#### We’ll begin with a wild thesis---Pharmacopornography shapes and controls subjectivity---the governance of sexual subjectivity transforms femininity and masculinity into products sold and managed by multinationals.

Preciado 13 [Paul Preciado, professor of Political History of the Body, Gender Theory, and History of Performance at Paris VIII, 2013, "*Testo Junkie: sex, drugs and biopolitics in the pharmacopornographic Era*," the Feminist Press,” translated by Bruce Benderson, [https://monoskop.org/images/8/88/Preciado\_Beatriz\_Testo\_Junkie\_2013.pdf]//](https://monoskop.org/images/8/88/Preciado_Beatriz_Testo_Junkie_2013.pdf%5d//) lydia

We are being confronted with a new kind of hot, psychotropic, 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-pornographic 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 biotechnologically 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. Pharmacopornographic 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.

#### **Under the control of pharmaceuticals --- gender affirming drugs are inaccessible and covid uniquely worsens the issue**

Lopez 20 [Canela LóPez, 4-17-2020, "People are sharing hormones on Google Docs and turning to 'grey market' pharmacies to get gender-affirming care during the pandemic," Insider, <https://www.insider.com/transgender-people-turn-to-grey-market-for-hormones-during-pandemic-2020-4> [Accessed: 8-1-202] //lydia

Evelyn was growing nervous as she watched her supply of spironolactone dwindle while the city of Boston, where she lives, started its coronavirus lockdown in mid-March. Evelyn, 21, takes spiro as part of her [hormone-replacement therapy](https://transcare.ucsf.edu/hormone-therapy) to treat [gender dysphoria](https://www.insider.com/what-is-gender-dysphoria), which happens when a person feels their body doesn't match their gender identity. She's had a steady routine since starting on hormones last September; every three months she goes to Planned Parenthood for a checkup and a new prescription. But by March 15 she was getting increasingly anxious. She's found it hard to find a good doctor who treats transgender patients, let alone one accustomed to video visits. Evelyn started to worry about withdrawal symptoms from her HRT, like fat redistribution, hair growth, and mood swings. A week and a half after lockdown, she was out of spiro and, with her appointments cancelled indefinitely, she had no idea when she would next be able to fill her prescription. "It was rough," Evelyn said. "It's always anxiety-inducing to run out of a medication that you know has very significant effects on your body." With few options and no time, Evelyn turned to a friend for help. Her friend had an access supply of spironolactone she was willing to part with. It was expired and a lower dosage but Evelyn said she could make it work until she could schedule an appointment with her doctor. "It's a beggars-can't-be-choosers thing right now," Evelyn said. "I'll take what I can get." Evelyn was eventually able to schedule a video appointment four days later with her doctor, who wired her hormone prescription to her pharmacy. But for many transgender and nonbinary people, unofficial pathways to obtaining hormones like friends, community social-media pages, and unregulated grey-market pharmacies have become the only options during the pandemic. The coronavirus has spurred the creation of hormone-sharing lists Since the lockdowns came into effect across the US, mutual-aid networks for queer and transgender people have popped up, including grocery delivery and resources for people with lost incomes. Among them are efforts geared toward redistributing hormones and needles to those in need, including hormone-sharing Google Docs, and grey-market pharmacies, which buy and sell unregulated hormones. The Google Docs are particularly useful for finding testosterone solution, which is tightly regulated and expensive, and clean needles, which aren't so easy to buy, and can be pricey too. Testosterone can [cost between $40 and $90](https://www.fiscaltiger.com/the-cost-of-gender-transition/) for a two-month supply (a 10 ml bottle of 200 mg/ml solution) without insurance. The expenses quickly add up when you consider the costs of gender-affirming clothing like binders ([upwards of $35](https://www.gc2b.co/collections/all)), prosthetics (hundreds of dollars), and syringes to administer the testosterone, [which can cost between $15 and $20 for a 100-count box depending on the supplier](https://www.healthline.com/health/type-2-diabetes/insulin-prices-pumps-pens-syringes). [Free needle exchanges exist](https://www.harlemunited.org/programs/needle-exchange/), but the pandemic has caused many to shutter. If people opt for AndroGel, the topical form of testosterone, a month's supply can [cost between $30 and $80 without insurance.](https://www.fiscaltiger.com/the-cost-of-gender-transition/) People further along in their transition may not need to take hormones as regularly, so some are sharing their excess Syd, a 23-year-old living in Berkeley, California, was browsing through lists of queer coronavirus mutual-aid pages when they stumbled upon an anonymous two-page Google spreadsheet titled "HORMONE SHARE." One page of the sheet is for people to list the specific hormones or equipment they need; the other is for people to list items they have to share. Syd felt compelled to put their information on the list because they had an excess supply of "T" (testosterone) to share.  Syd, who uses they/them pronouns, has gotten to a point in their transition where they don't take testosterone as regularly as they did when they started on HRT a few years ago. Their body has gone through the physical changes they wanted. Rather than taking their prescribed .5 mL every week, Syd takes .5mL about every two weeks to maintain the physical changes.  "I don't really need it that much, and someone else can use this. I can't get the intended effect that I want from hormones, and I also just really hate injections," Syd told Insider. "For the time being I assume I'm still going to be able to get in touch with my doctor, so it won't be an issue for me." A few days after posting on the spreadsheet, Syd got an email from an unfamiliar address. The sender said he'd seen their listing and was in need of testosterone because his usual HRT clinic in Philadelphia was not responding to phone calls. The sender was scared that he'd start to see side effects from being off HRT too long, like the return of his period. Breaking a nervous sweat while walking to the post office, Syd wondered about the legal consequences of shipping hormones across the country, and what they would say if post office workers asked about the contents of their padded envelope. Sharing hormones and needles is a legal grey area Most testosterone medications are classified as steroids under the Controlled Substances Act and [the Anabolic Steroid Control Act of 1990](https://www.drugabuse.gov/publications/research-reports/steroids-other-appearance-performance-enhancing-drugs-apeds/what-history-anabolic-steroid-use), so they are illegal to sell over the counter. But handing out hormones for free, though not recommended by doctors, doesn't break any laws. It is not illegal to share needles if there is [no reason to believe](https://www.ncbi.nlm.nih.gov/books/NBK236633/) that they would be used to inject illicit drugs. According to Harper Jean Tobin, Director of Policy for the National Center for Transgender Equality, while people should not take medications that aren't prescribed to them, hormone exchanges and grey-market pharmacies aren't new. "We strongly recommend that people should only take medications prescribed by their doctor, at the dosages prescribed," Tobin told Insider. "But like anyone else with regular prescriptions, it's not unheard of for roommates, friends, or partners on the same medication to trade a few doses until they can get to the pharmacy again." Syd felt compelled to share their hormones because of the [deep impact dysphoria can have on the mental health of transgender and nonbinary people.](https://www.insider.com/south-dakota-bill-transgender-youth-gender-affirmation-2020-1) Studies have linked dysphoria to [depression and anxiety](http://transgenderlawcenter.org/wp-content/uploads/2014/01/Health-Insurance-Exclusions-Guide-2-WEB.pdf) and significantly increased risks of substance abuse and suicide. "A lot of people who don't have dysphoria may not see it as essential, but I know that, for some people, it really makes them feel a lot more OK existing in their body," Syd said. "For some people it really is necessary to be taking it all the time. If they miss it, it can mean certain things can start to come back like menstruation, or facial hair growth, fat redistribution." Some have turned to grey-market pharmacies where people can buy hormones Estradiol and spironolactone, HRT medications typically used by transgender and nonbinary people assigned male at birth, can legally be sold online. While they can be found on list-shares, people also can buy them online via a network of [grey-market pharmacies,](https://abcnews.go.com/US/underground-transgender-woman-black-market-drugs-transition/story?id=38543011) shipping medication that is not illegal to sell, but medical professionals would not recommend taking it without a doctor's approval.  That's what Callie, a 24-year-old in the United Kingdom, uses to get progesterone — a hormone that can stimulate [breast development](https://www.mayoclinic.org/tests-procedures/mtf-hormone-therapy/about/pac-20385096) and decrease [testosterone production](https://www.ncbi.nlm.nih.gov/pubmed/30608551) in people assigned male at birth. Callie has always used a mixture of official and unofficial sources to access her hormones because of the legal grey area some of her medications exist in. "I take finasteride and estradiol, both of which are prescribed by a UK doctor with GenderGP, a private trans healthcare service," Callie told Insider. "However, I also take progesterone, which I obtain from the grey market because it cannot be prescribed in the UK but has been very beneficial to me." These markets carry clear risks — it's not as clear where your medication has come from — but they are generally more reliable and cheaper than official channels. There's also a tight-knit community of people on Twitter and subreddit [/r/TransDIY](https://www.reddit.com/r/TransDIY/) who discuss the safest ways to get DIY HRT, and which online pharmacies have worked for them.  A 5 ml bottle of depo-estradiol, an injectable hormone, costs upwards of $120 for a two-month supply. There is a generic version, estradiol cypionate, which [costs between $40 and $100 for the same amount,](https://www.fiscaltiger.com/the-cost-of-gender-transition/) but it needs to be taken more often, so runs out quicker, and there are often shortages. Soon, Callie may have to turn fully to grey-market sources because she has been unable to get an appointment with her doctor for another hormone prescription.  "I'm running out very soon and so far my doctor hasn't responded to communication, so potentially very soon I might be turning to unofficial channels," Callie said. These unofficial channels have existed for years to help trans and nonbinary people get around red tape The pandemic has made hormone and needle sharing more visible, but it isn't new. Access to gender-affirming care — whether it's surgery or access to medication — has never been an easy proposition for transgender and nonbinary people. Medical insurance companies [refused to cover gender-affirming care for decades](https://www.thecut.com/2015/12/transgender-health-insurance-coverage-costs.html) and many primary-care physicians were unwilling to provide HRT, a medication also prescribed for menopause, to transgender and nonbinary patients because medical guidelines had not changed to include them. Until 2017, "gender identity disorder" was categorized as a mental disorder in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. And it wasn't until 2018 that the World Health Organization [removed "transsexualism" the International Classification of Diseases](https://www.nbcnews.com/feature/nbc-out/transsexualism-removed-world-health-organization-s-disease-manual-n885141) — a move that, the WHO conceded, would allow for better "access to necessary health interventions." Still, access to gender-affirming care like HRT through official channels like a primary-care provider is fairly new, and therefore challenging. The pandemic has brought in even more obstacles. The pandemic may force more people to rely on hormone trading and grey markets Job losses, delayed paychecks, and loss of health insurance have stripped many transgender and nonbinary people of their access to HRT, or their means to pay the full cost or the co-pay, which can range from $10 to $85 a month, on average. Evelyn, the 21-year-old from Boston, still has access to hormones through her insurance, but she's still concerned about how she will continue to afford the co-pay for her HRT prescriptions without income. Like many Americans, she lost her job because of the economic downturn caused by the pandemic. "The big financial problem is I don't have income anymore and I'm sure a lot of people don't have income anymore," Evelyn said. "Even if costs don't change, I'm working with less and less total funds as time goes on."

#### The cornerstone of pharmacopornographic control over the desiring body is intellectual property. The codification of sex and gender is conceived as private property of multinationals for profit.

Preciado 13 [Paul Preciado, professor of Political History of the Body, Gender Theory, and History of Performance at Paris VIII, 2013, "*Testo Junkie: sex, drugs and biopolitics in the pharmacopornographic Era*," the Feminist Press,” translated by Bruce Benderson, [https://monoskop.org/images/8/88/Preciado\_Beatriz\_Testo\_Junkie\_2013.pdf]//](https://monoskop.org/images/8/88/Preciado_Beatriz_Testo_Junkie_2013.pdf%5d//) lydia

Power experienced slippage; it shifted, throughout the previous century, from the earth to manufacturing, then toward information and life. Today, power extends to sex, gender, and race in their capacity as precise codifications of information and subjectivity. In the near future, it will function through an even more efficient mode by means of its transformation into psychotropic patents that control the production of neurological responses and synthetic hormones. However, desire, sex, and gender resemble neither the earth nor manufactured products. Desire, sex, and gender are, in reality, closer to information as an embodied technosemiotic system (Haraway). They are living codes. Like information, they defy ownership because my possession of a fragment (of information, desire, sex, gender) doesn’t take it away from you. My desire, my plastic cock, my prosthetic masculinity can circulate and be shared without the pleasure becoming any less powerful. It’s the opposite, in fact: sharing multiplies desire, sex, and gender. The problem is that, until now, desire, pleasure, sex, and gender were thought of as nontransferable essences or as private property. At first, they were conceived to be fixed substances in nature; then, as the property of God; then, as that of the state; and later, as private properties; and finally, today, as the property of pharmacopornographic multinationals. The new global corporations produce nothing. Their only goal is the accumulation and management of patents in order to control the (re)production of bodies and pleasures. This politics of copyright, which oversees the sexualizing of production and the conversion of life into information, is what I’ve called pharmacoporn politics; its purpose is to transform your ass and mine, or rather, your desire and mine, into abstract profits. Your clitoris and my cock are subjected to the same fate as an ear of corn, given the way that multinationals employ genetic engineering to produce new transgenic strains whose seeds will be infertile. In the same way that the multinationals are currently controlling world production of corn thanks to the privatization of germoplasms, but are also busy—and this is primordial— transforming the entire planet into potential consumers of the new transgenic seeds (which are themselves infertile), the pharmacopornographic industry is striving for the exponential control and production of your desiring body. Along with “the computerization of agriculture,”8 we are witnessing a process of the conversion into information of sex and gender, through which capital is seeking to produce and possess narcotic, audiovisual, molecular, and narrative models, all of which serve as regulators of desiring subjectivity. Your sex, your desire, and your gender are the new transgenic supercorn of the pharmacopornographic industry. If you want to get hard: Viagra; if you want to avoid sexual reproduction: the Pill; if you want to get pregnant: clomiphene and human chorionic gonadotropin; if you want to change the timbre of your voice or your muscle mass: androgens; if you want to have sexual fantasies: Dorcel, Hotvideo, Playboy, and so on.

#### The global patent regime is the mastery of natural hormones to become neoliberal products, but only when it’s profitable.

Fragnito 20 [Maddalena Fragnito, cultural activist exploring the intersections among art, transfeminisms, critical theory and technologies – focusing on practices of commoning social reproduction. At the moment she is a Doctoral Student at Coventry University’s Centre for Postdigital Cultures, October 2020, " Commoning Molecules: Decolonising Biological Patents by Gender Hacking Protocols ," Journal of International Womens studies, <https://vc.bridgew.edu/cgi/viewcontent.cgi?article=2348&context=jiws>] // lydia

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). Basic Rights Shortage13 Since both the production 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. Moreover, another factor that further complicates this classificatory void is related to the lack of data. For instance, in Italy, under the current legislation, AIFA can consider the introduction of a new therapeutic indication for a drug only if the pharmaceutical company that holds the marketing authorisation (in Italy, AIC) submits a request for an extension of therapeutic indications supported by related scientific evidence. However, there are no systematically collected datasets because gender transition does not follow a specific medical procedure: a perfect vicious circle. As a consequence, medical research and access to medication and care are affected, as well as increased risk to transgender people during emergencies. In summary, what emerges from this phenomenon is that the so-called “gender dysphoria”15 is considered to not require an essential treatment. Thus, in the context of hormone patent monopolies, the institutional classification of what is essential and what is an emergency – and to whom – threatens to put the needs of transgender people for hormone treatment into an invisible place. Thus, two issues have arisen so far. On the one hand, the question of consent around the contradiction of being all exposed – although at different levels – to hormonal pollution, while at the same time encountering serious difficulties when desiring sex hormonal therapy. On the other hand, the question of how this same contradiction, and its related problems, entwines with the strict regulative system of hormones’ patents. This is the main context in which DIWO biohacking workshops dealing with hormone knowledge, awareness, production are rising and, by proposing a more inclusive definition on what is essential and to whom, are spreading.

#### This leads to the necropolitical elimination of surplus populations and uncontrolled disease spread.

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Within the context of biocapitalism, an illness is the conclusion 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 Pharmacopornographic 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.

#### It’s try or die for revolutionary transformation---modern Empire is constructed around the pharmacopornagraphic subject risking endless war.

Preciado 13 [Paul Preciado, professor of Political History of the Body, Gender Theory, and History of Performance at Paris VIII, 2013, "*Testo Junkie: sex, drugs and biopolitics in the pharmacopornographic Era*," the Feminist Press,” translated by Bruce Benderson, [https://monoskop.org/images/8/88/Preciado\_Beatriz\_Testo\_Junkie\_2013.pdf]](https://monoskop.org/images/8/88/Preciado_Beatriz_Testo_Junkie_2013.pdf%5d) brett

However, the word queer, which was culturally translated and served for several years as a name that referred to various struggles occurring in Anglo-Saxon and European countries, has been subjected today to a growing process of reification and commercialization (processes belonging to the pharmacopornographic order). In the past few years, queer has been recodified by the dominant discourses.9 We are currently facing the risk of turning the term into a description of a neoliberal, free market identity that generates new exclusions and hides the specific conditions of the oppression of transsexual, transgender people, crip, or racialized bodies. It is not a matter of choosing an oppositional biological or historical subject (whether it be women, homosexuals, blacks, etc. . . .) that could function as a mainspring for revolutionary transformation and the statistical sum of multicultural minority differences. Nor do I mean that we already can no longer use the term queer; I merely mean that it has lost a large part of its subversive energy and can no longer serve as today’s common denominator to describe the proliferation of strategies of resistance to categories of gender and the normalization of sexuality as well as to the processes of industrialization and privatization of the body as “product.” In reaction to this process of the capitalization of genderqueer identities, inside minority subcultures, transsexuals, transgender, and crip people and racial minorities are asking us to pay attention to the body’s materiality, to the management of its vulnerability, and to the cultural construction of possibilities for survival within processes of subjugation and political organization.10 Today we can understand the enunciation of queer as a critical moment in a wider process of the production of a trans-feminist critical politics and the construction of dissident subjectivities within the pharmacopornographic regime. The trans-feminist movement that has come out of the queer critique is spreading through fragile but extensive networks, leading to strategic alliances and synthetic links; it circulates like a political antidote that infiltrates the very circuits of global capitalism.

Tony Negri and Michael Hardt have described the contemporary world as a single, delocalized, interconnected city with centers of intensity; circuits through which capital, bodies, and information circulate; zones of luxurious comfort and pauperized zones; and remote places for the production and evacuation of material and semiotic detritus. We live in a sort of punk cyber-Gothic Middle Ages of the bio-information empire. During a certain time, our gurus defined as “postmodernity” that planetary invagination, although it was a techno-porno-punk zenith of modernity. We are at a point of historical inflection in which modernity is puking up its repugnant ejaculatory potential; we’re swimming in nuclear semen in which we are learning to breathe like mutant beasts. The difference between the Roman Empire and our techno-porno-punk global empire is that we no longer possess any ontotheological foundation. Some will think that contemporary civilization has substituted an industrial or ergot-like foundation for ontotheology. However, neither work nor production is enough to explain the present-day functioning of our societies. The contemporary techno-porno-punk empire relies on new slogans: “Consume and die,” “Have an orgasm and make war.” And don’t forget to continue to consume and to come after your death. This is the thanato-pornographic foundation of this new empire.

We are not talking about a dark age—not living in some dim postmodernity—but are talking, rather, about the glittering age of porn. It’s already not about the dawn of time but about an atmosphere that is completely illuminated, a pervasive gas saturated with moist images. In the middle of this dazzling confusion, concepts such as “lucidity,” “illumination,” “clarity,” and “obviousness” blaze with a new obscurity. According to neurobiologists, there are four states of consciousness: lucidity, obnubilation, somnolence, and coma. When lucid, the subject is present to itself and to the surrounding environment; when obnubilated, the subject’s eyes are open, but he or she is disoriented in terms of space and time and relatively indifferent to self and environment; when somnolent, the subject’s eyes are closed but he or she still reacts to direct stimuli. In a coma, the subject reacts neither to direct nor indirect stimuli but may remain present to self. Our presence to ourselves as a species could be described today as prosthetico-comatose. We’ve closed our eyes, but we continue to see by means of an array of technologies, political implants that we call life, culture, civilization. It is, however, only through the strategic reappropriation of these biotechnological apparatuses that it is possible to invent resistance, to risk revolution.

#### That produces accumulating crises as humanity sits in apathy.

Bifo ’19 [Franco Berardi, Italian communist philosopher, theorist and activist in the autonomist tradition. May 2019. “Game Over,” <https://www.e-flux.com/journal/100/268601/game-over/>] pat

Social integration is collapsing, but at the same time, the process of civilization has culminated in the self-construction of the automaton, which impassively takes shape in the connective space of digital computation.

Environmental collapse, global civil war, nuclear proliferation, and epidemics of panic and depression are steps towards extinction. But this is not the end of the world, since abstraction has created a world of its own, subsuming social language and prescribing the social forms of interaction.

Twentieth century medicine aimed to heal the sick. Twenty-first century medicine is increasingly aiming to upgrade the healthy … In the twentieth century, medicine benefited the masses because the twentieth century was the age of the masses. Twentieth century armies needed millions of healthy soldiers, and economies needed millions of healthy workers.

—Yuval Harari, Homo Deus: A Brief History of Tomorrow

Expansion and acceleration have been fostered by the cultural erasure of transitoriness. Investing time in economic value has been a way to simulate eternity: private property, accumulation, and the sacrifice of the present on the altar of the future. This cycle of sacrifice, investment, and expansion has been the strength of capitalism.

Now it’s over. The physical resources of the planet and the nervous energies of society are on the path to final exhaustion. The collapse of visions of the future has paved the way for reflecting on a previously forbidden subject: extinction.

Trans-humanist utopians, for their part, indulge in fantasies about imminent promises of high-tech immortality.

Both hypocritical tech-cheerfulness and contemporary nihilism are based on a shared vision of the ineluctable: it’s too late to stop devastation and climate change, and it’s too late to stop the psychotic collapse of the hyper-connected mind.

This helps to explain the nonsensical increase of inequalities that marks the wealth distribution of our time: the predators think that it is impossible to stop the extinction process. In their calculation, all they can do is protect themselves and their families, and this alone may prove enormously expensive. Panic and cynicism prevail in the terminal psychosphere.

#### **Thus, the plan: I affirm gendercopyleft as a method to reduce intellectual property protections for medicines.**

#### Pharmaceutical patent of drugs seeks to privatize the micro technologies of subjectification and forecloses the possibility of survival. Voting affirmative endorses copy left as a form of gender hacking as a decisive strategy to undermine hegemonic sex and gender.

Preciado 13 [Paul Preciado, professor of Political History of the Body, Gender Theory, and History of Performance at Paris VIII, 2013, "*Testo Junkie: sex, drugs and biopolitics in the pharmacopornographic Era*," the Feminist Press,” translated by Bruce Benderson, [https://monoskop.org/images/8/88/Preciado\_Beatriz\_Testo\_Junkie\_2013.pdf]//](https://monoskop.org/images/8/88/Preciado_Beatriz_Testo_Junkie_2013.pdf%5d//) lydia

The cis-males and cis-females (indiscriminately heterosexual or homosexual), as well as transsexuals, who have access to surgical, endocrinological, or legal techniques of the production of identity, are not simple economic classes in the Marxist sense of the term, but genuine “pharmacopornographic factories”—existing simultaneously as raw materials, producers (but rarely proprietors) of biocodes of gender, and pharmacopornographic consumers.

Porn actors; whores; the transgender; genderqueers; and producers, traffickers, and consumers of illegal drugs inhabit different cultures, but all are used as living pharmacoporn laboratories. All of them sell, buy, or get access to their biocodes as pharmacopornographic property. The sudden emergence of new gender statuses is creating a novel type of conflict between owners and managers of the patents of the microtechnologies of subjectification (sex hormones, psychotropic molecules, audiovisual codes, etc.) and the producers and traffickers of these techno-biocodes. The pharmacopornographic entrepreneurs, who are among the contemporary leaders of global capitalism, are trying to restrict and privatize the biocodes of gender and convert them into rare and naturalized objects by means of legal and market techniques.

Computer hackers use the web and copyleft programs a tools of free and horizontal distribution of information and claim that they should be in reach of everyone. The pharmacopornographic gendercopyleft movement has a technoliving platform that is a lot easier to gain access to than the Internet: the body, the somathèque. Not the naked body, or the body as unchanging nature, but the technoliving body as a biopolitical archive and cultural prosthesis. Your memory, your desire, your sensibility, your skin, your cock, your dildo, your blood, your sperm, your vulva, your ova . . . are the tools of a potential gendercopyleft revolution.

The various producers of sexual biocodes are very different from one another. Some get off on economic and social privileges, such as the models through whose bodies the dominant codes of male and female beauty are produced. Others, such as porn actors or sex workers, suffer from the lack of regulations for the open market of their biocodes. But all of them depend on the pharmacopornographic industry and its local alliances with the police forces of the nation-states. One day, they will all become hackers.

Agnes, mother of all the techno-lambs: Del LaGrace Volcano, Kate Bornstein, Jacob Hale, Dean Spade, Mauro Cabral, Susan Stryker, Sandy Stone, King Erik, Moises Martínez—all are master hackers of gender, genuine traffickers of semiotico-technological flux, producers and tinkers of copyleft biocodes.

Gender copyleft strategies must be minor but decisive: the survival of life on the planet is at stake. For this movement, there will be no single name that can be transformed into a brand. It will be our responsibility to shift the code to open the political practice to multiple possibilities. We could call this movement, which has already begun, Postporn, Free Fuckware, BodyPunk, OpenGender, FuckYourFather, PentratedState, TotalDrugs, PornTerror, AnalInflation, UnitedUniversalTechnoPriapism . . . This book, a legacy of Agnes’s self-experimentation politics, is a protocol for self-tests carried out with testosterone in gel form, exercises of controlled poisoning on my own body. I am infecting myself with a chemical signifier culturally branded as masculine. Vaccinating yourself with testosterone can be a technique of resistance for bodies that have been assigned the status of cis-females. To acquire a certain political immunity of gender, to get roaring drunk on masculinity, to know that it is possible to look like the hegemonic gender. Little by little, the administration of testosterone has ceased to be a simple political test and has molted into a discipline, an asceticism, a way of restoring my spirit by means of the down growing on my arms, an addiction, a form of gratification, an escape, a prison, a paradise. Hormones are chemical prostheses. Political drugs. In this case, the substance not only modifies the filter through which we decode and recodify the world; it also radically modifies the body and, as a result, the mode under which we are decoded by others. Six months of testosterone, and any cis-female at all, not a should-have-been-boy or a lesbian, but any girl, any neighborhood kid, a Jennifer Lopez or a Rihanna, can become a member of the male species who cannot be told apart from any other member of the hegemonic class. I refuse the medico-political dose, its regime, its regularity, its direction. I demand a virtuosity of gender; to each one, its dose; for each context, its exact requirement. Here, there is no norm, merely a diversity of viable monstrosities. I take testosterone like Walter Benjamin took hashish, Freud cocaine, or Michaux mescaline. And that is not an autobiographical excuse but a radicalization (in the chemical sense of the term) of my theoretical writing. My gender does not belong to my family or to the state or to the pharmaceutical industry. My gender does not belong to feminism or to the lesbian community or to queer theory. Gender must be torn from the macrodiscourse and diluted with a good dose of micropolitical hedonist psychedelics.

#### **Gender hacking looks like the open source estrogen project of non-commercialized estrogen – the goal is radical access of information and sex hormones to take back health autonomy in resistance to the control of pharmaceuticals.**

Fragnito 20 [Maddalena Fragnito, cultural activist exploring the intersections among art, transfeminisms, critical theory and technologies – focusing on practices of commoning social reproduction. At the moment she is a Doctoral Student at Coventry University’s Centre for Postdigital Cultures, October 2020, " Commoning Molecules: Decolonising Biological Patents by Gender Hacking Protocols ," Journal of International Womens studies, <https://vc.bridgew.edu/cgi/viewcontent.cgi?article=2348&context=jiws>] // lydia

“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).

#### The intake of hormones are not merely molecules but a chain of signifiers representing the materialization of a broad network of exchange. Copyleft is the seizure and administration of these patented biocodes

Preciado 13 [Paul Preciado, professor of Political History of the Body, Gender Theory, and History of Performance at Paris VIII, 2013, "*Testo Junkie: sex, drugs and biopolitics in the pharmacopornographic Era*," the Feminist Press,” translated by Bruce Benderson, [https://monoskop.org/images/8/88/Preciado\_Beatriz\_Testo\_Junkie\_2013.pdf]//](https://monoskop.org/images/8/88/Preciado_Beatriz_Testo_Junkie_2013.pdf%5d//) lydia

In her 1967 SCUM Manifesto, Valerie Solanas had seen things with a certain precision.2 More than forty years have gone by, and one element seems to have changed: all the grotesque characteristics that Solanas attributes to men in capitalist society at mid-twentieth century seem to have spread to women today. Men and women are the bioproducts of a bifurcated sexual system with a paradoxical tendency for reproduction and self-destruction. “To be male is to be deficient, emotionally limited . . . egocentric, trapped inside himself, incapable of empathizing or identifying with others, of love, friendship, affection, of tenderness.” Men and women are isolated units, creatures condemned to constant self-surveillance and self-control by a rigid classsex-gender-race system. The time they devote to this brutal political arrangement of their subjectivity is comparable to the whole extent of their lives. Once all their vitality has been put to work to reduce their own somatic multiplicity, they become physically weakened beings, incapable of finding any satisfaction in life and dead politically before they have taken their last breath. I do not want the female gender that has been assigned to me at birth. Neither do I want the male gender that transsexual medicine can furnish and that the state will award me if I behave in the right way. I don’t want any of it. When I take a dose of testosterone in gel form or inject it, what I’m actually giving myself is a chain of political signifiers that have been materialized in order to acquire the form of a molecule that can be absorbed by my body. I’m taking not only the hormone, the molecule, but also the concept of hormone, a series of signs, texts, and discourses, the process through which the hormone came to be synthesized, the technical sequences that produce it in the laboratory. I inject a crystalline, oil-soluble steroid carbon chain of molecules, and with it a bit of the history of modernity. I administer myself a series of economic transactions, a collection of pharmaceutical decisions, clinical tests, focus groups, and business management techniques; I connect to a baroque network of exchange and to economic and political flow-chains for the patenting of the living. I am linked by T to electricity, to genetic research projects, to megaurbanization, to the destruction of forests of the biosphere, to the pharmaceutical exploitation of living species, to Dolly the cloned sheep, to the advance of the Ebola virus, to HIV mutation, to antipersonnel mines and the broadband transmission of information. In this way I become one of the somatic connectives through which power, desire, release, submission, capital, rubbish, and rebellion circulate. As a body—and this is the only important thing about being a subject-body, a technoliving system—I’m the platform that makes possible the materialization of political imagination. I am my own guinea pig for an experiment on the effects of intentionally increasing the level of tes tosterone in the body of a cis-female. Instantly, the testosterone turns me into something radically different from a cis-female. Even when the changes generated by this molecule are socially imperceptible. The lab rat is becoming human. The human being is becoming a rodent. And as for me: neither testo-girl nor techno-boy. I am a port of insertion for C19H28O2 . I’m both the terminal of one of the apparatuses of neoliberal governmentality and the vanishing point through which escapes the system’s power to control. I’m the molecule and the state, and I’m the laboratory rat and the scientific subject that conducts the research; I’m the residue of a biochemical process. I am the future common artificial ancestor for the elaboration of new species in the perpetually random processes of mutation and genetic drift. I am T.

#### Producing discourse, producing writing, is the main way that subjectivity itself is produced. What type of subjectivity will you design for yourself? The attempt to trap the topic within a dialectical parliamentary politics relying on state models of deliberation as a metric of success precludes the creation of revolutionary alliances and resistance.

Preciado 13, professor of Political History of the Body, Gender Theory, and History of Performance at Paris VIII, Interview with Ricky Tucker. “Pharmacopornography: An Interview with Beatriz Preciado," December 4, 2013, The Paris Review” <https://www.theparisreview.org/blog/2013/12/04/pharmacopornography-an-interview-with-beatriz-preciado/> brett

We don’t have to be afraid of questioning democracy, but I’m also very interested in disability, nonfunctional bodies, other forms of functionality and cognitive experiences. Democracy and the model of democracy is still too much about able bodies, masculine able bodies that have control over the body and the individual’s choices, and have dialogues and communications in a type of parliament. We have to imagine politics that go beyond the parliament, otherwise how are we going to imagine politics with nonhumans, or the planet? I am interested in the model of the body as subjectivity that is working within democracy, and then goes beyond that. Also, the global situation that we are in requires a revolution. There is no other option. We must manage to actually create some political alliance of minority bodies, to create a revolution together. Otherwise these necropolitical techniques will take the planet over. In this sense, I have a very utopian way of thinking, of rethinking new technologies of government and the body, creating new regimes of knowledge. The domain of politics has to be taken over by artists. Politics and philosophy both are our domains. The problem is that they have been expropriated and taken by other entities for the production of capital or just for the sake of power itself. That’s the definition of revolution, when the political domain becomes art. We desperately need it.

What was the benefit to designing your own protocol, of being the lab rat in your experiments with testosterone?

It’s interesting that you mention design. Design is at the center of the pharmacopornographic more than anything else, because design invents techniques of the body. Chairs and buildings are designed relative to the body, and body techniques define relationships between body, space and time, and the spaces that you can or cannot use. It’s crucial that activists with the right questions permeate these fields. Designers are typically driven by the commercial. In terms of becoming a rat in your own laboratory, that’s what happens when you write. Writing is becoming the rat in your own laboratory. Writing is the main technology of production of subjectivity that we invented a really long time ago. What I do in the book is underlying this, making it hyperbolic through the invention of the protocol. There are moments when you go beyond what is traditionally done, in research and within the academy, that you think you are losing your mind, but you have to give yourself a kind of reference of heroes, whoever it is, be it Freud or Foucault.

Wait