](http://muse.jhu.edu.libweb.lib.utsa.edu/journals/theory_and_event/v008/8.3feit.html#_edn10)This logic of lethal homosexuality relies on the childlessness of homosexuality, and thus concerns both lesbians and gay men. **It is this underlying association of sexual reproduction with immortality and citizenship**, which I emphasize in the discussion that follows.

#### Thus, vote neg to adopt queer desire – traditional economic study creates a disembodied and apathetic politic that enables the extermination of those deemed unqualified or refuse participation. Only the alt shifts from a competitive to a cooperative paradigm that transforms social life itself

Heilger 15 (Evangeline Heilger, Mellon Visiting Assistant Professor of Public Discourse in American Sudies at Smith College, “Possibilities of Queer Desires and Economic Bodies (Because ‘The Economy’ Is Not Enough),” GlassHouse Book, 2015)

Working in ‘the economy’ alone couldn’t satisfy our needs. It still cannot. Trashpicking is just one example of an economic innovation by poor, queer, and working-class people in response to laws and policies that ignore the needs of marginalized folks. Yet rarely are these innovations acknowledged in traditional economic study; they become visible only as ‘alternatives to’ capitalism, and only if economic gains are quantifiable. In development studies, such activities are denigrated as ‘economies of affection’, viewed within that framework as a cause for poverty and a hindrance to progress (Escobar 1995; Scott 1996). The full range of economic activities enacted by poor, queer, and working-class people is missing from economic analysis. As noted by Binnie, class is an analytic of power by which people are differentiated from one another on the basis of differential access to material inequalities. Binnie argues for the integration of class into an intersectional analysis of sexuality, and an integration of sexuality into an intersectional analysis of class. This chapter answers Binnie’s call by utilizing an intersectional sexuality–class analysis of different economic innovations by poor, queer, and working-class folks. I have a queer desire. I want to convince you that there are worlds of economic activities that go unnoticed in traditional economic study. My goal is to explain the benefits of those ‘other activities’ – the alternative capitalist and noncapitalist activities – despite their being marked as ‘outside’ wage-earning capitalism. I want you to value them because they matter to people’s survival. To do this, I have to blend some strangely personal queer, poor, and working-class stories with a scholarly attempt to dethrone ‘the economy’ as a unified, closed system. Economic bodies: multiplying vulnerable desires I argue that queer desires inspire people to engage in clusters of nonnormative economic arrangements. These clusters of economic activity can best be understood metaphorically as ‘economic bodies’. I imagine these economic bodies engaging the world much like living and nonliving bodies interacting with other living and nonliving bodies. They take in nutrients and excrete waste. They create and destroy, mimic and hide, hibernate, reproduce, and die (although not necessarily in that order).2 One could consider capitalism as one type of economic body, although certainly not the only type. Economic bodies consist of people, tools, equipment, technical devices, algorithms, as well as non-human substances (e.g. food, plants, minerals, currencies), and actions such as labor, exchanges, and gifting. Economic bodies can exist at a large scale, similarly to how ‘capitalism’ is conceived, or at smaller scales such as micro-economies, families, groups, and individuals.3 The relationships of and between economic bodies can be understood only through engaging a radical analysis that incorporates intersectional analytics of power, including but not limited to gender, race/ethnicity, class, sexuality, nationality, embodiment, and other structural forms of power.4 Why not then use the term ‘actor’ as developed by Callon and Latour in actornetwork theory (also known as ANT)5 (Callon and Latour 1981; Callon 1986, 2005; Latour 1987, 2005)? Latour’s ‘actor’ calls to mind a human being who acts in relation to others, and whose actions can only be understood in connection to others, similarly to how I describe economic bodies functioning relationally to other bodies. Callon describes ‘actors’ as being made up of ‘human bodies but also of prostheses, tools, equipment, technical devices, algorithms, etc.’ (Callon 2005: 4). My description of economic bodies again aligns, although it elaborates further. My observations of green, queer, and alternative economies (Heiliger 2011, 2012, 2013) leads me to articulate three reasons to use the metaphor of ‘bodies’ in this chapter – rather than ‘actor’, ‘economy’, or ‘economic actor’ – to describe an assemblage of people, parts, relationships, and actions that make up economic activities: (1) to pluralize and multiply economic systems; (2) to emphasize the vulnerability of the human bodies living and working under conditions of structural inequality;6 and (3) to utilize the power of metaphor to insert images of vulnerable economies in the minds of readers. While ANT allows for a multiplying and plurality of economies via its concept of ‘networks’, in which multiple ‘actors’ can (inter)act, ANT does not meet the other two characteristics of green/queer/ alternative economies.7 My purpose in using ‘bodies’ as a metaphor is to call to mind both the humans included in economic activities and their vulnerability, a vulnerability mirrored in economic bodies. In Precarious Life, feminist and queer scholar Judith Butler writes that the vulnerability of our bodies is what connects us to one another. Our bodies signal ‘dependency, vulnerability, agency: the skin and flesh expose us to the gaze of others, but also to touch and to violence’ (2004: 26). This vulnerability of bodies is also what creates porousness: a body’s capacity to help and to harm, to be assisted and to be hurt is interwoven with the dependency of bodies (Butler 2004). Economic bodies are equally vulnerable, a point which I address later in this section. I pluralize the metaphor of body, using ‘economic bodies’ (rather than economic body) to counter powerful existing metaphors that promote the idea of a singular, unified, economic totality such as ‘the body of Capitalism’ and ‘the Market’. In making this argument, I align with Gibson-Graham (1996, 2006) in recognizing multiple forms of capitalism and the need to partially dis-unify the powerful ideology of ‘the economy’ or ‘Capitalism’ as a closed system. I also draw on embodiment theorists in recognizing the porousness of bodies, and on queer theorists to articulate how queer desires are pursued through economic bodies. The communal, polymorphous, intersubjective components of queer, feminist, and embodiment theories amplify the metaphor of ‘bodies’. The communal, polymorphous, and intersubjective components also diffuse the idea of a monolithic economic process such as ‘the market’ or ‘capitalism’ into easily recognizable clusters of activity. It becomes possible to see my mother’s teaching job, neighborhood foodsharing, charity clothing donations, and trashpicking as a connected cluster of economic activity that enabled my family’s survival, rather than as a capitalist economic activity (teaching job) and several alternative capitalist and noncapitalist activities. Therefore, reading this metaphor of economic bodies through recent scholarship allows a more complex picture of multiple economic processes, particularly those utilized by poor and other marginalized people as survival strategies. It may appear that the difference between ‘body’ and ‘bodies’ as an economic metaphor is so slight as to be insignificant. Yet recent studies by cognitive scientists Thibodeau and Boroditsky (2011, 2013) demonstrate that even slight, oneword differences in the metaphor used to describe a social or political issue can have profound impacts upon decision-making processes by individuals. Metaphors influence the kinds of solutions we think of and also direct us towards solutions that are consistent with the metaphor (Thibodeau and Boroditsky 2011). Furthermore, metaphors influence our thinking whether or not we are explicitly aware of the metaphor’s role in our decision-making process (Thibodeau and Boroditsky 2013). Therefore, I argue that those who consider all economic activities part of a singular, unified entity such as ‘the economy’ will seek out economic solutions for a singular, unified economy, convinced these are the best solutions regardless of data. If the same people are willing to think of economies as bodies – as lots of different kinds of ‘people’ moving through the world interacting with other ‘people’ – they will look for economic solutions that meet the needs of diverse people who will function best by interacting with others to meet their needs.8 I propose bodies as a metaphor for economies because human bodies are not closed systems; they have complex interactions with other bodies and their environments via border crossings of flesh and consciousness ‘more porous than previously imagined’ (Grosz 2001). My family’s intimate engagement with other people’s refuse is one example of blurred boundaries: between us and other families; between work-for-pay and nonmarket activity; and between what no longer has possibility (trash) and what newly has possibility (trash-turned-treasure). Klapeer and Schönpflug concept of ‘queer commons’ in Chapter 9 of this volume illustrates the porous boundaries of human bodies more fully. If one considers identity as something formed in relation to others, rather than owned by one’s individual self – as argued by Klapeer and Schönpflug – then my family’s class identity and my mother’s queer desires formed in relation to multiple others, both within and adjacent to our class. Human contact is porous in its overlaps: fingerprints left on trash meet fingerprints on trash-turned-treasure,9 creating liminal spaces where my family’s queerly classed identity was formed and re-formed. We interacted with one another as family members sharing the same material and social resources, and we brushed up against those whose trash became a means to my family’s desires and survival. Moira Gatens (1996) argues that the permeability and transitivity of human bodies is possible with any ‘body’ with which we have an affective relation, including corporate social bodies. Pushing out from Gatens, I suggest that economic bodies, as a form of social body, are controlled through human forces, behave in human ways, actively engage with other economic bodies, and utilize forms of social control and power. Bodies are vulnerable to racism, sexism, homophobia, xenophobia, and ableism (Butler 2004), which serve neoliberal aims through their visual and discursive association both with certain human bodies and with nonnormative economic bodies. Nonnormative economic bodies include intelligent, deliberate, and relationship-making processes such as bartering, gifting, trading, careshift collectives, trashpicking, and repurposing. However, these economic activities are frequently racialized, feminized, eroticized, and colonized, imagined in economic discourse as geographically located in the global south or in ‘inferior’ areas of the global north (e.g. inner-city urban or lower-class rural) (Escobar 1995). What we imagine about bodies interrelates with the socio-historic formations of economic realities and current understandings of economic ‘truth’. Thus stereotypes about human bodies are transferred onto what we imagine about economic bodies, and imaginings about economic bodies cross the borders of ‘social bodies’ and become soaked up by the sponginess of the diverse human bodies that labor in the environments of that particular economic body. The bodies of the people in an economy – in an economic body – create meaning for that economy. What we imagine about bodies, our own and others’, has powerful effects on how we relate to those bodies. This transitivity of bodies from material to imagined and back again in simultaneous time, combined with the spongelike ability of bodies to hold multiple meanings, is what I refer to here as the porousness of bodies, both human and economic. How then might we use this porousness of bodies to imagine and engage in productively promiscuous economies? I take up this question in this chapter, offering five examples of porously queer economies that function like human bodies:10 a single-mother desiring beautiful furniture, art, and possibility despite living in poverty; a homeless person making a livelihood on their own terms; medically altering one’s body to better match one’s gender regardless of age or ability to pay; moving cross-country despite being told that persons with disabilities ought to be satisfied with their current living situations; and creating social healing through cultivating queer black intergenerational community across state lines and in the absence of legal ties. I demonstrate that these queer desires inspire complex weavings of market, alternative market, and nonmarket economic activities. These blended activities in pursuit of queer desires are what I call ‘queer economies’. Queer economies I define queer economies as economic bodies animated by queer desires. J. Jack Halberstam defines queerness as referring ‘to nonnormative logics and organizations of community, sexual identity, embodiment, and activity in space and time’ (2005: 6). The ‘queer’ part of queer desires, in this chapter, signals desires shaped by nonnormative logics of community, sexual identity, embodiment, and activity – including economic processes – in space and time. When queer desires motivate economic bodies, we can see that queer economies are shaped and moved by human bodies pursuing queer desires. Because queer economies blend economic activities, these kinds of economic bodies have radical potential for transformation, extending options to survive and thrive through deliberately relational activities such as bartering, trading, careshift collectives, and trashpicking. Another feature of queer economies is their engagement with the erotic. In her seminal essay ‘Toward a Queer Ecofeminism’ (1997), Greta Gaard articulates how Western culture’s devaluing of women, nature, and colonized peoples parallels a devaluation of both queerness and the erotic. Scholars such as Arturo Escobar (1995) and Catherine Scott (1996) have made similar claims that economic development discourse conceptually connects nature, women, indigenous people, and colonized nations. Given Gaard’s eco-feminist theorization that colonization projects attempting to stamp out queer expressions of gender and sexuality simultaneously created a fear of the erotic (1997), I am intrigued by the idea that erotophobia might be preventing us from valuing a range of economic bodies. Can we conceive of nonnormative economies as queerly erotic bodies, sparking and enflaming queer desires? I can imagine them flaming, butch, dyke, crip, leather, trans\*, closeted, polyamorous – even dandy! Yet I wish also to include ‘punks’ and ‘welfare queens’ amongst these queerly defined and imagined economic bodies that inspire queer desire (Cohen 1997: 438). For Cathy J. Cohen, using ‘queer’ politically allows for an expansive definition of identities linked to sexuality, labor, and visibility, a definition that includes those who blur gender/ sexual boundaries as well as unmarried mothers or youth who reject capitalism in favor of anarchy. When our queer economies rub up against the skin of other queer economies, there lies powerful potential for desire and economy outside the (re)productive. I suspect many forms of queer economy go unnoticed because they represent refusals to ‘sleep with’ or ‘be faithful to’ a white hetero-malecapitalism. Thus, just as lesbians and queer women may be punished for refusing sexual availability to heteronormative demands, so too are queer economies deplored, ignored, and decimated for cheeky ‘failures’ to live up to capitalist expectations of profit, efficiency, and progress. One example of a ‘failure’ to properly engage capitalism is that of contemporary trashpickers in LA County. They are typecast as homeless, male, dirty, and incapable of making rational decisions for their own well-being.11 Yet evidence about scavenging demonstrates that at least some of those assumptions are false: collecting recyclables is a consistent means to make money. It requires skill and awareness, planning and follow-through. Trashpicking also requires patience and a certain amount of strength and mobility, although it doesn’t have to be one’s own legs or arms – wheelchairs and grabber-sticks are useful tools (Farrell 2006). Scavenging can be effective in teams or solo, or by collaborating with someone for company while collecting for oneself. Trashpicking allows for making a livelihood on one’s own terms outside of or in addition to work for pay. I list trashpicking as evidence of queer economy, partly because my own queer survival has depended upon it. I see it in action in every place I have ever traveled or lived. Trash also brushes uncomfortably against the erotic, frequently cast in moral terms as a judgment: as dirty, unclean, something to be discarded and not thought about again. Those who engage in close, embodied contact with trash are categorized in the same way as the trash itself: disposable, unclean, and certainly not compatible with a middle- or upper-class status. At the same time, the embrace of ‘trashiness’ in popular culture – understood as a gendered and sexualized cultural performance – leaves me loath to romanticize trashpicking. It is dirty work, but hardly immoral: one might even argue that repurposing keeps valuable resources out of landfills and reduces greenhouse gasses, thereby improving local environments. This is where feminist, queer, and antiracist theories help us to see the language and practices used to denigrate particular human bodies. I propose that when we hear sexist, racist, ableist, classist, homophobic, or trans\*phobic comments, there is an opportunity to observe queer economies that challenge the unity, singularity, and totality of ‘capitalism’. Why do I suggest that economies function like bodies? Contemporary English-language economic discourse frequently touts both the singularity of economy – ‘the economy is sick’ – and economy’s presumed human qualities – ‘the economy is sick’. Existing descriptions of economies as gendered, racialized, disabled, and otherwise anthropomorphized in human terms bolster my claim that economies are already conceived at least partially in embodied terms. The anthropomorphized terms rely on a Western framework that values certain ‘masculine-affiliated’ qualities over ‘feminine-affiliated’ others. Catherine Scott illuminates that the gendered nature of economic discourse is fundamental to imbuing imperial and capitalist regimes with unearned power (1995: 4). Yet within this gendered, anthropomorphized language is ‘the economy’s’ Achilles heel. The tendency to anthropomorphize ‘the economy’ also serves to break down an image of the economy as singular: ‘the’ economy is variously described as masculine, feminine, hard, soft, sick, dying, racialized, reproducing, and lazy. In paying attention to such discourses, one can only conclude that ‘the economy’ consistently changes genders, has multiple personalities, or is not as singular in form as dominant hegemonic discourse would lead us to think. Each of these scenarios holds promise for imagining multiple, diverse economic bodies. Those invested in racism, sexism, ableism, erotophobia, heteronormativity, nationalisms, and colonial power are likely to take my suggestion that there are as many kinds of economies as there are types of human bodies as proof of the superiority of capital ‘c’ Capitalism (Gibson-Graham 1996), much as they take for granted the privileges and power granted to bodies upholding whiteness, maleness, wholeness, productivity, reason, heterosexism, the nation-state, and imperialism. My argument is not for them. I suggest thinking of economies as bodies so that those invested in valuing a range of diverse human bodies and relationships can claim our queer economies – our labors in service of queer desires – with the same ferocity that we claim our diverse, queer selves. Benefits of economic bodies The need for an ‘economies as bodies’ framework grew out of my research on two brands from so-called ‘ethical trade’: Café Femenino® and Product (Red)™ (Heiliger 2011, 2012, 2013). These brands and their campaigns are examples of a larger ‘ethical consumerism’ trend in the late twentieth and early twenty-first centuries, which is a social and economic phenomenon encouraging shoppers, primarily in the global North, to buy products that claim to make the world a better place for all. Gibson-Graham’s dismantling of monolithic ‘Capitalism’ into ‘capitalisms’ (1996) proved critical for describing ways Café Femenino’s Fair Trade economic processes differed from Product (Red)’s version of shopping for a social justice cause. However, once I began to analyse economic activities that blended market, alternative market, and nonmarket transactions, Gibson-Graham’s (1996, 2006) framework of diverse economies no longer effectively described what I observed. One flaw in Gibson-Graham’s description of diverse economies is its limited framing of diverse economies as consisting of transactions/labor/ enterprise, which are conceived as taking place in one of three places: (1) markets, (2) alternative markets, or (3) nonmarkets. Depending upon how economic exchanges are compensated, Gibson-Graham categorize economic activities as either (1) capitalist, (2) alternative capitalist, or (3) noncapitalist. Yet economic bodies do not fit neatly into any one of these categories as strictly capitalist, alternative capitalist, or noncapitalist. Instead, diverse economic bodies – including queer economies – overlap different areas of Gibson-Graham’s framework. The actions of economic bodies may include a combination of capitalist, alternative capitalist, and noncapitalist activities. Here, the metaphor of porousness is useful for understanding the ways that queer economies do not have defined boundaries around market, alternative market, and nonmarket activities. Rather, all three of these activities intermingle in queer economies to support nonnormative people as they pursue queer desires for surviving, thriving, and justice. Gibson-Graham’s framework of diverse economies may not preclude the matrix of queer economies. However, it does not adequately theorize the ways queer economies mix economic activities in pursuit of specific queer desires. Contemporary forms of trade such as ethical consumerism are a merger of capitalisms and alternatives such as Fair Trade (Heiliger 2011; Barnett et al. 2008). Instead of describing Café Femenino as functioning under a ‘subsystem of capitalism’ or Product (Red) as ‘a more ethical capitalism’, the framework of economic bodies catalogues each as its own economic body. Both are new economic bodies formed through an economic marriage. These are two different economies that have adapted quickly in response to critiques of globalization, and which play with one another on a global scale, as well as in local markets. In the coffee world, certified Fair Trade became more entrenched in legal documentation, a result that some considered a hindrance to the transformative possibilities of Fair Trade. In response, other forms of ‘ethical’ trade such as transparent contracts and direct trade spun off from Fair Trade and formed their own economic bodies, some of which continue to engage with formal, certified Fair Trade. Other economic bodies previously considered alternative have modified to more closely resemble conventional trade (e.g. Silk brand soy products). Economic offspring form just as human ones do: through unions sometimes clandestine, occasionally sexy, possibly expensive, but generally without much of note to alert the media. This merger of ideological interests (if not actual practices) and social justice concerns is strange. It strikes me that current bodies of ethical economies operate a bit like idealized liberal American upwardly mobile heterosexual couples: practical, yet kind. When I am asked to comment on Fair Trade’s radical potential, I can only say that I am in favor of Fair Trade in the same way that I am in favor of samesex marriage. Whereas same-sex marriage allows increased legal benefits, protections, and responsibilities to those who participate, certified Fair Trade provides increased access to global markets, some financial protection, and responsibilities to a cooperative or group of farmers. Yet it must be noted that both same-sex marriage and certified Fair Trade provide benefits only to those who fit a limited profile. To participate in same-sex marriage in the United States, one must have a recognized citizenship and a legally recognized gender, only one adult partner who consents to marry you, money for a marriage license, and access to a state government that permits same-sex marriage. Fair Trade is similarly limited to those who are privileged. To participate in Fair Trade, one must have certification of Fair Trade practices, ownership of or access to land to grow crops, membership in a cooperative, and access to income or assets. Fair Trade provides major social and economic benefits to farmers and producers who participate, yet Fair Trade does not intervene in the lives of the very poorest farmers in most cases (Jaffee 2007). Certainly there are social, legal, emotional, and economic benefits of both Fair Trade and gay marriage to those who participate. However, both are solutions that work within existing legal and economic structures, systems designed to privilege heterosexuality, whiteness, existing wealth, able-bodiedness, and the nation-state. It is undeniable that some people – some bodies – will never be qualified to participate in either project, whereas others will not want to. As Lyn Ossome argues in Chapter 7 of this volume, a teleological view of economic justice can blind observers to those who cannot ‘move forward’ in the prescribed way. Ossome additionally questions whether justice can possibly be held within the embrace of capitalism. I want to focus primarily on Ossome’s critique of attempting to locate justice within capitalism, for this leaves room to consider how justice might be struggled for across, through, and around capitalism by those who deliberately engage in queer economies – that is, a variety of capitalist, alternative capitalist, and noncapitalist activities motivated by queer desires – in order to survive and thrive. Therefore, I wish to stipulate that while a framework of economic bodies could chart progressive and liberal economies not usually visible within conventional economic discourse, more is needed to develop this concept in order to locate and describe radical, transformative, queer economies of desire. The next section elaborates on what I mean by queer economic bodies, and articulates ways these economies make queer survival possible. Queer desires multiply economic possibilities As I gather evidence of multiple, interrelated, queer economies through a process of witnessing, storytelling, and internet ‘eavesdropping’ (Facebook), it is obvious that queer people – using Cohen’s radical political potential to include a wide range of individuals – co-create communities and economies blending capitalist, alternative capitalist, and noncapitalist activities into economic bodies. These economic bodies become queer economies if the blended activities are used to pursue queer desires shaped by (as Halberstam describes ‘queer’ to indicate) nonnormative logics of community, sexual identity, embodiment, and activity – including economic processes – in space and time. One example of this blending for queer desires is the Trans\*ition Fund Collective (T\*FC), a Tumblr begun in January, 2012 to ‘highlight the projects of trans\* individuals fundraising for their transition while sharing some awesome trans\*-friendly products and resources. Submissions are always welcome!’ (T\*FC; see website in notes at the end of the chapter). More than 15 individuals posted fundraising efforts and personal stories on T\*FC during the first month, primarily for surgery and follow-up care for themselves or a loved one. Some fundraisers sell pre-made items such as video games, sex toys, or books, while others offer their skills in trade or to personalize a special gift. Most create art such as t-shirts, screen prints, jewelry, and paintings to fund medical costs. The remaining Tumblr posts include resources, information about moderators Ariel and Codi, binder giveaways, and general encouragement of trans\* individuals. I classify the Trans\*ition Fund Collective as a queer economy because it is prompted by the nonnormative desire to medically change one’s body to better match one’s self-identified gender, and it blends capitalist (the medical-industrial complex), alternative capitalist (fundraising via Tumblr), and noncapitalist (bartering, trading, and gifting) economic activities. The T\*FC additionally manifests queer desires by not focusing solely on profit; its features include strengthening ties between individuals and their supporters via Tumblr. Its use of multiple economic processes (art, bartering, trade, gifting, collaborating, fundraising) alongside an engagement in the medical-industrial complex is an unconventional kind of economic arrangement, an economic body neither fully inside nor wholly outside a conventional profitmaking capitalism. Additionally, its relationship-building (supporting, connecting, communicating, promoting) across in-person and internet interactions provides a model of community engagement and transformation for other trans\* people. Porously queer economies One reason for the intermingling of various economic activities in a porous queer economy may be that the politically queer humans laboring in queer economies are themselves diverse and experience intersecting forms of systemic oppression that must be met with multiple forms of resistance. Engaging in different forms of economic activity – in different kinds of enterprise – is one strategy for resistance and survival. So, too, is engaging in a variety of relationships and forms of community. An example of a queer economy pursuing ‘nonnormative logics and community’ is a Tumblr called To the Other Side of Dreaming (TTOSOD; see website in notes at the end of the chapter). TTOSOD documents the journey of disability justice/transformative justice activists Mia Mingus and Stacey ‘Cripchick’ Milbern to move together from the US south to the Bay Area of California, despite immense economic and social limitations to mobility faced by people with disabilities. In pursuing this endeavor, they said to their communities in the blogosphere: [We] have decided to live together and create/cultivate interdependent queer disabled korean diasporic radical women of color home together. We are embarking on a journey together to put pieces of disability justice into practice, love each other and live on the other side of dreaming. A huge part of this is our need, as crips, as queers, and women of color, as korean (and all) diasporic people; we need each other and we need you. (TTOSOD) Mingus and Milbern ask for assistance finding affordable, accessible housing and creating a community care collective in Berkeley, California, to assist with Milbern’s needs until the state of CA approves her application and provides home assistive care. They transgress complicated state regulations and social norms that make it difficult for persons with disabilities to move. They explicitly name love and healing a variety of inter-related traumas as part of their relationship-building. The response towards To the Other Side of Dreaming in the first two weeks was remarkable: members of their online and in-person community offered advice and connections to affordable housing and began creating a schedule for a careshift collective. Some online community members sold books, while another friend organized an Etsy shop to raise money for their move and transition. The kinds of support To the Other Side of Dreaming required to prepare to move across the United States differs from the kinds of day-to-day support needed after moving and settling in. Questions of quantity of assistance as well as quality of relationships are critical. Enough people have to be involved to avoid burnout – and those who commit to assisting need to be honest about what they can contribute and for how long. Some ‘allies’ stuck around to provide access for less than six months, perhaps not knowing or caring how their absence can shift a situation of thriving to one of surviving. TTOSOD, as queer economy, relies particularly on creativity, flexibility, and interdependence, as well as access to money, able-bodied persons with access, and state services. In Chapter 7 of this volume, Lyn Ossome challenges the teleological view of most discussions of economic justice, and her arguments apply here: that TTOSOD remains a functioning queer economy, but one that defies the linear narrative of progress and invites the question whether rubbing queer economies against other queer economies is always or necessarily pleasurable, particularly when some economies operate from greater privileges. Queer economies, queer relationships Like other economic bodies, queer economies engage in relationship-making and a variety of economic processes for survival of nonnormative human bodies. Some of these processes may look like a poor imitation of capitalisms – for example, so-called ‘economies of affection’ with activities such as gifting, trading, bartering, trashpicking, and repurposing. However, I would argue they no more mock capitalisms than a dildo mocks a penis. Each of these noncapitalist exchanges offers relational pleasures and responsibilities. Profit-making is not the sole point of these economic activities. Relationships and tool-usage matter as much as form and purpose. Gibson-Graham (1999) and Escobar (1995) reveal that a Western ideological framework invisibilizes some economic activities, while denigrating and calling for the destruction of others. Success and survival within this context become linked to one’s ability to perform as an ideal ‘rational’ economic actor for capitalism. As Escobar has argued, ‘through economic sciences (classical political economy) and broader philosophical conceptions (derived from the Enlightenment, utilitarianism, empiricism), this system produced a certain subjectivity, namely, that embodied in the modern producing subject’ (2005: 142). Cultivating a sense of the profit motive was seen as a crucial component of becoming an ideal producer for the global market, while gift-giving, charity, bartering, and other forms of noncapitalist exchange were ridiculed as being non-rational and non-productive (Escobar 1995; Harvey 2005; Scott 1995). My fifth example of a queer economy embraces many ‘nonrational’ economic activities. Mobile Homecoming (MBHC) is designed by Dr. Alexis Pauline Gumbs, black queer feminist poet and revolutionary, and her partner, Julia Wallace, revolutionary black queer filmmaker, to record the stories of queer black elders in the US. They reached out to online and in-person communities to raise funds for a mobile home to travel to the homes of queer black elders to conduct interviews. Gumbs and Wallace build relationships and raise money through holding freedom schools, selling poetry and books, creating films and teaching resources available online for free and for sale, sharing meals, asking for donations of money, love, and support, and connecting with other queer radicals in North Carolina, USA, and around the globe. According to Gumbs and Wallace’s MBHC (see website in notes at the end of the chapter), the point of their work is to heal, love, and honor black queers, and to support other revolutionary relationships. MBHC is explicitly not a nonprofit. They write: We understand that the modes of survival in our black queer communities which include: – social support organizing – artistic creativity – spiritual transformation – revolutionary interpersonal relationships are our key resources as we transform the meaning of life. (MBHC website) MBHC is queer economy for its intentional mixing of monetary exchange, creative resourcefulness, and deliberate community-building meant to generate love and structural healing. Celebrating the full range of black queerness fundamentally shapes MBHC and affiliated projects. ‘Community’ is defined not by geographic boundaries, nor by boundaries around race or gender, but by reaching out to like-minded social revolutionaries working for justice. There are thousands of people who belong to Gumbs and Wallace’s community – their project of celebrating black queer love and honoring queer intergenerational connection through listening projects and recording history clearly speaks to many. This is one example of how queer economies function – through connections, networks of respect and mutuality, and by speaking truth to power. Because ‘the economy’ is never enough: desiring (more) queer economic bodies In this chapter, I analyse five examples of queer economies to begin to think through what makes queer economies queer, and what makes queer economies valuable. In considering what makes queer economies queer, first, they are a type of economic body animated by queer desires. Economic bodies are inherently relational. Second, queer economies differ conceptually from ‘the economy’, because they are not a singular, unified entity like ‘Capitalism’ – they are multiple and allow us to ‘have some more’. Third, queer economies differ from Gibson-Graham’s framing of multiple economies (as capitalisms, alternative capitalisms, or noncapitalisms) because queer economies – like many economic bodies – weave together two or more kinds of economic activities in pursuit of queer desires. Finally, queer economies function differently from other economic bodies because they focus on nonnormative arrangements of community and relationship-building while pursuing queer desires. The value of queer economies comes from this bundle of characteristics. The relationship-making aspects of queer economies are as important as their plurality and their blending of economic activities. Relationship-making – between people and between economies – enables queer economies to sidestep larger structural forces that disenfranchise queer people and thwart queer desires. Specifically, TTOSOD and MBHC name desires such as love and healing personal and structural wounds as key goals motivating the activities of their economic bodies. Attempting to diffuse or heal structural harms is also clear in T\*FC’s use of Tumblr to provide emotional support for trans\* youth who experience social pressure to pretend to be the sex/gender assigned to them at birth. Scavengers like my family and trashpickers in Los Angeles have a nonnormative relationship with trash, which pushes back against structural norms that insist ‘nice people’ spend money to pursue their desires or that those who don’t have money don’t deserve to thrive. One reason queer economies might be difficult to identify and describe is that many are utilizing forms of alternative and noncapitalist exchange that are typically categorized as non-economic. Queer economies work differently from how we have been taught that capitalisms function, even as queer economies operate through, within, and outside them. Therefore, queer economies have the potential to create justice through desires for nonnormative logics of community, sexual identity, embodiment, and activity – including economic processes – in space and time.12 This requires flexibility and creativity, as well as the pleasurable and often-difficult work of building relationships and being accountable for our actions. Re-theorizing economies as bodies is not merely an intellectual exercise – I mean to multiply our options for engaging in economic activities. Naming and describing queer economies makes clear the unconscious links between economies-as-bodies and the embodied persons laboring within them in service of queer desires. So I ask: what queer desires move your economic bodies? What relationships must you engage in to manifest your desires? With whom will your economic bodies collaborate, flirt, merge, avoid, fight, make up, bargain, or trade? What – or who – will your queer economies long for? Applying our ideas about human bodies leads to greater recognition of – and perhaps participation in – economies already animated by queer desires and justice. What will your queer economies do? Because ‘the economy’ simply isn’t enough to hold all your queer possibilities.

### 3

#### CP Text: Jach’a marka mink’ai echay qanqa di istadus unidus.

#### It solves.

Belcourt 17 (Billy-Ray Belcourt is from Driftpile Cree First Nation. He is a PhD student in the Department of English and Film Studies at the University of Alberta. “The Optics of the Language: How Joi T. Arcand Looks with Words.” 8-29-17. <https://canadianart.ca/features/optics-language-joi-t-arcand-looks-words/> //shree)

What did Bushby see? In his formulation, “one” brings into focus a sinister optic, where “optic” is the lens or filter by which one looks and from this looking ropes what is seen into an encounter humming with all sorts of potential. Bushby’s is an optic that mediates the interpellative call “one” seeks to enact—it is a part of the grammar of settler horror. “One” is thus a modality by which we, the ante-Canada, those of us who bear that which is prior to and beneath Canada, are racialized and roped into a representational field where all things, like trailer hitches, can be put to violent use. We cannot survive in the visual register of “one.” Words are worldly; not just in the sense that they proliferate and float up into the sky and become cloud-like. Words world too. Words like “one” incubate death-worlds (see Achille Mbembe’s 2003 essay “Necropolitics”) inside which those of us who look like Kentner are made to inhabit modes of enfleshment that fix the stares of the grim reapers of the present. On the other hand, some of us recruit words in the name of something like freedom. We might call this duality the double-bind of enunciation. How do we refuse a savage call to being with a more spacious one? Joi T. Arcand is a photo-based artist and industrial sculptor from Muskeg Lake Cree Nation, and she knows that words, that letter forms, shapes and glyphs, “change the visual landscape,” that they are how we go about practicing new ways of looking. Words are emotional architectures, and Arcand calls hers “Future Earth.” In her 2015 book The Argonauts, Maggie Nelson tends to a debate about whether words do or do not potentiate. She takes up a claim of a partner’s that words do nothing but nominalize, and what is left unnamed is subject to a host of horrors. Nelson, however, holds out more hope for words; she contends that they are “good enough,” that how one speaks makes all of the difference and that words can, following Deleuze, incite “the outline of a becoming.” Bushby’s angered vocalization of a genre of non-being—where “one” is the refusal of a name and the humanity that comes with it—is evidence of the terrible mechanics of language. But, it is in opposition to this linguistic state of killability, this metaphysics and rhetoric of coloniality, that Arcand articulates a grammar of subjectivity vis-à-vis the time and space of a native future. Here on Future Earth is a series of photographs that Arcand produced in 2010. In a phone interview, Arcand explained to me that this is where her photo-based practice and her interest in textuality synched. Arcand wants us to think about these photographs as documents of “an alternative present,” of a future that is within arm’s reach. For this series, Arcand manipulated signs and replaced their slogans and names with Cree syllabics. By doing this, Arcand images something of a present beside itself and therefore loops us into a new mode of perception, one that enables us to attune to the rogue possibilities bubbling up in the thick ordinariness of everyday life. Arcand wanted to see things “where they weren’t.” Hers is not a utopian elsewhere we need to map out via an ethos of discovery. Rather, Arcand straddles the threshold of radical hope. She asks us to orient ourselves to the world as if we were out to document or to think back on a future past. That is, Arcand rendered these photographs with a pink hue and a thick, round border, tapping into what she calls “the signifiers of nostalgia.” Importantly, these signifiers are inextricably bound to the charisma of words, to the emotional life of the syllabics. The syllabics are what enunciate; they potentiate a performance of world-making that does not belong to the mise-en-scene of settlement. It is this mise-en-scene of settlement that Arcand conjures to then obliterate, which is to say that her photographs evince a prairie world that is crowded with meaning, meaning that belongs differently to the logic of terra nullius (that a place exists without history or politics prior to European settlement) and to myths of Indian savagery and degeneracy. It is against this system of signs that Arcand opens the prairies up to radical resignification. It is where we build a future atop the decayed remains of coloniality. Perhaps Here on Future Earth visually captures the tempos of “Indian time,” which is always a scene of errant temporality. Indian time is less about the absence of rhythm and more about an inability to fix or to analytically hold up the rhythmic as a mode of feral movement itself. Words like “one” are spun such that they stomp us into the rut of social death. But: Indian time evinces an otherwise kinetics. In Here on Future Earth, this kinetics is energized by the textual, by the stories that they tell, and their visual culture. The modified signs exploit our ability to look; that we see them and conceptualize them as out of place or untimely is how we transport ourselves to a different time, to a place governed by Indian time. The syllabics themselves map a visual field. This is what Arcand calls “the optics of the language.” It is around these words that sociality orbits. This thematic persists in Arcand’s latest project, a set of large neon signs that light up Cree words like keyam. For Arcand, all of her engagements with the Cree language are partly elegiac. She is mourning language loss, but puts this negative affect to rebellious use to signify a world-to-come. Like the syllabics in Here on Future Earth, the bright signs prop up affective structures for a time and place where our relations to Cree are not always-already bound up in performances of grief. In one sign, Arcand translates the English phrase “I don’t have the words” into Cree. “I don’t have the words” is a paradoxical speech act; it uses words to announce their absence. These signs are installed in gallery spaces where Arcand’s work is commissioned; one was recently installed at the second gesture of the Wood Land School at the SBC Gallery of Contemporary Art in Montreal, another outside the Walter Phillips Gallery in Banff. These signs interrupt the visual terrain of the gallery, as if welcoming onlookers to a new world, to a new geographic form. The signs something like kinship around a common wordlessness in the service of a new world-making praxis. These photographs and signs, then, are all relics of a future past. They emerge from something of an anthropological interest in a future-in-the-present, in the affects of Indian time. Arcand thus writes the world wrong so that she can write it anew.

### Case

#### The 1AC’s claim that AIDS should be securitized treats gay people as a threat to the social order – it reads AIDS as a threat to the entire society!

Bersani 10 *Is the Rectum a Grave and Other Essays* p. 6

The aversion I refer to comes in both benign and malignant forms. Malig- nant aversion has recently had an extraordinary opportunity both to express (and to expose) itself, and, tragically, to demonstrate its power. I’m thinking of course of responses to AIDS—more specifically, of how a public health crisis has been treated like an unprecedented sexual threat. The signs and sense of this extraordinary displacement are the subject of an excellent book just published by Simon Watney, aptly entitled Policing Desire.1 Watney’s premise is that “AIDS is not only a medical crisis on an unparalleled scale, it involves a crisis of representation itself, a crisis over the entire framing of knowledge about the human body and its capacities for sexual pleasure” (p. 9). Policing Desire is both a casebook of generally appalling examples of this crisis (taken largely from government policy concerning AIDS, as well as from press and television coverage, in England and America) and, most interestingly, an attempt to account for the mechanisms by which a spectacle of suffering and death has unleashed and even appeared to legitimize the impulse to murder. There is, first of all, the by now familiar, more or less transparent, and ever-increasing evidence of the displacement that Watney studies. At the highest levels of officialdom, there have been the criminal delays in fund- ing research and treatment, the obsession with testing instead of curing, the singularly unqualified members of Reagan’s (belatedly constituted) AIDS commission,2 and the general tendency to think of AIDS as an epidemic of the future rather than a catastrophe of the present. Furthermore, “hospital policies,” according to a New York City doctor quoted by Watney, “have more to do with other patients’ fears than a concern for the health of AIDS patients” (p. 38). Doctors have refused to operate on people known to be infected with the HIV virus, schools have forbidden children with AIDS to attend classes, and recently citizens of the idyllically named town of Arcadia, Florida, set fire to the house of a family with three hemophiliac children apparently infected with HIV. Television and the press continue to confuse AIDS with the HIV virus, to speak of AIDS as if it were a venereal disease, and consequently to suggest that one catches it by being promiscuous. The effectiveness of the media as an educating force in the fight against AIDS can be measured by the results of a poll cited by Watney in which 56.8 percent of News of the World readers came out “in favour of the idea that ‘AIDS carriers’ should be ‘sterilised and given treatment to curb their sexual ap- petite,’ with a mere fifty-one percent in favour of the total recriminalisation of homosexuality” (p. 141). Anecdotally, there is, at a presumably high level of professional expertise, the description of gay male sex—which I quote as an epigraph to this essay—offered to viewers of a BBC Horizon program by one Opendra Narayan of the Johns Hopkins Medical School (background in veterinary medicine). A less colorfully expressed but equally lurid account of gay sex was given by Justice Richard Wallach of New York State Supreme Court in Manhattan when, in issuing the temporary restraining order that closed the New St. Marks Baths, he noted: “What a bathhouse like this sets up is the orgiastic behavior of multiple partners, one after the other, where in five minutes you can have five contacts.”3 Finally, the story that gave me the greatest morbid delight appeared in the London Sun under the headline “I’d Shoot My Son if He Had AIDS, Says Vicar!” accompanied by a photograph of a man holding a shotgun at a boy at pointblank range. The son, appar- ently more attuned to his father’s penchant for violence than the respectable All of this is, as I say, familiar ground, and I mention these few disparate items more or less at random simply as a reminder of where our analytical inquiry starts, and to suggest that, given the nature of that starting point, anal- ysis, while necessary, may also be an indefensible luxury. I share Watney’s interpretive interests, but it is also important to say that, morally, the only necessary response to all of this is rage. “AIDS,” Watney writes, “is effectively being used as a pretext throughout the West to ‘justify’ calls for increasing legislation and regulation of those who are considered to be socially unac- ceptable” (p. 3). And the unacceptable ones in the AIDS crisis are, of course, male homosexuals and IV drug users (many of the latter, are, as we know, poor blacks and Hispanics). Is it unjust to suggest that News of the World readers and the gun-toting British vicar are representative examples of the “general public’s” response to AIDS? Are there more decent heterosexuals around, heterosexuals who don’t awaken a passionate yearning not to share the same planet with them? Of course there are, but—and this is particu- larly true of England and the United States—power is in the hands of those who give every sign of being able to sympathize more with the murderous “moral” fury of the good vicar than with the agony of a terminal KS patient. It was, after all, the Justice Department of the United States that issued a legal opinion stating that employers could fire employees with AIDS if they had so much as the suspicion that the virus could be spread to other workers, regardless of medical evidence. It was the American Secretary of Health and Human Services who recently urged Congress to defer action on a bill that would ban discrimination against people infected with HIV, and who also argued against the need for a federal law guaranteeing the confidentiality of HIV antibody test results.

#### They don’t solve globally---U.S.-centrism causes the prioritization of national interests that fragments cooperation

Scott 12 – Dr. Adam Kamradt-Scott, Senior Lecturer at the Centre for International Security Studies, University of Sydney, & Colin McInnes, UNESCO Professor of HIV/AIDS, Education and Health Security in Africa at Aberystwyth University, “The Securitisation of Pandemic Influenza: Framing, Security and Public Policy”, Global Public Health, 7, Sup. 2, p. 102-103

To what extent, however, was this range of actions the product of labelling pandemic influenza a security issue, as opposed to a public health policy response to an imminent emergency? Methodologically, of course, addressing a counter-factual-- what would have been different if the securitising move had not been successful--is problematic (Fearon, 1991). Nevertheless, the work done by framing the issue as a security threat is central to the broader project of which this case study is part (see McInnes and others, this issue). There are three reasons to suspect that securitization performed a major role in generating these policy responses. Although some of these might appear as much correlations as causations, taken together we believe they represent substantial evidence that framing pandemic influenza as a security threat meant that the policy response was different in scale and character to that of a public health response. First, the synchronicity between the securitising move and these emergency actions is significant. Although the potential for pandemic influenza to result in large numbers of human fatalities had been identified prior to securitisation, emergency actions in terms of planning and advance purchasing of vaccines only occurred once the securitising process had been undertaken. And, although the response was clearly affected by health events (such as SARS and the 2005 H5N1 outbreak), the fact that these were framed as security issues rather than solely public health was, we believe, significant and in no small part explains the difference in response with the 1957 and 1968 outbreaks of pandemic influenza when the disease was not successfully securitised. Second, the form of the response differed from one solely motivated by public health concerns. For example, a public health response would have prioritised the stockpiling of anti-virals and vaccines for use where needed. This would have been motivated both by the ethical priorities of health professionals (addressing need and reducing harm) and epidemiology (to prevent the further spread of the disease). Moreover, global planning would have been prioritized-- at least to some extent--to ensure a coherent response, especially given the dominant narrative of health as a global concern. However, what emerged were a series of national agreements to advance purchase drugs and national plans for pandemic preparedness only loosely coordinated at the global level. In other words, national security was prioritised over global public health. Third, interviews conducted as part of this project supported the view that security had been an important lever in motivating emergency action by governments.

#### ABR won’t get close to extinction, intervening actors solve it, their internal link can’t

Ed Cara 17, science writer for The Atlantic, Newsweek, and Vocativ, 1/27/17, “The Attack Of The Superbugs,” http://www.vocativ.com/394419/attack-of-the-superbugs/

Antibiotic-resistant infections kill at least 700,000 people worldwide a year right now, according to an exhaustive report commissioned by the UK in 2014, and without any substantial medical breakthroughs or policy changes that slow down resistance, they may claim some 10 million deaths annually by 2050 — eclipsing cancer in general as a leading cause. These deaths largely won’t come from pan-resistant infections, just tougher ones. A preventable death there, a preventable death here. Leaving that aside, antibiotics, along with proper sanitation and nutrition, gird our entire way of living. Most every invasive surgery, pregnancy, organ transplant and chemotherapy session we go through will become riskier. Other diseases like HIV, malaria or influenza will become deadlier, since bacteria often exploit the opening in our immune system they leave behind. And already precarious populations like those living with cystic fibrosis, prisoners, and the poor will lose years off their lives. For all the warranted gloom, though, Farewell does think there are reasons to be hopeful. “I don’t think we are doing enough, but the scientific community along with many governmental and private foundations are very actively involved in finding not only new antibiotics, but new solutions to this problem,” she said. There’s been a noticeable change in attitude and increased urgency surrounding antibiotic resistance, she said, one that she hadn’t seen even five years ago, let alone twenty. Until recently, that attitude change could be seen from places as high up as the U.S. federal government. In 2014, former President Obama issued an executive order aimed at addressing antibiotic resistance, the first real acknowledgement of the problem from an administration, devoting funding and outlining a national action for combatting resistance. Through its federal agencies, the administration pushed to reduce antibiotic use on farms and encouraged doctors to stop using them in excess. “There has been a lot of work done the last couple of years, much of it spurned by [Obama’s] National Action Plan,” said Dr. David Hyun, a senior officer for Pew Charitable Trusts’ Antibiotic Resistance Project. The CDC, in particular, has used its funding to open up regional labs that allow them to better detect and respond to antibiotic-resistant outbreaks like the Nevada case, he said. They ultimately hope to create an expansive surveillance system that can easily keep track of resistance rates on a national, state and regional level. A parallel system also exists for monitoring resistance in the food chain, shepherded by the CDC and the U.S. Department of Agriculture. In fact, it was this sort of cooperation between national and local health agencies that enabled Nevada doctors to stop the worst from happening, said Dr. Lei Chen. The swift identification of a possible CRE strain by the hospital, coupled with the woman’s medical history, led to a precautionary quarantine, while also prompting Chen’s public health department and eventually the CDC into action. And it may help prevent future cases from spilling into the public. According to Chen, the CDC has allocated funding this year to all of Nevada’s state public health departments so they can better detect CRE and other dangerous resistant strains. Under the Trump administration, there’s no telling how these small victories will hold up or whether they will advance. All references to antibiotics once found on the Whitehouse.gov site have been removed, including a link to the Obama administration’s national action plan, and the fact that they’re already tried to bar USDA scientists from discussing their work with the public while stripping funding from other public health agencies isn’t encouraging. Even with the best public policy, however, there’s no clear light at the end of the tunnel. Antibiotic resistance has gradually been worsening, even within the last 15 to 20 years, when superbugs like methicillin-resistant Staphylococcus aureus (MRSA) first became widely known, said Hyun. The effort needed to develop new drugs has been in short supply, hamstrung by pharmaceutical companies’ inability to recoup the costs of bringing new antibiotics to market. That’s because, unlike the latest heart medication, any new antibiotics will have to be treated like the last drops of water during a drought, used as little as possible — the exact opposite way to make money off a new product. Yet, much like climate change, the financial toll of not doing anything will total in the trillions years down the road. And it already numbers in the billions now, according to the CDC. Of course, we need bacteria to survive. And most need or pay no mind to us in return. Even pan-resistant bacteria don’t really mean harm. Some have been found in perfectly healthy people, a fact that’ll either comfort you or keep you awake at night, only causing problems when our immune system wavers. There’s no army of sentient E. coli that will rise up and someday overthrow the human race. But barring the calvary showing up, a new fear of ours will learn to settle in, almost unnoticed. It’ll creep in when we pick our heads up from a nasty fall that scrapes our skin open or breaks our bones; when we wave goodbye to our loved ones before they enter an operating room, or when we cradle our newborns into a world teeming with the living infinitesimal, wishing there was still a way to shield them from it as our parents once could for us. A fear of naked vulnerability. The antibiotic apocalypse will be gentle, if it fully arrives, but it won’t be any less devastating to the human spirit.

**Health care providers deny women’s lived experience in favor of abstract data – women aren’t viewed as credible reporters of their own bodies – this causes lack of treatment, misdiagnosing, and erasure**

**Tarzian**, Anita J., and Diane E. **Hoffmann**. *The Journal of Law, Medicine & Ethics: The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain*. 29 Vol. American Society of Law, Medicine & Ethics, 03/22/**2001**. Web. 21 Aug. 2017.

In Western medicine, health-care providers are trained to rely predominantly on objective evidence of disease and injury. This is not only true of physicians but also nurses. One study of nurses found that they incorrectly expect patients who report moderate to severe pain to have elevated vital signs or behavioral expressions of pain.'^ The medical model overemphasizes objective, biological indicators of pain and underacknowledges women's subjective, experiential reports. Johansson and colleagues state, "medical models often end up in reductionism and medico-centrism, since they look for expert explanations in biological facts."'"\* They cite a study by Baszanger which revealed that physicians attempting to make a diagnosis after consulting with a patient considered "cellular pathology as 'something,' whereas illness-provoking, psycho-social circumstances were 'nothing.'"" The subjective nature of pain requires health-care providers to view the patient as a credible reporter, and stereotypes or assumptions about behavior in such circumstances (oversensitivity, complaining, stoicism) add to the likelihood of undertreatment of some groups and overtreatment of others.'\* The feminist literature is rife with examples and criticism of women's voices not being heard or considered credible in the male-dominated health-care system. Sherwin describes physicians as frequently "patronizing, detached, disrespectftul... and unwilling to trust the reports of their women patients."'^ Dresser, in characterizing the literature on women's health care, finds that women's "[s]ubjective experiences of illness and treatment are frequently ignored."'^ A deeper examination of why women are treated this way is explored by several feminist authors. They attribute it to a long history within our culture of regarding women's reasoning capacity as limited" and of viewing women's opinions as "unreflective, emotional, or immature."'"" In particular, in relation to medical decision-making, women's moral identity is "often not recognized.""" In a recent article. Parks argued that women's requests for physician assisted suicide (PAS) are likely to be ignored. Parks reasoned that while a man's request for help in ending his life is likely to be considered a "rational self-evaluation" if marked by "intolerable pain, personal suffering or terminal illness,... women's similar experiences are much more likely to be rejected, discounted, or unheeded because their capacity for such determinations of personal suffering are questioned."""^ Evidence of health-care providers' doubting the pain experience of women with chronic pain is provided by Grace. She found that women with pelvic pain expressed difficulty communicating with their general practitioner about their pain, and some difficulty communicating with their gynecologist. '"^ A significant number of the women "did not think the doctor (GP) really understood what they said and left the doctor's office feeling that there were things about their pelvic pain that they hadn't talked about."""^ These women had received seventy-three different diagnoses to explain the cause of their pain, and reported that their physician implied "nothing was wrong" if no physical cause of pain could be identified.'"^ More than half of the women said that on occasion they felt that the doctor was not taking their pain seriously or that the doctor expected them to put up with their pain. Women are also portrayed as hysterical or emotional in much of the medical and other literature. While men may be seen as forceful or aggressive, women are perceived as hysterical for the same behavior.'"\* Physicians have found women to have more "psychosomatic illnesses, more emotional lability and more complaints due to emotional factors" than men.'"^ In a frequently cited paper by Engel, "the majority of the case histories presented to illustrate 'psychogenic pain and the pain prone patient' are histories of females."'"\* Fishbain and colleagues found that female chronic pain patients were more likely to be diagnosed with histrionic disorder (excessive emotionality and attention-seeking behavior) compared to male chronic pain patients. Some researchers have argued that a "bias toward psychogenic causation for disorders in women has occurred even in well defined painful biological processes: 'Despite the well documented presence of organic etiologic factors, the therapeutic literature is characterized by an unscientific recourse to psychogenesis and a correspondingly inadequate, even derisive approach to their management.'"'"' These findings are consistent with studies reporting that female pain patients are less likely than their male counterparts to be taken seriously or are more likely to receive sedatives than opioids for the treatment of their pain. The health-care provider's bias toward psychogenic causes of women's pain is problematic on two levels. First, women are more likely than men to have their pain attributed to psychogenesis whether or not that is in fact a cause of their pain. Second, for those women whose pain is exacerbated by emotional disorders, the health-care provider's bias against psychological contributors to pain may lead them to undertreat the pain. Some claim that health-care providers' predisposition toward attributing women's pain to emotional causes is related to the higher prevalence of emotional problems (e.g., depression and anxiety) among women."" However, it is possible that a gender bias exists in the processes by which women are evaluated for and diagnosed with these psychological disorders. What is clear is that women are more likely than men to express their feelings and more likely than men to have their symptoms (including pain) attributed to emotional factors. What is unknown is the degree to which emotional factors actually contribute to women's and men's pain experiences. The tendency of health-care providers to discredit women's pain reports may, in part, be rooted in communication differences between men and women. Vallerand argues that "[b]ecause pain is a subjective phenomenon that can be assessed most reliably from the patient's self-report, the ability to communicate the discomfort of pain to a HCP [healthcare provider] should be an advantage." In contrast, it appears that "women's ability to verbalize their emotions causes their responses to be viewed with suspicion [e.g., considered psychologically based] and treated less aggressively.'"" Alternatively, women's style of communication may simply not fit neady into the traditional medical interview model adopted by most physicians. In this model. Smith writes: [the] physician controls the entry and exit of topics and controls the time devoted to a certain topic. By interrogative speech acts,... the physician also controls the introduction and timing of topics. Through interruptions, the physician allows or cuts off patient lines of questioning. Several studies have shown that the physician-led medical interview is confined mainly to the question-and-answer mode of speech and that patient-initiated questions are often "dispreferred" in medical interviews."^ In general, women in Western societies are socialized to take turns in conversation, to downplay their own status, and to demonstrate behaviors that communicate more accessibility and friendliness.' '^ While both men and women might benefit from a more humanistic approach to physician-patient communication,"'' it is likely that women are more likely to be disadvantaged by the traditional medical interview model. Women with chronic pain may be particularly vulnerable in this traditional communication style and rebuffed by physicians in their attempts to express the multiple ways in which their pain affects the quality of their lives and their ability to function."^ Lastly, patient characteristics and behaviors may also play a role in how female pain patients are perceived and, thus, how they are treated by their physicians. To the extent that women are culturally influenced to try to look good, even on visits to their physician, they may be viewed by their physician as attractive and thus not really in pain."\* Alternatively, if female patients present with hostility, they may not receive appropriate treatment. Patient hostility has been reported as an obstacle to establishing a rapport with a healthcare provider. A few studies have indicated a correlation between female pain patients and high levels of hostility."' Such hostility, however, may be the result of frustration with the medical system and difficulty finding a sympathetic healthcare provider. There is evidence that chronic pain patients must see dozens of physicians before finding one that is willing and/or able to treat their pain."\*

1. Charles Darwin, “The Origin of Species” [↑](#footnote-ref-1)