

## Breeding Aliens, Breeding AIDS

### Male Pregnancy, Disability, and Viral Materialism in “Bloodchild”

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Narratives of male pregnancy breach traditional conceptions of reproductive materiality. Pregnant men simultaneously embody material excess and lack, bodily enhancement and deformity, and a capacity for empathy as well as an enforced reliance on others. They take on nonmasculine traits of maternal interdependence and challenge traditional ideals about male self-sufficiency. The pregnant man can neither socially nor biologically sustain the fiction of masculine selfhood as an individualistic, able-bodied endeavor, since his material body is no longer his own. As Michael Davidson has argued, representations of male pregnancy can be read as disability narratives, since they defamiliarize bodily normativity, on the one hand, yet often use disabled life to amplify the horrors of a genetically altered future, on the other (208).<sup>1</sup> I would add that male pregnancy disrupts the material production of normative bodies by violating the boundaries between subject and object, between human and nonhuman life, and between bodily matter and corporeal experience. For example, while media coverage has framed pregnant trans men like Thomas Beattie as freakish and mentally unsound in his violation of material bodily norms of pregnancy—such as having top surgery and using hormone therapy—such stories also force mainstream viewers to split the materiality of reproductive organs from the experience of being a gendered body.<sup>2</sup> As such, male pregnancy offers a unique model for theorizing the gendered, racialized matter of disability.

Nowhere is the trope of male pregnancy more famously depicted than in the 1979 film *Alien*. In the film a parasitic extraterrestrial species im-

pregnates a human male, and a phallic alien baby subsequently bursts through the host's ribcage, birthing itself in a gush of blood. *Alien* reverses traditional sexual and reproductive roles within bodily matter itself, since the male host is orally penetrated, made passively unconscious, and forced to sacrifice his all-too-material body for the birth of another. The alien ruptures norms of masculine capacity and mobility by literally breaking through human skin and bone. *Alien's* portrayal of male pregnancy relies on narrative prosthesis, however, since material bodily disfigurement comes to stand in for the consequences of violating both social and biological norms of gender.<sup>3</sup> The monstrous birth represents gender and species difference as nightmarishly repulsive, and the disfigured body of the host father links disability with death. *Alien* uses the specter of deformity to play into its audience's fears about the instability of the body's gendered matter as well as its socialization. In the film's logic, in other words, violating social and material boundaries results in deformities that kill.

In her 1984 short story "Bloodchild," Octavia E. Butler reimagines the interspecies reproduction of *Alien*—complete with a similar bloody birth scene—by portraying male pregnancy as a disability, but one that produces dependent life rather than death. The story is about an alien species, the Tlic, who impregnate human males in order to reproduce. With the care of a Tlic parent in the story, however, the brown-skinned human host in the birth scene is kept alive after the alien grubs eat their way out of his abdomen. Unlike *Alien's* portrayal of disability as a deathly metaphor for violating gendered materiality, "Bloodchild" portrays alien insemination as an act of state-sponsored disabling that manages populations in ways akin to chattel slavery.<sup>4</sup> I use the story to explore how the US state materially exposes bodies of color to HIV/AIDS as a technique of control in the afterlife of slavery. Although one could read "Bloodchild" as trafficking in the same kind of narrative prosthesis as *Alien*—since Butler likewise portrays male pregnancy as horrifying, violent, and bloody—I insist that the story moves beyond positioning disability as a placeholder for other kinds of difference such as gender and race. Theri Pickens makes this argument about Butler's texts in general, demonstrating that she "does not rely on disability solely to begin her texts. Rather, disability suffuses [them] and becomes the scaffolding that aids in understanding the text qua text" (175). While, like *Alien*, "Bloodchild" depicts bodily difference as monstrous, I take up Pickens's approach to reading disability beyond positive and negative representations and instead examine Butler's textual engagement with interspecies reproduction as a way to depict the material production of HIV/AIDS-related

disabilities. Further, Sami Schalk demonstrates that Butler's work is an example of how "disability metaphors often provide cogent allusions to the historical and contemporary intersectionality and mutually constitutive nature of blackness and disability" (148). Following Schalk, I refuse the split between disability metaphors and disability structures, and I read alien insemination in "Bloodchild" as a metaphor that does not obscure disability, but instead draws attention to how disability biopolitics are racialized in material ways.

In this spirit of reading racialized disability as a material element in "Bloodchild," I argue that the story demonstrates how disability, and HIV/AIDS in particular, has been made to work in the service of producing racialized state-dependent life as well as death. Critically, the aliens in the story ensure their own survival by continually reproducing the materially dependent bodies of their human reproductive hosts. They are not concerned for the lives of the humans except as reproducers, and I extend this reading to account for how people with HIV/AIDS-related disabilities are not the primary beneficiaries of state care. Instead the state serves its own interests by continually reproducing certain people with HIV/AIDS as passive health-care consumers, while preventing others—largely people of color—from access to care, and disallowing any alternative forms of interdependence or care outside of its own network. Such a reading demonstrates how state biopolitics have harnessed HIV/AIDS-related disabilities as part of what Foucault calls "campaigns to teach hygiene and to medicalize the population" (*Society* 244). Butler allows us to see that the state no longer eliminates all people with disabilities, but instead produces material bodily difference along racial lines to reproduce some as docile medicalized populations and others as disposable. Timothy Lyle calls this the domestication of HIV, which entails the rehabilitation of HIV-positive subjects into normative embodiment and thus "depends on the abjection of other queerer black bodies and their supposed values and behaviors" (154). While the reproduction of certain disabilities like HIV/AIDS is no longer a death sentence, instead it has become a tactic for the state to continually produce dependent populations by manipulating the matter—viral and pharmaceutical—that goes into and out of its subjects' bodies. And "Bloodchild" demonstrates that for black people in the United States, who are the highest-risk group for contracting HIV and who have been largely barred access to treatment and prevention, the material production of disability on and in the black body is a part of the biopolitical afterlife of slavery.

## HIV/AIDS Biopolitics

“Bloodchild” traces how state biopolitics exposes bodies to viral matter at unequal rates, and I use the story to account for how the state implants some who contract HIV with life-prolonging antiretrovirals while leaving others to die. I use biopolitics to describe coercive state practices of population management, and I apply a new materialist lens to disability biopolitics in order to account for this viral manipulation of dependent and disabled bodies. My approach responds to Diana Coole and Samantha Frost’s call for a materialist understanding of “the biopolitical interest the modern state has taken in managing the life, health, and death of its populations” by taking into consideration “the unprecedented micropowers that biotechnology is engendering” on and within the body (22–23). I read Butler’s portrayal of interspecies breeding as a way to grasp how the state uses viral infection and the micropowers of pharmaceutical consumerism to manage life and death for those with HIV/AIDS. I thus engage with new materialism by reading male pregnancy in “Bloodchild” as a representation of the dislocation of human by nonhuman viral bodily matter. Sophia Magnone argues that “Bloodchild” is a story about the domestication of nonhuman animals and the animalization of humans, challenging “humankind’s altogether violent, repressive, and deadening treatment of livestock, pets, and other domesticated creatures” (109).<sup>5</sup> Analogous to this reading, and in the spirit of Lyle’s account of domesticating HIV, I focus on how the manipulation of viral matter domesticates some animalized humans with HIV/AIDS while exposing others to death. My reading is also in line with the work of Mel Chen, who chronicles the racialization of nonhuman matter in the human body. Her account of the racialized toxicity of lead, for example, parallels my reading of virality, since both examples demonstrate how the state manages the “potential threat to valued human integrities” posed by toxic and viral substances in order to preserve racialized “animacy hierarchies” (159).

My reading of “Bloodchild” demonstrates that HIV infection and care is one subset of the state’s hierarchical biopolitical management of crip/queer/black bodies.<sup>6</sup> This supports David Mitchell and Sharon Snyder’s recent argument, in *The Biopolitics of Disability*, that the state increasingly incorporates disabled bodies into national life—or domesticates them—in profoundly discriminatory ways. Previously consigned to death, privileged individuals with HIV and AIDS are now rehabilitated and enlisted into life. They are subject to forms of self-disciplinary care that manage

their viral load in order to make them productive, pliant citizens. In other words, they are the targets of what Jasbir Puar characterizes as a “recapacitation of a debilitated body” (“Coda” 152). In Puar’s terms, attending to rehabilitation means theorizing how biopolitical aggregates of capacity and debility work in tandem to manage populations. For populations with or at risk of contracting HIV/AIDS, those who have access to prevention and treatment are either kept on the side of capacity or recapacitated through pharmaceutical regimens, while those who do not—often people of color—are exposed to debility or premature death through neglect.

In his book *Unlimited Intimacy*, Tim Dean demonstrates how some men have rejected these forms of population management by practicing barebacking: intentionally passing and contracting the HIV virus by having sex without condoms. Tim Dean describes barebacking as a radical practice of rejecting risk management by becoming pregnant with and reproducing a virus. He argues that barebackers revalue having HIV as a positive form of embodiment rather than a stigmatized one, and that they form radically new kinship networks through sharing the virus. Dean sees intentional HIV infection as radical in its rejection of able-bodied norms of health, aligning it with a disability studies critique of able-bodied standards of health. Despite the radical potential of barebacking as a model for “desiring disability,” however, I explore how the biopolitical state has increasingly neutralized such forms of resistance by developing ways to regulate HIV/AIDS transmission without condoms and restigmatize the virus. In other words, biopolitical intervention has transformed a crip/queer barebacking subculture into a self-disciplining, condomless, able-bodied gay mainstream. My reading of “Bloodchild” traces how transgressive crip/queer bodies, while potentially resistant to or unincorporable within biopolitics, have been brought into the service of producing state-dependent life.

The effect of such a reincorporation into state-managed life is that HIV/AIDS, and disability in general, is once again produced as something to fear and avoid at all costs. Additionally, people with HIV/AIDS, and especially those who are people of color, are blamed for having failed to protect and care for themselves. By blaming the individual, the state masks the profound lack of access to prevention and treatment for those without white economic privilege. Butler’s treatment of slavery in “Bloodchild” illustrates the way that the state has long used disability to enforce the disposability of black bodies, and continues to do so through the racialized biopolitics of HIV/AIDS in the afterlife of slavery. The story modulates this history of biopolitical racism through speculative fiction, tracing how

the aliens implant the story's protagonist Gan with nonhuman matter, debilitate him under the illusion of free choice, and then compel him to recapacitation through state care. Such care legitimates direct intervention into the material composition of the normatively disabled bodies to ensure their prolonged state-dependent life or death as the state sees fit: as the head Tlic ominously pronounces to Gan after impregnating him at the end of the story, "You will live now" (29).

"Bloodchild" was first published in 1984, only a few years into the AIDS crisis. Even though this was an early and chaotic moment in the epidemic, well before bareback subcultures emerged, I want to suggest that the story offers a way to think through how HIV/AIDS would later be incorporated into state biopolitics. Marty Fink briefly points toward a reading of "Bloodchild" as an HIV/AIDS narrative in its viral portrayal of how "the Tlic co-opt humans as incubators for the creation of their own spawn" (418). In the story male pregnancy is a risky, torturous, and bloody process, he states, "that nevertheless inspires inseparable closeness and the physical intimacy of sex" (418). Butler alludes to early reactions to the AIDS epidemic by evoking the intense pleasure and pain associated with queer sex, as well as portraying it as risky in its reproduction of nonhuman biological matter. For example, Gan assists in the bloody birth scene, and he describes it in sexual and sadomasochistic terms: "She opened him. His body convulsed . . . I felt as though I were helping her torture him, helping her consume him . . . I couldn't possibly last until she was finished" (15). His feelings of sickness are inseparable from his sexual pleasure, and his orgasmic experience of pleasure/pain connote homophobic reactions to "alien" desires and viral presences in the queer body in the 1980s. Moving such discourses of gay sex as death that "consumes" life, though, Butler also anticipates how biopolitics would incorporate normative HIV/AIDS patients into life as dependent crip/queer consumers of life-prolonging medical goods and services. "Bloodchild" speculates about the future of HIV/AIDS biopolitics by imagining what might happen to interspecies forms of reproduction like barebacking once they become manageable within systems of racialized, gendered, and economic life.

In order to engage with these HIV/AIDS politics, Butler uses male pregnancy as a metaphor for bodily dependence. Carrie Sandahl points out that the material process of HIV/AIDS transmission has long been conceptualized in terms of procreation: "The AIDS virus, after all, tricks the body's cells into surrogate parenthood by forcing them to replicate bad copies of themselves, renegade robot copies that eventually take over and destroy the originals" (51). Further, Dean illustrates how barebacking

communities have taken up the language of pregnancy to describe passing sperm and reproducing the virus from person to person, most notably in the use of the term “breeding.” “With the virus coded as a gift, seroconversion can be understood as successful insemination,” he writes (86). Since protection was never needed to prevent pregnancy in sex between men, he argues, men who bareback “represent their deliberate abandonment of condoms as an attempt to conceive” (86). Far from mimicking heteronormative reproduction, however, according to Dean reproducing the virus breaks up traditional lines of inheritance by dislocating human life in favor of virality. Thus barebacking moves along the precarious lines of sexual encounters and creates new hierarchies of family based on shared vulnerability rather than protection.<sup>7</sup> Connecting this analysis with disability, Octavio Gonzalez argues that for bugchasers—those who seek seroconversion through bareback sex—“their HIV/AIDS-*philia* suggests one means of crafting a radical ‘critically disabled/critically queer’ sensibility” (103). Bugchasers reject the stigma and disability-phobia inherent in discourses of safe sex by intentionally reproducing the virus, removing the latex barrier that prevents exchange of bodily matter and become “pregnant” with each other’s viral “seed.” This material bodily openness to alien matter and to disability refuses disciplinary regulations that would recapitate the debilitated queer body into hygiene and able-bodiedness.

Despite this crip potential, in the years since Dean’s influential analysis, material practices and representations of barebacking have swung back toward risk management. While I do not wish to ignore the ongoing, creative models for refusing risk management and forging alternative forms of kinship that continue to exist in and outside of barebacking communities, nonetheless disciplinary self-care has begun to contain such disruptive practices through newer techniques of pharmaceutical prophylaxis, and particularly as barebacking has spread to the gay mainstream. The vast majority of mainstream gay porn has converted to bareback sex in the past six years, and typical mainstream gay porn videos begin with a warning screen encouraging viewers to reduce risk and assuring them that all performers have been meticulously tested for HIV/AIDS, many even specifying the method and type of test used. More fundamentally, bareback sex has become much less risky with the introduction of HIV enzyme blockers like PrEP and antiretroviral treatment-as-prevention (TasP) drugs.<sup>8</sup> These drugs minimize risk and protect the health of its able-bodied, normatively gendered stars, removing disability from the realm of possible outcomes of “risky” sex and reinforcing ableist definitions of HIV as undesirable and “dirty.” Rather than actual risk, PrEP of-



fers safe barebacking and fetishizes the illusion of risk. For example, bare-back porn privileges the moment of insemination by fetishizing the thrill and danger of inserting viral semen into the anus. But now that insemination can happen without passing on HIV, thanks to pharmaceutical intervention, the risk has become hollowly symbolic rather than real. In place of the crip/queer bonds and risks of male pregnancy, biomedical care now redirects barebacking back toward the paradigm of safe sex, which restigmatizes HIV/AIDS and disabled embodiment.

By tracing the stigmatizing effects of PrEP and TasP, I do not wish to detract from the important recent advancements in HIV/AIDS treatment. However, I also insist that the widespread usage of biomedical prevention must not restigmatize HIV/AIDS, must not become coercive in its attempt to eradicate disability, and must not cover over the continued lack of access to care experienced by many, and in particular disabled people and people of color. I am not arguing against using PrEP and TasP, particularly since, as with condoms earlier in the epidemic, there are many homophobic barriers toward education, accessibility, and the implementation of protective measures against the spread of HIV/AIDS that desperately need to be overcome. I also insist on the importance of maintaining opposition to the many homonormative naysayers like Larry Kramer who condemn PrEP because they fear it will lead to unbridled promiscuity, and whose position ironically demonizes gay sex by employing the same respectability rhetoric initially used against condoms.<sup>9</sup> Instead, I attend to how using pharmaceuticals as a form of risk management itself risks stigmatizing and controlling crip/queer/black lives, and I argue that adopting treatment need not mean sacrificing resistance to state biopolitics.

For the remainder of this chapter, I use “Bloodchild” to intervene into some of the risks of HIV/AIDS biopolitics for crip/queer/black subjects. Foremost among such dangers is the stratification of care not only between but also within queer, crip, and black communities, whose lives are seen as more or less valuable in the state’s animacy hierarchy. As Mitchell and Snyder argue, “The price of recent attempts to fold disability into the life of the nation might prove quite steep—for those disabled subjects who aspire to find themselves comfortably ensconced among the normatively disabled while further distancing themselves from those who decline such membership” (62). In other words, those who have access to state medical care reproduce norms of bodily health while they simultaneously stigmatize those who refuse such care, are ineligible, or seek alternative modes of community-based support. I also recognize the seemingly contradictory nature of my argument, since it lies at the center of what Puar has recently



identified as a tension between maintaining disability pride and condemning the violent deployment of disability by the state. Extrapolating from work by Nirmala Erevelles and Helen Meekosha, Puar argues that affirming disability culture and halting the state's production of disability are projects that must be seen as "relational supplements" rather than conflicting agendas (*Right to Maim* 88). Following this imperative, I argue that HIV/AIDS must be destigmatized and also that we must stop the uneven production of HIV/AIDS on racialized bodies. I turn to "Bloodchild" not to resolve the tension between these positions, but to insist that, for both, HIV/AIDS care must be wrenched away from state biopolitics.

### Producing Dependence

Butler traces how potentially transformative crip/queer/black practices of kinship and support are seduced back into the biopolitical state through enforced dependence on—and exclusion from—medical consumerism. The Tlic character T'Gatoi represents the intertwining of state and kinship in the story, since she is not only the head of Gan's family but also the "government official in charge of the Preserve" where all the humans are kept (3). T'Gatoi assumes the state's role in administering biopolitical care, and she institutes kinship networks that are dependent on the state by breaking up human family ties. The Tlic keep their human families passive by feeding them "sterile eggs," which are nonreproductive but bring pleasure, prolong life, and increase vigor (3). The eggs are a kind of drug, and T'Gatoi encourages Gan to eat them so he can "enjoy not being sober" (5). The Tlic also sting humans with their tails in a way that is not painful, but draws blood, dulls pain, and induces sleepiness. The sterile eggs and painless injections are techniques of risk management in the story, since they insulate against the natural and pregnancy-related deterioration of human health. The eggs and injections also coerce the human reproducers into passivity by drugging them, producing their consent to being held captive and impregnated. In other words, the Tlic use biopolitical techniques that manipulate the bodily matter of the humans to extend and optimize life, thereby reducing them to passive reproductive hosts.

The story's treatment of male pregnancy differs from HIV infection in distinct ways, since in reality the state does not directly implant the virus directly in its subjects as the Tlic do in "Bloodchild." However, the state does expose many crip/queer/black subjects to the virus by limiting access to prevention and then claiming the right to intervene in their material

bodies. Robert McRuer argues, for example, that “global capitalism (and specifically the multinational pharmaceutical companies most invested in the traffic in protease inhibitors) reins in or constrains justice for people with HIV/AIDS, short-circuiting their capacity to exercise choice in relation to the collective future” (230). Just as the human hosts do not have the ability to choose whether to receive the “benefits” of the sterile eggs and injections, people with HIV/AIDS and other disabilities often do not have the ability to choose alternative options for treatment or to refuse care in the first place. This is symptomatic of what McRuer calls a “rehabilitative logic” that “governs contemporary understandings of and responses to what we should still call the AIDS crisis” (108). The imperative of rehabilitation is coercive because it lulls and “drugs” people with HIV/AIDS into accepting forms of state and medical care that are predicated on the undesirability of disability.<sup>10</sup>

Butler refutes the pretense that such biomedical intervention serves the interests of people with HIV/AIDS, and instead demonstrates that “care” primarily serves the interests of the state in reproducing compliant health-care consumers. In the birth scene, for example, T’Gatoi administers stings like anesthetics to the pregnant man, saying, “I’ve stung you as much as I dare for now. . . . When this is over, I’ll sting you to sleep and you won’t hurt anymore” (14). She also tells him that when the Tlic who impregnated him arrives, “she’ll give you eggs to help you heal” (14). While T’Gatoi assures him that it is for his own good that she administers such care, it is clear that her real concern is not for his life but for the survival of her own species. “A good family,” she declares as she pulls six healthy grubs from him, explaining that if the Tlic used other species besides humans to reproduce, she would be “happy to find one or two alive” (17). In other words, the Tlic administer such thorough care only because humans serve as optimal reproducers compared with other animals. The care administered by the Tlic certainly has a desirable effect by saving the lives of their reproductive hosts, but this care would not be needed if the Tlic did not impregnate humans in the first place. It is also clear that such care is motivated by the desire to extend human life only in order to produce passive host bodies within the Tlic baby industry. When T’Gatoi cuts into the pregnant human host, for example, the man screams and convulses, but she “seemed to pay no attention as she lengthened and deepened the cut, now and then pausing to lick away blood” (15). Her lack of attention to his pain demonstrates that she only cares about the future generations he will eventually carry if he lives. Licking his wounds is a form of both consumption and care, since, as Gan explains, “His blood vessels contracted, react-

ing to the chemistry of her saliva, and the bleeding slowed” (15). The ambiguity between consuming and caring for the host demonstrates that T’Gatoi is not concerned with saving his life in itself, but for the purposes of prolonging his material existence as a host body that she and her grubs will continually consume and replenish.

T’Gatoi’s consumptive care is analogous to HIV/AIDS pharmaceutical markets. HIV/AIDS medicine is a part of what Mitchell and Snyder call a disability consumption market, and what Merri Lisa Johnson and Robert McRuer have termed a “crip economy.” “Disability identity is now part of capitalism’s array of target markets,” Johnson and McRuer argue, constituting an emergent “‘crip economy’ akin to the globalized queer pink economy” (128). By prolonging the life of those with and at risk of getting HIV/AIDS who can afford health care, the medical industry maintains an endless stream of pharmaceutical consumers at the intersection of crip and pink economies, rather than losing them to death. Quite literally, as “Bloodchild” demonstrates, “licking the blood away” is a more sustainable form of “consuming” and replenishing HIV/AIDS patients, since it continually produces them as consumers dependent on biomedical care. While the economy in the story is fundamentally different from HIV/AIDS biomedicine, in that the story portrays a scenario more akin to reproductive slavery than medical consumerism, by linking the two I demonstrate how “Bloodchild” exposes that biomedical capitalism is a part of the afterlife of slavery. For example, certain resistant, unruly characters, like Gan’s mother and brother, are unincorporable within the Tlic state, and this demonstrates how transgressive crip/queer/black subjects are implanted with disability and left to die outside of state care, even while upstanding subjects like Gan are incorporated into the state. This aggregation of populations demonstrates that, while HIV/AIDS biopolitics is not a form of slavery, it nonetheless works along and within racialized lines forged in slavery to ensure the dependence and disposability of black bodies.<sup>11</sup>

Mitchell and Snyder articulate such forms of dependence on a larger scale, noting that “neoliberalism tends to produce all bodies as languishing . . . in order to exploit new treatment markets” (40). The voracious appetite of such markets is evident in “Bloodchild,” when Gan wonders about T’Gatoi, “Did she like the taste? Did childhood habits die hard—or not die at all?” (17). Once a grub herself, eating her way out of her human host for her own sustenance, she now continues to consume human blood with techniques that ensure an indefinite supply. This mirrors how pharmaceutical companies perfect techniques of prolonging dependent life so

that they will continually consume and replenish their patients, ensuring a continual flow of profit. As Nishant Shahani argues, “the biopoliticization of AIDS” is expanding such markets “through continued pharmaceutical profiteering, a regime of intellectual ‘rights’ that mediates drug affordability, and patent exclusivity that is implicated in a form of necropolitics” (27). Such trends suggest that the bloodlust of pharmaceutical profit is what drives the crip economy of HIV/AIDS consumerism, rather than a concern for patients themselves.

Perhaps the most viable model for resistance to biopolitical consumerism in the story comes from Gan’s mother, Lien. In the first pages of the story, while Gan is comfortably cradled within T’Gatoi’s limbs and drinks greedily from the drugged eggs, his mother refuses to drink. Gan wonders why she “denied herself such a harmless pleasure,” since “Less of her hair would be gray if she indulged now and then. The eggs prolonged life, prolonged vigor. . . . But my mother seemed content to age before she had to” (3). Clearly, though, Lien is aware that the eggs are not “harmless,” since although they prolong life, they also induce consent. When Lien reluctantly takes a small sip from an egg, Gan describes her as “unwillingly obedient” (4). Lien’s failed attempts to refuse care mirror Kane Race’s discussion of the increasing pressure of HIV/AIDS biomedicine: “The persistent appeal to an AIDS-free generation effectively overrides any in-depth consideration or balanced discussion of the material needs of actually existing adults, not least those living with HIV infection” (11). In the story the Tlic similarly override Lien’s material needs: T’Gatoi coerces her into an arranged marriage and forces her to surrender her children into reproductive slavery. As a result Lien winds up branded with the stigma of one who would rather be disabled than continue to rely on biomedical care, and nonetheless forced into rehabilitation.

The imperative of eradicating risk in the story, and in HIV/AIDS prevention itself, reproduces disability stigma in that it assumes that a world without impairment is universally desirable. Disability studies critics have consistently pushed back against such rhetoric, insisting that, as Rosemarie Garland-Thomson writes, “the ostensibly progressive socio-medical project of eradicating disability all too often is enacted as a program to eliminate people with disabilities” (15). Butler, though, draws our attention to how such projects of eradicating disability have developed processes of extending life for certain people with disabilities in addition to eliminating others. The Tlic eradicate the risk of birthing “bloodchildren” but simultaneously perpetuate dependence on state care. Race outlines a similar process in terms of HIV/AIDS, arguing that “the possibility of queer resis-

tance to [ending HIV] is rendered unthinkable . . . strategic optimism is practically compulsory” (11). The “optimism” of ending HIV/AIDS and disability makes it impossible to refuse care and wishes disabled people out of existence through killing as well as biopolitical life-making.

### The Biopolitical Afterlife of Slavery

“Bloodchild” showcases how HIV/AIDS is fundamentally racialized, as the humans in the story are described as having “brown flesh” (14). The story mirrors Alexander Weheliye’s argument that “the politicization of the biological always already represents a racializing assemblage” (12). More specifically, Julie Minich stresses that disability is “highly racialized—both in the sense that disability is disproportionately concentrated within communities of color, which receive unequal health care and experience elevated risk of experiencing workplace injuries, environmental contamination, and state violence, and in the sense that disability is often used rhetorically to reinforce white supremacy” (para. 7). HIV/AIDS is a prominent manifestation of how disability is racialized in material ways: as Nir-mala Erevelles demonstrates, just as black women’s bodies were used in the reproduction of slaves, the “construction of African American women’s sexuality and reproductive capacity continues to manifest itself in policies representing African American women with HIV/AIDS as both dependent and diseased and, thus, ineligible for resources needed for survival” (“Color of Violence” 122). The state allows the virus to disproportionately infect and kill people of color, who are excluded from treatment and prevention efforts that rely on racist notions of black bodies as already diseased and disabled.

To read “Bloodchild” as an HIV/AIDS narrative entails seeing virality as a metaphoric and material mode of bodily difference that is interwoven with historical practices of racism. Neel Ahuja argues that, in the expansion of the US empire over the long twentieth century, “the purported universality of imperial public health was betrayed by its circulation of racial fears of disease. This made the microscopic bodies of viruses and bacteria into the very matter of racial differentiation, the lively conduits of debility and death that threatened a dangerous intimacy between species and social groups in a globalizing world of empire” (5). Such dangers called for biomedical management techniques that would insulate against the risk of racial and species mixing on a material level, to ensure prolonged life in a racially stratified order. “Bloodchild” repre-

sents this order in an enslaved human population who are trained to participate in their own enslavement, as Elys Weinbaum argues. Gan and his family are forcefully “implanted” with alien DNA and then subject to the imperatives of “care” and disposability dictated by their alien overlords. In terms of HIV/AIDS, the story illuminates that, as Shahani argues, “the attempts to manage ‘risk’ only place queer communities of color in greater proximity to death and disposability” (26). In other words, Butler demonstrates how the modes of biological control over black bodies that were developed in slavery have adapted to the racialized micropowers of HIV/AIDS biopolitics.

As an allegory about slavery coded in terms of male pregnancy, “Bloodchild” makes apparent how disability is materially produced on the flesh to institute racial control. As Pickens argues about the protagonist Dana in Butler’s novel *Kindred*, “Her disability remains tethered to historical black experiences of enslavement in America. So, disability moves beyond metaphor or narrative prosthesis to foreground Dana’s embodiment as testimony about the reality of having social and political ideology emblazoned on one’s flesh” (170). In other words, slave owners mutilated black bodies, producing physical and social disabilities as a technique of controlled dependence. And, like the Tlic, slave owners forcibly impregnated female slaves, raping them in order to ensure a steady supply of future slave generations. Erevelles argues that “slave women were utilized not only to meet the Master’s sexual needs, but also in a very concrete way to reproduce the labor force in the slave economy” (*Disability and Difference* 57). Erevelles and Pickens demonstrate the materiality of disability as it was inscribed on black flesh under slavery, tracing how masters enforced ownership over slaves by physical disabling them as a way of administering their dependence and obliterating black kinship structures. In “Bloodchild,” the Tlic similarly produce disability on and in the bodies of their human reproductive hosts. They implant material dependence into the “brown flesh” of their slaves, since the pregnant humans will die if unattended by Tlic care. As Elyce Helford argues, “T’Gatoi, like slavemasters of the antebellum South, attempts to win cooperation through coercion and contentment through narcotics” (267). “Bloodchild” makes apparent the thread that connects the narcotic, sexual, physical, and mental control over black slaves with the current exposure of black populations to HIV/AIDS.

Butler highlights the sinister nature of this system of dependence by describing how the Tlic eggs are “anchored” into the human host’s blood vessels with “hooks,” suggesting not only the parasitic nature of the alien brood but also the fact that killing or removing them would also kill the

host (18). While disability theorists insist that dependence is a common feature to all human life, disabled people and people of color are particularly vulnerable to the manipulation of dependence when the biopolitical state hooks them to its own institutional lifelines. As Mitchell and Snyder demonstrate, for example, “Contemporary bodies find themselves increasingly colonized by ‘big pharma’ through a process that segments body parts into insufficiencies, ailments, and shortcomings in need of chemical and surgical interventions” (40). Such economies of dependence are also part of the afterlife of slavery: as Christina Sharpe argues, slavery “simultaneously exhausted the lungs and bodies of the enslaved even as it was imagined and operationalized as that which kept breath in and vitalized the Black body,” and we are now “living in the wake” of such managed forms of “aspiration” (112–13). The state reduces the autonomy of people with disabilities and people of color by enforcing dependence on state institutions in ways that prevent alternate forms of community support. Within its context of slavery, “Bloodchild” demonstrates how the management of disability was, and continues to be, central to the management of black bodies—not only because slaves were literally disabled via amputation, torture, and forced physical and reproductive labor, but also because disability was inscribed on black flesh to ensure dependence on white masters and on the state.<sup>12</sup>

Resistance to such forms of enforced dependency has often tended to reassert black able-bodiedness. But, as “Bloodchild” crucially demonstrates, such recourse to rehabilitation is destined to fail. Resistance, Butler’s text insists, can only be achieved by forging new relations of dependence through crip/queer/black practices of taking ownership over one’s communal and individual risk, precarity, and dependence rather than attempting to purge disability from blackness. As Ellen Samuels argues, from the slave era to today, critics have been “deeply invested in the recuperation of the black body from a pathologizing and dehumanizing racism that often justified enslavement with arguments that people of African descent were inherently unable to take care of themselves—in other words, disabled” (30). The tight bind between disability and blackness in the time and afterlife of slavery means that in attempting to fight to regain bodily and symbolic freedom, resistance has often denigrated disability and attempted to assert the able-bodied, able-minded independence of black individuals, communities, and populations.<sup>13</sup> In “Bloodchild” Gan’s brother, Qui, represents how such strategies of recuperating the debilitated black body to resist enslavement are destined to fail. Qui’s strategy is to run—an able-bodied activity that represents his determination to es-



cape from being enslaved by using his individual, capable body to flee his Tlic masters. But in an enclosed, prison- and plantation-like compound on an alien planet, there is literally nowhere to run. The very ground and infrastructure is set up to deny him mobility: “He began running away—until he realized there was no ‘away’” (19). By attempting to recuperate his individual, able-bodied, masculine independence, Qui only further entrenches his enslavement.

In contrast to Qui’s running, Butler insists that unofficial, non-state-sponsored forms of crip community care, like Lien’s, are the only potentially empowering ones for crip/queer/black people, because individual rehabilitation and institutional state care are always disciplinary and many crip/queer/black subjects are barred access to them. “Bloodchild” is rife with imagery of cages that represent the enfolding protection offered by the state, but also the entrapment that they learn not to see, or to see as a comfort rather than an institutional structure of enslavement and incarceration. The insect-like limbs of the Tlic represent this comforting imprisonment. Gan, who was “first caged within T’Gatoi’s many limbs only three minutes after [his] birth,” finds it comfortable and secure to be enclosed in them (8). But the other members of his family, who did not experience this “embrace” until they were older, “said it made them feel caged” (6). The Tlic cage humans to foster passivity and make them adapt to and even grow to love their imprisonment.<sup>14</sup> In the afterlife of slavery, moreover, this aspect of the story demonstrates how the mass incarceration of black people in prisons continues to materially segregate racialized populations.

The caging is also a way to monitor the bodily fitness of the humans as reproductive vessels. In a sly reference to “Hansel and Gretel,” Butler suggests that T’Gatoi is trying to fatten Gan up—not for her, but for her babies to eat. “It was impossible to be formal with her while lying against her and hearing her complain as usual that I was too skinny,” thinks Gan (4). “You’re better . . . You’re gaining weight finally. Thinness is dangerous,” says T’Gatoi, as Gan describes her “probing me with six or seven of her limbs” (4). T’Gatoi cultivates a sense of comfort and care in Gan by caging him, which prevents him from resisting (by, say, throwing her into a fire). Butler pointedly highlights how such consent is produced when Gan notices that T’Gatoi’s “probing changed suddenly, became a series of caresses” (4). The Tlic optimize the health of the humans under the illusion of care, blurring the line between a cold probe and a warm caress. Such care encourages privileged black subjects to accept state-sponsored, institutional forms of treatment that perpetuate their biopolitical dependence

rather than to forge crip/queer/black forms of support on their own terms. In the afterlife of slavery, the cages are not as literal and visible as they are in “Bloodchild” or in the era of slavery—although mass incarceration certainly comes close.

Black people continue to be, by far, the racial/ethnic population in the United States that is most vulnerable to HIV/AIDS, and it is in part this active exposure to risk that legitimates state discipline and biopolitical intervention into black lives (“HIV”). For Gan, being skinny is dangerous only because of the risk that is imposed upon him by implanting him with the parasitic Tlic grubs. And the only recourse he has to managing that risk is to accept the “loving” care of T’Gatoi as a state official and family member who will protect him. As a story about enslavement and virality, then, “Bloodchild” exemplifies how exposure to the risk of living with or dying from HIV/AIDS enables state intervention into black lives as part of the afterlife of slavery. Weheliye articulates these biopolitical valences of Saidiya Hartman’s concept of the afterlife of slavery, arguing that “racial slavery and its afterlives in the form of hieroglyphics of the flesh intimately bind blackness to queering and ungendering” (97). While black bodies are no longer physically enslaved, in other words, they are still disabled and queered, and as such painfully feel the phantom limbs of slavery. And Gan quite literally carries such queer disability on and in his flesh as a pregnant black boy.

### Care or Coercion?

Like *Alien*, “Bloodchild” reverses traditionally gendered reproductive materiality. Beyond the fact that the Tlic exclusively impregnate male humans to reproduce their young—as Gan explains, they calculatingly save women “to provide the next generation of host animals”—it is the female Tlic who penetrates the host with her phallic ovipositor to deposit the alien eggs inside of him (21).<sup>15</sup> Yet when T’Gatoi insists on implanting him with her eggs at the end of the story, Gan takes up a shotgun to resist her and protect himself. This is a reversal of his reverse gendering, since brandishing such a phallic weapon is a way for him to reassert his lost masculinity. While Gan eventually gives in, he insists on keeping the gun and tells T’Gatoi to “accept the risk” that it presents (26). On the surface it seems that T’Gatoi is vulnerable here, and that she indeed is sharing some of Gan’s risk in a kind of biopolitical partnership that mitigates his own powerlessness. The gun does not represent a fundamental risk to the state’s

biopolitical system, however, since the humans' captivity on the preserve would render any attempt at armed resistance futile, even if Gan were to kill T'Gatoi. In fact, in a more sinister way, the gun provides Gan with an illusion of his own power and the risk to the Tlic, and this makes him yet more passive and manageable. I argue that Gan's illusion of power corresponds to how barebacking on PrEP, for those who can afford it, reduces unprotected sex to the fetishized illusion of risk and produces barebackers as passive consumers of pharmaceutical and state care. As with the loaded gun, an item that has often been compared to an HIV-positive erect penis, the risk is not real.<sup>16</sup> As Gonzalez argues, such "ambient fantasies rehearse attitudes toward the monstrosity of gay desire and gay desire for the monster—our collective fascination with and titillating fear of the HIV-infected body as queerly enabled *because* queerly disabled" (104). But it is now merely the fetishized fantasy of risk as resistance that is titillating—while real resistance to the state biopolitical management of HIV/AIDS is rendered unthinkable.

In the history of HIV/AIDS, there are countless examples of crip/queer/black resistance to the state-sponsored management of the virus. Many of these examples, in seeking to dislodge the stigma around HIV/AIDS, are based in grassroots kinship networks of dependence and pride rather than either relying on the state or attempting to eradicate disability. Dean's analysis of barebacking is one model—but there are many others, from the AIDS quilt to ACT UP.<sup>17</sup> But once the state enforces the promise of a world free from HIV/AIDS and its related disabilities, the ability to craft bottom-up forms of care or to refuse risk management dwindles. For example, when Gan thinks about his mother's refusal to accept the Tlic sterile eggs and drugging stings, he thinks, "I wondered when she had stopped, and why" (6). Race ends his analysis similarly wondering "what to make of such refusals of prevention and care . . . there are broader questions about the reluctance of marginalized subjects to access care that acquire particular significance in the biomedical prevention context" (25). While Butler and Race do not give us a solution, "Bloodchild" does illustrate the coercive nature of state biopolitics as it envelops anti-biopolitical practices like barebacking, and the importance of keeping open alternative, community-based networks of resistance and care. Forgoing resistance runs the risk of (re)stigmatizing disability and HIV/AIDS, locking crip/queer/black subjects out, and playing into the interests of the state by perpetuating pharmaceutical economies of dependent care. The final lines of "Bloodchild" eerily encapsulate how the imperative of biomedical care manufactures consent by passing itself off as an inevitable public good:

after T’Gatoi states her caring command to the newly pregnant Gan, “You will live now,” she assures him, “I’ll take care of you” (29). In “Bloodchild,” such “care” for male pregnancy, as a metaphor for HIV/AIDS, signifies not only the promise of protection but also the threat of retaliation for any act of resistance.

## NOTES

1. Davidson argues that scenes of male pregnancy “lay bare the artifice of bodily normalcy by imagining biological reproduction as an unnatural act performed through an unnatural body” (214).

2. For example, Lisa Jean Moore and Mary Kosut articulate how Beattie “defied the long-standing cultural belief that anatomy always dictates a person’s gender” (5).

3. In their articulation of narrative prosthesis, Mitchell and Snyder point out how in such metaphoric uses of disability, “the ‘real’ stigma of a disability deforms the otherwise evident value of gender and race as cultural differences” (*Narrative Prosthesis* 33).

4. Elys Weinbaum’s important reading of “Bloodchild” eschews Butler’s insistence that it is not a story about slavery, arguing that Gan is “a slave who nurtures his desire for unfreedom” (64).

5. I cannot, however, agree with Magnone’s reading of the story as offering a “viable mode of collaborative partnership rather than a necessarily parasitic exploitation” (120). Butler does not offer a model for HIV/AIDS community care outside of pharmaceutical consumerism and state dependence, particularly since forms of resistance by minor characters are proscribed and because partnerships outside of the state are prohibited.

6. Mitchell and Snyder use the term “crip/queer” to mark how “all bodies identified as excessively deviant are queer in the sense that they represent discordant functionalities and outlaw sexualities” (3). My use of “crip/queer/black” throughout this essay is an attempt to push such an analysis to account for the triangulation of race within such an analysis by drawing attention to how black bodies are materially produced as sexually, physically, and cognitively deviant.

7. Dean, however, fails to interrogate how barebacking subcultures and representations produce racist stereotypes, confirm able-bodied norms, and exclude women and trans people. See Shaka McGlotten for an analysis of racism in porn and hookup sites.

8. According to Jeffrey Escoffier, “Since 2003 bareback videos have been among the fastest-growing segments of the gay porn market” (136). A casual glance over titles on gay porn websites or video stores demonstrates that this is a gross understatement. As of 2017, bareback videos have almost completely eclipsed condom-only titles in visibility and popularity.

9. As Kane Race argues, resistance to PrEP has come from all sides, from homophobic conservatives to HIV/AIDS activists like Kramer who worry about the loss of a moral high ground through “reckless hedonism” (12).

10. See, for example, Henri-Jacques Stiker’s critique of how rehabilitation frames disability as a lack that must be overcome idealizes the sameness of the able body, and asserts immanent control over disabled people in the name of cure and reintegration.

11. Saidiya Hartman, for example, traces “the coerced and cultivated production of race” through subjection, spectacle, and even enjoyment and humanization (57).

12. Like Erevelles, Cassandra Jackson demonstrates that, in the context of slavery, “the meaning of disability . . . is indelibly entangled in the meaning of blackness, both its ideological meaning and the ways in which it manifests materially as a violated body” (33).
13. See Jennifer James for a disability studies reading of black rehabilitation politics.
14. This love of imprisonment evokes the figure of the dying child in the Mettray penal colony, whom Foucault quotes famously as lamenting, “What a pity I left the colony so soon” (*Discipline* 293).
15. In her reading of “Bloodchild,” Kristin Lillvis argues that Gan must come to understand his own “femaleness” as a penetratable body.
16. For example, see the title screen in *The Gift*, Louise Hogarth’s 2003 documentary film about barebacking (178).
17. See McRuer’s analysis of the AIDS quilt as a disability artifact, for example, and his reading of ACT UP as embodying crip activism.

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