

5th Cascadia Medical Anthropology Seminar, 2019

November 19 and 20, 2019

Seminar Location:

Ponderosa Ballroom 1Z2, 6445 University Blvd, University of British Columbia, Vancouver, BC

2019 Abstracts

Day 1: November 19, 2019: Full Papers



KEYNOTE by Dr. Robert Lorway

Reassembling Surveillance Science in Global Health

This talk contributes to discussions on the expansion of scientific knowledge in African societies by examining the entanglements between locally-assembled forms of transnational protestation and an emerging surveillance apparatus furnished by HIV-related global health programs. Drawing upon ethnographic and participatory studies conducted with sex workers between 2009 and 2018 in Kenya, Dr. Lorway analyzes how a constellation of global HIV surveillance techniques are implicated in an emergent experimental terrain that merges scientific interest with health development agendas while also examining the vital role that sex worker activists play in the rerouting and repurposing of technoscientific knowledge. These reworkings enable activists, as laypeople, to more precisely pinpoint and defy the undemocratic imperatives of an encroaching experimental order that aims to govern the health of ‘key populations’. To analyze how Kenyan sex workers have come to engage with surveillance science in their protestation, Lorway reconstructs the conditions of emergence of these *evidentiary politics*, he calls them, and points to the growing interdependencies between sex workers and scientific and technical experts. Through sex worker protestation, surveillance science comes to exist in multiple, hybrid and partial forms as sex workers reassemble it, enlivening it outside the purified written protocols and analyses of scientists. Attention to these lively sciences raises critical questions of how we might reimagine more decolonized and demonopolized approaches to improving global health.

Robert Lorway is a medical anthropologist and an associate professor in the Centre for Global Public Health, University of Manitoba, where he holds the Canada Research Chair in Global Intervention Politics and Social Transformations. Conceptually his work attempts to understand how contemporary global health interventions shape new forms of citizenship and ‘make up’ communities and subjectivities for health service delivery schemes. He has written two books on the subject, Namibia’s Rainbow Project: Gay Rights in an African Nation, and AIDS Activism, Science and Community across Three Continents. Robert’s theoretical engagements are firmly rooted in collaborative public health projects conducted with health activist and social justice communities, especially those in Kenya and India.

Dr. Laura Meek, *University of Hong Kong*



Title: *Pharmaceuticals in Divergence: Chakachua (Fakes), Fugitive Science, and Postcolonial Critique in Tanzania*

Abstract: Powerful pharmaceuticals are readily available for purchase throughout Tanzania and global health policy makers decry this situation as dangerous and disordered, as if no rules govern the use of drugs in Africa. In the prevailing global health understanding, ‘truth’ lies in the laboratory science that goes into the making and proper prescription of drugs, and such deviations as ‘overuse’ and ‘misuse’ result from the fact that locals misunderstand what these drugs are and how they should be used. To investigate this global health concern, I employed a grounded ethnographic approach, carried out in the regional capital of Iringa, Tanzania, a city

with a drug shop on every corner downtown. During two and a half years of fieldwork, I accompanied my companions on their quests for healing (from doctors, pharmacists, traditional healers, and others), without knowing beforehand when or if they might seek out pharmaceuticals. This approach revealed how pharmaceutical capacities are forged by divergent practices, ranging from helping to determine if a child was real or a demon imposture, to palliating a mother’s wounds of grief in the stomach, to intensifying the fermentation process in the brewing of sacred beer. In this talk, I begin by discussing the problem of *chakachua* (fake) drugs and the embodied epistemological practices employed by medical personnel and lay people in response to such conditions. I conceptualize these empirical practices as methods of ‘fugitive science’ and discuss local beer brewing as a prime example of this: in experimenting with different additive agents, including pharmaceuticals, brewers radically reconfigure the capacities of such substances in ways that exceed biomedical frameworks. Finally, I explore critiques of western pharmaceuticals as poisonous, concerns which were frequently expressed to me by traditional healers and biomedical personnel alike. Across all of these cases, I demonstrate how my interlocutors are concerned with differentiating between pharmaceuticals as medicines, counterfeits, or poisons, and with developing empirical practices for coming to know and deploy these divergent and unstable potentialities. I conclude that this forces us to reconsider global health assumptions about the so-called ‘overuse’ or ‘misuse’ of pharmaceuticals in the Global South.

Dr. Vaibhav Saria, *Simon Fraser University*



Title: *The Fallen Idol: Mistrust, Medicine, and the Milieu*

Abstract: This paper studies how actual or perceived corruption amongst the various actors that constitute the medical infrastructure in India deteriorates the trust between a patient and a doctor. The mistrust make following established and standardized medical protocols difficult resulting in delays in diagnosis and low adherence to treatment. Patients perceive the corruption of doctors in the prescription of expensive or excessive medications and diagnostic tests. Doctors on the other hand receive patients as not only as increasingly litigious but also potentially violent as evidenced by the ever increasing incidents of physical assault on doctors in the last decade. Based on my fieldwork conducted for 24 months in

Patna, India, I show how doctors negotiated the mistrust and suspicion arising out of corruption in their clinical encounters. The strategies that providers put in place to inspire trust and confidence in their patients that necessarily went against established global health protocols, ironically made them more vulnerable to accusations of corruption. Furthermore, it can be argued that in the milieu of mistrust and corruption, providers had to necessarily tinker or function with different ideas of temporality to deliver

health, in other words, assured treatment compliance would be weighed favourably against rapid diagnosis and quick access to treatment. The clinical encounter, in the shadow of corruption, is always marked by vulnerabilities both moral and biological given the presence of pain and death. Mistrust colored the exchange of information such as clinical history questions potent with social as well biomedical meanings. The ethnography presented was collected in the context of designing and evaluating a global health intervention aimed to remedy the delay in diagnosis for tuberculosis. As part of a multidisciplinary team whose work can be found at this link (<https://www.qutubproject.org/>), one of our aims was to find out what drove the change in provider behaviour so that patients would be tested for tuberculosis sooner rather than later. The milieu of mistrust intersected with the various offerings of the intervention such as incentives, new technology, and better supply chain services in a variety of ways. Interdisciplinary lens allows the metrics often used to measure the quality of health delivery to be interpreted for a different picture of living with and dying of a disease rather than confirm popular misgivings of primary healthcare in India.

Livia Garofalo, Northwestern University



Title: *La Chica del Tren*: Wounded Bodies and The Aftermath of Injury

Abstract: “To treat a wounded body as a fact is to ignore its hold on you and to know in advance what is at stake in any wounding” Lisa Stevenson writes in *Life Beside Itself* (2014:31). In intensive care units, wounded bodies are treated as facts and as cases to be treated, accounted for, and discharged. Specifically, injured patients who have been wounded in motor vehicle crashes or episodes of violence often represent a clinical unknown, but their wounds are also taken by physicians as proof injurious and at-risk circumstances. Drawing on 15 months of fieldwork in Argentina in intensive care units (ICU), this paper approaches this problem through the case of one patient’s passing in and through the ICU of a peripheral hospital in Buenos Aires. Through the perspective of a twenty-four hour shift in critical care, I examine how familial reconstructions, police reports, and medical records are assembled to prove and treat injury from a medico-legal perspective and construct the injured patient as a “fact” to be treated. In the ward, risk becomes a “forensic resource” (Douglas 1990) used to understand the circumstances that led to the patient’s injury. Through this medical and ethnographic case, I ask how wounded bodies are treated clinically and epistemically and explore the consequences that this treating might have in and outside the ward: how do injured patients and their families come to respond to clinical and societal framings of risk, more broadly symptomatic of ideals of “responsible citizenship and deservingness? During the time of my fieldwork, caring for trauma and injury patients in Buenos Aires’ hospitals also coincided with yet another cycle of severe currency devaluation, rampant inflation, and budget cuts in social services in Argentina. As the defaulting state was compared to an injured patient in need of neoliberal medicine by the media and government, patients on life-support felt the harsh consequences of such economic prescription. In this paper therefore, I highlight not only how the treatment of critical patients in the ICU might have high biopolitical stakes, but also how processes of physical, historical, and economic injury, rooted in Argentina’s traumatic past and turbulent present, materialize in practices of medical care. More broadly, I am concerned with understanding, theoretically and ethnographically, what is at stake in wounding and its aftermath.

Dr. Ryan Whitacre, The Graduate Institute, Geneva



Title: *Intimate Innovation: A novel method to prevent HIV*

Abstract: In 2012 the U.S. Food and Drug Administration (FDA) approved the commercial use of an antiretroviral drug to prevent HIV through a method known as HIV pre-exposure prophylaxis, or “PrEP” for short. This drug is marketed by Gilead Sciences and sold under the brand name Truvada. In the following years, regulatory agencies and global health organizations have supported the scale-up of Truvada for PrEP in several countries around the world. PrEP is an innovation in the sense that it involves the novel use of a biomedical technology, which was produced through the experimental processes of pharmaceutical research and development (R&D) and brought to market to prevent HIV. At the same time, however, PrEP emerges from a long history of public interventions into the intimate lives of individuals ‘at risk’ for acquiring this virus. Thus, PrEP also offers a novel approach to the management of intimacy itself. In this talk I bring together these two related histories. Drawing from eight years of ethnographic research, in which I have followed the development of Truvada for PrEP through the R&D pipeline and into global markets, I trace the emergence of intimate forms of labor, exchange, and value in the market to prevent HIV. In sites where clinical research is conducted, firms make strategic decisions, public health departments decide to implement ARVs to prevent HIV, and patients take it, I show how PrEP has been “co-produced” (Jasanoff 1995) at the intersection of innovation and intimacy. Moreover, I argue intimacy “overdetermines” (Althusser 1965) innovation. Indeed, intimacy pushed the pill through the R&D pipeline, and intimacy is now fueling uptake of the intervention by populations around the world. Thus, this novel method to prevent HIV is intimate through and through.

Day 2: November 20, 2019: Lightning Rounds

Dr. Natassia Brenman, University of Cambridge



Title: *Life-time: Figuring temporality, the person, and vitality in Alzheimer’s disease research and innovation*

Abstract: How do new methods of tracking neurodegenerative disease figure the person-in-time? Intensive testing through imaging, wearable devices, and other digital phenotyping techniques respond to and produce changes in the way we detect signs of cognitive decline and understand disease progression. Drawing on my current work in this field in the UK, I discuss a new project I am developing, in which I ask: how do these developments speak to vitalist ideas – currently receiving much attention within medical anthropology – that ‘life’ cannot be explained by mechanistic science? Currently, techno-scientific projects are increasingly trying to capture early cognitive change in the lives of people who are at risk of developing dementia, and Alzheimer’s disease in particular. Through their innovations in identifying biomarkers for the disease, these projects strive to capture an increasingly frequent or even continuous set of data through time. Wearable devices and apps follow participants through space as well as time. Knowing and representing disease progression – or indeed other forms of cognitive or biological change – is moving towards a continuous stream of (big) data points, rather than discrete time points. It is *almost* like chronicity (disease-in-time) ceases to be known by disjointed representations, dots waiting to be joined. It is *tempting* to think about these data as charting cognitive and bodily change *as it is lived*, moment-by-moment. But can this stream of big data resolve age-old tensions between knowledge of life and life itself?

What are the ethical implications of these shifts in measurement, and of tracking bodies and thought? In this lightning talk, I propose we address these conundrums through ethnographic work *across* scientific and so-called ‘free living’ environments. I present preliminary ideas for my new project on the way big-data and lived time intersect and co-constitute one another, creating various (perhaps competing) figurations of the person-in-time.

Dr. Danya Fast, University of British Columbia



Title: *Evidence-Based Intervention and the Protection of Life in a Broken Promiseland*

Abstract: Vancouver, Canada, is an epicenter of North America’s opioid overdose epidemic. The declaration of a public health emergency in 2016 spurred the rapid implementation and scale up of evidence-based interventions for ‘at-risk populations’, including drug-using adolescents and young adults. In this setting, an aggressive will to intervene exists uneasily alongside the myriad ways that ‘at risk youth’ quietly refuse, evade, or ignore public health interventions, even as they acknowledge that these could prolong their lives. In this paper, I argue that young

people’s intimate experiences and future possibilities increasingly unfold through but also around public health interventions, as they question what kinds of lives are possible, and, ultimately, worth living. My focus is on the life and death worlds that are emerging out of ‘implementation contexts’ like the clinic, hospital ward, and residential drug treatment centre, and those that emerge around these contexts, in zones of flight and suspension where intensive drug use and living on the edge of death take on possibilities and affective intensities that undermine the imperative to protect and prolong life. I argue that each of these trajectories requires its own kinds of moral investments concerning what constitutes a ‘good’ or at least ‘worthwhile’ life in a precarious present. For many of the young people I follow, a life that is worth living is one characterized by a sense of forward momentum — of being in the centre of something rife with potential — even if that momentum is propelling you towards your death.

Dr. Darcie DeAngelo, College of the Holy Cross, Worcester, MA



Title: *Rat-ical Trust: Understanding trauma and reconciliation as part of postwar ecologies in Cambodia*

Abstract: In Cambodian minefields, landmine detection teams integrated a new nonhuman actor into postwar relations: the landmine detection rat. Drawing from over 14 months of fieldwork during this landmine detection, this presentation will show how the rat offered the humans a means to reconfigure their relationships to each other (often former enemy combatants) and also mediate the traumas of their pasts. Remnants of war like chemical weapons, bombs, and radiation, leave scars not only on human bodies and psyches, but also

entire ecosystems. A growing number of anthropologists have considered how remnants of war have affected these ecosystems, giving rise to postwar ecologies (see Eleana Kim’s work on landmines in 2016 in *Cultural Anthropology Journal*). These scholars suggest that humans are understanding their ecologies in novel ways, citing as reference for these changes new laws like recognizing rivers as legal persons in India and New Zealand or writing Mother Earth her own law in Bolivia. Anthropologists thus

urged other scholars to address the often neglected nonhuman perspectives and human-nonhuman relationships within postwar ecologies as a means of de-centering the human and re-thinking the environment as integral understanding violence and trauma. When reframing medical anthropology in this way, the relations among humans and nonhumans become integral to rethinking healing as both *environmental* and *social*, disrupting these categories as analytics. The Cambodian minefield offers a case study to consider how nonhuman actors participated in these healing process. The ways in which human deminers related to the rats were crucial to reconciling with their former enemies turned colleagues. This presentation will offer an example of one of these transforming relationships. Landmine detection itself engaged the deminers in the radical process of disarming a landscape where they themselves had planted explosives and in that process of landmine detection with rats, they learned how to reconfigure their relationships to each other and their traumatic pasts.

Keiko Kanno, University of Oxford

Title: *Obesity and the modern food environment in Mongolia*

Abstract: Most countries in the world, both in the Global South and the Global North, have experienced substantial increases in obesity and overweight in the past three decades (De Vogli, 2014). Worldwide obesity has nearly tripled since 1975, while not a single nation has successfully reduced the prevalence of obesity (WHO, 2017). The prevalence of overweight and obesity among the Mongolian population has increased distinctly between 2005 and 2013 among all age groups and both men and women (Chimeddamba et al., 2016). Drawing on my fieldwork based on cross-sectional interviews and participant observations conducted in rural, urban, and peri-urban Mongolia, I discuss individual daily food choices and how they are related to areas of residence and economic status in modern Mongolia. Food environments are created by the “human-built and social environments” which influence the “accessibility, availability, and adequacy of food within a community or region” (Mah et al., 2015:1). It became clear during data collection that Mongolia’s urban, rural, and peri-urban areas had very distinctive food environments, which provided them with different accessibility and availability to certain types of food. Globalization of the food supply has attributed to the rise in obesity rates (Ulijaszek, 2017), and urban residents in Ulaanbaatar were most exposed to such shifting food choices. Some studies (Suliga, 2014; Woo et al., 2014) have highlighted the relationships between obesity and consumptions of Western diets, which were very popular among the younger generation in urban areas in Mongolia. Accessibility and adequacy of food in the capital city were rapidly changing, and children were consuming food their parents did not grow up eating, such as fast food and various ethnic cuisines. In this talk, I explore variations of diet and food environments of different areas that may be associated with higher rates of obesity in Mongolia.

Dr. Anita Hardon, University of Amsterdam



Title: *Be your product: On youth, multilevel marketing and nutritional cure-alls in Puerto Princesa.*

Abstract: Young people in Puerto Princesa, the Philippines, are drawn to working as salespeople for AIM Global, a purveyor of the nutritional supplement C24/7. The company relies on multilevel marketing, in which sellers recruit other sellers, offering youth not only the chance to earn money but also educational discounts, access to bank cards, and an opportunity to develop do-it-yourself entrepreneurial skills. Trainers encourage sellers to capitalize on their intimate relations, to tailor the supplements to assuage aging clients' metabolic-health anxieties, and to use C24/7 themselves so that they can testify to its benefits. Such "sociometabolic" work is omnipresent in urban settings, where workers in beauty salons and gyms likewise promise to mitigate the material, bodily disturbances caused by toxic environments and precarious living conditions.

Dr. Stefan Ecks, University of Edinburgh



Title: *Living Worth: Toward an Embodied Value Theory*

Abstract: Staying healthy and recovering from sickness comes at a price. Staying ill means losing time, losing money, losing productivity. Seeing doctors, buying drugs, investing in future health, all cost money. People's willingness to pay can be elicited, benefits need to be maximized while costs need to be minimized. Return of investments in health are measured for individuals and whole populations. Quality-adjusted life years, efficiency savings, the marginal utility of life are all calculated with as much accuracy as possible. Good health is often supposed to be an "incalculable" value, while the means to achieve it are presented as "calculable."

Medical anthropology has long been concerned with how health is valued. So far, however, the field has not been able to formulate a theory that integrates "commensurable" economic value and "incommensurable" cultural values. In my Cascadia talk, I outline a new value theory that squares the circle between commensurable and incommensurable values. I argue that embodied value theory (EVT) is able to go beyond both the labor theory of value (LTV) and subjective/exchange-based value theories (STV). By emphasizing embodied life as the ground and goal of valuing, EVT belongs to all forms of life, well beyond *anthropos*. I start from the argument that *life values living*, and that life tries to make the most of life by valuing different possibilities. I show that all valuing rests on comparisons, and that the *infinite* similarities between different entities can only be decided in pragmatic contexts. Comparisons with specified goals (to exchange, to distribute, to substitute, etc.) are commensurations. I propose that *biocommensuration*, where at least one entity in a comparison is alive, is the universal form of valuing. By reconstructing value from embodied living, I show why valuations of health are vital far beyond the field of medical anthropology.

Dr. Cal Biruk, Oberlin College, Ohio



Title: *Queer metrics: An embodied data-story as speculative ethnography*

Abstract: Amid the rise of Big Data, audit culture, self-tracking technologies, and other modes of quantification, medical anthropologists have contributed much to conversations in critical data studies. Their insistence that data *make* as much as measure worlds and selves is fruitful corrective to a literature largely concerned with arbitrating the accuracy or limits of data or algorithms, rather than tracing their vexed ontologies and social lives. Taking up insights from my past work—which follows the social lives of quantitative data—this paper draws from a small project that refracts auto-ethnography and queer theory through scholarship in critical data studies. The project emanates from my experience as a member of Orange Theory Fitness (OTF), a franchise with over 1000 locations in 21 countries. OTF markets itself as a “science-backed, technology tracked” experience, and relies heavily on wearable heart rate monitors and other in-studio technologies. As an avid participant in OTF workouts, I intimately observe trends documented by scholars interested in the ‘second fitness boom’: Wearables conceptually alter what fitness means; inundation with performance data cultivates technologies of the self rooted in healthism, responsabilization, and capitalism; and fetishization of data enables creeping “consensual” surveillance. Yet, grappling with my guilty pleasure, I have also grown interested in ontologies of digital data and how they are incorporated into concepts and practices of selfhood, social relations and embodiment. How might metrics and algorithms be unlikely resources in queer projects? Drawing on discourse analysis of sub-Reddit posts where OTF members discuss the merits and flaws of OTF’s technologies, science, and algorithms, and share their personal data as evidence, I consider how people ambivalently and critically inhabit their data. Centering, as well, my own embodied knowledge, I use queer metrics as *analytic* to provoke scholars working in critical data studies toward deeper understanding of how ontologies of the body (and its various pieces and processes) have, for some, always emanated from ‘derivative,’ heavily surveilled, ‘broken,’ and ‘datafied’ selves. This provocation might intervene into the naturalized (if multiple) body/ies at the center of medical anthropologists’ inquiries. Adopting a playful method that takes complicity as starting point and corrective to nihilistic critique, I present vignettes that capture how metrics become performative sites of embodied self-fashioning rooted in experimentation, pleasure, subversion, queer sociality, and queer hacks.

Anureet Lotay, University of Victoria



Title: *Making Families: Belonging and the Politics of Reproduction in the Punjabi Canadian Diaspora*

Abstract: Even though one in four women suffers pregnancy loss, it remains a silenced and stigmatized experience. Anthropologists studying pregnancy loss—miscarriage, stillbirth, and termination for fetal anomalies—have focused on Euro-American women, and to a lesser degree on cultural communities outside North America (for example, Cecil 1996; Erviti et al. 2004; Layne 2003; Savage 1996; Simmons et al. 2006). However, the complex and dynamic relations between reproductive loss and global sociopolitical forces, especially in the diasporic context, remain largely unexamined. This talk will explore the experiences and perceptions of pregnancy loss among diasporic Punjabi-Canadian families. Diasporic communities make up seven percent of the world’s population (UN 2017), occupying hybrid cultural spaces between the homeland and their new homes (Safran et al. 2013). The Punjabi-Canadian diaspora in British Columbia is one of the largest in Canada and the world. It offers a unique opportunity to explore the impact of diasporic lifeways on pregnancy loss as Punjabi-Canadians must

negotiate belonging within the Indian community, and within wider Canadian society, in their practices around reproduction, gender, family, and media. Punjabi families tend to live in multigenerational households, are intensely patriarchal, and strongly pro-natalist; these values contribute to the silence around pregnancy loss. However, newer generations of Punjabis are resisting some of these gendered notions and call to question existing understandings of reproductive experiences, belonging, and identity in transnational contexts. Focusing on results from my fieldwork, I will examine how pregnancy loss figures within multigenerational families and diasporic communities in light of these changing dynamics.

Dr. Svea Closer, Johns Hopkins University



Title: *The Corruption Game: Health Systems, International Agencies, and the State in South Asia*

Abstract: Drawing on ethnographic material collected in Pakistan, India, and Nepal, this paper analyzes patterns of corruption in vaccination programs in South Asia. It draws on several collaborative ethnographies, conducted with other anthropologists and skilled research assistants. Our goal in these projects was to create rich, nuanced ethnographies of the South Asian immunization bureaucracy—a complex entity that exists across many locales. This required multi-sited ethnography in the communities on the receiving end of immunization programs, the local bureaucracies carrying out disease surveillance and immunization campaigns, and the offices of immunization officials in national capitals and international agency headquarters. Corruption was not an explicit research focus, but forms a common thread in the ethnographic material across these different times and places. Corrupt practices—which required substantial work—were deeply shaped by both the money and systems of accountability of the global health system. Bilateral and multilateral donors provided substantial funding for immunization programs across South Asia. International agencies and governments instituted systems of accountability, including documentation requirements and a parallel UN bureaucracy in problematic districts, to try to ensure that health workers did what they wanted. Some immunization program staff skillfully bent these systems of accountability to their own ends, diverting vaccination funding into their own pockets. Corruption operates not in opposition to the official rules, but in spaces opened up by them. These practices sometimes transform Weber’s rational bureaucracy into a sophisticated game with many players, whose aims are more complex than the stated goals of the bureaucracy.

Dr. Kirk Fiereck, Independent Scholar



Title: *Human-Viral Recombinants, or The Autoimmune Biopolitics of “Junk” DNA*

Abstract: The discovery of ancient retroviruses in contemporary human genomes raises critical questions about the ontological uncertainty between life and non-life. Our self-definition as human lies in our DNA, the material that, until now, has signified life itself. As it turns out, human “junk” DNA is made up of retroviral DNA. Thus an aporia; a prototypical form of non-life is discovered at the very core of our vital being as living humans. Perhaps we have always already been other-than-human: human-viral recombinants. Scientists working on retroviral DNA in humans speculate that these non-human DNA fragments may regularly impact our health in unknown ways both negative and positive. For example, experts I interviewed think that retroviral DNA may be a significant

source of the therapeutic potentialities of embryonic stem cells. Relatedly, other scientists who work on RNA in humans once found a fourth “type” of RNA temporarily classified as iRNA, which mediates the expression of DNA. Such a classification has become nonsensical as the RNA formally known as “i” has been found to be so internally diverse as to implode the new categorization within a decade of its invention. Further, all this newly declassified iRNA modifies the expression of so-called “junk” DNA in crucial ways. All this indicates a significant re-ordering of sociocultural paradigms rooted in Foucauldian biopolitics. This paper will explore the implications of these global cultural transformations within the biosciences and biomedicine for thinking beyond the limits of Foucault’s notion of biopolitics. It will do so from the perspective of human-retroviral DNA and Derrida’s critique of Foucault’s and Agamben’s notions of biopolitics, which ignore crucial questions of race as caesura, by Derrida’s concept of “autoimmunity.” Until very recently this genetic material was regarded as “junk,” or a type of genetic unconscious. Only through the deferral of meaning accorded to ostensible “junk” do scientists come to know its economic, semiotic, and ethical values. These recent developments in genetics indicate that Derrida’s meditations on autoimmunity, hospitality and an inter-species cosmopolitanism might offer fruitful ways to understand the emergent biopolitics of human-viral recombinant non-/life.