

Common Knowledge and Political Love

subRosa

... the body has been for women in capitalist society what the factory has been for male waged workers: the primary ground of their exploitation and resistance, as the female body has been appropriated by the state and men, and forced to function as a means for the reproduction and accumulation of labor. Thus the importance which the body in all its aspects—maternity, childbirth, sexuality—has acquired in feminist theory and women’s history has not been misplaced.

SILVIA FEDERICI (2004, p. 16)

Under capitalism, femininity and gender roles became a “labor” function, and women became a “labor class.”¹ On one hand, women’s bodies and labor are revered and exploited as a “natural” resource, a biocommons or commonwealth that is fundamental to maintaining and continuing life: women are equated with “the lands,” “mother-earth,” or “the homelands.”² On the other hand, women’s sexual and reproductive labor—motherhood, pregnancy, childbirth—is economically devalued and socially degraded. In the Biotech Century, women’s bodies have become flesh labs and Pharma-commons: They are mined for eggs, embryonic tissues, and stem cells for use in medical, and therapeutic experiments, and are employed as gestational wombs in assisted reproductive technologies (ART). Under such conditions, resistant feminist discourses of the “body” emerge as an explicitly biopolitical practice.³

subRosa is a cyberfeminist collective of cultural producers whose practice creates discourse and experiential knowledge about the intersections of information and biotechnologies in women’s lives, work, and bodies. Since the year 2000, subRosa has produced a variety of performances, participatory events, installations, publications, and Web sites as (cyber)feminist responses to key issues in bio- and digital technologies. subRosa’s projects rethink feminist issues of the body and labor as they are being changed by globalization

of markets, information, and communications technologies, the service economy, migration, trafficking in women, and new biomedical-genetic technologies. The collective's projects range from examining the social, economic, and health effects of ART and the medicalizing of sex and gender, to the worldwide trafficking in organs and stem cells, women's labor in the biotech industries, and the cloning and genetic engineering of animals, plants, and human cells.⁴

Capitalist culture is deeply invested in the compulsory two-gendered, nuclear family system—not least because it guarantees maximum efficiency in the production and reproduction of labor power and the control of biopower. With the rapid advances in reprogenetic, transgenic, and nanotechnologies, the tools are at hand to fully utilize women's (and animals') bodies in the Faustian project of a genetically engineered and human-controlled evolution of new species of cyborg and transgenic organisms. Human and animal bodies have been the most valuable commodity in human culture since primitive accumulation began. It follows, then, that bodies are also primary sites of sovereignty, resistance, and contestation. In this chapter, subRosa begins by tracing a brief history of lay or “common” medical, and healing practices that posed an embodied resistance to religious, medical, and capitalist control of gendered bodies, reproduction, and medical practices—and connects them to current social struggles to create accessible and just public health-care systems, biopolitical autonomy, and knowledge in common. Researching and learning from these histories is fundamental to subRosa's cultural practice.⁵

Using examples from subRosa's performative work, including *SmartMom*, *Vulva Del ReConstructa*, and *Yes Species*, we illustrate how our work engages a feminist critique of corporate and military control of biogenetic and reproductive medicine, which is imposing new concepts of corporate ownership (through intellectual property agreements and patents) on the bodies and cells of individual women and men (and animals). We also reflect on ways in which practices of sharing “knowledge in common” might effect more just and pleasurable ways of performing health care and “undoing” gender.⁶

Witch Hunts, Healing in Common, and the Struggle for Women's Reproductive and Sexual Autonomy

A study of the witch-hunt also challenges Foucault's theory concerning the development of 'biopower,' stripping it of the mystery by which Foucault surrounds the emergence of this regime.

SILVIA FEDERICI (2004, p. 16)

As Federici sees it, biopower is rooted in the context of the rise of capitalism,

where the promotion of life forces turns out to be nothing more than the result of a new concern with the accumulation and reproduction of labor power. We can also see that the promotion of

population growth by the state can go hand in hand with a massive destruction of life; for in many historical situations—witness the history of the slave trade—one is a condition for the other.

Further, she argues that large-scale violence, torture, and death “can be placed at the service of ‘life’ . . . and the production of labor-power since the goal of capitalist society is to transform life into the capacity to work.”⁷

The fourteenth through seventeenth centuries, the age of witch-hunting in the West, also spanned the decay of feudalism and the rise of early capitalism. Historians speculate that witchcraft may have arisen in part from anti-feudal female-led peasant rebellions after the enclosure of the commons deprived many women of the means of making an independent living.⁸ Witch hunts were well-organized campaigns that targeted the most defenseless populations: mostly poor, widowed, and aged females—or those who were considered heretical, sexually deviant, or rebellious. Women accused of witchcraft were often lay healers serving poor and peasant populations. In its persecution of peasant healers, the Church was directly attacking both women as a class, and an emerging “people’s medicine” based partly in empirical observation and extensive bodily and herbal knowledge, combined with more intuitive practices (magic, witchcraft) that addressed emotional and spiritual aspects of sickness. The suppression of women healers was concomitant with the rise of medicine as a branch of study for upper-class males. The first male doctors trained during this period were not doctors of medicine per se, but of theology and philosophy. They tended to the aristocracy, the clergy, and the bourgeoisie, not the peasants.

So-called witches, and midwives, were often the only medical practitioners for people who were riddled with disease and afflicted with poverty. While the Church-sanctioned healers mostly employed prayer, alchemy, bleeding, and holy water in their ministrations, many women healers were well on their way to becoming something like the empirical scientists of their time, gathering data from their practices and experimenting with herbal cures, and shared knowledge derived from direct observation through the senses. For example, women healers and midwives discovered the powers of ergot (a fungus) for the inducement of labor and easing of labor pains; belladonna as an antispasmodic after childbirth; and digitalis for heart ailments. Today, many of these plant-derived substances are staples of modern pharmacology and biomedicine. Midwives also used placebo medicine, massage and physical therapy, touching, laying on of hands, herbal infusions, special foods, and baths. Midwives even practiced pelvic massage (masturbation) on their patients to bring on orgasm and relieve pelvic congestion and tension. Clearly, the mass-scale killings of “witches” deprived the world of an extremely valuable “craft” of medical and bodily knowledge, garnered through years of painstaking labor and practice.⁹

The *Malleus Maleficarum* (*Hammer of the Witches*) was a manual used by witch-hunters and the clergy who examined people accused of witchcraft. As defined in this book, the crimes of the witches were religious heresy, being sexually active, organizing women to

rebel, having magical powers of healing and of hurting, and possessing medical and obstetrical skills and knowledge. One could say that “witches” were persecuted because of their knowledge of the body and their refusal to surrender their sovereignty as practitioners. Reading between the lines, it appears that among those accused of witchcraft were people of ambiguous gender, such as hermaphrodites, lesbians, androgynes, and gender rebels. It is also clear that what was chiefly in contestation during the time of the witch hunts was the Church’s struggle for the control of women through controlling their sexual and reproductive bodies, as well as their labor power.

A time-honored tactic of workers’ resistance has been the withdrawal, or refusal of their labor. For centuries, women, too, have practiced the tactical withdrawal of their sexual services (*Lysistrata*) and reproductive labor (childfree women, nuns, female mystics) in order to escape patriarchal control. Witches and holy women have used tactics of practicing magic, incantation, and spiritualism as much to escape from allegiance to an unjust system of the gendered division of labor as a means to create an independent living and supply needed services to their communities.

During the Crusades, Europeans came into contact with the Arab world’s more advanced scientific and medicinal knowledge; consequently, the thirteenth and fourteenth centuries saw the beginnings of medicine as an empirical science in the West, and gave rise to the university-educated male medical doctor in Europe. Young men of means went to university to study medicine, and soon began to monopolize medical practice and banish women from the healing arts—except for midwifery.¹⁰ In the United States, the rise of medical professionalization started in the early 1800s when the “regular” (university-trained) male doctors became the only legal healers, replacing the “irregulars” or lay healers—many of them women and blacks—with no formal training. Concurrently, the well-organized protofeminist Popular Health Movement arose during the 1830s and 1840s. Organizations such as the Ladies Physiological Societies (often led by middle-class white women) gave public lectures and instruction on female health, hygiene, and anatomy. They advocated frequent bathing, loose-fitting clothing for women, whole grain cereal, and abstention from alcohol and tobacco.

In the Popular Health Movement, feminist struggle and class struggle came together. Yet, however influential and popular this movement was, it could not successfully resist the campaign to professionalize the practice of medicine. Pressure came from the captains of industry who had been trained at elite universities, and from a backlash against the autonomy of women’s and people’s medicine. Johns Hopkins for example, was the first U.S. medical school to introduce German scientific methods of disease prevention and therapy based on the theory that diseases were caused by germs. But instead of communicating this important information to midwives and lay healers, male-run medical colleges saw an opportunity to exclude them; they refused to admit female and black students, and the practice of medicine became increasingly privatized and professionalized.¹¹ But by the late nineteenth century, the professional medical monopoly was

so strong that even women doctors trained at female medical colleges began to side with the “regulars” against the “irregulars” to demand a complete medical education for all who practiced obstetrics. By the early 1900s midwives were banned from most American states, and nursing became the only legitimate health-care occupation left for women.¹²

In the 1970s, the Feminist Health Movement (FHM) in the United States became a direct successor to the long-suppressed traditions of people’s medicine and lay-controlled health care. Founded by a coalition of amateur health activists and feminist professionals, the FHM organized women’s health clinics and rape crisis centers, fought for reproductive and abortion rights, and advocated freedom of sexual choice and women’s bodily sovereignty. FHM was integral to “second wave” women’s liberation movements of the 1960s and 1970s, which had exploded into public culture, the media, and politics, with campaigns for the liberation of female sexuality and bodily autonomy, abolition of gender discrimination, equal opportunity in the labor market, choice of sexual orientation, and demands for women-centered health care, and reproductive rights.

Since the 1960s, U.S. and European feminists have taken many different positions on the issues of advanced biogenetic and medical technologies, and women’s reproductive rights and health care. Though many 1970s feminists celebrated the “natural” creative female body, many more welcomed (apparent) advances in scientific and biomedical technologies such as the contraceptive and abortion pills, ultrasound monitoring of pregnancy, medicalized childbirth, and the development of ART. Other feminists launched strong critiques of the new reproductive technologies, questioning the potential dangers of experimental procedures that necessitate women’s taking massive doses of hormones, protesting the constant monitoring and invasion of women’s bodies, and critiquing the eugenic tendencies and instrumentalizing of reproduction introduced by ART, doctor-controlled conception, and the separation of sex from reproduction. Currently, there is also considerable feminist debate about the long-term effects on women’s health of medical and pharmacological interventions used in the harvesting of multiple donor eggs for embryonic stem cell production, the increased medicalization of menopause, and medically induced cessation of menstruation, particularly in young women.¹³ Finally, there is growing concern about the steep rise of aesthetic surgeries such as breast augmentation/reduction, liposuction, and aesthetic surgery of the female genitals (not to mention coerced medical gender reassignment surgery of intersex children and hormonal treatment of sexual “abnormalities”).

Many of these medical procedures are marketed to women with the promise of being antiaging or rejuvenating, or enhancing sexual pleasure, as well as serving to raise women’s self-esteem. subRosa suggests that the millions of dollars spent by consumers on these “beauty treatments” would be put to better use combating the chief killers of women worldwide: heart disease, AIDS and other infectious diseases, malnutrition, gender violence, poverty, neglect, and war.

Box 14.1 Excerpts from the text on the SmartMom web site

The Problem: Women's Resistance to Cyborg Adaptations

Medical and military research into the adaptation and re-engineering of organic (meat) bodies as platforms for cyborg organisms has been advancing rapidly at least since the 1960s. As is usual, it is the male body that has been used as the standard human template for this research. In "Cyborgs and Space" for example. Manfred Clynes and Nathan Cline write: " Solving the many technological problems involved in manned (sic) space flight by adapting man (sic) to his environment, rather than vice versa, will not only mark a significant step forward in man's (sic) scientific progress, but many well provide a new and larger dimension for man's (sic) spirit as well." (*The Cyborg Handbook*, p. 33)

Historically, women's bodies have been notoriously resistant to machine adaptation or medical regulation. The unpredictable ebb and flow of menstrual cycles, hormones, moods, libido, weight loss or gain, metabolism, ovulation, pregnancy, gestation period, fertility, and natural birth rhythms, have severely tested scientific control and management methods.

The essential female function of reproduction has been the focus of intense medical intervention and control in the West at least since the birth of Christianity. In the last few decades of the 20th century the medical (male) control and advancement of reproductive technologies has been the subject of massive scientific research and development. Using human germ cells manipulated in the laboratory, reproductive scientists are now able to create genetically engineered embryos to implant into human females. But the pregnancy and birth processes are still far less controllable although new methods are continually being tested.

In particular, the problem has been that pregnant and birthing women who are moving freely among the general population are hard to control and surveille at all times. While doctors try to regulate the lives, activities, and diets of their patients, women tend to be resistant to this form of control and many of them habitually disobey doctor's orders and lie about what they have been up to. Add to that the spread of the practice of using surrogate mothers by infertile or older couples, women with health problems, gay couples, single men, and others. Increasingly, those who hire surrogate mothers are seeking the legal right to monitor and prescribe their lifestyles, diets, and activities. But how is this to be done without physically confining the women, or having her followed at all times? Indeed, with declining birth and fertility rates, it is in the interest of all citizens to assist in the surveillance and protection of all pregnancies!

Until now doctors have lacked a foolproof and objective way of constantly monitoring their remote patients, as well as way of treating them if they cannot be there physically. Thanks to exciting new developments in military battlefield medical research however, the technology has now been developed to solve these problems.

The Solution: Smart Mom Pregnancy Technologies

With a combination of the rapid advances in biotechnology, genetic engineering, and smart technology, it seems that at last the tools are at hand to make it possible to include women in the central project of a new kind of technically engineered and assisted biological evolution which holds out the hope of the birth of a new race of cyborg platforms and organisms. While the military will at first be the chief beneficiary of this technology, it also has immediate and far-reaching benefits and applications in civilian society.

It is now possible to control and manipulate reproducing women because new technologies enable the surveillance of women's "natural" pregnancy and birth processes through telepresent obstetrical monitoring and intervention. Henceforth reproducing women will be able to live and give birth in, technological, machinic, or other environments such as space capsules, extraterrestrial environments, remote battlefields, dangerous urban areas, remote rural places, nuclear submarines, and the like, without endangering their offspring, and without altering the biological heredity of their embryonic organic platform which has been genetically engineered to adapt to these environments. Coupled with advanced reproductive technologies that can also be delivered telepresently by Smart technologies, the new remote pregnancy and birth monitoring and manipulation systems represent a major breakthrough in cyborg reproduction. Further, the research also holds the promise of complete telepresent monitoring of surrogate mothers who can be systemically manipulated through Smart biotechnology and telepresent supply and control systems.

Contesting the Control and Surveillance of Women's Bodies

SmartMom

Sometime around 1997, a subRosa member went to buy a toaster at K-Mart and could not find one that was not "smart." With some alarm, she noticed that all the other household appliances were likewise "smart," as were the toys in the toy department. At the same time the cyberfeminist reading group from which subRosa was hatched had been discussing the technologizing of conception, pregnancy, childbirth, and motherhood (as in ART) and cyborg bodies.¹⁴ This research inspired the *SmartMom* Web project as one of subRosa's first artistic responses to the development of the new eugenic practices of ART, and the cyborgification of women's (mothers') bodies through medical surveillance and control of fertility and reproduction.¹⁵

SmartMom is a detournement (a tactic used by the situationists to change original meanings of texts or images) of the concept of the Defense Advanced Research Project Agency's (DARPA) Smart T-Shirt technology, and the cyborg engineering of the body for space travel, as described in Manfred Clynes and Nathan Cline's article "Cyborgs and Space."¹⁶ *SmartMom* satirically proposes a civilian adaptation of the technology of the Smart T-Shirt as a new means of surveilling the behavior of pregnant women. (See figures 14.1 and 14.2.) Although the shirt was originally engineered for remote battlefield wound sensing and to facilitate telepresent surgery for soldiers or space travelers, it was not hard for subRosa to imagine "repurposing" DARPA's Smart T-Shirt to control women's productive and reproductive labor.

SmartMom is a discursive, digital work that explores ways in which new biomedical and cyborg body adaptation technologies originally invented and developed by and for military purposes are later converted to civilian uses—thus contributing to an insidious militarization of public health care and private domestic life. *SmartMom* also points to the increased surveillance of civilian life and women's bodies. The project proposes a "solution" to the "problem" of women's notorious resistance to cyborg adaptation and medical

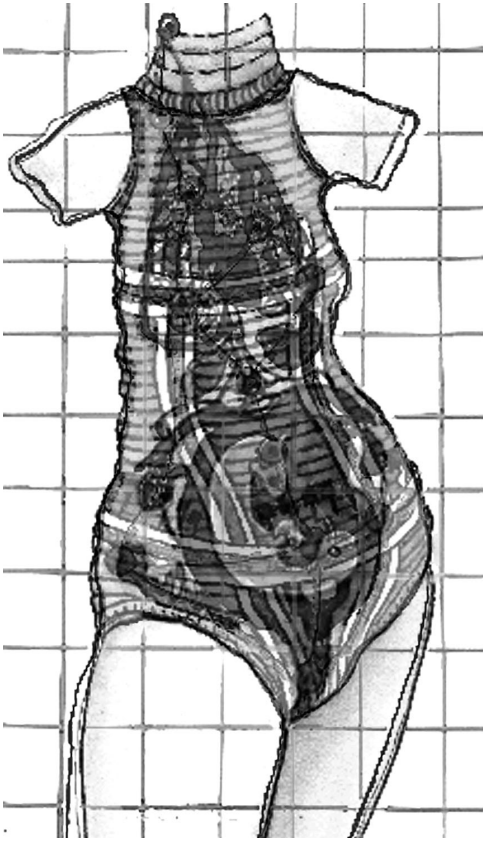


Figure 14.1 Drawing for *SmartMom* Sensate Pregnancy Dress (1998).

control: the Sensate Pregnancy Dress, a “nifty item that uses optical sensors connected to a web of coded fiber-optic lines leading to a radio transmitter provides constant monitoring of body systems and data such as heartbeat, blood pressure, fluid levels, nervous functioning, the mother’s fantasy life, sexual and eating urges, and the like.”

SmartMom intends to raise awareness of the way women who are pregnant or in childbirth are increasingly subject to behavior control from authorities and members of the public—for example, by forbidding them to drink alcohol, smoke, exercise too much, or in other ways to “endanger” the lives of their unborn children. *SmartMom* implicitly critiques the excessive monitoring and control of women’s bodies while it also makes clear that today no one is exempt from constant bodily surveillance and control, and that soldiers are particularly vulnerable. Thus *SmartMom* includes a special “Cyborg Soldier Reproduction Program,” an elite “Repro Corps” of women recruited by the military,

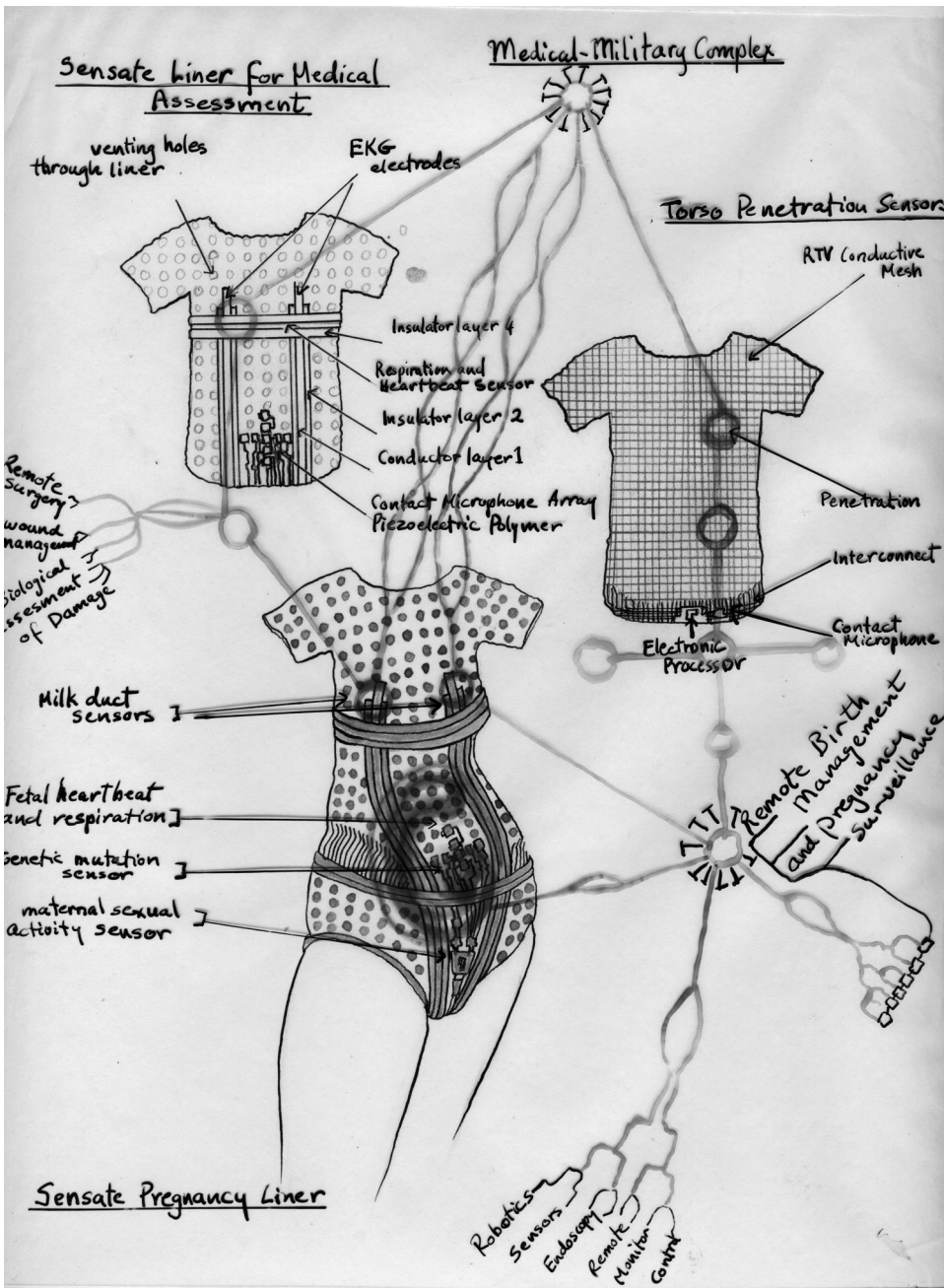


Figure 14.2 Schematic drawing showing adaptation of Smart T-Shirt technology for the *SmartMom* sensate pregnancy dress, 1998.



Figure 14.3 Collage for *SmartMom* Cyborg Soldier Repro Corps Program (1998).

selected through DNA scans, extensive biological and psychological fitness testing, and rigorous physical performance tests (figure 14.3).

Though subRosa's project was intended somewhat ironically at the time, it is sobering to note that many of the procedures we suggested are already in use on both civilian and military bodies. A quick look at projects in development on the current DARPA Web page will readily confirm this.¹⁷

Vulva De/ReConstructa

In 2000, in response to the surge of Internet marketing of aesthetic surgery of the vulva and vagina, subRosa produced *Vulva De/ReConstructa*, a ten-minute video performance that takes an ironic tour through the virtual and real worlds of “vaginal rejuvenation” and “designer laser vaginoplasty.”¹⁸ Perusing these Web sites, we noted that microsurgical medical techniques were being used to pioneer new flesh markets, and that plastic surgeons were capitalizing on women's perennial insecurities about their bodies by “resculpting” their vulvas and vaginas, thus reinforcing the idea that women's bodies can never be perfect enough. As described on one surgeon's Web site: “Designer Laser Vaginoplasty is

the aesthetic surgical enhancement of vulval structures, such as the labia minora, labia majora and mons pubis.”¹⁹ Typical texts on these Web sites suggest that what is lacking or inadequate is the woman’s body and the structure of her sexual organs—rather than knowledge and love of her own body, correct medical knowledge of clitoral and vulval structures and function, or informed lovemaking techniques and practices. What is sorely lacking in these Web site texts is any discussion of bodily differences, and of the social construction of beauty and sexual desire.

Amazingly inaccurate, misogynist, and outdated comparative anatomical studies and drawings of male and female genitalia, made by some of the first male doctors and gynecologists, still permeate contemporary scientific and medical literature and practice. In a recent article, Dr. Helen E. O’Connell and her colleagues pointed out that even the nomenclature for the female genital parts is consistently incorrect: “We investigated the anatomical relationship between the urethra and the surrounding erectile tissue, and reviewed the appropriateness of the current nomenclature used to describe this anatomy. . . . A series of detailed dissections suggests that current anatomical descriptions of female human urethral and genital anatomy are inaccurate.”²⁰ The (real-life) reconstructive surgical intern who performs as the “doctor” in *Vulva De/ReConstructa* was horrified when we first called his attention to the Internet advertisements for vulval and vaginal surgeries. He commented that the surgeon’s charges were highly inflated, and that the risk of deadening nerves and creating considerable scar tissue in these most sensitive of organs would actually diminish sexual sensation for the woman patient, though this was never discussed on the Internet sites. Instead, the “before” and “after” pictures emphasized the neat, clean, petite, and symmetrical appearance of the surgically redesigned vulva—and glowing testimonies from surgically altered women dwell on their increased self-esteem, sexual pleasure, and how much their husbands are enjoying their new vulvas and vaginas.

Like “cunt art” and other explicitly sexual and erotic art works pioneered by feminist artists in the 1970s, *Vulva De/Re Constructa* was intended to provoke discussion and disseminate knowledge about the still often silenced topics of women’s sexuality and orgasmic pleasure, and the resistance, misogyny, and ignorance women may still encounter from medical and health practitioners.²¹ Naturally, the financial incentives for these aesthetic surgery and flesh-tech interventions are large, motivating some scientists/doctors to “educate” themselves about the “problems” of women so they can fix them once and for all in the postmodern (posthysterical) way through “science,” as this Web site text confirms:

To date there has been no such interest [as that dedicated to the correction of male impotence], let alone research, in vaginal relaxation and its detrimental effects on sexual gratification. . . . The obstetrician and gynecologist is looked upon as the champion of female health care. . . . Your doctor is a scientist. His [*sic*] knowledge is based upon this science [the science of obstetrics and

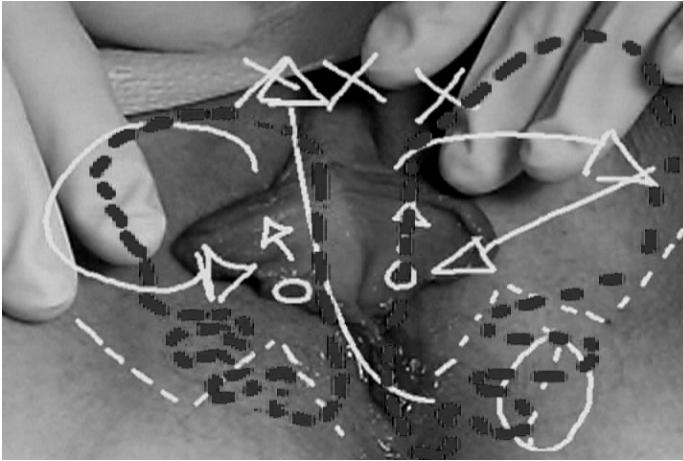


Figure 14.4 Vulva resculpting plan.

gynecological specialty.] This science is founded upon research, biostatistics, established facts [*sic*], theories, and postulates [*sic*]. If there is none of this science pertaining to vaginal relaxation and sexual gratification then it doesn't exist. It won't exist until we look for it. Therefore, let it begin now!²²

Our search of physician Web sites and other medical literature found no mention of the practices of female genital mutilation (FGM), and the connections between this practice and the labia- and vaginoplasty surgical practices, though these doctors must surely be aware of it. In our opinion, these surgical techniques might be put to much better use in trying to help women who are seeking reconstruction and healing of sexual organs damaged by FGM practices, than in making unnecessary “aesthetic” interventions in perfectly healthy women.²³ (See figures 14.4 and 14.5.)

Knowledge in Common: Activism for Gender Justice

Biopolitical production presents the possibility that we do the political work of creating and maintaining social relationships collaboratively in the same communicative, cooperative networks of social production, not at interminable evening meetings. Producing social relationships, after all, not only has economic value but is also the work of politics.

MICHAEL HARDT AND ANTONIO NEGRI (2004, p. 350)

The suppression and devaluing of traditional or common knowledge (women's, people's, non-Western) gained from centuries of inquiry, experimentation, and practice represents one of the greatest losses to the medical and scientific world in history.²⁴ Currently,

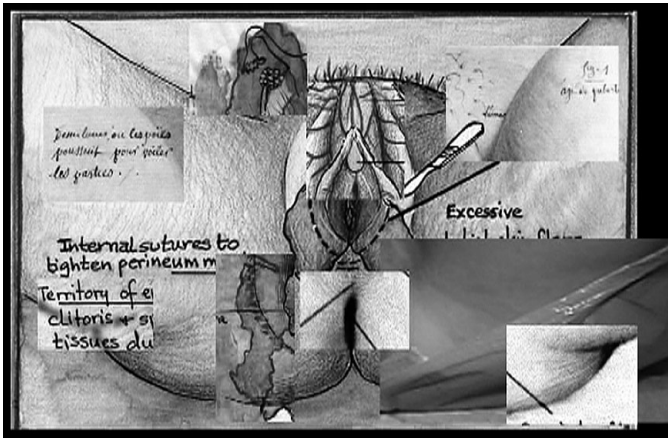


Figure 14.5 Title image, *Vulva de/ReConstructa*, video still, 2000.

however, Western pharmaceutical prospectors and bioprospectors are busy pirating and exploiting this traditional knowledge—often in less industrially developed countries whose populations cannot easily defend themselves against big corporations. Ironically, the patents filed by pharmaceutical companies on plants and drugs “discovered” on bioprospecting forays have the effect of further suppressing dissemination of common knowledge, and criminalize the sharing and development of indigenous practices and self-care—often with lethal results.

Beginning in the late 1980s, ACT-UP’s (the AIDS Coalition to Unleash Power) tactical activists in the United States and Europe began to contest the government and medical establishment’s mistreatment of the HIV-AIDS crisis. They merged tactics of direct action learned from civil rights and antiwar activism with those of self-care, community education, and knowledge sharing, learned in part from the Feminist Health Movement, to build an effective and far-reaching social/political/cultural public health movement. Through the use of strategic coalition building, independent media production, founding community clinics and hospices, self-help and educational networks—as well as by launching independent scientific and medical research projects on the causes and treatment for HIV-AIDS—ACT-UP succeeded in changing some governmental public health policies (in the United States) and showed how effective resistant coalition politics can be.

As Mark Harrington (see chapter 19 in this volume) recounts, activist projects, such as the Treatment Action Campaign (TAC) emerging from South Africa, are challenging Big Pharma’s patenting and privatization of expensive life-saving retroviral and antibiotic HIV-AIDS medications, and conducting highly visible campaigns to provide affordable treatment for the many millions of infected people by promoting the manufacture and

distribution of generic drug copies from countries such as Brazil and Thailand.²⁵ In a dark time when public health policies are militarized and medical insurance is unaffordable even for many middle-class people in the United States—let alone most working-class and the poor—ACT-UP and TAC’s strategies and tactics are a radical call to widespread action in the public interest. The effective strategy pioneered by ACT-UP, teams of activists, and cultural producers with community health-care workers, chemists, doctors, and lawyers—demonstrating that alternative models for democratic health care are possible if there is the will to act.

Since the 1990s, another strong challenge to the notoriously unjust, racist, and sexist U.S. health care system has come from gender-queer, trans (transsexual) and intersex people who must contend with biomedical practices, human rights policies, and legal institutions in many different ways.²⁶ The radical body interventions often employed in both freely chosen “trans” and coerced “gender reassignment” surgeries and therapies can involve procedures such as extensive de/reconstructive surgery of sexual organs, mastectomies, genetic testing, hormone and drug therapies, and tissue transplants. Gender-queer and trans activists are contesting a wide array of medical, cultural, and disciplinary systems. Borrowing tactics from the FHM, ACT-UP, and queer activism, intersex/trans activism addresses questions of gender difference, race, and sexual, reproductive, and civil rights that are at the heart of many cultural, political, and human rights struggles. Consequently, trans and queer activists’ campaigns for the right to bodily autonomy and choice of gender identification and biological sex could be as significant in bringing about profound legal, political, and societal changes in the twenty-first century as the civil rights, feminist, and gay/lesbian movements of past decades, to which they are intrinsically linked.

In Europe, the campaigns of intersex/trans and gay/lesbian human rights activists have served to put pressure on the European Union to inscribe the right to legally and medically change one’s gender and sex as a basic human right into the European Union charter. In Berlin, in 2004–2005, there was a highly publicized campaign to omit any designation of a child’s sex on birth certificates.²⁷ And both in Europe and in the United States, many informational and cultural activities, such as street actions, media campaigns, concerts, performances, and art exhibitions, support full civil and human rights for all gender-queer and minoritarian people.

In 2005, the Neue Gesellschaft für Bildende Kunst (NGBK) gallery in Berlin curated an exhibition and archive project called “Intersex 1-0-1: The Two-Gendered System as a Human Rights Violation.” The prospectus for this exhibition read in part:

This archive and exhibition project examines the complex problems of the production of truth & reality especially in regards to the normativity of a bipolar gender system. Through the realities of the so-called Intersexual (Hermaphrodite), the exhibition portrays how culture and society are producing exclusion & demarcation.

The medical term Intersexuality describes a spectrum of corporealities, which are anatomically, hormonally and genetically differentiated from what is defined as “man” and “woman.” Up until now the concerns of this 0.2–4% of the world population which are affected were mainly left up to doctors and natural scientists. Due to the extreme taboos and disinformation concerning this phenomenon a large number of those concerned are ignorant about their own bodies and the medical operations, which often occurred shortly after they were born.²⁸

The goal of the exhibition was to depict a different aspect of the topic than the usual titillating parade of freaks and medical anomalies. Rather, the exhibition was political, aesthetic, and pedagogical, providing, as the catalog stated, “An intensive investigation, negotiation and discussion of information pertaining to this topic . . . because it is not only a question of legal gender justice, but also of physical integrity and human worth. Encroachments on Intersexual human rights are not just the individual’s problem, but instead pertain to the whole of society.”²⁹ The work in the show consisted of a great variety of approaches to the topic, some of them displaying humor and anger, others dealing with the social and gender politics of coming out and living as intersex. There were also works about self-transformation in a larger sense, and about different bonds of love, kinship, and family created between intersex and queer people. Historical, medical, and political issues were dealt with in extensive archival and textual displays and installations, and in the comprehensive catalog.

subRosa was invited to present an opening performance and installation for this exhibit. In collaboration with James Pei-Mun Tsang, we produced *Yes Species*, a performative tableau and installation (figures 14.6 and 14.7). Our press text described our intentions:

subrosa and James Pei-Mun Tsang are uncommonly coupled, and will offer every possible explanation of yes species. Redundancy moves in tandem with spiritual healing. The biological body is inspiration.

Imagine . . . a clearing in the forest is populated with a living montage of becomings and unbecomings. Greetings and other exchanges transpire in a semi-digital staging of interruptions.

Imagine . . . in a clearing in the forest a symposium of erotic philosophers exorcises gender sickness. Witches, athletes, herbalists and yes species moan, choking on the silver apples of the moon, the golden apples of the sun.³⁰

subRosa’s project engaged with the exhibition’s mandate to “serve a political purpose to convey knowledge about ‘other’ worlds” and to defy expectations and definitions about what art about intersex might be. We choreographed a poetic and affective tableau, designed to evoke feelings and ideas by appealing to the senses and imagination through colors, sounds, images, and texts. The tableau was framed by a video projection of a vividly green new-leafing forest creating a “forest clearing” in which performers pursued various



Figure 14.6 *Yes Species* (subRosa and James Pei-Mun Tsang), performance/installation, “Cyberfem: Feminisms on the Electronic Landscape,” Espai d’Art Contemporani de Castello, Spain, October 2006.

“ways of operating.” Their fanciful costumes defied and confused gender stereotypes: a DJ mixed songs, vocalizations, and sounds from trans, queer, and female vocalists. Brechtian interruptions occurred when a second performer operated bilingual scrolling texts that rose up from the floor declaring, for example: “The human body was the first machine developed by capitalism,” “Things could be thought differently,” “I love to you,” “Andere Handlungsweisen,” and “so beautiful, so various, so new.” A third performer, costumed like mad King Ludwig of Bavaria, stood with his/her feet in containers of red and green ink, breathing and vocalizing into human-organ-shaped vellum balloons, and later painted



Figure 14.7 *Yes Species* (subRosa and James Pei-Mun Tsang), performance/installation, “Cyberfem: Feminisms on the Electronic Landscape,” Espai d’Art Contemporani de Castello, Spain, October 2006.

a long scroll with red- and green-dyed feet and dripping pants legs. Meanwhile, the second performer hand-stamped the cover art for a book of texts written to accompany the performance, and then distributed the books among the audience.

subRosa’s desire for the *Yes Species* performance was not to create an entertainment or a literal representation of intersex, but rather to orchestrate a sensuous experience of various bodies engaged in affective and nonalienating work and play, producing the effect of Luce Irigaray’s concept of the “spaces between us.”³¹ Due in part to the collaboration with Tsang, this work marked a departure from subRosa’s usual participatory performative biopolitical work in that it attempted to embody theory and research in a poetic and conceptual manner rather than a discursive and pedagogical one.

Conclusion

People today seem unable to understand love as a political concept, but a political concept of love is just what we need to grasp the constituent power of the multitude. The modern concept of love is almost exclusively limited to the bourgeois couple and the claustrophobic confines of the nuclear family. Love has become a strictly private affair. We need a more generous and more unrestrained conception of love. . . . We need to recover today [this] material and political sense of love, a love as strong as death.

MICHAEL HARDT AND ANTONIO NEGRI (2004, p. 352)

We all use our bodies variously as sites on which to inscribe signs of power, desire, gender, beauty, fitness, health, pleasure, and sexuality—and our bodies are also sites of commodification, display, and production. Becoming a noninstrumentalized, noncommodified body is a potent act of resistance very difficult to perform in our global culture of marketing and aggressive accumulation. Today, many people who identify as queer, trans, sub-cultural, subaltern, and feminist are actively refusing to lend their bodies any further to the inscription of a two-gendered, heteronormative legal, medical, and social system, and refusing to perform the “labor” of reproduction of femininity, masculinity, and nuclear families.³²

Capitalism has always been deeply invested in controlling bodies, sexuality, reproduction, health, medical care, the affect industry, and the production of knowledge in common. The capitalist war regime is death-dealing, arrogating biopower to itself and controlling all aspects of life. But activist coalitions of the minoritarian and disenfranchised, feminists, the poor and sick, working people, migrants, gender rebels, becoming-women, cultural workers, radical professionals, and activist health workers are refusing to be repressed. They are applying their creative biopolitical powers to producing democratic forms of social production and imaginative life, and resisting market forces of commodification and privatization. So various, so beautiful, so new, in our tactics and life-forms, our anger and joy, we render compulsory gender designation and binary sexual arrangements ridiculous and obsolete in their discrimination, violence, and instrumentality. Moving beyond the unjust two-gender system, disobedient activists are taking up in a new way the radical goals of early feminism: the abolition of the sexist and racist patriarchal state, Church, and nuclear family—and the public health-care system—as we know them. Creating life and knowledge in common, we join with others throughout history who have practiced such acts of political love.³³

Acknowledgments

This article owes a great debt to two important books: Barbara Ehrenreich and Deidre English, *Witches, Midwives and Nurses: A History of Women Healers* (now long out of print);

and Silvia Federici, *Caliban and the Witch: Women, the Body, and Primitive Accumulation*. In the spirit of knowledge in common, subRosa has freely borrowed ideas and research from these books and mingled them with our own.

Notes

1. In her incisive book *Caliban and the Witch*, Silvia Federici expands on Marx's term "primitive accumulation," which for him "characterize[s] the historical process upon which the development of capitalist relations was premised." Federici departs from Marx by examining primitive accumulation from the point of view of "the changes it introduced in the social position of women and the production of labor power." She explains that this accumulation of labor power is always accompanied by extreme violence—even (or perhaps especially) today. Federici points out that the rise of capitalist society occurred simultaneously with witch hunts and the persecution of women and the degradation of their labor; thus the gendered division of labor became a specific condition of capitalist class relations (p. 12).
2. Under feudalism, the commons were fields, woods, and grazing and agricultural lands open to common usage by landless peasants, many of them women. "Enclosure" was a strategy used by rich landowners and the aristocracy to eliminate communal access to common lands and extend their proprietary holdings. See Federici, *Caliban and the Witch*, pp. 68ff.
3. In *Multitude: War and Democracy in the Age of Empire*, Michael Hardt and Antonio Negri explain "biopower" as a part of the war regime that "rules over life, producing and reproducing all aspects of society. . . . it stands above society, transcendent, as a sovereign authority and imposes its order." By contrast, "biopolitical production" also "engages social life in its entirety," but it is "immanent to society and produces social relationships and forms of life-in-common through collaborative forms of labor" (pp. 94, 95).
4. Like most collectives, subRosa has had several iterations and changes in its membership over the years. Core membership of the collective has typically ranged from two to six people, with occasional one-time collaborators. Current core members are Faith Wilding and Hyla Willis. For more information on subRosa's group history, see Maria Fernandez, Faith Wilding, and Michelle Wright, eds., *Domain Errors! Cyberfeminist Practices. A subRosa Anthology* (New York: Autonomedia, 2003).
5. See www.cyberfeminism.net or the DVD *subRosa: Selected Projects 2000–2005* for documentation of subRosa projects.
6. See Judith Butler, *Undoing Gender* (New York: Routledge, 2004).
7. Federici argues her divergence from Foucault's theory of biopower in great detail throughout her extensive history of witch hunts and the emergence of women's grassroots resistance to capitalist control of the body.
8. "It is in the course of the anti-feudal struggle that we find the first evidence in European history of a grass-roots women's movement opposed to an established order, and contributing to the construction of alternative models of communal life" (Federici, *Caliban and the Witch*, p. 22)

9. Much of this paragraph is drawn from Barbara Ehrenreich and Deirdre English, *Witches, Midwives and Nurses*. Rachel Maines discusses midwives' use of pelvic massage in *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Baltimore: Johns Hopkins University Press, 1998), p. 68.

10. It was the barber-surgeons, who were not trained medical doctors, who led the final assault on female midwifery and obstetrics. Brandishing the newly created forceps, they worked to displace midwives, who as women were not permitted to do surgery. However, it is notable that mostly thanks to the Feminist Health Movement and obstetricians' rising insurance costs, midwifery has become a growing profession again in the United States (Ehrenreich and English, *Witches, Midwives and Nurses*, p. 20).

11. The practice of excluding of all but white men and a few white women from "regular" medical training was as racist as it was sexist. Like women, black doctors were trained in sectarian medical colleges that were not recognized by the regular medical profession. (See *ibid.*, pp. 32–33.)

12. See *ibid.*, p. 34.

13. See, for example *Period: The Cessation of Menstruation?* a documentary Film by Giovanna Chesler (2006), www.periodthemovie.com; Janice Raymond, *Women as Wombs: Reproductive Technologies and the Battle over Women's Freedom* (San Francisco: HarperSanFrancisco, 1993); Nancy Lublin, *Pandora's Box: Feminism Confronts Reproductive Technology* (Lanham, Md.: Rowman, & Littlefield, 1998); P. Treichler, L. Cartwright, and C. Penley, eds., *The Visible Woman: Imaging Technologies, Gender, and Science* (New York: New York University Press, 1998).

14. For example, Donna Haraway, "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century" in Haraway, Donna, *Simians, Cyborgs and Women: The Reinvention of Nature* (New York: Routledge, 1991), pp. 149–181.; many articles from Chris Hables Gray, ed., *The Cyborg Handbook* (New York: Routledge, 1995); and books such as Robbie Davis-Floyd and Joseph Dumit, eds., *Cyborg Babies: From Techno-Sex to Techno-Tots* (New York: Routledge, 1998).

15. *Smart Mom* was produced by Faith Wilding and Hyla Willis in 1998. It was subRosa's first Web-based project and works well only in older browsers. subRosa is currently seeking resources to update and redo this project. In 2005 it was exhibited in the traveling show: *Violencia sin Cuerpos*, about violence against women, organized for and by the Reina Sofia Museum, Madrid, Spain. www.cyberfeminism.net/smartmom/html.

16. The Smart T-Shirt was originally developed at Georgia Tech for DARPA (Defense Advanced Research Projects Agency). Soon after subRosa launched *SmartMom*, the DARPA Web page on the Smart T-Shirt was taken down for unknown reasons. The DARPA Web site—www.darpa.mil/dso/thrust/biosci/biosci.htm—lists some speculative new projects that promise to enhance the safety and performance of the "warfighter": for example, a chip that will create an artificial human immune system; smart fabrics that self-clean and self-decontaminate; and a host of new biomedical tools for "maintaining combat performance" through various biotech enhancements of the neural system, injury repair, genetically modified digestive bacteria, and much more. Soon after subRosa launched *SmartMom*, the DARPA Web page on the Smart T-Shirt was taken down for unknown reasons.

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18. *Vulva De/ReConstructa* was produced in 2000 by Faith Wilding and Christina Hung. It has been screened nationally and internationally, and is available on the subRosa DVD from www.cyberfeminism.net.

19. Laser Vaginal Rejuvenation Institute of Los Angeles, www.drmatlock.com.

20. For information on histories of anatomical genital illustrations, see Terri Kapsalis, *Public Privates: Performing Gynecology from Both Ends of the Speculum* (Durham, NC: Duke University Press, 1997). For the territory of the clitoris, see Dr. Helen O'Connell et al, "Anatomical Relationships Between Urethra and Clitoris," www.twshf.org/pdf/twshf_connell2.PDF.

21. See, for example, Anne Severson, "Near the Big Chakra" (1972), a seven-minute film depicting vulvas of all ages, shapes, and sizes; the "cunt-art" work of Judy Chicago and members of the Feminist Art Program at Fresno and Cal Arts; and art by Carolee Schneeman and Hannah Wilke, among many others.

22. Laser Vaginal Rejuvenation Institute of Los Angeles, www.drmatlock.com.

23. See Faith Wilding, "Vulvas with a Difference" in *Domain Errors! Cyberfeminist Practices* (New York: Autonomedia, 2002) for a discussion of this connection.

24. The patently racist and sexist motivations for such suppression are eloquently chronicled by Vandana Shiva in "Biodiversity and People's Knowledge," in Shiva, *Biopiracy: The Plunder of Nature and Knowledge* (Boston: South End Press, 1997).

25. For an account of ACT-Up's tactical campaigns, and recent AIDS medication activism by TAC, also see Gregg Bordowitz, *The AIDS Crisis Is Ridiculous and Other Writings, 1986–2003* (Cambridge, Mass.: MIT Press, 2004).

26. "Trans" can refer to people who have had transgender surgery, those who are transitioning, and those who are between genders whether they choose medical or surgical interventions or not. "Gender-queer" is a sociopolitical nomenclature rather than a biological one. "Intersex" (biological hermaphroditism) is generally taken to mean various permutations of the presence of both male and female genitalia, tissues, and/or DNA and hormones in one person.

27. Personal communication to author, Berlin, 2005.

28. *1-0-1 (one o' one) Intersex: Das Zwei-Geschlechter System als Menschenrechtsverletzung* (Berlin: NGBK Publishers, 2005), p. 8.

29. *Ibid*, pp. 8ff.

30. James Pei-Mun Tsang and subRosa, *Yes Species* (Pittsburgh, Pa., and Chicago: Sabrosa Books, 2005), p.5. Also available for free download on-line at www.refugia.net/yes. *Yes Species* was performed again in October 2006 at Espai d'Art Contemporani de Castelló, Castellón, Spain.

31. The spaces between us are explored in several chapters of Luce Irigaray, *I love to you: Sketch of a Possible Felicity within in History*, trans. Alison Martin (New York: Routledge, 1996).

32. See, for example, "Beyond Same-Sex Marriage Statement: A New Strategic Vision for All Our Families & Relationships," which advocates, among other things: (1) legal recognition for a wide

range of relationships, households, and families—regardless of kinship or conjugal status; (2) access for all, regardless of marital or citizenship status, to vital government support programs, including but not limited to health care, housing, Social Security and pension plans, disaster recovery assistance, unemployment insurance, and welfare assistance; (3) separation of church and state in all matters, including regulation and recognition of relationships, households, and families; (4) freedom from state regulation of sexual lives and gender choices, identities and expression. <http://www.BeyondMarriage.org>.

33. The notion of acts of political love is further discussed by Hardt and Negri in *Multitude*. See especially pp. 350 and 351ff.

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