# Ac v spencer dubs

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#### We have entered a post-Fordist state of technocapitalism in which gender, sex, and sexuality are objects of biochemical political management where the pharmaceutical and pornographic industries invent our subjectivities. The inherent connection between the sex and drug industries, and drug and war industries, underwrite all capital relations. This molecular and sexual manipulative government is the pharmacopornographic regime.

Precadio 1 [Preciado, Paul B., and Bruce Benderson. Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era. New York: The Feminist Press at CUNY, 2013. //MSJ SB]

How did sex and sexuality become the main objects of political and economic activity? Follow me: The changes in capitalism that we are wit- nessing are characterized not only by the transformation of “gender,” “sex,” “sexuality,” “sexual identity,” and “pleasure” into objects of the political management of living (just as Foucault had suspected in his biopolitical description of new systems of social control), but also by the fact that this management itself is carried out through the new dynamics of advanced technocapitalism, global media, and biotechnologies. During the Cold War, the United States put more money into scientific research about sex and sexuality than any other country in history. The application of surveillance and biotechnologies for governing civil society started during the late 1930s: the war was the best laboratory for molding the body, sex, and sexuality. The necropolitical techniques of the war will progressively become biopolitical industries for producing and controlling sexual subjectivities. Let us remember that the period between the beginning of World War II and the first years of the Cold War constitutes a moment without precedent for women’s visibility in public space as well as the emergence of visible and politicized forms of homosexuality in such unexpected places as, for example, the American army.4 Alongside this social development, American McCarthyism—rampant throughout the 1950s—added to the patriotic fight against communism the persecution of homosexuality as a form of antinationalism while at the same time exalting the family values of masculine labor and domestic maternity.5 Mean- while, architects Ray and Charles Eames collaborated with the American army to manufacture small boards of molded plywood to use as splints for mutilated appendages. A few years later, the same material was used to build furniture that came to exemplify the light design of modern American disposable architecture.6 During the twentieth century, the “invention” of the biochemical notion of the hormone and the pharmaceutical development of synthetic molecules for commercial uses radically modified traditional definitions of normal and pathological sexual identities. In 1941, the first natural molecules of progesterone and estrogens were obtained from the urine of pregnant mares (Premarin) and soon after synthetic hormones (Norethindrone) were commercialized. The same year, George Henry carried out the first demographic study of “sexual deviation,” a quantitative study of masses known as Sex Variants.7 Reports on human sexual behavior (1948 and 1953) and Robert Stoller’s protocols for “femininity” and “masculinity” (1968) followed in sexological suit. In 1957, the North American pedo-psychiatrist John Money coined the term “gender,” differentiating it from the traditional term “sex,” to define an individual’s inclusion in a culturally recognized group of “masculine” or “feminine” behavior and physical expression. Money famously affirms that it is possible (using surgical, endocrinological, and cultural techniques) to “change the gender of any baby up to 18 months.”8 Between 1946 and 1949 Harod Gillies was performing the first phalloplastic surgeries in the UK, including work on Michael Dillon, the first female-to-male transsexual to have taken testosterone as part of the masculinization protocol.9 In 1952, US soldier George W. Jorgensen was transformed into Christine, the first transsexual person discussed widely in the popular press. During the early 50s and into the 60s, physician Harry Benjamin systematized the clinical use of hormonal molecules in the treatment of “sex change” and defined “transsexualism,” a term first introduced in 1954, as a curable condition.10 The invention of the contraceptive pill, the first bio- chemical technique enabling the separation between heterosexual practice and reproduction, was a direct result of the expansion of endocrinological experimentation, and triggered a process of development of what could be called, twisting the Eisenhower term, “the sex-gender industrial complex.”11 In 1957, Searle & Co. commercialized Enovid, the first contraceptive pill (“the Pill”) made of a combination of mestranol and norethynodrei. First promoted for the treatment of menstrual disorders, the Pill was approved for contraceptive use four years later. The chemical components of the Pill would soon become the most used pharmaceutical molecules in the whole of human history.12 The Cold War was also a period of transformation of the governmental and economic regulations concerning pornography and prostitution. In 1946, elderly sex worker and spy Martha Richard convinced the French government to declare the “maison closes” illegal, which ended the nineteenth-century governmental system of brothels in France. In 1953, Hugh Hefner founded Playboy, the first North American “porn” magazine to be sold at newspaper stands, with a photograph of Marilyn Monroe naked as the centerfold of the first publication. In 1959, Hefner transformed an old Chicago house into the Playboy Mansion, which was promoted within the magazine and on television as a “love palace” with thirty-two rooms, becoming soon the most popular American erotic utopia. In 1972, Gerard Damiano produced Deep Throat. The film, starring Linda Lovelace, was widely commercialized in the US and became one of the most watched movies of all times, grossing more than $600 million. From this time on, porn film production boomed, from thirty clandestine film producers in 1950 to over 2,500 films in 1970. If for years pornography was the dominant visual tech- nology addressed to the male body for controlling his sexual reaction, during the 1950s the pharmaceutical industry looked for ways of triggering erection and sexual response using surgical and chemical prostheses. In 1974, Soviet Victor Konstantinovich Kalnberz patented the first penis implant using polyethylene plastic rods as a treatment for impotency, resulting in a permanently erect penis. These implants were abandoned for chemical variants because they were found to be “physically uncomfortable and emotionally disconcerting.” In 1984 Tom F. Lue, Emil A. Tanaghoy, and Richard A. Schmidt implanted a “sexual pacemaker” in the penis of a patient. The contraption was a system of electrodes inserted close to the prostate that permited an erection by remote control. The molecule of sildenafil (commercialized as Viagra© by Pfizer laboratories in 1988) will later become the chemical treatment for “erec- tile dysfunction.” During the Cold War years psychotropic techniques first developed within the military were extended to medical and recreational uses for the civil population. In the 1950s, the United States Central Intelligence Agency performed a series of experiments involving electroshock techniques as well as psychedelic and hallucinogen drugs as part of a program of “brainwashing,” military interrogation, and psychological torture. The aim of the experimental program of the CIA was to identify the chemical techniques able to directly modify the prisoner’s subjectivity, inflecting levels of anxiety, dizziness, agitation, irritability, sexual excitement, or fear.13 (Indiana) commercialized the molecule called Methadone (the most simple opiate) as an analgesic and Secobarbital, a barbiturate with anaesthetic, sedative, and hypnotic properties conceived for the treatment of epilepsy, insomnia, and as an anaesthetic for short surgery. Secobarbital, better known as “the red pill” or “doll,” became one of the drugs of the rock underground culture of the 1960s.14 In 1977, the state of Oklahoma introduced the first lethal injection composed of barbiturates similar to “the red pill” to be used for the death penalty.15 The Cold War military space race was also the site of production of a new form of technological embodiment. At the start of the 60s, Manfred E. Clynes and Nathan S. Kline used the term “cyborg” for the first time to refer to an organism technologically supplemented to live in an extraterrestrial environment where it could operate as an “integrated homeostatic system.”16 They experimented with a laboratory rat, which received an osmotic prosthesis implant that it dragged along—a cyber tail. Beyond the rat, the cyborg named a new techno-organic condition, a sort of “soft machine”17 (to use a Burroughs term) or a body with “electric skin” (to put it in Haus-Rucker & Co. terms) subjected to new forms of political control but also able to develop new forms of resistance. During the 1960s, as part of a military investigation program, Arpanet was created; it was the predecessor of the global Internet, the first “net of nets” of interconnected computers capable of transmitting information. On the other hand, the surgical techniques developed for the treatment of “les geules cassées” of the First World War and the skin reconstruction techniques specially invented for the handling of the victims of the nuclear bomb will be transformed during the 1950s and 1960s into cosmetic and sexual surgeries.18 In response to the threat inferred by Nazism and racist rhetoric, which claims that racial or religious differences can be detected in anatomical signs, “de-circumcision,” the artificial reconstruction of foreskin, was one of the most practiced cosmetic surgery operations in the United States.19 At the same time, facelifts, as well as various other cosmetic surgery operations, became massmarket techniques for a new middle-class body consumer. Andy Warhol had himself photographed during a facelift, transforming his own body into a bio-pop object. Meanwhile, the use of a viscous, semi-rigid material that is waterproof, thermally and electrically resistant, produced by artificial propagation of carbon atoms in long chains of molecules of organic compounds derived from petroleum, and whose burning is highly polluting, became generalized in manufacturing the objects of daily life. DuPont, who pioneered the development of plastics from the 1930s on, was also implicated in nuclear research for the Manhattan project.20 Together with plastics, we saw the exponential multiplication of the production of transuranic elements (the chemical elements with atomic numbers greater than 92—the atomic number of Uranium), which became the material to be used in the civil sector, including plutonium, that had, before, been used as nuclear fuel in military operations.21 elements exceeds that of any other element on earth, creating a new form of vulnerability for life. Cellulosic, polynosic, polyamide, polyester, acrylic, polypylene, spandex, etc., became materials used equally for body consumption and architecture. The mass consumption of plastic defined the material conditions of a large-scale ecological transformation that resulted in destruction of other (mostly lower) energy resources, rapid consumption, and high pollution. The Trash Vortex, a floating mass the size of Texas in the North Pacific made of plastic garbage, was to become the largest water architecture of the twenty-first century.22 We are being confronted with a new kind of hot, psy- chotropic, punk capitalism. Such recent transformations are imposing an ensemble of new microprosthetic mechanisms of control of subjectivity by means of biomolecular and multimedia technical protocols. Our world economy is dependent on the production and circulation of hundreds of tons of synthetic steroids and technically transformed organs, fluids, cells (techno-blood, techno-sperm, technoovum, etc.), on the global diffusion of a flood of pornographic images, on the elaboration and distribution of new varieties of legal and illegal synthetic psychotropic drugs (e.g., bromazepam, Special K, Viagra, speed, crystal, Prozac, ecstasy, poppers, heroin), on the flood of signs and circuits of the digital transmission of information, on the extension of a form of diffuse urban architecture to the entire planet in which megacities of misery are knotted into high concentrations of sex-capital.23 These are just some snapshots of a postindustrial, global, and mediatic regime that, from here on, I will call pharmacopornographic. The term refers to the processes of a biomolecular (pharmaco) and semiotic-technical (porno-graphic) government of sexual subjectivity—of which “the Pill” and Playboy are two paradigmatic offspring. Although their lines of force may be rooted in the scientific and colonial society of the nineteenth century, their economic vectors become visible only at the end of World War II. Hidden at first under the guise of a Fordist economy, they reveal themselves in the 1970s with the gradual collapse of this phenomenon. During the second half of the twentieth century, the mechanisms of the pharmacopornographic regime are materialized in the fields of psychology, sexology, and endocrinology. If science has reached the hegemonic place that it occupies as a discourse and as a practice in our culture, it is because, as Ian Hacking, Steve Woolgar, and Bruno Latour have noticed, it works as a material-discoursive apparatus of bodily production.24 Technoscience has established its material authority by transforming the concepts of the psyche, libido, consciousness, femininity and masculinity, heterosexuality and homosexuality, intersexuality and transsexuality into tangible realities. They are manifest in commercial chemical substances and molecules, biotype bodies, and fungible technological goods managed by multinationals. The success of contemporary technoscientific industry consists in transforming our depression into Prozac, our masculinity into testosterone, our erection into Viagra, our fertility/sterility into the Pill, our AIDS into tritherapy, without knowing which comes first: our depression or Prozac, Viagra or an erection, testosterone or masculinity, the Pill or maternity, tritherapy or AIDS. This performative feedback is one of the mechanisms of the pharmacopornographic regime. Contemporary society is inhabited by toxic-porno- graphic subjectivities: subjectivities defined by the substance (or substances) that supply their metabolism, by the cybernetic prostheses and various types of pharmacopornographic desires that feed the subject’s actions and through which they turn into agents. So we will speak of Prozac subjects, cannabis subjects, cocaine subjects, alcohol subjects, Ritalin subjects, cortisone subjects, silicone subjects, heterovaginal subjects, double-penetration subjects, Viagra subjects, $ subjects . . . There is nothing to discover in nature; there is no hidden secret. We live in a punk hypermodernity: it is no longer about discovering the hidden truth in nature; it is about the necessity to specify the cultural, political, and technological processes through which the body as artifact acquires natural status. The oncomouse,25 the laboratory mouse bio- technologically designed to carry a carcinogenic gene, eats Heidegger. Buffy kills the vampire of Simone de Beauvoir. The dildo, a synthetic extension of sex to produce pleasure and identity, eats Rocco Siffredi’s cock. There is nothing to discover in sex or in sexual identity; there is no inside. The truth about sex is not a disclosure; it is sexdesign. Phar- macopornographic biocapitalism does not produce things. It produces mobile ideas, living organs, symbols, desires, chemical reactions, and conditions of the soul. In biotechnology and in pornocommunication there is no object to be produced. The pharmacopornographic business is the invention of a subject and then its global reproduction. MASTURBATORY COOPERATION The theoreticians of post-Fordism (Virno, Hardt, Negri, Corsani, Marazzi, Moulier-Boutang, etc.) have made it clear that the productive process of contemporary capitalism takes its raw material from knowledge, information, communication, and social relationships.26 According to the most recent economic theory, the mainspring of production is no longer situated in companies but is “in society as a whole, the quality of the population, cooperation, conventions, training, forms of organization that hybridize the market, the firm and society.”27 Negri and Hardt refer to “biopolitic production,” using Foucault’s cult notion, or to “cognitive capitalism” to enumerate today’s complex forms of capitalist production that mask the “production of sym- bols, language, information,” as well as the “production of affects.”28 They call “biopolitical work” the forms of produc- tion that are linked to aids provided to the body, to care, to the protection of the other and to the creation of human relations, to the “feminine” work of reproduction,29 to rela- tionships of communication and exchange of knowledge and affects. But most often, analysis and description of this new form of production stops biopolitically at the belt.30 What if, in reality, the insatiable bodies of the multi- tude—their cocks, clitorises, anuses, hormones, and neurosexual synapses—what if desire, excitement, sexuality, seduction, and the pleasure of the multitude were all the mainsprings of the creation of value added to the contemporary economy? And what if cooperation were a masturbatory cooperation and not the simple cooperation of brains? The pornographic industry is currently the great main- spring of our cybereconomy; there are more than a million and a half sites available to adults at any point on the planet. Sixteen billion dollars is generated annually by the sex industry, a large part of it belonging to the porn portals of the Internet. Each day, 350 new portals allow virtual access to an exponentially increasing number of users. If it’s true that the majority of these sites belong to the multinationals (Playboy, Hotvideo, Dorcel, Hustler . . . ), the amateur portals are what constitute the truly emerging market for Internet porn. When Jennifer Kaye Ringley had the initiative in 1996 to install several webcams throughout her home that broadcast real-time videos of her daily life through her Internet portal, the model of the single transmitter was supplanted. In documentary style, JenniCams produce an audiovisual chronicle of sex lives and are paid for by subscription, similar to the way some TV stations operate. Today, any user of the Internet who has a body, a computer, a video camera, or a webcam, as well as an Internet connection and a bank account, can create a porn site and have access to the cybermarket of the sex industry. The autopornographic body has suddenly emerged as a new force in the world economy. The recent access of relatively impoverished populations all over the planet to the technical means of producing cyberpornography has, for the first time, sabotaged a monopoly that was until now controlled by the big multinationals of porn. After the fall of the Berlin Wall, the first people able to make use of this market were sex workers from the former Soviet bloc, then those in China, Africa, and India. Confronted with such autonomous strategies on the part of sex workers, the multinationals of porn have gradually united with advertising companies, hoping to attract cybervisitors by offering free access to their pages. The sex industry is not only the most profitable mar- ket on the Internet; it’s also the model of maximum profit- ability for the global cybernetic market (comparable only to financial speculation): minimum investment, direct sales of the product in real time in a unique fashion, the production of instant satisfaction for the consumer. Every Internet portal is modeled on and organized according to this masturbatory logic of pornographic consumption. If the financial analysts who direct Google, eBay, or Facebook are attentively following the fluctuations of the cyberporn market, it’s because the sex industry furnishes an economic model of the cybernetic market as a whole. If we consider that the pharmaceutical industry (which includes the legal extension of the scientific, medical, and cosmetic industries, as well as the trafficking of drugs declared illegal), the pornography industry, and the industry of war are the load-bearing sectors of post-Fordist capitalism, we ought to be able to give a cruder name to immaterial labor. Let us dare, then, to make the following hypothesis: the raw materials of today’s production process are excitation, erection, ejaculation, and pleasure and feelings of self-satisfaction, omnipotent control, and total destruction. The real stake of capitalism today is the pharmacopornographic control of subjectivity, whose products are serotonin, techno-blood and blood products, testosterone, antacids, cortisone, techno-sperm, antibiotics, estradiol, techno-milk, alcohol and tobacco, morphine, insulin, cocaine, living human eggs, citrate of sildenafil (Viagra), and the entire material and virtual complex participating in the production of mental and psychosomatic states of excitation, relaxation, and discharge, as well as those of omnipotence and total control. In these conditions, money itself becomes an abstract, signifying psychotropic substance. Sex is the corollary of capitalism and war, the mirror of production. The dependent and sexual body and sex and all its semiotechnical derivations are henceforth the principal resource of post-Fordist capitalism. Although the era dominated by the economy of the automobile has been named “Fordism,” let us call this new economy pharmacopornism, dominated as it is by the industry of the pill, the masturbatory logic of pornography, and the chain of excitation-frustration on which it is based. The pharmacopornographic industry is white and viscous gold, the crystalline powder of biopolitical capitalism. Negri and Hardt, in rereading Marx, have shown that “in the course of the nineteenth and twentieth centuries, the global economy is characterized by the hegemony of industrial labor, even if, in quantitative terms, the latter remains minor in comparison to other forms of production such as agriculture.”31 Industrial labor was hegemonic by virtue of the powers of transformation it exerted over any other form of production. Pharmacopornographic production is characteristic today of a new age of political world economy, not by its quantitative supremacy, but because the control, production, and intensification of narcosexual affects have become the model of all other forms of production. In this way, pharmacopornographic control infiltrates and dominates the entire flow of capital, from agrarian biotechnology to high-tech industries of communication. In this period of the body’s technomanagement, the pharmacopornographic industry synthesizes and defines a specific mode of production and consumption, a masturbatory temporization of life, a virtual and hallucinogenic aesthetic of the living object, an architecture that transforms inner space into exteriority and the city into interiority and “junkspace”32 by means of mechanisms of immediate auto- surveillance and ultrarapid diffusion of information, a continuous mode of desiring and resisting, of consuming and destroying, of evolution and self-destruction.

#### Technocapitalism profits off the control and manipulation of potentia gaudendia, or orgasmic power. Thus the role of the ballot is to disrupt pharmacopornography.

Precadio 2 [Preciado, Paul B., and Bruce Benderson. Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era. New York: The Feminist Press at CUNY, 2013. //MSJ SB]

To understand how and why sexuality and the body, the excitable body, at the end of the nineteenth century raided the heart of political action and became the objects of a minute governmental and industrial management, we must first elaborate a new philosophical concept in the pharmacopornographic domain that is equivalent to the force of work in the domain of classical economics**. I call potentia gaudendi, or “orgasmic force,” the (real or virtual) strength of a body’s (total) excitation.33 indeterminate capacity; it has no gender; it is neither male nor female, neither human nor animal, neither animated nor inanimate**. Its orientation emphasizes neither the fem-inine nor the masculine and creates no boundary between heterosexuality and homosexuality or between object and subject; neither does it know the difference between being excited, being exciting, or being-excited-with. It favors no organ over any other, so that the penis possesses no more orgasmic force than the vagina, the eye, or the toe. Orgasmic force is the sum of the potential for excitation inherent in every material molecule. Orgasmic force is not seeking any immediate resolution, and it aspires only to its own extension in space and time, toward everything and everyone, in every place and at every moment. It is a force of transformation for the world in pleasure—“in pleasure with.” Potentia gaudendi unites all material, somatic, and psychic forces and seeks all biochemical resources and all the structures of the mind. In pharmacopornographic capitalism, the force of work reveals its actual substratum: orgasmic force, or potentia gaudendi**.** Current capitalism tries to put to work the potentia gaudendi in whatever form in which it exists, whether this be in its pharmacological form (a consumable molecule and material agency that will operate within the body of the person who is digesting it), as a pornographic representation (a semiotechnical sign that can be converted into numeric data or transferred into digital, televisual, or telephonic media), or as a sexual service (a live pharmacopornographic entity whose orgasmic force and emotional volume are put in service to a consumer during a specified time, according to a more or less formal contract of sale of sexual services).Potentia gaudendi is characterized not only by its impermanence and great malleability, but also and above all by the impossibility of possessing and retaining it. Potentia gaudendi, as the fundamental energetics of pharmacopornism, does not allow itself to be reified or transformed into private property. I can neither possess nor retain another’s potentia gaudendi, but neither can one possess or retain what seems to be one’s own. Potentia gaudendi exists exclusively as an event, a relation, a practice, or an evolutionary process. Orgasmic force is both the most abstract and the most material of all workforces. It is inextricably carnal and digital, viscous yet representational by numerical values, a phantasmatic or molecular wonder that can be transformed into capital. The living pansexual body is the bioport of the orgasmic force. Thus, it cannot be reduced to a prediscursive organism; its limits do not coincide with the skin capsule that surrounds it. This life cannot be understood as a biological given; it does not exist outside the interlacing of production and culture that belongs to technoscience. This body is a technoliving, multiconnected entity incorporating technology.34 Neither an organism nor a machine, but “the fluid, dispersed, networking techno-organic-textualmythic system.” This new condition of the body blurs the traditional modern distinction between art, performance, media, design, and architecture. The new pharmacological and surgical techniques set in motion tectonic construction processes that combine figurative representations derived from cinema and from architecture (editing, 3-D modeling, 3-D printing, etc.), according to which the organs, the vessels, the fluids (techno-blood, techno-sperm, etc.), and the molecules are converted into the prime material from which our pharmacopornographic corporality is manufactured. **Technobodies are either not-yet-alive or already-dead: we are half fetuses, half zombies. Thus, every politics of resistance is a monster politics. Marshall McLuhan, Buckminster Fuller, and Norbert Wiener** had an intuition about it in the 1950s: the technologies of communication function like an extension of the body. Today, the situation seems a lot more complex—the individual body functions like an extension of global technologies of communication. “Embodiment is significant prosthesis.”36 To borrow the terms of the Ameri- can feminist Donna J. Haraway, the twenty-first-century body is a technoliving system, the result of an irreversible implosion of modern binaries (female/male, animal/ human, nature/culture). Even the term life has become archaic for identifying the actors in this new technology. For Foucault’s notion of “biopower,” Donna J. Haraway has substituted “techno-biopower.” It’s no longer a question of power over life, of the power to manage and maximize life, as Foucault wanted, but of power and control exerted over a technoliving and connected whole.37 In the circuit in which excitation is technoproduced, there are neither living bodies nor dead bodies, but present or missing, actual or virtual connectors. Images, viruses, computer programs, techno-organic fluids, Net surfers, electronic voices that answer phone sex lines, drugs and living dead animals in the laboratory on which they are tested, frozen embryos, mother cells, active alkaloid molecules . . . display no value in the current global economy as being “alive” or “dead,” but only to the extent that they can or can’t be integrated into a bioelectronics of global excitation. Haraway reminds us that “cyborg figures—such as the end-of-the-millennium seed, chip gene, database, bomb, fetus, race, brain, and ecosystem—are the offspring of implosions of subjects and objects and of the natural and artificial.”38 Every technobody, including a dead techno- body, can unleash orgasmic force, thus becoming a carrier of the power of production of sexual capital. The force that lets itself be converted into capital lies neither in bios nor in soma, in the way that they have been conceived from Aristotle to Darwin, but in techno-eros, the technoliving enchanted body and its potentia gaudendi. And from this it follows that biopolitics (the politics of the control and production of life) as well as necropolitics (the politics of the control and production of death) function as pharmaco porno politics, as planetary managements of potentia gaudendi. Sex, the so-called sexual organs, pleasure and impo- tence, joy and horror are moved to the center of technopo- litical management as soon as the possibility of drawing profit from orgasmic force comes into play. If the theorists of post-Fordism were interested in immaterial work, in cognitive work, in “non-objectifiable work,”39 work,”40 in “affective we theorists of pharmacopornographic capitalism are interested in sexual work as a process of subjectivization, in the possibility of making the subject an inexhaustible supply of planetary ejaculation that can be transformed into abstraction and digital data—into capital. This theory of “orgasmic force” should not be read through a Hegelian paranoid or Rousseauist utopian/dystopian prism; the market isn’t an outside power coming to expropriate, repress, or control the sexual instincts of the individual. On the other hand, we are being confronted by the most depraved of political situations: the body isn’t aware of its potentia gaudendi as long as it does not put it to work. Orgasmic force in its role as the workforce finds itself progressively regulated by a strict technobiopolitical control. The sexual body is the product of a sexual division of flesh according to which each organ is defined by its function. A sexuality always implies a precise governing of the mouth, hand, anus, vagina. Until recently, the relationship between buying/selling and dependence that united the capitalist to the worker also governed the relationship between the genders, which was conceived as a relationship between the ejaculator and the facilitator of ejacula- tion. Femininity, far from being nature, is the quality of the orgasmic force when it can be converted into merchandise, into an object of economic exchange, into work. Obviously, a male body can occupy (and in fact already does occupy) a position of female gender in the market of sex work and, as a result, see its orgasmic power reduced to a capacity for work. The control of orgasmic power (puissance) not only defines the difference between genders, the female/male dichotomy, it also governs, in a more general way, the technobiopolitical difference between heterosexuality and homosexuality. The technical restriction of masturbation and the invention of homosexuality as a pathology are of a pair with the composition of a disciplinary regime at the heart of which the collective orgasmic force is put to work as a function of the heterosexual reproduction of the species. Heterosexuality must be understood as a politically assisted procreation technology. But after the 1940s, the moleculized sexual body was introduced into the machinery of capital and forced to mutate its forms of production. Biopolitical conditions change drastically when it becomes possible to derive benefits from masturbation through the mechanism of pornography and the employment of techniques for the control of sexual reproduction by means of contraceptives and artificial insemination. If we agree with Marx that “workforce is not actual work carried out but the simple potential or ability for work,” then it must be said that every human or animal, real or virtual, female or male body possesses this masturbatory potentiality, a potentia gaudendi, the power to pro- duce molecular joy, and therefore also possesses productive power without being consumed and depleted in the process. Until now, we’ve been aware of the direct relationship between the pornification of the body and the level of oppression. Throughout history, the most pornified bodies have been those of non-human animals, women and children, the racialized bodies of the slave, the bodies of young workers and the homosexual body. But there is no ontological relationship between anatomy and potentia gaudendi. The credit goes to the French writer Michel Houellebecq for having understood how to build a dystopian fable about this new capacity of global capitalism, which has manufactured the megaslut and the megaletch. The new hegemonic subject is a body (often codified as male, white, and heterosexual) supplemented pharmacopornographically (by Viagra, coke, pornography) and a consumer of pauperized sexual services (often in bodies codified as female, childlike, or racialized): “When he can, a westerner works; he often finds his work frustrating or boring, but he pretends to find it interesting: this much is obvious. At the age of fifty, weary of teaching, of math, of everything, I decided to see the world. I had just been divorced for the third time; as far as sex was concerned, I wasn’t expecting much. My first trip was to Thailand, and immediately after that I left for Madagascar. I haven’t fucked a white woman since. I’ve never even felt the desire to do so. Believe me,” he added, placing a firm hand on Lionel’s forearm, “you won’t find a white woman with a soft, submissive, supple, muscular pussy anymore. That’s all gone now.”41 Power is located not only in the (“female,” “childlike,” or “nonwhite”) body as a space traditionally imagined as prediscursive and natural, but also in the collection of representations that render it sexual and desirable. In every case it remains a body that is always pharmacopornographic, a technoliving system that is the effect of a widespread cultural mechanism of representation and production.

#### The idea of “intellectual property” and patentability are constructs of warmaking – they only serve to help pharmacopornographic monopolies exploit and profit off the vulnerable subject’s potentia gaundendi

Fragnito 1 [Fragnito, Maddalena (2020). Commoning Molecules: Decolonising Biological Patents by Gender Hacking Protocols. Journal of International Women's Studies, 21(7), 153-169. Available at: <https://vc.bridgew.edu/jiws/vol21/iss7/12> //MSJ SB]

Acting within the areas that have not yet been fully regulated allows the molecular invasion to be answered through a chain of counter-events of biological sabotage. Within a collective practice, such as CAE's work, the molecular invasion altering organisms’ hormonal balance already begs the question of what is normal and natural, given that organic pollutants are already affecting our bodies, and how to think about bodily awareness and intimate relationships with the surrounding environment. On the one hand, the endless negotiation around what (and to whom) is accepted as natural and what (and to whom) is not-acceptable because it is considered unnatural, informs cultural structures and dynamics at play, defining the relationship between purity and toxicity. In fact, the social organisation of the normative, places purity at the top of the scale of cultural value and toxicity or pollution at the bottom. Into this binary moral order, humans are discouraged from claiming full purity but, simultaneously, some elements of the unclean, polluted and toxic are strictly taboo (Douglas 1966). On the other hand, artist Mary Maggic’s question “Why is it normal for capitalism to poison our bodies with xenoestrogens without our consent, but trans bodies who want to choose estrogen are policed every step of the way?” (2019) is crucial to this text when raising the inquiry of the accepted versus the **unacceptable.** These contradictions show how, during the last decades, our understanding of – and reaction to – hormone-disrupting pollution have been guided by contradictory framings which tend to emphasise some aspects of such pollution while dismissing others**.** This framing becomes evident when, for instance, in western cultures, transgender people are unacceptable since they are considered culturally unnatural and polluting (therefore haunting common sense and its normative organisation); and, at the same time, the biochemical excess of commercially used hormones, is somehow deemed acceptable by the same populations. **As opposed to closed science, where communicative dynamics are limited by institutional walls or restricted by patents, copyright and paywalls, open science has been defined as a way to produce scientific knowledge** by sharing its results and removing obstacles to circulation. However, the relation between closed and open science is the result of complex historical dynamics, none of which are external to the political and economic needs of their times. From medieval knowledge to modern molecular patents, phases of closedness and openness followed by characterising science history as a modes/ regimes of knowledge production based on different ways to finance, valorise and appropriate common pieces of knowledge. Silvia Federici argues that violence against women from the beginning of capitalism till now can be understood as a war, waged through privatisation and knowledge enclosures, against the capacity of keeping communities together and defending non-commercial conceptions of healthcare, wealth and commons (2018). Furthermore, as Valeria Graziano suggests in “Rebelling with Care”, the ability of healthcare social justice movements to autonomously organise their knowledge and practices on care and assistance systems (even before the digital turn) has to be intended as a struggle that “have often led them to clash with managerial classes in state bureaucracies and private corporations” (Bria et al. 2019:38). From the 1940s to the 1970, governments became the major funders of public scientific research in exchange for both collective and national purposes and a contribution to the advancement of military technologies. In 1980, the US “Bayh–Dole Act” was approved (followed by similar laws in other countries) representing a fundamental change that opened the way for the new rhetoric of innovation to transfer public science discoveries to private corporations for the latter's profit (Delfanti 2013). Within this rapidly transformed context, research, even that carried out in public universities, became proprietary and functional to industries and governments (Ziman 2002). The biopolitical history of hormones is longer than one might expect. As early as the end of the 19th century, serums made of animal hormones were used to treat males who were considered too feminist, and females considered as too masculine. It is here crucial to remember how the term “feminism” was first used in 1871 by a young French doctor named FerdinandValère Faneau de La Cour in his doctoral thesis: “On feminism and childishness in tuberculosis patients”. Feminism here is understood as a pathology affecting men suffering from tuberculosis which produces a feminisation of their body (only later on was the term used to accuse men who supported women’s battles for their right to vote). Likewise, in the laboratories of the time, hormones were already described and understood through gendered lenses. Thus, Endocrinology, the history of medical research on hormones, is permeated by conceptions of sex differentiation deemed to be normal versus abnormal (Fausto-Sterling 2000). Based on these early experiments, an industry of animal extracts began to develop to treat whatever was defined as a behavioural issue, such as masculinity, femininity, homosexuality and depression. Indeed, the development and reinforcement of these “somatic fictions” (Vrettos 1995) go hand in hand with the commodification of specific molecules produced by pharmaceutical and petrochemical companies who were foreseeing their potential profitability. The hormones era, from the beginning of 1900 to the 1960s, was a period characterised by the intensification of the pharmaceutical industry’s internationalisation and competition within and across national borders. Patents and patent strategy were essential aspects of this evolutionary process. As soon as hormones were thought to have commercial potential, the industry embarked on the challenge of finding ways to mass-produce them. This strategy was a scientific but also a business issue, and one of intellectual property. In 1930, not more than five member firms (Schering, Ciba, Organon, Boehringer & Sons of Germany and Chimio) formed the “European Hormones Cartel” which was built around a set of process patents and crosslicensing agreements that gave them control over the production and sale of synthetic sex steroids (Gereffi 2017). This five-firm cartel monopolised the entire world market in hormones. Thereafter, steroids quickly became drugs manufactured by the industry in large quantities and defined in terms of structure and metabolism. In other words, the sex hormones became proprietary and a chemically constructed therapeutic agent. Moreover, the patentability of these molecules – together with their production processes – helped to conceive biotechnological products as patentable inventions, strengthening the connection between sociocultural conceptions of purity and the proprietary system. The double licensing aspect set a historical precedent for the patenting of biological products like genes, cells, microbes, plants and animals. In 1980, the United States Supreme Court, through the “Diamond v. Chakrabarty” ruling, extended patent laws to living matter. Soon after, in 1986, the TRIPs Agreement made property schemes converge in different sectors such as chemicals, seeds, drugs and biotechnology products. This legacy can be found in the EU Directive on the Legal Protection of Biotechnological Inventions: “... an invention based on an element isolated from the human body or otherwise produced by means of a technical process, which is susceptible to industrial application, is not excluded from patentability, even where the structure of that element is identical to that of a natural element...” (1998:20th point). Since both theroduction pathways of extraction and hormone synthesis are patentable subjects, nowadays, pharmaceutical companies retain all power over hormone molecules. This route to patenting creates basic rights shortages making transgender people reliant on global drug markets that may exclude them from accessing the drugs they need. This is the case during summer 2019 when testosterone disappeared from Italian pharmacies. In one of their latest bulletins (January 2020), the Italian Drug Agency (AIFA) confirms the temporary unavailability of most hormonal drugs, such as Nebid (Bayer), Testoviron (Bayer) and Sustanol (Aspen). When the supply of a drug is restricted, a country m ay lose access if the limited supplies are diverted by parallel trade, a practice that takes advantage of the price differences between different markets. Under WTO public health regulations, in fact, if there is a public health emergency, countries can use parallel trade flexibilities to import drugs. The problem arises when the drug is in short supply. By making less supply than is needed globally, monopolies can drive up the price by selling the whole supply to the country offering the highest price. This phenomenon forces the latter to buy the product – under “Emergency Conditions” and at an increased cost. The phenomenon, which generates discontinuous hormones intake for transgender people who need it, occurs in Italy alongside most parts of the world (Smiley et al. 2017). A disrupted hormone intake causes higher risks of thrombosis and chronic osteoporosis – not to mention depression and suicide rate due to the impossibility of bodily self-determination. Another aspect to take into account is that, because of the restrictions on importing, countries can only import the drug for essential and emergency treatments (Class A drugs, listed as life-saving) and not for those considered to be less urgent and essential, such as the sextransitioning medical pathway which is not among the authorised conditions for the use of any medicinal product. This invisibility produces as an effect the fact that hormones are difficult to catalogue in Class A (life-saving drugs). On the contrary, the present hormones’ classification (Class C), which is authorised for – non life-saving drugs for – cisgender14 people’s hormonal therapies, do not protect transgender people from the consequences that discontinuous hormone intake can generate.

#### The creation of the contraceptive pill in Puerto Rico signified the mass infiltration of a government of biochemical, semiotic, and economic manipulation

Precadio 3 [Preciado, Paul B., and Bruce Benderson. Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era. New York: The Feminist Press at CUNY, 2013. //MSJ SB]

During the period when the notion of gender, the H-bomb, silicone breast implants, electric prostheses, the computer, and Formica furnishings begin circulating in Western societies, a pioneering domestic, portable, and consumable nanotechnology of hormonal modification is produced. In 1951, a mistake made by Gregory Pincus at G. D. Searle and Company laboratories leads to the invention of the first contraceptive pill in the form of the molecule norethindrone, a synthetic variant of the active molecule progesterone that can be administered orally. The production of a portable and edible contraceptive pill enables the entrance of synthetic hormones (and therefore endocrinological and governmental birth control techniques) into the domestic space, which becomes a consumption/production knot within the pharmacological network. This is part of a larger biopolitical process of the medicalization and pharmacological regulation of domesticity that was already at work earlier in the twentieth century. At the farthest boundary of the same traffic, moving from the domestic to the colony, endocrinological programs for controlling natality and gender production were targeting the racialized body, circulating first within the slavery trade and later within urban segregated spaces, as well as the “disabled,” or the “sexually deviant.” As we will see, most clinical trials with sexual hormones are done in colonial settings, in psychiatric institutions (where homo- sexual, intersexual, and transsexual bodies, regarded as physical or mentally ill, are submitted to endocrinological and surgical procedures), and in penitentiaries and correctional institutions until hormones, produced and designed as consumption goods, end up being absorbed into the everyday American heterosexual domestic space. There is a Pill geography where bodies, fluids, molecules, and capital are produced and distributed. An examination of the economic and technical networks that resulted in the production of the Pill reveals that, while originating with Pincus’s project, the Pill was perfected by John Rock within the unexpected framework of experimental research on aiding procreation for sterile white Catholic families.51 Pincus’s and Rock’s research projects, although conflicting in relation to their vision of the function of white women in society, shared an understanding of nonwhite and deviant subjects as bodies whose reproductive power should be restricted by the state in order to “reduce hunger, poverty, and disease while fostering economic stability.”52 The antibaby molecule was intended to be made into a “simple, cheap, safe contraceptive to be used in poverty-stricken slums, jungles, and among the most ignorant people.”53 In the context of an emerging politicization of racial, ethnic, and sexual minorities in the United States, the contraceptive molecule was thought of as an urban eugenic device and as a method of controlling nonwhite population growth, as well as the population growth of nations that had not yet entered postwar liberal capitalist economies. Constructed in 1833 following the Thomas S. Kirkbride plan, also known as the “building as cure” theory, according to which architecture itself was meant to have a therapeutic effect, the Worcester State Hospital in Massachusetts was one of the most prestigious institutions of its time, well known for having been visited by Freud in 1909 when he traveled to the United States. The Worcester State Hospital was the American version of the modern machine à guérir (cure machine), to use the expression coined by JacquesRené Tenon in his Mémoires sur les hôpitaux de Paris (1788), which Michel Foucault used as the key document in his study of the emergence of a new set of techniques of “public hygiene” that came to spatialize the sick body within the modern city.56 As Foucault argued, after the end of the eighteenth century, the modern hospital and the prison became the paradigmatic architectures of a pervasive medicalization of social and political space. A visual and spatial machinery to produce knowledge about madness and reason, the Worcester Hospital combined prison architecture with large collective rooms and numerous workshops for experimental treatment, such as saunas and rotating chairs treatment were still derived from the nineteenth-century disciplinary biopolitical model for understanding madness and therapy, the hospital also introduced within its walls new “soft” and molecular techniques invented during the Cold War period. But mental and prison institutions where not ideal settings for testing the Pill. The Worcester and Oregon trials were not enough to obtain approval from the FDA to commercialize the Pill or to test the ability of ordinary women to take the Pill regularly outside medical institutions. Since strong anti–birth control laws in Massachusetts and in many other states made it impossible for Searle to conduct the large study of humans required by the FDA, it turned to Puerto Rico, which already had a long history of governmental birth control programs. The pseudocolonial island of Puerto Rico became the most important clinical site for testing the Pill outside the national disciplinary institutions of the asylum and the prison and functioned as a parallel, life-sized biopolitical pharmacological laboratory and factory during the late 1950s and early 1960s. During the Cold War period, Puerto Rico would become the United States’ biggest pharmacological backyard. The island was the invisible factory behind the Playboy mansion and the white liberated mid- dle-class American housewife. In 1955, American physician Edris Rice-Wray, the medical director of the Puerto Rican Family Planning Association, already working with Searle, offered Pincus the possibility of conducting the Pill trials at Rio Piedras, a sub- urb of San Juan where a new housing project had been set up as part of a slum clearance campaign. In the summer of 1955, Pincus visited Puerto Rico and immediately decided that the Rio Piedras housing was the perfect location for a large-population, long-term Pill trial. The general features of legally enforced pharmacologi- cal experimentation in an environment of imposed isolation spread from Europe and North America to colonial and postcolonial regions, transforming the design models of their penal and medical institutions.57 Puerto Rico was a paradigmatic case of transition from the colonial regime to postcolonial economic and political control. At the end of the nineteenth century, the Spanish colonial regime left the island overpopulated and in extreme poverty. After the end of the anticolonial war of 1898, the island became a US territory. Already in 1917, the Puerto Rican ruling classes and the American government, inspired by neo-Malthusianism ideas, had drawn up the first population control plan for the island. In 1925, in the overpopulated slums of Ponce, Dr. José A. Lanause Rolón founded the Birth Control League, built on an educational program.58 These early birth control programs understood sterilization as a safe means of reduc-ing natality and “cleansing” the slums, where reduction of population was to be a first step followed by urban modernization and the development of employment, to transform agrarian Puerto Rico into an industrial economy. In fact, Puerto Rico was not a stranger to forced sterilizations. As early as 1907, the United States had instituted public policy that gave the state the right “to sterilize unwilling and unwitting people.” By 1936, there were more than one hundred birth control clinics operating on the island under federal law. As Katherine Krase has argued, in order to “catalyze economic growth” and respond to “depressionera unemployment,” in 1937 the “Eugenics Board” passed Law 136, an event that signified the institutionalization of these population control programs and the legalization of sterilization techniques. “Both U.S. government funds and contributions from private individuals supported the initiative.”59 Laws similar to Law 136 were passed in thirty states. These policies identified the “insane,” the “feebleminded,” the “dependent,” and the “diseased” as incapable of regulating their own reproductive abilities, thereby justifying government-imposed sterilizations. Legitimizing sterilization for certain groups led to further exploitation, as group divisions were made along race, class, and disabil- ity lines.6 From the beginning of the experimental trials with hormones, the challenge was how to switch from animals to human subjects confined to institutions and finally to the general population. As McCormick infamously said, in stressing the connection between imprisonment and scientific control, the key issue was to find a “cage of ovulating females”: “Human females are not easy to investigate as are rabbits in cages. The latter can be intensively controlled all the time, whereas the human females leave town at unexpected times so cannot be examined at a certain period; and they also forget to take the medicine sometimes—in which case the whole experiment has to begin over again, —for scientific accuracy must be maintained or the resulting data are worthless.” (emphasis in text)61 For Pincus, the island of Puerto Rico offered the most accessible and most easily monitored population pool that McCormick could ever want: the island itself was already a hermetic cage. Puerto Rican women were considered to be not only as docile as laboratory animals, but also as poor and uneducated and therefore an exemplary group: if they could follow the regimen involved in taking the Pill, any white American woman could do the same. The island of Puerto Rico itself was treated as an extended, nonwhite, female body to which the Pill was administered in terms of what Foucault called “urban therapeutics.”62 As historians of medicine Jordan Goodman, Anthony McElligot, and Lara Marks have shown, Puerto Rico’s trials are not an exception but rather belong to a larger history of colonial and hygienist scientific experimentation involving humans that occurred during the twentieth century: “Doctors and biohygenists became the determinators of a bioracially constituted state; they saw themselves as its gatekeepers and guardians, programmed with the mission to secure a utopian healthy society.”63 However, after World War II, with the scandals of Nazi medicine and the Nuremberg Code,64 the role of the state in pharmacologi- cal and medical experimentation became less clearly visible, as this experimentation moved from state institutions to industrial pharmacological companies. As part of a larger mutation from a disciplinary to a pharmacopornographic regime, “research became ‘de-centered’ as it became more commercialized, and moved beyond the immediate sphere of the state or state-related agencies and transcended national borders, borne on the wings of multinational corporations.”65 The birth control programs tested in Puerto Rico clearly show the complicity between national eugenic programs and private pharmacological interests before the war and the transition from the colonial and state model to the postcolonial and neoliberal multinational model of drug production and population control after the 1940s. In the 1930s, the process of excluding and monitoring nonwhite female sexuality and reproduction in Puerto Rico went from techniques of control used in medical and prison settings into several active eugenics programs, such as Law 136, which for the first time authorized sterilization for other than medical reasons. Between 1933 and 1939, a large network of maternity hospitals and sterilization and birth control clinics were established on the island. A liberal eugenics law, the network of birth control clinics, and the possibility of combining clinical trials with housing development and inexpensive labor for American companies and pharmacological industries made Puerto Rico the ideal setting for the Pill trials, which were the largest series of clinical tests ever performed. In 1948, the US government, with the support of the local government under Luis Muñoz Marín, began “Operation Bootstrap,” which aimed to encourage rapid industrialization on the island.73 Puerto Rico offered tax exemptions, low-cost labor, and differential rental rates to encourage US industrial facilities to settle there. As a result, in a few years the island’s economy shifted from colonial labor-intense agrarian industries, such as those of tobacco and sugar, to pharmaceutical, chemical, and electronics production. In a period of twenty years, Puerto Rico became the biggest biochemical and pharmaceutical laboratory in North America. Access to contraceptive techniques was, in fact, designed as a component of a larger project involving housing, urban modernization, and industrialization on the island. Control of reproduction and modern housing were, according to the American government, the two major forces that could guarantee the improved standard of living in Puerto Rico. The main location for the first contraceptive trial, begun in 1955, was a G. D. Searle and Company clinic located in El Fanguito (often shown in US documents as El Fangitto, “the little mud hole”), the “worst slum” on the island, located just outside San Juan. Soon it would be razed in order to build a mass-produced planned community with “functionalist, seven-story residential buildings with running water and sunny balconies.” Mass-produced single-family houses also were built by federal programs in Delano and in other villages: they were low-priced versions of white middle-class American suburban houses, closer to military housing units and the spaces and living conditions of the residential ghettos of the Chicago Black Belt than to the Levittown model. Nevertheless, as Lara Marks argues, “Many of these families highly prized their new accommodation and were therefore unlikely to move away during the course of the trial. This would make them easy to monitor.”74 The Pill trials were a biopolitical program of “mod- ernizing” life that extended to the transformation of the family house, but also to sexuality and reproduction. With its strict spatial partitioning, the “modern” home became the site in which to reproduce the “American way of life,” but also a site of reproductive surveillance. The El Fanguito housing program was the “cage of ovulating females” that McCormick dreamed of and that Searle needed to transform its molecule into a commercial drug. As part of the same urban development, several American pharmacological companies built factories on the island, transforming the same women who at night were testing the oral contra- ceptives at home into factory workers during the day. The most important difference between the Pill trials conducted at Rio Piedras by Searle and previous clinical pharmacological trials lay not in the substance but in the space where they were performed: the Pill trials were the first clinical tests to be externalized outside medical and pharmacological institutions and to take place in the domestic environment. It was Edris Rice-Wray, medical director of the trials, together with Rock and Pincus, who decided to use the housing program of El Fanguito as a home setting for the trial. Having the women take the Pill at home not only reduced the institutional cost of the trials but also placed the subjects within the domestic context of ordinary life, thus extending the scope of the trial outside medical institutions: every private home could potentially become an experimental site. The El Fanguito housing complex became an externalized and extended domestic pharmaceutical laboratory. The high doses of progesterone determined by Searle, to ensure that no pregnancies occurred during the trial, rapidly proved that the hormonal oral contraceptive was extremely reliable. By 1958, because a large part of the population participated in the trial, the birth rate in Puerto Rico had begun to decline. In the early 1960s, other pharmacological companies, such as Synthex (and its ten-milligram pill Orthonovum) and Wyeth Pharmaceutical (Norgestrel and Mestranol) came to the island and extended the trials.76 Meanwhile, the Pill trials had also moved to other pseudocolonial locations, such as Haiti, where Dr. Rice-Wray had initiated a new Searle trial as early as 1957, and Mexico, where Syntex launched a new trial for the Norlutin pill. In most cases the strategy was the same: using housing modernization as a way of installing a micropharmaceutical laboratory within the domestic environment A transversal analysis of geopolitical and institutional spaces, as well as of the racial, sexual, and gender implications of the uses of the first molecules of estrogen and progesterone, extend our definition of the Pill beyond that of being a simple method for managing births to include, also and most important, a new pharmacodomestic tech-nique for (re-)producing race, a form of neocolonial biotechnological eugenics for controlling the reproduction of the species.77 From this perspective, the Pill functions as a semiotic-material element (in its incarnations as both molecule and discourse, machine and organic substance) in the hegemonic racial and sexual grammar of Western culture, obsessed, as Donna J. Haraway has argued, by the contamination of lineage, the purity of race, the separation of the sexes, and the control of gender.78

#### Systems of power manipulate copyright to best exploit the vulnerable body – they determine which drugs are “acceptable” for public use

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In fact, the pharmacopornographic industries are already in competition with the domestic affairs of the old nation-states . . . The war to come isn’t a war between states (Israel vs. Palestine or the United States vs. the oil-produc- ing countries) but more probably a war of pharmacopornographic multinationals against the multitude of vulnerable bodies, a war of the pharmaceutical multinationals that hold the copyright for active principles against the traditional gatherers of plants and their specific forms of knowl- edge, a war of the military-prison-industrial complexes against the racialized and pauperized populations, a war of mafia states against the users of “illegal” drugs, a war of the multinational conglomerates that coordinate the man- agement of medical and legal institutions and free market consumption against bodies deprived of nationality, a war of the systems of control that construct docile sexual sub- jects to achieve the total and limitless exploitation of their potentia gaudendi. The history of the transformations of production, distribution, and consumption of heroin offers several leads about the probable evolution of the legal and political management of sex hormones. Although their common origins don’t seem obvious, heroin and aspirin were synthesized in the same year, 1897, and in the same laboratory, by Hoff- man and Eichengrun, by means of the same process. It involved the simple acetylation of morphine (in the case of heroin) and salicylic acid (in the case of aspirin). Heroin and aspirin were legally marketed by Bayer the following year for the treatment of various pulmonary affections, because of their analgesic properties. Although restrictions on the production and distribution of heroin went into force in the 1920s, it was still possible to find heroin-based pills in an English pharmacological catalog in 1949.59 After fifty years of the repression and criminalization of the marketing of heroin, which resulted in the deterioration of fields, which weren’t being tilled, the adulteration of the substance, and the corruption of its trafficking networks, medical special- ists today are developing a gradual reintegration of heroin into the legal pharmaceutical market. For example, Macfarlan Smith Limited in Edinburgh is making yearly advances in the experimental and therapeutic use of this substance.60 The changes in the legal status of a substance and the description of a consumer as criminal or mentally ill (addicted in the case of heroin, and gender dysphoric in the case of sex hormones) facilitate the establishment of a political relationship between illegal drugs and biocodes of the production of gender. Sex hormones, whose consump- tion is strongly regulated by the state, are drugs whose use is, if not illegal, at least politically controlled; and their use, considering their potential for transforming gender and sex, is subject to specific restrictions that espouse administrative criteria and channels of distribution comparable to those of narcotic substances.

#### Living in the pharmacopornographic era necessitates a bare technolife, or a life absent of all defining identical features. The control of our minds, bodies, sex, and sexualities mean no part of our identity is our own – we’re just ideas

Precadio 5 [Preciado, Paul B., and Bruce Benderson. Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era. New York: The Feminist Press at CUNY, 2013. //MSJ SB]

The goal of contemporary critical theory would be to unravel our condition as pharmacopornographic workers/consumers. If the current theory of the feminization of labor omits the cum shot, conceals videographic ejaculation behind the screen of cooperative communication, it’s because, unlike Houellebecq, the philosophers of biopolitics prefer not to reveal their position as customers of the global pharmacopornomarket. In the first volume of Homo Sacer, Giorgio Agamben reclaims Walter Benjamin’s concept of the “naked life” in order to define the biopolitical status of the subject after Auschwitz, a subject whose paradigm would be the concentration camp prisoner or the illegal immigrant held in a temporary detention center, reduced to existing only physically and stripped of all legal status or citizenship. To such a notion of the “naked life,” we could add that of the pharmacopornographic life, or naked technolife; the distinctive feature of a body stripped of all legal or political status is that its use is intended as a source of production of potentia gaudendi. The distinctive feature of a body reduced to naked technolife, in both democratic societies and fascist regimes, is precisely the power to be the object of maxi- mum pharmacopornographic exploitation. Identical codes of pornographic representation function in the images of the prisoners of Abu Ghraib,42 the eroticized images of Thai adolescents, advertisements for L’Oréal and McDonald’s, and the pages of Hot magazine. All these bodies are already functioning, in an inexhaustible manner, as carnal and digital sources of ejaculatory capital. For the Aristotelian distinction between zōē and bios, between animal life deprived of any intentionality and “exalted” life, that is, life gifted with meaning and self-determination that is a substrate of biopolitical government, we must today substitute the distinction between raw and biotech (biotechnoculturally produced); and the latter term refers to the condition of life in the pharmacopornographic era. Biotechnological reality deprived of all civic context (the body of the migrant, the deported, the colonized, the porn actress/ actor, the sex worker, the laboratory animal, etc.) becomes that of the corpus (and no longer that of homo) pornographicus whose life (a technical condition rather than a purely biological one), lacking any right to citizenship, authorship, and right to work, is composed by and subject to selfsurveillance and global mediatization. **No need to resort to the dystopian model of the concentration or extermination camp**—which are easy to denounce as mechanisms of control—in order to discover naked technolife, **because it’s at the center of postindustrial democracies, forming part of a global, integrated multimedia laboratory-brothel, where the control of the flow of affect begins under the pop form of excitation-frustration.** The gradual transformation of sexual cooperation into a principal productive force cannot be accomplished without the technical control of reproduction. There’s no porn without the Pill or without Viagra. Inversely, there is no Viagra or Pill without porn. The new kind of sexual production implies a detailed and strict control of the forces of reproduction of the species. There is no pornography without a parallel surveillance and control of the body’s affects and fluids. Acting on this pharmacoporno body are the forces of the reproduction industry, entailing control of the production of eggs, techniques of programming relationships, straw collections of sperm, in vitro fertilization, artificial insemination, the monitoring of pregnancy, the technical planning of childbirth, and so on. Consequently, the sexual division of traditional work gradually disintegrates. Pharmacopornographic capitalism is ushering in a new era in which the most interesting kind of commerce is the production of the species as species, the production of its mind and its body, its desires and its affects. Contemporary biocapitalism at the same time produces and destroys the species. Although we’re accustomed to speaking of a society of consumption, the objects of consumption are only the scintilla of a psychotoxic virtual production. We are consumers of air, dreams, identity, relation, things of the mind. This pharmacopornographic capitalism functions in reality thanks to the biomediatic management of subjectivity, through molecular control and the production of virtual audiovisual connections. The pharmaceutical and audiovisual digital industry are the two pillars on which contemporary biocapitalism relies; they are the two tentacles of a gigantic, viscous builtin circuit. The pharmacoporno program of the second half of the twentieth century is this: control the sexuality of those bodies codified as woman and cause the ejaculation of those bodies codified as men. The Pill, Prozac, and Viagra are to the pharmaceutical industry what pornography, with its grammar of blowjobs, penetrations, and cum shots, is to the industry of culture: the jackpot of postindustrial biocapitalism. Within the context of biocapitalism, an illness is the con- clusion of a medical and pharmaceutical model, the result of a technical and institutional medium that is capable of explaining it discursively, of realizing it and of treating it in a manner that is more or less operational. From a pharmacopornopolitical point of view, a third of the African population infected with HIV isn’t really sick. The thousands of seropositive people who die each day on the continent of Africa are precarious bodies whose survival has not yet been capitalized as bioconsumers/producers by the Western pharmaceutical industry. For the pharmacopornographic system, these bodies are neither dead nor living. They are in a prepharmacopornographic state or their life isn’t likely to produce an ejaculatory benefit, which amounts to the same thing. They are bodies excluded from the technobiopolitical regime. The emerging pharmaceutical industries of India, Brazil, or Thailand are fiercely fighting for the right to distribute their antiretrovirus therapies. Similarly, if we are still waiting for the commercialization of a vaccine for malaria (a disease that was causing five million deaths a year on the continent of Africa), it is partly because the countries that need it can’t pay for it. The same Western multinational companies that are launching costly programs for the production of Viagra or new treatments for prostate cancer would never invest in malaria. If we do not take into account calculations about pharmacopornographic profitability, it becomes obvious that erectile dysfunction and prostate cancer are not at all priorities in countries where life expectancies for human bodies stricken by tuberculosis, malaria, and AIDS don’t exceed the age of fifty-five.43 In the context of pharmacopornographic capitalism, sexual desire and illness are produced and cultivated on the same basis: without the technical, pharmaceutical, and mediatic supports capable of materializing them, they don’t exist. We are living in a toxopornographic era. The postmodern body is becoming collectively desirable through its pharmacological management and audiovisual advancement: two sectors in which the United States holds—for the moment but, perhaps not for long—worldwide hegemony. These two forces for the creation of capital are dependent not on an economy of production, but on an economy of invention. As Philippe Pignare has pointed out, “The pharmaceutical industry is one of the economic sectors where the cost of research and development is very high, whereas the manufacturing costs are extremely low. Unlike in the automobile industry, nothing is easier than reproducing a drug and guaranteeing its chemical synthesis on a massive scale, but nothing is more difficult or more costly than inventing it.”44 In the same way, nothing costs less, materially speaking, than filming a blowjob or vaginal or anal penetration with a video camera. Drugs, like orgasms and books, are relatively easy and inexpensive to fabricate. The difficulty resides in their conception and political dissemination.45 Pharma- copornographic biocapitalism does not produce things. It produces movable ideas, living organs, symbols, desires, chemical reactions, and affects. In the fields of biotechnology and pornocommunication, there are no objects to produce; it’s a matter of inventing a subject and producing it on a global scale.

#### Thus vote aff to engage in a politics of gender hacking as a means of reducing intellectual property protections on medicines.

#### Gender hackers and activists must force the state to common medicines without restrictions. This is not engaging the state – it’s making them do what we want.

Preciado 6 |Paul B. Preciado is a professor of Political History of the Body, Gender Theory, and History of Performance at Université Paris VIII and director of the Independent Studies Program (PEI) of the Museum of Contemporary Art of Barcelona (MACBA). *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*, 2013, Page 393-394|KZaidi

How to react in the face of states’ resistance to legal- izing the sale of pharmaceutical heroin or removing the consumption of sex hormones from psychiatric protocols? If we consider the close relationships maintained by the neoliberal nation-states, the pharmaceutical corporations, and the networks of drug trafficking, it appears urgent that those dismissed as junkies (the users of illegal drugs) and those diagnosed with gender dysphoria (the potential users of sex hormones) must organize into associations of copyleft drug consumers and force the state-industry- pharmaceutical-drug-trafficking networks to facilitate free access without restrictions to these biocodes of the produc- tion of subjectivity. Just as the users of Agreal prosecuted Sanofi-Aventis laboratories for the serious side effects61 of this medication (originally intended to disguise the symp- toms of menopause by blocking the action of the dopamine neurotransmitters), the users of heroin could prosecute the state in instances of withdrawal or overdose for that state’s having prevented the production, distribution, and consumption of that substance for users in a trustworthy and legal manner. This political pressure would lead gradually to the production and distribution of heroin (or cocaine, MDA, etc.) as generics that could be first bought freely on the pharmaceutical market and, in the long run, be produced and managed collectively as chemical prostheses commons. This would ultimately entail a process of a mul- titude-in-the-making, not only of a lobby of consumers of gender and sex biocodes but also a network of trans-junkie experts, a monster-multitude-in-the-making.

#### The alternative is commoning hormones through copyleft biohacking – participatory workshops like Open Source Estrogen and Power Makes Us Sick are material examples of how we can vacate the pharmacopornographic space and take care of each other without it.

Fragnito 2 [Fragnito, Maddalena (2020). Commoning Molecules: Decolonising Biological Patents by Gender Hacking Protocols. Journal of International Women's Studies, 21(7), 153-169. Available at: <https://vc.bridgew.edu/jiws/vol21/iss7/12> //MSJ SB]

Sexual life, as we know it, is changing through the transformation of toxicity and biochemical materiality, by “metabolising pollutants” (Ah-King and Hayward 2013:7) which, together with cultural movements, are testing the cultural supremacy of dualistic models of sexual difference. In this section I will look at two bio-art practices dealing with hormones, Mary Maggic’s and Power Make us Sick’s participatory workshops, both connected with a wider international network of communities and hackerspaces dealing with open-source biohacking and autonomous healthcare practices, such as hackteria4. Questioning the mode of production of molecules and the ways they promote awareness and knowledge on the topic, I will point out how the creation and sharing of open-source protocols and the organisation of DIWO biohacking workshops can be understood as a practice of commoning science, meaning a way for everyday citizens to make decisions and take action to answer the healthcare needs of their communities, rather than being locked into the profit-driven mechanics of the market, or being merely dependent on governments’ prescriptions. The work of artist Mary Maggic aims both at reformulating the concept of toxicity and challenging the hormone market’s rules and politics. Maggic’s non-profit hands-on workshops are characterised by creating and redistributing scientific and chemical knowledge among participants. By doing so, radical access and inclusive approaches are needed, as well as the use of participatory methods. The result is a collective re-appropriation of means of production, of knowledge and awareness about scientific healthcare practices and dynamics. “Open Source Estrogen”5, one of the several art collaborative workshops led by the artist, has the ambition to develop DIWO protocols for the domestic extraction and synthesis of hormones from urine, as a response to the restrictive control by governments and institutions over our bodies. The project hacks estrogens present in the human body creating non-commercial access to them, which is arguably a collaborative, decolonial intervention through DIWO protocols to “openly” extract and synthesise hormones6. By the re/contextualisation of a closed biochemistry laboratory into an open-source domestic protocol, “Open Source Estrogen” challenges the predominant toxicity consensus by detecting and extracting both “xenoestrogens” present in our bodies we are not aware of, and endocrine ones. From detection to extraction, through synthesis, these domestic protocols offer forms of social resistance, awareness tools, DIWO therapies that put gender hacking into practice. Moreover, the extraction of the estrogen hormone from urine tackles several issues. Firstly, the effect of industrial pharmaceutical and petrol-chemical invasion, by raising awareness of our being “open system bodies” (Maggic 2019) that must negotiate the desired dose. Secondly, it engages with the issues of gender politics behind the hormones, definition per se, hormonal therapy access and, therefore, the increase of self-sovereignty and embodied agency. It does so by promoting practices whose aim is to collectively experiment with bodies, by participatory workshop methods which are understood as a form of collective bodily selfdetermination. Thirdly, it deals with the relation between closed biotech laboratories and the open community fields through the releasing of open-source protocols and the activation of offline participatory workshops, organized and promoted within online networks of communities of interest. Indeed, in these collective workshops, people come together to co-create and coproduce the body/world they want to live in, rather than depending solely on outside forces to sell you what you need or to provide a pre-scripted path forward. Another significant project on trans healthcare autonomy is led by Power Makes us Sick (PMS)7, a feminist collective focusing on autonomous healthcare practices and networks. PMS collective develops free tools for solidarity, resistance, and sabotage “to understand the ways that our mental, physical, and social health is impacted by imbalances in and abuses of power” (2017). Through the dissemination of several anti-copyright publications (zines) produced within participatory workshops, their aim is to redistribute scientific and healthcare knowledge within autonomous communities and to support movements for health autonomy. In particular, “Towards an Autonomous Trans Healthcare” (2018) is a publication compiling historical trans healthcare notes, interviews, healthcare and essential self-defence support, food and herbal tips, a hormone info summary “for those self-medicating, searching for information, gender hackers, interested allies and health practitioners” (PMS 40), basic hotlines lists, and the address of one secure webmail through which to contact transgender communities who are hacking hormones. Also, here, radical access, inclusive approaches and the use of participatory methods are fostering the increase of bodily self-determination and hormone agency through the re/appropriation of scientific knowledge and collective healthcare practices. These participatory workshops draw on a network of relationships made under the expectation that we will each take care of one another and demonstrate a shift in thinking from the ethic of “I am on my own” to “we are in this together”. In fact, if institutions and exclusive patents produce “biopolitical fictions” (Preciado 2013) determining how bodies should be divided by gender and on how they should reproduce, heal and die; these practices of inclusion and care confront the becoming molecular mutants as a form of bodily liberation. Moreover, by resisting the dominant paradigm of modern life, which insists that what is bought and sold in the market is the only way to provide meaning and sustenance in our lives, commoning hormone molecules is a way to draw on our imagination by bringing out different ways of living. Following Hil Malatino’s words, “while trans bodies are routinely theorized as a prompt for cis folks to reconsider the ‘nature of nature’ (Barad 2015, 392) and, by extension, the nature of embodiment, we have not thought very much, or very carefully, about whether and what form of an ethics might spring from such a reconsideration” (2020). Therefore, it is crucial to try answering at least two questions. The first is about what happens when digital tools are not sustained by commercial interests, meaning they can create more autonomous and common environments, through an infrastructural design that stimulates the redistribution of shareable knowledge as the wealth produced through cooperation. The second question, instead, would be about our possibility to strike against the machine, a “strike because we care” (Women’s Strike Assembly 2020) to better understand the specificity of how the reproduction of life and social relations, through digital technologies, impacts on ourselves. In synthesis, the question is whether a disruptive intervention in the procedures and protocols in which we are involved can allow us to critically re/appraise the relationship between knowledge, power and institutions – together with an understanding of new uses of the machine as a process for strengthening social bonds and self-determination. It follows that commoning science implies the redesign of technologies as well as the embodiment of collective scientific practices, which resist the coloniality of commercial patents and knowledge monopolisation and give back centrality to self-education and “praxis of care and response” (Haraway 2016) within communities that are already in place, enabling their capabilities to resist the push to reduce knowledge to what can be bought or sold. Commoning science (and molecules), therefore, is not just thinking of scientific knowledge and data as a common good that needs to be shared freely through the hacking or re/design of technological tools. It is also the use of participatory methods able to strengthen mutual healthcare practices within autonomous communities of care. Since there are no fully autonomous infrastructures because they depend, for instance, on already existing mainstream companies’ communication networks and technologies, the selected practices attempt to conceive more autonomous communities, and, from here, the conditions for the creation of more autonomous infrastructures based on collective values, governance and principles, instead of individual profit. This attempt is conceived not only through the design of open-source protocols and tools but also by the use of participatory workshop methods, which are fostering time together and are giving back centrality to collective practices of healthcare self-education.