# Nc v jacob

## 1

#### We have entered a post-Fordist state of technocapitalism in which our subjectivites are objects and inventions of biochemical political management. The inherent connection between the sex, drug, and war industries underwrite all capital relations. This 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.

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

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]

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

#### Under capitalism, some bodies are deemed vulnerable and disposed to sustain a “healthy body and society.” The system of biomedicine across the globe is premised on the binary on which violence can be enacted. Service economies and systems of control means certain bodies will always be used in cycles of exploitation, regardless of whether we do “positive things.”

**Puar 17** (Jasbir K., associate professor in the Department of Women's and Gender Studies at Rutgers University. “Preface: Hands Up, Don’t Shoot.” *The Right to Maim: Debility, Capacity, Disability.* pages 78-82)spaldwin

Mitchell and Snyder further vacillate between the figures of the resistant non-productive unfit non/worker and that very same worker as incorporated into capitalist sites of profit. They argue that “we are increasingly approaching a time when all that formerly passed as the undesirability of life in a disabled body proves increasingly ‘advantageous’ from the standpoint of an immaterial labor market.”55 The immaterial labor market is a reference to technologies that allow for productivity to be redefined against the grain of the “laboring body”— for example, fostering virtual participation in workplaces for mobility- impaired individuals. However, these very same technologies, driven by the conventional laboring body, produce vastly debilitated populations across the globe, from Chinese laborers in Apple factories who commit suicide, to wheelchair technology that enhances mobility developed in Israel 48 on the backs of Palestinian oppression and immobility, to the mountains of e-waste hand-sanded by the working poor in India, to the neo-colonial extraction of minerals and natural substances from resource-rich areas for the purposes of manufacturing hardware. Is it possible that the figure of the non- productive disabled body becomes something of a fetish in Mitchell and Snyder’s text, recoding resistance as a form of automatic capacitation, an onto- crypto- capacity? This body occludes, to some extent, populations that are neither positioned as resistant to capitalism nor promoted as objects of care. Rather these populations are constructed as objects of imminent disposability, continually subjected to paternalistic austerity regimes, violent institutionalization, and debilitation that is not in any way redeemable through cultural rehabilitation. (Cultural rehabilitation as an avenue to normalization can be eschewed only if in fact it is an available possibility to turn away from.) Their debilitation functions as a form of value extraction for otherwise disposable bodies. Lauding the inherent resistance to capitalism of disabled bodies as well as the advantages of the immaterial labor market for people with disabilities both depend on three factors: first, the assumption or invocation of the identity or grouping of disabled people as an a priori given; which then, secondly, entails the substantial occlusion of the manufacturing of disability, that is, capitalist exploitation as an ongoing process of debilitation; which then, thirdly, submerges the supplemental relation between objects of care and social pariahs or objects of disposability— disability as a potential site of cultural incorporation and debilitation of populations made available and/or targeted for injury—in a neoliberal economy that profits from both. The burden-to-care periodization is one that therefore racializes as well as temporospatializes: between eugenics as it has been and the biopolitics of inclusion of the now (described as “post- imperialist”), a split that largely speaks to liberal spaces of privilege; and between the progress of the West/developed nations and the disarray of the rest/developing nations. “Objects of care” thus function as alibis for deeper entrenchment of in equality. The transformations in the valuation and incorporation of disabled bodies are indebted to uneven development (pace David Harvey), the craggy geopolitical terrain of biopolitical control that has hardly abandoned disciplinary structures of containment. In other words, disciplinary apparatuses of containment and incorporative forms of biopolitical control are more accurately produced through and in relation to each other, rather than as a wholesale transition, thus requiring careful attention to the economic material conditions of uneven development. Service economies, for example, are impelled into the production of these objects of care; new social pariahs and forms of “economic burden” emerge from these service economies. These economies include (but are hardly limited to) care workers, diagnostic testing industries, surrogates, organ donors, and clinical trial workers/subjects. How do workers in service economies produce toward objects of care when they are often left without the resources to care for themselves and fall into the categorization of objects of disposability?56 How do such objects of care resonate with patterns of accumulation of wealth from the global north to the global south, reproducing the standardization of what disability is in human rights regimes, the distribution of disabilities and abilities in biomedical circuits, and the debilitating mechanisms of war machines?57 These burden-to-care relations do not only grip the international division of labor or an increasingly fuzzy global north/south divide. In the United States, the most salient example of the failure to achieve such a totalizing transition is the “onset of deinstitutionalization and the nearly simultaneous rise of ‘law and order’ politics.”58 An estimated 70 percent of incarcerated populations in the United States have a developmental or physical disability.59 The growth of the prison-industrial complex depends on the school- to-prison pipeline that fuels it.60 The disciplinary containment and isolation of prison and the supposed economic burden of prisoners are sustained by the profitability of the regulation of bodies modulated as “objects of care”— potential criminals— from school to prison. The historical downsizing of welfare provisions and disability provisions coincides with the rise of the prison- industrial complex and the expansion of populations deemed criminal.61 The prison-industrial complex is thus a proliferating site of the institutionalization of disability, albeit not just any body with disabilities.62 Critical prison studies amply evidences that the institutionalization of disability intensifies at points where incarceration and race (as criminality), specifically blackness, meet.63 Black bodies have carried the mark of the institutionalization of disability from slavery to Jim Crow to the prison- industrial complex, with incarceration, as Michelle Alexander argues, forming a “racial caste system.”64 Nirmala Erevelles writes of the enclosure of blackness in the circuitry of signification and production of disability.65 Extending the discussion of flesh in Hortense Spillers’s seminal essay “Mama’s Baby, Papa’s Maybe,” she argues that the inferiority of black flesh is literally inscribed by the master’s whip, thus suturing the constructed association of blackness with defect to the physical attribution of disability: “It is precisely the historical moment when one class of human beings was transformed into cargo that black bodies become disabled and disabled bodies become black.”66 Racialization here is a form of impairment unto itself (black flesh as disabled flesh), as well as an invitation and solicitation to visibilize debilitation as a marking of this symbolic relationship (disabled flesh as black flesh). Erevelles’s analysis not only emphasizes the necessity of an intersectional frame. (An intersectional approach need not mobilize the term “disability” itself, rather exposes the term for the racial elisions it relies upon.) She demonstrates the constitutive facets of racialization to the functioning of the identity positioning of disability itself, rendering the intersections between disability and race to be already a reduction of the multiplicity inherent to the social construction of the black body as inferior.67 Disability is for Erevelles the “ideological lynchpin utilized to (re)constitute social difference” along identity axes.68 Disability thus coheres a long- standing avenue for policing, surveilling, and securitizing deviant bodies from slavery through the prison- industrial complex. These differing yet contiguous forms of enclosure are processes of debilitation in the most literal and stark terms.69 Debilitation is therefore not just an unfortunate by- product of the exploitative workings of capitalism; it is required for and constitutive of the expansion of profit. Certain bodies are employed in production processes precisely because they are deemed available for injury— they are, in other words, objects of disposability, bodies whose debilitation is required in order to sustain capitalist narratives of progress.70 Participation in the labor market may also entail extraction of biological information as a source of value.71 Bioinformatic economies— dna encoding and species preservation, stem cell research, digitization, biometrics, surveillance technologies, regenerative medical sciences— increase the contact zones and points of interface between subindividual bodily capacities while facilitating the constant amassing of information. They rely on and reassert extractive economies. Kaushik Sunder Rajan details the life trajectory of the “experimental subject,” one increasingly displaced from conventional forms of agricultural and manual labor (often from the global south) to biocapital regimes where information is extracted from bodily material.72 In another example, Raewyn Connell writes, “Both the tissue economy and the redefinition of bodies have effects on disability: the former by literally manufacturing impaired bodies in the global periphery (the ‘donors’), the latter by circulating fantasies of the perfect body and inciting desire among the global rich to buy perfection. Both produce, as the dark side of the pursuit of health and desirability, a category of rubbish people (to use an Australian indigenous expression) who can be seen as contemptible and expendable.”73 It is the “rubbish people”— literally described as objects of disposability— whose exclusion from the imaginaries and practices of biopolitical incorporation are necessary, whose debilitation upholds the terms of cultural rehabilitation. The curation of objects of care is linked to the purchasing of prognostic power: in other words, the capacity to attempt to outpace the variables of calculated risk attached to biopo liti cal populations through the mobilization of biomedical, economic, and social resources. The purchase of prognostic power is tethered to what Sunder Rajan calls the patient- in- waiting.74 This patient is inevitably hailed as a consumer- in- waiting, enabled, literally and conceptually, by the experimental subject. The neoliberal consumer subject of health—an object of care— assumes the right not to be injured in the usage of products, even as accidents that derive from product design can be predicted with statistical precision, mapping the bodies that are likely to be implicated in these dynamics. As Catherine Waldby and Robert Mitchell write, “The wealthy can purchase the fantasy of a regenerative body at the expense of the health of other, less valuable bodies.”75 Snyder and Mitchell offer the figure of Oscar Pistorius as an indication of “a new era of disabled athleticism— buffed, muscular, yet technologically supplemented bodies— promising all of the transcendent capacity a hyper- medicalized culture could offer.”76 These bodies Snyder and Mitchell demarcate the “able- disabled.”

#### The alternative is a refusal of the aff’s centering of health care within capitalism in favor of the ballroom. Turning the debate into the ballroom produces care entrenched in non-market values that creates a different version of health centered in local alternatives for workers and patients who cannot rely on the state for liberation. Our ethic aligns itself with transnational resistance movements against capitalism to produce a social revolution.

Bailey’12 (Marlon M. Bailey is a professor of [gender studies](https://en.wikipedia.org/wiki/Gender_studies) and American studies and an adjunct assistant professor of theater and drama. He currently teaches at [Arizona State University](https://en.wikipedia.org/wiki/Arizona_State_University) and is a visiting professor at the [University of California, San Francisco](https://en.wikipedia.org/wiki/University_of_California,_San_Francisco), in the Department of Medicine. Bailey writes and researches in the area of African American Studies. He also has written about LBGT subcultures,[[4]](https://en.wikipedia.org/wiki/Marlon_Bailey#cite_note-Hawkins2015-4) and in particular topics which involve both subjects Bailey is also a director, actor, and performance artist. The most recent play that he acted in was in 2006, “The Hard Evidence of existence: a Black Gay Sex (Love Show,” directed by Cedric Brown. His most recent Directing was in 2002 “Blackness: Perspectives in Color” in the Durham Studio, UC-Berkeley. “Black Genders and Sexualities” pgs. 221-224)NAE

First, I highlight the ways in which ballroom members construct a social epistemology as a critical aspect of the overall work of creating an alternative social sphere. This alternative social sphere is a crucial source of value for ballroom members. I emphasize key characteristics of ballroom culture/spaces that are strategies for addressing HIV/AIDS that reflect its members’ desire for recuperative forms of self and collective representations.51 I contend that ballroom practices and their potentialities unveil the difference between prevention approaches and the on-the-ground practices of cultural intravention. In his study of the milieu, a homosocial underground scene in Abidjan, Côte d’ Ivoire, Vinh-Kim Nguyen suggests that social knowledge informs the “social relations and the tactics used to navigate them for individual and collective benefit.”52 This social knowledge is usually contained within dispossessed communities and subaltern spaces and allows its members to comment on their conditions as well as to develop strategies to alter them. For example, social knowledge in the ballroom community views gender and sexuality as fluid and mutable, kinship/ family as not necessarily biological, and performance as integral to community affirmation and preservation. Hence the creation of a social knowledge is how ballroom members reconstitute themselves in the midst of the HIV/AIDS crisis in an attempt to change the social consequences of it. All of my informants agree that doing HIV/AIDS prevention work within the ballroom scene is difficult; however, some believe that it is a cultural space of hope. One such possibility is the notion of self-renewal, a way of reconstituting the self within ballroom to contend with the negative representations in the outside world. For instance, ballroom is what Diva D from the House of Bvlgari calls a “fictitious existence.” When I asked him whether “low self-worth” was a motivating factor for black queer people to join the ballroom scene, he responded, “Yes, it gives them a brand new identity; it gives them a brand new slate. If your family don’t care about you because you are gay and what not or if you can’t get a job, the Ballroom scene helps you start a-new. It creates a brand new identity that you can feel comfortable with.” The social knowledge of ballroom links the balls to the community-fashioned kinship system that both sustains the community and facilitates HIV/AIDS prevention. Therefore, ballroom social knowledge enables effective HIV/AIDS prevention that is based on the values and norms established by its community members as opposed to those imposed on it from the outside. KINSHIP AND SOCIAL SUPPORT As the house mother of the Detroit chapter of the House of Prestige and former HIV/AIDS prevention worker at the time of the interview, Duchess suggests that ballroom is built on social relations that redefine prevention work. He stated further that “[t]he structure of the [Ballroom] community already allows for familial prevention work, you know, just in the fact that someone can say to you, ‘now you know you need to wear a condom’ and it be from someone that you have built that trust factor with. People in the community do prevention work all of the time.” Within these houses, members consult with their house parents and their siblings on issues that, either by choice or by necessity, they do not discuss with their biological kin. House mothers and fathers, in particular, provide daily parental guidance for ballroom kids on issues such as intimate/romantic relationships, sex, gender and sexual identities, health, hormonal therapy, and body presentation, just to name a few. Siblings in houses provide support for HIV prevention among those not infected, but they also play an integral role by supporting those already infected with HIV as well. For instance, a very thin and increasingly frail looking Noir Prestige began one our many interviews by excusing himself to go to the bathroom, apparently to throw up. “Excuse me,” said Noir in the living room of his small, tidy apartment that he shares with his boyfriend of eight years. “I just started new meds; this shit is horrible but I shall survive.” Noir went on to describe how his very close relationship with Tino Prestige has helped him cope with his condition.53 Noir remarked that he and Tino Prestige have very similar life experiences. They were both infected with the virus in their teens. They are both in long- term relationships (eight years) with partners who are not infected, partners who struggle with the difficulties of loving someone who is HIV positive and/or living with AIDS. They are both treatment advocates at the Horizon’s Project. At the balls, they walk in butch realness categories, thug realness, and schoolboy realness.54 Most importantly, they provide treatment for each other. It is worth mentioning here that in ballroom life, one’s age is not based on necessarily one’s years on earth; rather, it is based on how long one has been in the ballroom scene and/or been out in the gay world. Hence the “big” brother reminded his “little” brother to take his meds, and he often drove him to his appointments with his doctor. They cared for one another especially in moments when each of their partners did not rise to the occasion. In a separate interview I conducted with Tino Prestige, he said, “We are truly brothers.” Clearly, these siblings help each other endure the psychic trauma that comes along with HIV/AIDS in ways that their partners could not. In many cases, house members express love for one another; serve each other when needed, and undoubtedly they add overall value to each other’s lives, especially when facing desperate situations. In general, houses provide what Cornel West describes as nonmarket values: love, care, and service.55 Not only do these values constitute a labor of care that becomes intensified when the community decides to deal with HIV/AIDS collectively, but they also exist in the quotidian aspect of ballroom life. BLACK QUEER PERFORMANCE AND HIV/AIDS PREVENTION BALLS **Despite the inability of some public health departments to devise and sustain effective HIV/AIDS prevention strategies for so-called high risk communities, some ballroom houses have joined forces with a few CBOs to create “prevention houses” and “prevention balls.**” As I argue previously, ballroom houses, in general, are spaces of social support that often reinforce messages of HIV/AIDS prevention either directly or indirectly. But prevention houses usually have formal funding from and/or programmatic ties with CBOs, and they engage in HIV/ AIDS prevention activities and coordinate balls based on HIV/AIDS prevention themes. Again, since there are no houses without balls and there are no balls without houses, part of the important discursive work of prevention houses occurs at prevention balls. On the one hand, the importance placed on image and status in ballroom makes HIV/AIDS prevention work difficult because members distance themselves from the topic of HIV/AIDS for fear that it will tarnish them. But on the other hand, competitive performance, image, and status are used to disseminate and promote messages about HIV risk reduction among ballroom members. Out of the numerous balls that I attended and/or participated in, most of them were packed with hundreds of black queer people from all over the country. As Francisco Roque from The Gay Men’s Health Crisis, Inc., said, “The Ballroom community is a captive ‘at-risk’ population and modeling behavior is built in the community.” Albeit imperfect, it is a necessary strategy to use competition and image within a ballroom cultural context to disseminate information and simultaneously reduce stigma. A hallmark of ballroom culture, competition is another means through which image and status are formed and repaired. Since individual members and houses can gain recognition and status only by “snatching trophies,”56 competition is an integral aspect of the social world of ballroom that offers possibilities for effective HIV/AIDS prevention. Former father of the House of Infiniti and the executive director of Empowerment Detroit, an HIV prevention agency targeting black gay youth, Jonathon Davis confirmed this when he said, “In terms of the Ballroom community in Detroit, if it ain’t got nothing to do with a trophy, these girls don’t care.” And when I asked Pootaman, a twenty-year-old member of the House of Ninja and an HIV/AIDS prevention worker at MOC at the time of the interview, why he became interested in walking balls, he said, “I enjoy the competition, the feeling of sitting someone down to prove a point, that I could take home a trophy.” Father Infiniti and Pootaman speak to the centrality of the trophy, the accoutrements that come along with it and how both represent the attainment of value and affirmation that ballroom members are usually otherwise denied in the outside world.

## Case

#### The 1AC’s use of Kantian philosophy brushes over the fact that Kant excludes black folks by saying they don’t have the capacity to reason. This further aids the K because Kant homogenizes agency and thinks black people are “disposable bodies. Comes before their framing – if Kant thinks that only white people can be agents the whole 1AC is predicated on warmaking and violence and their fw is void. Maduka[[1]](#footnote-1) ‘05

**In his “varieties of the different races of men”’** Immanuel **Kant** like Hume **ascribed to skin colour** (white or black) **the evidence of rational and therefore human capacity or the lack of it.** For instance, **Kant said** of one negroe**:**

***This man was black*** *from head to toes* ***and this is*** *a* ***clear proof  that what he said was stupid*** (Eze, 215)

This is undoubtedly another case of fallacious argument. One cannot, as Kant has just done, in this quotation, dismiss a person’s statement or position as stupid simply because of his skin colour without first analysing the content or structure of his or her statement or position to ascertain its truth value. This attitude indeed does not befit a philosopher.

Yet **on the basis of** this **skin colour** criterion **Kant** went on to **divide[d] the human race into** five **distinct groups**, namely,

Stem genus: First Race: Second Race: Third race: Fourth rac: =very brunette very blond (northern Europe) copper-red (America) Black (Senegambia) olive yellow (indians)-(Eze, 215). This classification can be likened to the five varieties of human species distinguished by Linnaeus **in which** **African is at the base.** (Mbefo, 26-27). In justifying his statement and position on this issue **Kant** directly appealed to Hume’s statement.

Cited earlier and **said: *So fundamental is the difference between the two races of men and it appears to be as***

***Great in regard to mental capacities as* *in colour*** (Tsenay, 237). Indeed, **Kant falls into** the same **racial prejudice** and narrow-mindedness which characterized Hume’s writing and exposes their lack of genuine philosophical attitude of open-mindedness and presuppositionless. Philosophical attitude according to Nwala demands a “curiosity to know, maintenance of critical attitude to life, openness of mind on all issue and lack of dogmatic assertion or stand, but an attitude of tolerance and readiness to examine everything without prejudice or pre-conceived notion” (Nwala, 2). These qualities are evidently lacking in the works of Hume and Kant under consideration. This is particularly most unfortunate, especially when it is recalled that these are men whose works and various writings have influenced a lot of changes in the world. It is worthy of note here that it is not only in philosophy that racial bigotry and cultural arrogance has prompted a disfigured perspective of the African by Europeans. In 1963 for instance, Trevor Roper, a British professor of history denied that African had a history. Mbefo quotes him as saying:

*Perhaps in the future there will be some African history...but at present there is none: There is only the history of The Europeans in Africa. The rest is darkness... And darkness is not a subject of history* (Mbefo, 10)

These are all one sided and ignorant presentations of Africa history and philosophy (thought). Apart from cultural arrogance and racial reasons, other reasons for European’s erroneous view of African society as static and incapable of initiating change and as possessing unintelligible thought, include the lack of writing tradition in traditional Africa at that time, and the desire to facilitate their colonial government in Africa. And this has had grave effects in the African peoples and Culture.

Conclusively, **it is** therefore, racial **prejudice to describe some set of human beings as incapable of reasoning**, as primitive and or as savages **because** of their descent or simply because **they are of different race or origin from one.** There is indeed no moral, rational or logical justification for such far-reaching conclusion or thinking. In fact, in our opinion, it is the one who is prone to such racial delusion that should be referred to as primitive, inhuman and therefore must not be taken very seriously. Hence, we Africans should desist from worshipping these people and from accepting hook-line and sinker their ideas and thought as Cannons and apodictic. This must however, not be done as a matter of prejudice, but as a matter of fact, because it is the truth; otherwise we will be falling into the same racial bigotry with them. As Wiredu rightly pointed out, the African indeed possess a high degree of coherent thought. For instance, “the west has a lot to learn from our moral thoughts which are free from superstition. It is therefore the task of contemporary African philosophers to expose these aspects of traditional thoughts and thereby correct these misconceptions of African thought.

#### To Kant, only the white, European body was deserving of human dignity. The Eze[[2]](#footnote-2) ‘97

It should be obvious that what is at stake in **our critique of Kant is**, as Lucius Outlaw pointedly states, **the "struggle over the meaning of man**,"l40 or the project of defining what it means to be(come) human. In 1765 Kant wrote:

If there is any science man really needs, it is the one I teach, of how to fulfill properly that position in creation which is assigned to man, and· from which he .is able to learn *what one must be in order to be a man.* **It is clear that what Kant settled upon as the "essence" of humanity, that which one ought to be**come **in order to deserve human dignity,**  **[as]** sounds very much like Kant himself: **"white," European, and male.** More broadly speaking, Kant's philosophical anthropology reveals itself as the, guardian of Europe's self-image of itself as superior and the rest of the world as barbaric. Behind Kant's anthropology is what Tsenay Serequeberhan characterizes as "the *singular* atid grounding metaphysical belief that European humanity is properly speaking isomorphic· with the humanity of the human *as such."143* This universalist conjuction of metaphysics and anthropology is made possible by a philosophy which understands itself as the lieu of logos so that philosophical anthropology becomes the logocentric articulation of an ahistorical, universal, and unchanging essence of "man." The so-called primitives surely ought to be wary of such **Kantian "universalist-humanoid abstraction**,,,l44 which **colonizes humanity by grounding** the particularity of **the European self as center** even **as it denies the humanity of others.** And lest it be forgotten, nothing that I have said here is· particularly new. Friedrich Gentz, who studied with Kant at Konigsberg between 1783 and 1786, pointed out that, if the goal of Kant's anthropological theories were realized, it would "compact the whole species into one and the same form," a dangerous situation which would destroy diversity and the "free movementofthespirit"- foranyonewhodisagreedwithKant'scompactwould be "treated as a rebel against *fundamental principles ofhuman nature."*

#### Saying you didn’t intend to use the philosophy in this manner is irrelevant – the assumptions your philosophy makes are inseparable from the ethical theory itself. Scheurich and Young[[3]](#footnote-3) ‘97

Third, the **dominant** research **epistemologies**-from positivism to postmodernisms-**implicitly favor White[s]** people **because they accord** most easily **with their social history** (J. A. Banks, 1993: B. M. Gordon, 1993; Stanfield, 1985). Thus, **even though it may be unintended, the "clothes"** that **[of] an epistemology** could be said to be **[may] fit better** and are more comfortable **to White researchers because** White researchers themselves **[they] are a product of the social history of Whites**, just as the dominant epistemologies are a product of White social history. That is, **the range of epistemologies** that have arisen from the social history of **Whites "fit" Whites because they themselves**, the nature of the university and of legitimated scholarship and knowledge, **and the[ir]** specifications of different research **methodologies are all cultural products of White social history.** While scholars of color have had to wear these "White" clothes (be bi-cultural)so that they could succeed in research communities, however sociologically, historically, or culturally ill-fitting those clothes might be, White scholars have virtually never had to think about wearing the epistemological clothes of people of color or even to consider the idea of such "strange" apparel. The negative consequence for scholars of color, however, is that they must learn and become accomplished in epistemologies that arises out of a social history that has been profoundly hostile to their race and that ignores or excluutildes alternative race-based epistemologies because mainstream research communities have assumed that their epistemologies are not derived from any particular group's social history, i.e., are free of any specific history or culture. That scholars of color have successfully become epistemologically bi-cultural to survive as scholars is a testament to them-their strength, their courage, their perseverance, and their love of scholarship-rather than a testament to the race/culture-free nature of mainstream researchepistemologies.

### Kant negates

#### The aff violates the categorical imperative and is non-universalizable- governments have a binding obligation to protect creations

**Van Dyke 18** Raymond Van Dyke, 7-17-2018, "The Categorical Imperative for Innovation and Patenting," IPWatchdog, <https://www.ipwatchdog.com/2018/07/17/categorical-imperative-innovation-patenting/id=99178/> SJ//DA recut SJKS

As we shall see, applying **Kantian logic entails first acknowledging some basic principles; that the people have a right to express themselves, that that expression (the fruits of their labor) has value and is theirs (unless consent is given otherwise), and that government is obligated to protect people and their property. Thus, an inventor or creator has a right in their own creation, which cannot be taken from them without their consent.** So, employing this canon, **a proposed Categorical Imperative (CI) is the following Statement: creators should be protected against the unlawful taking of their creation by others. Applying this Statement to everyone, i.e., does the Statement hold water if everyone does this, leads to a yes determination. Whether a child, a book or a prototype, creations of all sorts should be protected, and this CI stands.** This result also dovetails with the purpose of government: to protect the people and their possessions by providing laws to that effect, whether for the protection of tangible or intangible things. **However, a contrary proposal can be postulated: everyone should be able to use the creations of another without charge. Can this Statement rise to the level of a CI? This proposal, upon analysis would also lead to chaos. Hollywood, for example, unable to protect their films, television shows or any content, would either be out of business or have robust encryption and other trade secret protections, which would seriously undermine content distribution and consumer enjoyment.** Likewise, inventors, unable to license or sell their innovations or make any money to cover R&D, would not bother to invent or also resort to strong trade secret. Why even create? This approach thus undermines and greatly hinders the distribution of ideas in a free society, which is contrary to the paradigm of the U.S. patent and copyright systems, which promotes dissemination. By allowing freeriding, innovation and creativity would be thwarted (or at least not encouraged) and trade secret protection would become the mainstay for society with the heightened distrust.

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