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#### Welcome to the age of pharmacopornographic biocapitalism – post-Fordism has exposed the processes of capital that turn concepts of femininity and sex into estrogen and Viagra. Subjects are no longer subjectivities, but rather defined through the substances that metabolize bodies into “real” agents – the 1AC’s dedication to these “drugs” is simply an arm that produces these “subjectivities” to mass produce them on a global scale

Preciado 08. Paul Preciado (Spanish philosopher, queer theorist, and king), 2008, “Testo Junkie,” translated by Bruce Benderson, I have a pdf, if you need it, sean!

From an economic perspective, the transition toward a third form of capitalism, after the slave-dependent and industrial systems, is generally situated somewhere in the 1970s; but the establishment of a new type of “government of the living”3 had already emerged from the urban, physical, psychological, and ecological ruins of World War II—or, in the case of Spain, from the Civil War. How did sex and sexuality become the main objects of political and economic activity? Follow me: The changes in capitalism that we are witnessing 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 Meanwhile, 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 The Kinsey 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 biochemical 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 technology 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 “erectile 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 At the same time, the laboratories Eli Lilly (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 The level of toxicity of transuranic 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, 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 (pornographic) 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.

#### Why do we have drugs for erections but not malaria? Biocapitalism and the pharmaceutical industry invent sickness, illness, and the drugs themselves that create the affective subjectivities that sustain the entire structure

Preciado 2. Paul Preciado (Spanish philosopher, queer theorist, and king), 2008, “Testo Junkie,” translated by Bruce Benderson, I have a pdf, if you need it, sean!

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.

#### Epidemics are not a viral crisis but one of governmentality - the 1AC reliance on technocratic pandemic prevention only furthers the grasp of biocapitalism on the body – only our method can truly heal

Preciado 20. Paul Preciado (Spanish philosopher, queer theorist), May/June 2020, “Learning from the Virus,” ArtForum, <https://www.artforum.com/print/202005/paul-b-preciado-82823> sean!

Epidemics, through the declaration of a state of exception, are great laboratories of social innovation, the occasion for the large-scale reconfiguration of body procedures and technologies of power. Foucault analyzed the transition from leper management to plague management as the process through which the disciplinary techniques of the spatialization of power were deployed in modernity. While lepers had been treated with strictly necropolitical measures that excluded them—condemning them, if not to physical death, then at least to social death, to life outside the community—early-modern efforts to control the plague ushered in disciplinary management, with its strict segmentation of the city and confinement of each body in every home. Strategies adopted by countries confronting Covid-19 exemplify two completely different types of biopolitical technology. The first, involving home confinement for the whole population and operating first in Wuhan, China, then in Italy, Spain, and France, and later in the UK and US, applies strict disciplinary measures that in many respects are not very different from the eighteenth-century approaches documented by Foucault. Strict spatial partitioning, the closing of towns and outlying districts, a prohibition against leaving the area. Everyone is ordered to stay indoors. If it is necessary to leave the house, it will be done by one person at a time, avoiding any meeting. The gaze is absolutely pervasive. Everyone locked up in their cage, everyone at their window. Only the town stewards, medical teams, and police officers will move about the streets and among the infected bodies, from one corpse to another, the “crows” or “terminators” who can be left to die: These are working-class, racialized people “who carry the sick, bury the dead, clean and do many vile and abject offices.” To reread the chapter on plague management in Europe in Discipline and Punish is to be struck by the fact that French border policies with regard to epidemics have not changed much in centuries. What is at work here is the logic of the architectural frontier, which emphasizes not only home quarantine but also the treatment of infection in isolated hospital wards. That technique has not proven entirely effective. The second strategy, implemented in Singapore, South Korea, Taiwan, Hong Kong, and Japan, among other places, involves moving away from modern techniques of disciplinary and architectural control to pharmacopornographic techniques. The emphasis here is on the individual detection of the viral load through the multiplication of tests and constant digital surveillance of patients through their mobile devices. Cell phones and credit cards become surveillance tools that allow close tracking of individual bodies that may be carrying the virus. We do not need biometric bracelets. The cell phone has become the best bracelet: No one parts with it even when sleeping. GPS informs the police of the movement of any body that is suspect. The individual’s temperature and other vital signs are observed in real time by the digital instruments of a cyberauthoritarian eye. Here, society is a community of users, and sovereignty is above all digital dominion and the management of big data. In April, Apple and Google signed an agreement to launch a new smartphone-tracking application for Covid-19. If the phone user tests positive, the app notifies public-health authorities; they would then alert anyone whose smartphone has come near the infected person’s phone during the previous fourteen days. But such techniques of political immunization are not new and were not only previously deployed for research and the capture of so-called terrorists. Since the early 2010s, for example, Taiwan has legalized access to all activity from sexual-encounter apps, with the ostensible goal of preventing the propagation of AIDS as well as prostitution over the internet. Covid-19 has legitimized and extended such governmental practices of biosurveillance and digital control by standardizing them and making them “necessary” to maintain a feeling of immunity and national health. Nevertheless, the governments that have implemented extreme digital-surveillance measures have not yet envisioned prohibiting the traffic and consumption of wild animals or the industrial production of birds and mammals—which is at the origin of viral zoonosis production, including SARS-COV-2—nor the reduction of CO2 emissions. What has grown is not the immunity of the social body but the tolerance of citizens under the cybernetic control of the state and corporations. The political management of Covid-19 as a form of administration of life and death gives shape to a new subjectivity. What will have been invented after the crisis is a new utopia of the immunitary community and a new form of high-tech mass control of human bodies. The subjects of the neoliberal technical-patriarchal societies that Covid-19 is in the midst of creating do not have skin; they are untouchable; they do not have hands. They do not exchange physical goods, nor do they pay with money. They are digital consumers equipped with credit cards. They do not have lips or tongues. They do not speak directly; they leave a voice mail. They do not gather together and they do not collectivize. They are radically un-dividual. They do not have faces; they have masks. In order to exist, their organic bodies are hidden behind an indefinite series of semio-technical mediations, an array of cybernetic prostheses that work like digital masks: email addresses, Facebook, Instagram, Zoom, and Skype accounts. They are not physical agents but rather tele-producers; they are codes, pixels, bank accounts, doors without names, addresses to which Amazon can send its orders. Covid-19 has also made visible a cartography of unproductive zones of the social body within the new pharmacopornographic system, which are emerging as obsolete in the new regime of technical-digital production. These are zones or population groups that had already been left on the other side of the biopolitical frontier but that today appear twice as vulnerable: the elderly, in particular those who are institutionalized within the death industries known as nursing homes, for whom it is too late to transform into technical-cybernetic subjects; people considered handicapped, in particular those institutionalized within the death industries known as homes for the disabled; criminalized and incarcerated people within the death industries known as prisons and detention centers, parallel universes totally outside the market bubble of the internet. Homeless bodies (outside of domestic disciplinarity as well as digital consumption and control) are considered criminal by the very fact of eluding confinement and are secluded in detention centers that promise more contagion than cure. That wage labor is itself an institution of confinement has never been clearer than now, as we witness “essential” workers as de-munized bodies brutally forced into spaces of lethal risk. The subways of New York are as crowded as ever because the transit authority has severely cut back on the number of trains. The essential workers forced to ride are disproportionately low-income, disproportionately migrants, disproportionately racialized bodies. Their forced mobility is also a type of incarceration. In relation to all of them, traditional confinement institutions, including hospitals, now appear not as enclaves where social and disciplinary order is maintained, but as fragile links in a mutating bio-necropolitical chain. One of the fundamental biopolitical changes in pharmacopornographic techniques characterizing the Covid-19 crisis is that the domestic space, and not traditional institutions of social confinement and normalization (hospital, factory, prison, school, etc.), now appears as the new center of production, consumption, and political control. The home is no longer only the place where the body is confined, as was the case under plague management. The private residence has now become the center of the economy of tele-consumption and tele-production, but also the surveillance pod. The domestic space henceforth exists as a point in a zone of cybersurveillance, an identifiable place on a Google map, an image that is recognized by a drone. When I studied the Playboy Mansion a few years ago—first the original gothic manor in Chicago, then the Los Angeles successor—I was interested in how it was already functioning, in the midst of the Cold War, as a laboratory in which new pharmacopornographic devices for controlling the body and sexuality were invented. Such devices began to spread through the West as early as the end of the twentieth century and with the Covid-19 crisis have extended to the entire population of the world. When I was conducting my research into the mansion, I was struck by the fact that Hugh Hefner, one of the richest men on earth, had spent nearly forty years lounging around at home, dressed in pajamas, a bathrobe, and slippers, drinking Pepsis and eating Butterfingers. Hefner directed and produced the largest-circulation men’s magazine in the United States without leaving the house, often without leaving his bed. Connected to a telephone, a radio, a stereo, and a video camera, Hefner’s bed was a genuine multimedia production platform. His biographer Steven Watts characterized Hefner as a voluntary recluse in his own paradise. A fan of every means of archiving audiovisual material long before cell phones, Facebook, or WhatsApp, Hefner made more than twenty video- and audio cassettes a day, containing material ranging from interviews to instructions for his employees. Covered in wood paneling and thick curtains but penetrated by thousands of cables and filled with the era’s most advanced telecommunication technologies, the mansion was at once entirely opaque and completely transparent. Hefner had installed a closed-circuit camera in the residence, where there also lived some dozen Playmates, and he could access every room in real time from his control center. The material filmed by the surveillance cameras also ended up in the pages of the magazine. Beyond the transformation of heterosexual pornography into mass culture, the silent biopolitical revolution launched by Playboy signified a challenge to the divisions that had been at the root of nineteenth-century industrial society: the separation of the spheres of production and reproduction, the difference between the factory and the home, and, along with that, the patriarchal distinction between masculinity and femininity. Playboy tackled that difference by proposing the creation of a new life enclave: the bachelor pad, connected to new technologies of communication. Its new semio-technical producer need never leave, either for work or to make love—and what’s more, those activities had become indiscernible. His round bed was at once his worktable, his manager’s desk, a photo-shoot set, and a place for sexual encounters; it was also a television studio where the famous program Playboy After Dark was filmed. Playboy anticipated discourses on telecommuting and immaterial production that the management of the Covid-19 crisis has transformed into a national duty. Hefner called this new social producer the “horizontal worker.” The vector of social innovation that Playboy set in motion promoted the erosion (and then the destruction) of distance between work and pleasure, production and sex. The life of the playboy, constantly filmed and diffused through magazines and television, was entirely public, even if the playboy never left his home or even his bed. Playboy’s challenge to the division between the masculine and feminine spheres lay in turning the new multimedia operator into an “indoors man,” which seemed like an oxymoron at the time. Watts reminds us that that productive isolation needed chemical support: Hefner was a consumer of the amphetamine Dexedrine. So, paradoxically, the man who never got out of bed did not get much sleep. The bed as a new multimedia operation center was a pharmacopornographic cell: It could only function with the use of the contraceptive pill, with drugs that sustained a high level of production and, eventually, with a broadband connection so as to maintain the constant flux of semiotic codes, which had become the playboy’s sole true sustenance. The bed as a new multimedia operation center could only function with the use of the contraceptive pill, with drugs that maintained a high level of production and, eventually, with a broadband connection so as to maintain the constant flux of semiotic codes. Does all this seem familiar to you now? Does all this oddly resemble your own confined life? Let us remember the slogans used by French and American leaders alike: We are at war. Do not leave your home. Telecommute. The biopolitical measures for contagion management imposed during the Covid-19 crisis have turned horizontal workers—more or less playboyesque, their labor cognitive or immaterial—into the most likely survivors of this pandemic. Each of our domestic spaces is today ten thousand times more technical than Hefner’s rotating bed was in 1968. Telecommuting and devices of telecontrol are henceforth at the tip of our fingers. Outside, subaltern vertical workers, racialized and feminized bodies, have been condemned. In Discipline and Punish, Foucault analyzed monks’ cells as vectors of and models for the transition from the sovereign regime, with its bloody techniques of controlling the body and subjectivity, to the disciplinary architectures and devices of confinement that arose in the eighteenth century for the management of entire populations. Disciplinary architectures were secular versions of monastic cells, spaces in which the modern individual was made into a soul confined within a body—a literate soul able to read the orders of the state. When the writer Tom Wolfe visited Hefner, he wrote that the latter was living in a prison that was as soft as an artichoke heart. One might say that the Playboy Mansion and Hefner’s rotating bed, transformed into objects of pop consumption, functioned during the Cold War as spaces of transition where the new prosthetic, the ultraconnected subject, and also the new forms of pharmacopornographic production and consumption that would come to characterize contemporary society were invented. That mutation has become widespread and has amplified with the management of the Covid-19 crisis: Our portable telecommunication machines are our new jailers and our own domestic interiors have become the soft and ultraconnected prisons of the future. All this could be bad news or a great opportunity. It is precisely because our bodies are the new enclaves of biopower and because our apartments are the new cells of biovigilance that it is more urgent than ever to invent new strategies of cognitive emancipation and resistance, to set in motion new forms of antagonism. Contrary to what one might imagine, our health will not come from a border or separation, but only from a new understanding of community with all living creatures, a new sharing with other beings on the planet. We need a parliament not defined in terms of the politics of identity or nationality: a parliament of (vulnerable) bodies living on planet Earth. The Covid-19 event and its consequences summon us to once and for all go beyond the violence with which we have defined our social immunity. Healing and rehabilitation cannot be a simple negative gesture of social retreat, of the immunological closing of the community. Healing and care can only stem from a process of political transformation. Healing as a society would mean inventing a new community beyond the identity and border politics with which we have produced sovereignty until now, but also beyond the reduction of life to cybernetic biosurveillance. To stay alive, to maintain life as a planet, in the face of the virus, but also in the face of the effects of centuries of ecological and cultural destruction, means implementing new structural forms of global cooperation. Just as the virus mutates, if we want to resist submission, we must also mutate. We must go from a forced mutation to a chosen mutation. We must operate a critical reappropriation of biopolitical techniques and their pharmacopornographic devices. First, it is imperative to modify the relationship between our bodies and biovigilant machines of biocontrol: They are not only communication devices. We must learn collectively to alter them. We must also learn to de-alienate ourselves. Governments are calling for confinement and telecommuting. We know they are calling for de-collectivization and telecontrol. Let us use the time and strength of confinement to study the tradition of struggle and resistance among racial and sexual minority cultures that have helped us survive until now. Let us turn off our cell phones, let us disconnect from the internet. Let us stage a big blackout against the satellites observing us, and let us consider the coming revolution together.

#### The 1AC’s fetishization of immunization creates a state of exception where unprotected bodies are placed in a zone of combat, imagined to be at war – this is the re-subjectification of the modern body at work

Arthur 18. Marc Arthur, 2018, “AIDS Memorialisation: A Biomedical Performance,” New York University, <https://d1wqtxts1xzle7.cloudfront.net/57326463/Arthur2018_Chapter_AIDSMemorialisationABiomedical.pdf?1536421010=&response-content-disposition=inline%3B+filename%3DAIDS_Memorialisation_A_Biomedical_Perfor.pdf&Expires=1629695482&Signature=EnZcB2HXOjwLq3UkSkosQY4FpoqTW9CgyVvJRcR-PW0TH0kBpj-GV0oxTms5h-Ug09YVNmH9woKJzmX7noqsACgiP8soscYTed6rUUEIHbGHcfUsbMXrWsC7u5osuES7exjebr0tQzRCX1lLmzhxkdp9pFECuAE5V-rEvnXXnK4EZO1AU-s-8yUa2ZrS~fcDpvWlKBFsz9fdo0lfBrQD5SPN8jTcfF0BSH5FKETUxTpV2OSBg4fCg5VhY218LjgBNfU-a~jejpe-JFwLLzhqMqaOVoed4weM1H2q9QENJIHRnrq~KFN1YwgZOkkuPexlS-EomvJt-YajJQ5fZm3Wdg__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA> sean!

Early on in the crisis the writer and activist Susan Sontag (1989) took issue with militarised AIDS metaphors like these, as she believed they had a negative impact on people living with HIV and AIDS and even obstructed the development of scientific cures. That militarised allegories of immunity persist with the introduction of PrEP is evidence of how deeply they are embedded in political power struggles over the formation of the modern body. This is what the transdisciplinary scholar Ed Cohen (2009) discovers in his research into the legal notion of immunity. He argues that, since the middle of the seventeenth century, the concept of immunity has been transmuted into the body through a process in which ‘scientific medicine deftly fuses a bellicose ideology (which sees environmental challenge as a hostile attack) with a political notion of legal exception (which nevertheless affirms the law’s universal applicability)’ (Cohen 2009: 6). Cohen is particularly interested in how legal exception is configured in bodies as a singular possessive zone of combat that needs to be protected and, at times, go to war. The shielded and abstracted body in the What Is PrEP video supports this theory, as it imagines people on PrEP to have their own individual armour against the virus. This premise, though, implies (and extends) a logic in which people living with HIV have T-cells that are unprotected from the virus, and are thus imagined to be at war. In fact, the drug used in PrEP, Truvada, is also used as part of antiretroviral therapy treatments for people living with HIV. It equally protects their T-cells in the same way as PrEP. People living with HIV who are lucky enough to have access to antiretroviral therapy, which is roughly half of people living with HIV globally (World Health Organization 2016), have, as a result, a hugely improved chance of managing the effects of the virus. If Cohen argues that modern bodies have become singular spaces of exception, this animation shows how an ideology of immunity is allegorically employed to insinuate that HIVnegative people on PrEP are more protected, and exist in a space of exception, from the war-like experiences of HIV-positive bodies, when in reality, the T-cells of individuals living with HIV who regularly take their medication share the same medical protections as those on PrEP.

#### The impact is subjectification - just like masculinity doesn’t exist without testosterone, the pharmaceutical industry locks in violent binaries – we’re all bound by the same carbon chains

Preciado 3. Paul Preciado (Spanish philosopher, queer theorist, and king), 2008, “Testo Junkie,” translated by Bruce Benderson, I have a pdf, if you need it, sean!

I am reading the Testogel package insert, realizing that I’m holding a manual for microfascism, at the same time as I’m worrying about the possible immediate or side effects of the molecule on my body. The laboratory assumes that the testosterone user is a “man” who isn’t producing enough androgen naturally and who, obviously, is heterosexual (the safety instructions concerning the cutaneous transfer of testosterone allude to a female partner). Does this notion of a man refer to the chromosomal (XY), genital (possessing a penis and well-differentiated testicles), or legal (the specification “Sex: M” appearing on one’s ID card) definition? If the administration of synthetic testosterone is prescribed for cases of testosterone deficiency, when and according to what criteria is it possible to affirm that a body is deficient? Does an examination of my clinical symptoms indicate a lack of testosterone? Isn’t it the case that my beard has never grown and that my clitoris does not exceed a centimeter and a half? What would the ideal size and degree of erectility of a clitoris be? And what about the political signs? How can we measure them? Be that as it may, in order to legally obtain a dose of synthetic testosterone, it is necessary to stop defining yourself as a woman. Even before the effects of the testosterone are apparent in my body, the condition for the possibility of administering the molecule to me is having renounced my female identity. An excellent political tautology. Like depressions or schizophrenia, masculinity and femininity are pharmacopornographic fictions retroactively defined in relationship to the molecule with which they are treated. The category depression does not exist without the synthetic molecule of serotonin, the same way that clinical masculinity does not exist without synthetic testosterone. I decide to keep my legal identity as a woman and to take testosterone without subscribing to a sex change protocol. It’s a bit like biting the dick that’s raping you, the pharmacopornographic system’s dick. Obviously, such a position is one of political arrogance. If I’m able to take such a liberty at this time, it’s because I don’t need to go out and look for work, because I’m white, because I have no intention of having a bureaucratic relationship to the state. My decision does not enter into conflict with the position of all the transsexuals who’ve decided to sign a contract with the state for changing sex in order to have access both to the molecule and to legal identity as a male.2 Actually, my gesture would lack strength were it not for the legions of silent transsexuals for whom the molecule, the protocol, and the change of legal identity are essential. All of us are united by the same carbon chains, by the same invisible gel; without them, none of this would have any meaning.

#### The alternative is voluntary auto-intoxication – this performative act of communal self administration of chemical prosthesis both preserves liberation strategies in bodily practices and disrupts biocapitalist control over subjectivity

Preciado 5. Paul Preciado (Spanish philosopher, queer theorist, and king), 2008, “Testo Junkie,” translated by Bruce Benderson, I have a pdf, if you need it, sean!

The first principle of a trans-feminism movement capable of facing porno-punk modernity: the fact that your body, the body of the multitude and the pharmacopornographic networks that constitute them are political laboratories, both effects of the process of subjection and control and potential spaces for political agency and critical resistance to normalization. I am pleading here for an array of politics of physical experimentation and semiotechnology that (in the face of the principle of political representation, which dominates our social life and is at the core of political mass movements, which can be as totalitarian as they are democratic) will be regulated by the principle that—in accordance with Peter Sloterdijk’s intuitions—I will call the “principle of the auto-guinea pig.”12 In China, in 213 BC, all books were burned by order of the emperor. In the fifth century, after a series of wars had ransacked and decimated the library at Alexandria, it was accused of harboring pagan teachings contrary to the Christian faith and was destroyed by the decree of Emperor Theodosius. The greatest center of research, translation, and reading disappeared. Between 1330 and 1730, thousands of human bodies were burned during the Inquisition, thousands of books were destroyed, and hundreds of works related to the expertise and production of subjectivity were relegated to oblivion or to the underground. In 1813, American soldiers took York (now Toronto) and burned the parliament and legislative library. A year later, the Library of Congress was razed. In 1933, one of the first actions of the Nazi government was the destruction of the Institut für Sexualwissenschaft (Institute for Sexual Research) in Berlin. Created in 1919 by Magnus Hirschfeld, this center had for years played a role in the research and dissemination of progressive ideas and practices concerning sex and sexuality. Twenty thousand books from the Hirschfeld Institute were burned on May 10, 1933, on Opernplatz on a gigantic pyre whose flashing flames were imprinted on the camera film of Hitler’s reporters. On the night of March 9, 1943, an air raid on a library in Aachen destroyed five hundred thousand books. In 1993, Croatian militia destroyed dozens of libraries (among them, those in Stolac). In 2003, American bombs and Saddam loyalists sacked and destroyed the National Library of Baghdad13 . . . The theorico-political innovations produced during the past forty years by feminism, the black liberation movement, and queer and transgender theory do seem to be lasting acquisitions. However, in the context of global war, this collection of scholarship could be destroyed also, as fast as a microchip melting under intense heat. Before all the existing fragile archives about feminism and black, queer, and trans culture have been reduced to a state of radioactive shades, it is indispensible to transform such minority knowledge into collective experimentation, into physical practice, into ways of life and forms of cohabitation. We are no longer pleading, like our predecessors in the 1970s and 1980s, for an understanding of life and history as effects of different discursive regimes. We are pleading to use discursive productions as stakeholders in a wider process of the technical materialization of life that is occurring on the planet. A materialization that each day resembles more and more a total technical destruction of all animal, vegetable, and cultural forms of life and that will end, undoubtedly, in the annihilation of the planet and the self-extinction of most of its species. Alas, it will become a matter of finding ways to record a planetary suicide. Until the end of the eighteenth century, self-experimentation was still a part of the research protocols of pharmacology. Animal experimentation was not yet called into question, but an ethical precept dictated that the researcher take on the risk of unknown effects on his or her own body before enacting any test on the body of another human. Relying on the rhetoric of objectivity, the subject of scientific learning would progressively attempt to generate knowledge outside him- or herself, to exempt his or her body from the agonies of self-experimentation. In 1790, the physician Samuel Hahnemann self-administered strong daily doses of quinine in order to observe its effects in fighting malaria. His body reacted by developing symptoms that resembled the remittent fever characteristic of malaria. The experiment would serve as the basis for the invention of the homeopathic movement, which, based on the law of similars, maintains that it is possible to treat illness using minute doses of a substance that, in much larger amounts, would provoke the same symptoms of that illness in a healthy body, in the manner of a therapeutic mirror. Peter Sloterdijk, inspired by Hahnemann, will call the process of controlled and intentional poisoning “voluntary auto-intoxication” and will sum it up as follows: “If you intend to be a doctor, you must try to become a laboratory animal.”14 In order to transform conventional frameworks of the “cultural intelligibility”15 of human bodies, it is necessary to evolve toward practices of voluntary autointoxication. From Novalis to Ritter, the romanticism from which Sloterdijk draws his inspiration for a counterproject to modernity will make autoexperimentation the central technique of the self in a dystopian society. Nevertheless, romantic autoexperimentation carries the risk of individualism and depolitization. On the other hand, two of the discourses around which the critique of modern European subjectivity will develop—those of Sigmund Freud and Walter Benjamin—will begin under the form of the invention of new techniques of the self and repertories of practices of voluntary intoxication. But the dominant discourse of disciplinary modernity will brush them aside; the process of institutionalization that both psychoanalysis and the Frankfurt School will experience will go hand in hand with the pathologizing of intoxication and the clinical industrialization of experimentation. “It would be a good thing if a doctor were able to test many more drugs on himself,” declared the young doctor Mikhail Bulgakov in 1914, in “Morphine,” a text in which the protagonist describes the effects of morphine on his own body.16 Likewise, it seems urgent today, from the perspective of a trans-feminist project, to use our living bodies as biopolitical platforms to test the pharmacopornopolitical effects of synthetic sex hormones in order to create and demarcate new frameworks of cultural intelligibility for gender and sexual subjects. In an era in which pharmaceutical laboratories and corporations and state medico-legal institutions are controlling and regulating the use of gender and sex biocodes (the active molecules of progesterone, estrogen, and testosterone) as well as chemical prostheses, it seems anachronistic to speak of practices of political representation without going through performative and biotechnological experiments on sexual subjectivity and gender. We must reclaim the right to participate in the construction of biopolitical fictions. We have the right to demand collective and “common” ownership of the biocodes of gender, sex, and race. We must wrest them from private hands, from technocrats and from the pharmacoporn complex. Such a process of resistance and redistribution could be called technosomatic communism. As a mode of the production of “common” knowledge and political transformation, the auto–guinea pig principle would be critical in the construction of the practices and discourses of trans-feminism and the coming liberation movements of gender, sexual, racial, and somatic-political minorities. To echo Donna J. Haraway’s expression, it will consist of a positioned, responsible corporal political practice, so that anyone wishing to be a political subject will begin by being the lab rat in her or his own laboratory

#### Our method is a form of radical amateurism that puts the power in the people’s hands – biocapitalism has erased lower class knowledge and power, placing an arbitrary caesaura between medical care and the people receiving it – only our method creates patient-focused communities of care that can disrupt global capitalism and biopolitical pharmaceutical institutions

Hester 18. Helen Hester (Helen Hester (United Kingdom, 1983) is associate professor of media and communication at the University of West London. Her lines of research include digital technologies, reproductive policies and the future of work), 2018, “Xenofeminism,” I have a pdf, sean!

The American second-wave self-help movement explicitly framed its activities as a means of restoring bodily autonomy to people who felt disenfranchised by their interactions with the medical establishment, and who were excluded from active decision making regarding their own care. As Ehrenreich and English put it, ‘When we demand control over our own bodies, we are making that demand above all to the medical system. It is the keeper of the keys.’12 The relationship between the providers and recipients of professionalized medical care in the 1970s was both highly gendered and deeply unequal, with service users ‘dependent on the medical system for the most basic control over their own reproductivity’.13 This was in the face of the threat of involuntary tubal ligations, unnecessary hysterectomies, and under-tested or unethically tested contraceptives. Initially developing out of the consciousnessraising activities of the second wave, ‘feminist self-help involved women meeting in small groups, sharing information and stories, educating themselves about their bodies and the medical establishment, and looking for remedies to minor bodily problems’.14 Its focus was on developing lay knowledge not only as a means to assert immediate agency over one’s own body – to more fully understand its workings – but also as part of a shareable process of self-enfranchisement and a first step in agitating for more patient-focused practices of care. Arguably, however, it is the movement’s attempts to wrest control away from the medical establishment for which it is most famous. This DIY approach spawned initiatives such as the seminal women’s heath book Our Bodies, Ourselves (OBOS) – first published in 1971 as the proceedings of a small self-help workshop that later became the Boston Women’s Health Book Collective. The collective faced many barriers to finding information about gynaecology and the reproductive body; it was often difficult for lay people to even get into medical libraries, and the writing process ‘involved the clandestine borrowing of library cards from bona fide medical students’.15 Much of the material included in the original edition of OBOS was the result of painstaking individual research in the face of scant information and resources – the sidestepping of medical gatekeepers and university librarians alike! Given the difficulties in obtaining even the most basic information about human health, the barriers in providing and accessing care beyond the professionalized medical establishment were remarkable. This was particularly the case when it came to procedures widely restricted by legislation. It was radical enough to include a chapter on abortion in OBOS (considering its publication two years before Roe v. Wade), but the need to widen actual access to abortion in the early seventies was particularly pressing. The feminist response to this was to set up abortion counselling and referral services, such as Jane in Chicago. Originally established as one of a number of networks in the US intended to connect people with so-called ‘backstreet abortionists’, the group’s activities later took a quite distinctive turn: At first the women in Jane concentrated on screening abortionists, attempting to determine which ones were competent and reliable. But they quickly realized that as long as women were dependent on illegal practitioners, they would be virtually helpless. Jane determined to take control of the abortion process so that women who turned to Jane could have control as well. Eventually, the group found a doctor who was willing to work closely with them. When they discovered that he was not, as he claimed to be, a physician, the women in Jane took a bold step: ‘If he can do it, then we can do it, too.’ Soon Jane members learned from him the technical skills necessary to perform abortions.16 Through witnessing and assisting with the performance of abortions beyond a professionalized clinical environment, members of Jane developed a new understanding of and attitude towards the procedure: ‘The techniques were very straightforward. [. . .] They were skills that, with practice and care’, any lay person could learn.17 With abortion thus demythologized, members of the service came to the conclusion that ‘the barriers that the medical establishment erected between patient and practitioner were not a function of either a woman’s needs or the needs of the situation’.18 Instead, they were a function of disciplinary power and a means of hoarding both institutional authority and useful knowledge. The group set itself a mission to further feminist reproductive sovereignty by making service users active participants in their own care – a process intended to denaturalize the condescending treatment that many received at the hands of doctors. Initially and primarily, Jane relied upon dilation and curettage abortions – a procedure in which the cervix is opened and the contents of the uterus are scraped out. Later, however, some members switched to a manual aspiration model using cannulas and syringes, which they learned about via the inventors of the Del-Em. Whilst Jane used methods related to menstrual extraction, rather than deploying the Del-Em itself, the accounts of those involved with the service remain useful to us for their critical engagement with medical instruments. Laura Kaplan organizes much of her history of Jane around the necessity of gaining ‘access to the tools and skills to affect the conditions’ of technomaterial existence – that is, she frames the circumnavigation of gatekeepers as a process of seizing technologies.19 Again, we see that the development and appropriation of technology was a crucial part of the feminist movement’s efforts to challenge medical sexism and profiteering. The Del-Em itself, as a technology designed by feminists to route around the juridical and medical restrictions upon access to abortion, demands to be seen in just these terms. In this case, there is another level to the general tendency towards free information exchange and the bypassing of gatekeepers. The Del-Em arguably represents an engagement with the principles of free and open source design as a means of ensuring the equitable dissemination of tools and technologies. Whilst the device was patented by its original designer (Lorraine Rothman), it was always intended to circulate in a free and non-commoditized fashion. The formal turn to intellectual property was not about securing individualized ownership of menstrual extraction and its instruments, but was in fact a concerted attempt to ensure that the Del-Em would remain freely available, protected, and shareable amongst those who might need it. This is important when contextualizing the emergence of the device, which was designed in California during the 1970s – a time and space associated with considerable innovation in software development. The emphasis on shareability associated with self-help in general, and with menstrual extraction in particular, can be thought of as ‘analogous to modes of shared and circulated production that gave birth to software such as UNIX, and later LINUX, as well as the open-source patent’20 – developments which some contemporary commentators see as suggestive of the rise of a new economy of contribution, grounded upon participatory knowledge exchange. An emerging interest in free and open source design and dissemination was characteristic of the Del-Em’s historical moment. In its commitment to non-market mechanisms, and its focus on information sharing and voluntary cooperation, the feminist self-help movement arguably demonstrates an ethos akin to that of what we now call the Creative Commons; this was one key prong of feminist efforts to work around oppressive pathways of healthcare. The xenofeminist manifesto touches upon the link between medical technologies and free and open source platforms in a different context – namely, healthcare for trans\* people in the twenty-first century. Paul B. Preciado is amongst those who have discussed the bypassing of gatekeepers within trans\* communities. His ground-breaking book Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era describes his self-experimentation with Testogel – a synthetic androgen administered through the skin. As he remarks, whilst some people choose to use the drug ‘as part of a protocol to change sex’, others are ‘self-medicating without trying to change their gender legally or going through any psychiatric follow-up’.21 Preciado positions himself within this latter camp, taking testosterone outside of the narrowly defined territories of its institutionally sanctioned usage. He is not taking it with the permission of doctors in order to transition from ‘female’ to ‘male’; he is illicitly self-administering it, appropriating and repurposing specific molecules in an act of autoexperimentation without preconceived goals or ideal outcomes. The decision to not seek an official diagnosis is in part a refusal to submit to the policing gaze of medical and juridical authorities. As Joshua Rivas observes in his engagement with Testo Junkie: Before a transgender individual can generally be prescribed a course of hormone replacement therapy (and in France have its associated costs covered by social security), the trans-person must first meet certain minimum eligibility criteria set forth in the Harry Benjamin International Gender Dysphoria Association’s Standards of Care, including diagnosis with a gender identity disorder by a mental health professional or physician. Preciado in this way situates herself [sic] within a biopolitically constructed space of clandestinity and non-recognition . . . .22 Some commentators see this dynamic as characteristic of wider tensions between trans\* communities and disciplinary powers in the Global North, arguing that trans\* people ‘seek access to surgical, hormonal and psychotherapeutic treatments, but seek to avoid pathologisation and stigmatisation – this is a defining characteristic, perhaps the central dilemma, of their relationship with clinicians’.23 This dilemma is one reason why some people with the means to do so might choose to sidestep an official diagnosis as a means of accessing treatments and technologies. As with feminist self-help in the 1970s, a fractious relationship with healthcare infrastructures drives people to find different ways of accessing care, often tied to self-experimentation within politicized support networks. The grasp of gatekeepers upon both knowledges and technologies has loosened significantly in recent years, however, as reflected by clinical guidelines. The Royal College of Psychiatrists notes that ‘Hormones and hormone-blockers are readily available via the internet. The medical practitioner or specialist must consider the risks of harm to the patient by not prescribing hormones in these circumstances.’24 The guidance, therefore, is that GPs or other non-specialist medical practitioners ‘prescribe “bridging” endocrine treatments as part of a holding and harm reduction strategy while the patient awaits specialised endocrinology or other gender identity treatment’.25 We can see that having alternative means of accessing information, peer support, and pharmaceuticals has forced profound changes in the way the medical establishment conceives of treatment. This represents a new means of resisting those institutions that have historically fought to restabilize the disciplinary grid of gender in the face of biotechnical innovations that might unsettle it. By taking testosterone in an unsanctioned fashion, Preciado uses technical intervention within and upon the body as a means of contesting the pharmacopornographic regime that constitutes him. He expresses this quite forcefully at times, insisting that ‘your body, the body of the multitude and the pharmacopornographic networks that constitute them are political laboratories, both effects of the process of subjection and control and potential spaces for political agency and critical resistance to normalization’.26  In a move that clearly resonates with self-help’s privileging of the lay healer, Preciado explicitly frames auto-experimental engagements with embodiment as part of a tradition of radical amateurism. This is associated particularly with herbalists, midwives, and witches – practitioners who were deliberately excluded from medicine in order to enable its simultaneous professionalization and masculinization. Preciado claims that the coming of modernity involved a widespread ‘process of eradicating knowledge and lower-class power while simultaneously working to reinforc[ing]e the hegemonic knowledge of the expert, something indispensable to the gradual insertion of capitalism on a global scale’.27 Networked communication technologies, however, have made it increasingly difficult to continue stockpiling knowledge in exclusionary ways.

#### Why do we really need to play act as members of the state? The role of the ballot should be to vote for the best strategy of body-centric praxis.

Preciado 6. Paul Preciado (Spanish philosopher, queer theorist, and king), 2008, “Testo Junkie,” translated by Bruce Benderson, I have a pdf, if you need it, sean!

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 testosterone 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. The Devil in Gel Form After the fifth dose of Testogel, I began to make out variations in the range of excitation, muscular tension, the tendency for outward expressions of my body. All drugs are poisons. The only difference between a poison and a medicine lies in the dose. But what is the right dose of testosterone? The one that yields my body, or another? What would hormonal justice be? And if there is a hormonal justice, should I apply that justice to myself? Testosterone is the devil in a colorless gel. The cutaneous administration of fifty milligrams of testosterone in gel form twice a week for three months isn’t easy to detect with the naked eye in the body of a cis-female, in my body. It is changing the hormonal composition of my body substantially. Modus molecularis. It is a matter of a potential transformation of my own endocrinal ontology. The changes are not purely artificial. Testosterone existing externally is inserted into a molecular field of possibilities that already exist inside my body. Rather than rejection of it, there is assimilation, incorporation. Mit-sein. Being-with-testosterone. Testosterone does not radically alter the perception of reality or the sense of identity. This particular dose of testosterone isn’t strong enough to produce in the body of a cis-female identifiable exterior changes labeled as “virilism” by mainstream medicine (beard and mustache, noticeable increase in muscle mass, changing of the voice . . . ). It does not change the way others decipher my gender. I’ve always had an androgynous body, and the microdoses of testosterone that I’m giving myself don’t alter that situation. However, they produce subtle but decisive changes in my affect, in my inner perception, in my sexual excitation, in the odor of my body, and in resistance to fatigue. Testosterone isn’t masculinity. Nothing allows us to conclude that the effects produced by testosterone are masculine. The only thing that we can say is that, until now, they have as a whole been the exclusive property of cismales. Masculinity is only one of the possible political (and nonbiological) by-products of the administration of testosterone. It is neither the only one nor, over the long term, the one that will dominate socially. The consumption of testosterone, like that of estrogen and progesterone in the case of the Pill, do not depend on any ideal cultural constructions of gender that would come to influence the way we act and think. We are confronted directly by the production of the materiality of gender. Everything is a matter of doses, of melting and crystallization points, of the rotary power of the molecule, of regularity, of milligrams, of form and mode of administration, of habit, of praxis. What is happening to me could be described in terms of a “molecular revolution.” In detailing this concept in order to refer to the revolt of May 1968, Félix Guattari certainly was not thinking of cis-females who self-administer testosterone. On the other hand, he was attentive to structural modifications generated by micropolitical changes such as the consumption of drugs, changes in perception, in sexual conduct, in the invention of new languages.3 It is a question of becomings, of multiplicities. In such a context, molecular revolution could be pointing to a kind of political homeopathy of gender. It’s not a matter of going from woman to man, from man to woman, but of contaminating the molecular bases of the production of sexual difference, with the understanding that these two states of being, male and female, exist only as “political fictions,” as somatic effects of the technical process of normalization. It’s a matter of intervening intentionally in this process of production in order to end up with viable forms of incorporated gender, to produce a new sexual and affective platform that is neither male nor female in the pharmacopornographic sense of the term, which would make possible the transformation of the species. T is only a threshold, a molecular door, a becoming between multiplicities. For a body accustomed to regulating its hormonal metabolism in terms of the production of estrogen, the intentional increasing of the level of testosterone in the blood constitutes an endocrinal reprogramming. The slightest hormonal change affects all the functions of the body: the desire to eat and to fuck, circulation and the absorption of minerals, the biological rhythms regulating sleep, the capacity for physical exertion, muscular tone, metabolism, the sense of smell and taste—in fact, the entire biochemical physiology of the organism. None of these modifications can be qualified as masculine. But of all the mental and physical effects caused by self-intoxication based on testosterone in gel form, the feeling of transgressing limits of gender that have been socially imposed on me was without a doubt the most intense. The new metabolism of testosterone in my body wouldn’t be effective in terms of masculinization without the previous existence of a political agenda that interprets these changes as an integral part of a desire—controlled by the pharmacopornographic order—for sex change. Without this desire, without the project of being in transit from one fiction of sex to another, taking testosterone would never be anything but a molecular becoming.

## Case

#### Util justifies the state demonization and torture of deviant queer bodies

Eskridge 2000. William Eskridge, 2000, "No Promo Homo: The Sedimentation of Antigay Discourse and the Channeling Effect of Judicial Review", New York University Law Review, https://www.researchgate.net/publication/254730047\_No\_Promo\_Homo\_The\_Sedimentation\_of\_Antigay\_Discourse\_and\_the\_Channeling\_Effect\_of\_Judicial\_Review sean!

The new regulatory regime was supported, in part, by the argument that homosexuals are not just sinful sodomites, but are also biologically degenerate people who invert natural gender roles. Disgust was phrased in medical as well as religious terms. Other arguments were openly utilitarian, a reversal of Bentham's still-unpublished essay. American doctors maintained that homosexuals are psychopathic (unable to control their sexual impulses) and therefore predatory against children and youths.42 The vampire lesbian and the homosexual child molester were tropes in place by World War I and were deployed vigorously before and after World War II to justify state campaigns that not only condemned and penalized homosexuals, but hunted them and medically treated their hypersexualized bodies with electricity, chemicals, and scalpels.

### 1NC – Access

#### Lack of knowledge transfer decks solvency – 1AC Kumar talks about materials but NOT about IPR solving know-how and there’s no highlighted warrants

Eccleston-Turner and Rourke 5/27. Mark Eccleston-Turner and Michelle Rourke (Dr Mark Eccleston-Turner is a Lecturer in Law at Keele University. He holds a Bachelor of Laws from the University of Wales, Aberystwyth, and a Master of Laws with distinction in Medical Law and Ethics from the University of Edinburgh. Captain Michelle Rourke is an affiliate of the Center for Global Health Science & Security. She joined the Royal Australian Army Medical Corps in 2009.), 5-27-2021, "The TRIPS Waiver is Necessary, but it Alone is not Enough to Solve Equitable Access to COVID-19 Vaccines," No Publication, https://www.asil.org/insights/volume/25/issue/9 sean!

Crucially, the proposed waiver (if passed) could represent an important efficiency gain in COVID-19 vaccine manufacturing. The current arrangement is such that a potential vaccine manufacturer must survey the patent landscape, identify all of the relevant patents that apply to the manufacture of a particular COVID-19 vaccine, negotiate a license for each of these technologies, and only then can they begin manufacturing a COVID-19 vaccine. Given the expansive range of patent protections over COVID-19 vaccine technologies,[15] this is a deeply inefficient process to undertake while millions of lives are lost to a vaccine preventable disease. Furthermore, there is a high likelihood of not obtaining appropriate licenses from the IP holders and no guarantee that some relevant IP has not been missed in the process, opening the manufacturer up to expensive litigation. The waiver would empower countries like India and South Africa to promise legal certainty to any manufacturers in their territory that produce COVID-19 vaccines: the manufacturers will not be held legally liable for patent infringement. While the TRIPS waiver would significantly reduce red-tape and provide much needed legal certainty to manufacturers in LMICs, it alone is not enough to expand manufacturing capacity. Transfer of Technology and International Law Unlike chemical pharmaceuticals (most drugs), vaccines are large-molecule biological products requiring a great deal of information and know-how to manufacture—information that is not disclosed through patents.[16] Thus, waiving patent rights alone will not enable new manufacturers to come online. The initial text of the proposed waiver by India and South Africa recognizes the crucial role that know-how plays in vaccine manufacturing capacity. However, unlike with patent rights, there is no clear, easy fix contained within the proposed waiver, and pharmaceutical companies will likely strenuously resist such technology transfer. Without knowledge transfer, it will be extremely difficult for LMICs to start COVID-19 vaccine manufacturing, regardless of the removal of patent barriers from the TRIPS waiver.

### 1NC – Legitimacy

#### Reform fails – consensus makes progress impossible and discord is rooted in broader structural factors that reform doesn’t solve

Tran 18. Hung Tran (Nonresident senior fellow at the Atlantic Council), 7-26-2018, "The WTO may be beyond saving," Atlantic Council, https://www.atlanticcouncil.org/blogs/new-atlanticist/the-wto-may-be-beyond-saving/ sean!

The WTO may be beyond saving US President Donald J. Trump created ripples when he said on August 30, 2018, that if the World Trade Organization (WTO) doesn’t “shape up, I would withdraw from the WTO.” Trump’s comments highlighted growing complaints against the WTO — voiced most loudly by the Trump administration, but shared to various extents by other countries. Eventually, the Group of Twenty (G-20) Summit in Buenos Aires agreed on December 1, 2018, to start discussing WTO reform, with progress to be reviewed at the next G20 Summit in Osaka in June 2019. But significant differences remain in countries’ views of the WTO’s problems and the necessary remedies. Several reform proposals have been floated by various groups of countries, only to be promptly rejected by others. Since agreement is based on consensus of all 164 members of the WTO, progress is highly unlikely any time soon. More importantly, dissatisfaction with the WTO reflects a deeper reality: countries are changing their perception of how their interests have been served, or not served, by the global trading system, especially the United States under Trump. These changes have been fueled by populist backlash from those left behind by globalization. Unless these perceptions change, no amount of tinkering with the WTO’s organizational form, rules, or procedures will satisfy the critics. The criticisms have touched on the WTO’s three main functions: providing a forum for multilateral trade negotiations, monitoring members’ trade policies, and arbitrating trade disputes.