T.A.N.J.

THE AGAINST NATURE JOURNAL
Issue #3 Fall 2021

The Against Nature Journal is a biannual arts and human rights magazine exploring “crime against nature” laws and their legacies, in print, in person, and online. Authors and readers from law, activism, social sciences, and the arts are brought together to foster dialogue on sexual and reproductive rights and rethink nature anew.

EDITORS
Aimar Arriola, Grégory Castéra, Giulia Tognon

COPY EDITOR
Laura Preston

PROOFREADERS
Honi Ryan and Jacqueline Spedding

EDITORIAL COMMITTEE
Aimar Arriola, Thomas Boutoux, Grégory Castéra,
Arvind Narrain, Sandra Terdjman, Giulia Tognon

ADVISORY COMMITTEE
Nikita Dhawan, Taru Elfving, Karim Nammour,
Piergiorgio Pepe, Graeme Reid, Nizar Saghieh

DESIGNER
Julie Peeters

ASSISTANT DESIGNER
Laura Martens

COVER ART
Stepan Lipatov

COMMUNICATION
Abi Tariq

PUBLISHER
Council

DIRECTOR, COUNCIL
Grégory Castéra

PRESIDENT, COUNCIL
Sandra Terdjman

BOARD, COUNCIL
Haro Cumbusyan, Sofía Hernández Chong Cuy,
Joana Hadjithomas, Bruno Latour, Laurent Le Bon,
Joseph Lemarchand, Piergiorgio Pepe, Valérie Pihet

www.theagainstnaturejournal.com
Instagram: @theagainstnaturejournal

T.A.N.J.

T.A.N.J. is published twice a year in Paris.

500 copies are distributed to selected bookshops worldwide.
€15 / £14 / $18 per issue

If you are a bookshop owner or librarian, you can write to:
distribution@theagainstnaturejournal.com

1,000 free copies are distributed internationally to individuals and organizations who operate in the fields of law, activism, social sciences, and the arts. To join this network, please sign up on our website: www.theagainstnaturejournal.com

Help maintain the publishing, education, and community activities of *T.A.N.J.* by joining our membership program. Annual membership from €45 / £40 / $50. For further information, please write to: gregory@theagainstnaturejournal.com

Or support the project by sharing your announcements. To find out more please write to: advertising@theagainstnaturejournal.com

T.A.N.J. intertwines six themes, each becoming the major focus of one issue: religion, migration, medicine, love, death, nature. If you would like to send us a letter or suggest an author or text, please write to: editors@theagainstnaturejournal.com

Copyright © 2021 Council. All rights reserved under international and French authorship conventions. No part of this publication may be reproduced in any form without written permission from the publisher.

info@council.art www.council.art

Issue #3 published in September 2021
at 78 rue des Archives 75003, Paris.
Legal deposit in September 2021

ISBN 978-2-492073-02-1 ISSN 2742-2569

Printed in Germany by Benedict Press in an edition of 1,500 copies
Paper: Munken Print Cream by Arctic Paper

Significant support for *The Against Nature Journal* is provided by the Foundation for Arts Initiatives, and Kone Foundation.

Dayna Ash

is a Lebanese feminist, cultural and social activist, playwright, performance poet, and the founder and executive director of the nonprofit feminist art organization Haven for Artists, based in Beirut, Lebanon. She was named one of the BBC's 100 Women for 2019, received the 2020 Woman of Distinction Award from the NGO Committee on the Status of Women, New York, and awarded as the 2021 Leader in LGBT Health Equity from the Lebanese Medical Association for Sexual Health.

Michalina Augusiak

is a Warsaw-based feminist historian and curator.

Rosa Chávez

is a Maya, K'iche', Kaqchiquel woman, poet, artist, and educator. She has published five poetry books and made experimental works in theater, performance, video, and sound. Her writing has been widely anthologized and translated into many different languages. Chávez focuses her energy and experiences toward working with women, communities, and movements that defend land, bodies, and territories.

Indrapramit Das

(aka Indra Das) is a writer and editor from Kolkata, India. He is a winner of the Lambda Literary Award for his debut novel *The Devourers* (Penguin Books, India, 2015) and the Shirley Jackson Award for his short fiction, which has appeared in a variety of anthologies and publications including *Asimov's Science Fiction*, *Clarkesworld*, *Slate*, and *Tor.com*. Das has lived in India, the U.S and Canada, where he received his MFA from the University of British Columbia.

Pawan Dhall

has been engaged with queer activism in India since the 1990s. He runs Varta Trust, a nonprofit for gender and sexuality issues that works on legal aid and citizen journalism. He researches and writes on the histories, health, and socioeconomic inclusion concerns of queer communities. Dhall's most recent publication is *Out of Line and Offline: Queer Mobilizations in '90s Eastern India* (Seagull Books, 2020).

Andil Gosine

is Professor of Environmental Arts and Justice at York University, Toronto. His scholarship as well as artistic and curatorial practices examine imbrications of ecology, desire, and migration. Gosine's publications and multimedia projects include *Nature's Wild: Love, Sex, and Law in the Caribbean* (Duke University Press, 2021).

Soufiane Hennani

is a PhD candidate in Health Sciences at the Faculty of Medicine and Pharmacy in Casablanca, activist for LGBTQI+ rights, a queer columnist, and cofounder of the collective Elille for the promotion of sexual diversity and gender plurality. He is the winner of the Arab Foundation For Freedoms and Equality's social change program in 2019, and in 2020 he created Machi Rojola, a platform to rethink and question masculinities in Morocco.

Eliel Jones

is a writer and curator based in London. He has curated projects in the UK and internationally. He has also written essays for artists' catalogs and publications, as well as reviews and features on contemporary art and performance for *Artforum*, *Flash Art*, *Frieze*, *The Guardian*, *Map*, *Mousse*, and *Spike*. At the onset of the COVID-19 pandemic, Jones commissioned and delivered projects through "Queer Correspondence," a mail-art initiative.

Candice Lin and P. Staff

live and work in Los Angeles and have been collaborating since 2010. Their practice focuses on the queer potential of herbal practices, hacked technologies, and cross-species interactions. Their solo presentations include *Lesbian Gulls, Dead Zones, Sweat and T.*, Human Resources, Los Angeles (2017), and *Stressed Herms, Sweat, & Period Gas.*, ICA Shanghai (2020).

Julia Minasiewicz

is an intersectional activist, culture worker, and part-time artist. They were raised in Mińsk Mazowiecki and live in Warsaw.

Ruth Morgan

retired from academia in 2019. She identifies as an old-fashioned dyke. She lives with her wife, cat, and two dogs in Johannesburg, South Africa. She is also an honorary researcher in the School of Literature, Language and Media at the University of the Witwatersrand. Morgan was associated with the queer archive GALA from 1997–2009 and served as director from 2002–08.

Kari Mugo

is a Kenyan creative writer and activist. Her writing covers identity, culture, global mobility, politics, and travel. She previously worked at Kenya's National Gay and Lesbian Human Rights Commission, and continues to agitate for the full inclusion of sexual and gender minorities in the region.

Nelly Munyasia

is the executive director of Reproductive Health Network Kenya. She trained as a midwife and has expertise in strengthening health systems. She is a sexual and reproductive health provider champion and activist for girls' and women's rights. Munyasia received the 2020 Planned Parenthood Global Citizen award for her outstanding leadership and unwavering advocacy for access to safe and legal abortion.

Niza

is a feminist journalist and activist from Kuala Lumpur, Malaysia. She graduated with a degree in journalism in 2011 and has twelve years of work experience in matters of civil society.

Nkunzi Zandile Nkabinde

(1975–2018) was a South African *sangoma* (traditional healer), author, and LGBT activist. He had just started to study journalism when he received his calling to become a sangoma. He was also proud of being queer. *Black Bull, Ancestors and Me: My Life as Lesbian Sangoma* was his first and only book.

Stella Nyanzi

is a Ugandan anthropologist, human rights activist, poet, and politician who focuses on sexual and reproductive health, free expression, digital rights, labor rights, civil and political rights. Her anthology *No Roses from My Mouth: Poems from Prison* (Ubuntu Reading Group, 2020), was written while serving an eighteen-month sentence for writing a poem that offended President Yoweri Museveni.

Gabriela Ramirez-Chavez

is a Guatemalan poet, translator, and PhD candidate at the University of California, Santa Cruz. Her translations of Rosa Chávez's poetry have featured in the journal *Asymptote* and *CentroMariconadas: A Queer and Trans Central American Anthology* (forthcoming). Ramirez-Chavez's original poetry is published in literary journals, her chapbook *Basurado*, and in *The Wandering Song: Central American Writing in the United States* (Tía Chucha Press, 2017).

Obiezione Respinta

is an association established on the occasion of the first global women's strike organized by Non Una Di Meno on March 8, 2017. They are a group of transfeminists who fight for sexual and reproductive rights for women, trans, and nonbinary people as well as access to IVG (same-sex reproduction) and contraception. Their website features an interactive map where anyone can flag hospitals, pharmacies, and other health centers who refuse to perform abortion or distribute contraception for moral reasons in Italy.

Martha Rosenberg

is a feminist doctor, psychoanalyst, and co-founding member of the National Campaign for the Right to a Safe, Legal and Free Abortion in Argentina. She is also a teacher and author of several books and numerous articles on the question of abortion.

Mariah Rafaela Silva

is a Black, trans woman activist and member of the group Conexão G for LGBTI citizenship in the favelas. She is also a PhD candidate in social communication at Universidade Federal do Rio de Janeiro.

Ida Ślęzak

is a PhD candidate in cultural studies at the University of Warsaw.

What Would an HIV Doula Do?

is a collective of artists, activists, academics, chaplains, doulas, health-care practitioners, filmmakers, AIDS service organization employees, dancers, community educators, and others joined in response to the ongoing AIDS crisis. WWHIVDD? understands a doula as someone who holds space for others during times of transition. WWHIVDD? understands HIV as a series of transitions in someone's life that does not begin with testing or diagnosis and does not end with treatment or death.

Karolina Więckiewicz

is a legal activist focusing on abortion access and other reproductive and sexual health issues. She is an activist and co-founder (2016) of the Abortion Dream Team on Tour, an informal group of activists who travel around Poland to raise awareness and end stigmatization around medical abortion.

Na Young

is an activist in South Korea. She is co-founder of SHARE, a center for Sexual rigHts And Reproductive JusticE and co-chair of Joint Action for Reproductive Justice. She has been working for the decriminalization of abortion since 2010 when the abortion issue emerged on the social agenda in South Korea. Young's main interests are in sexual and reproductive health and rights, religious fundamentalism, and global activism.

Sexual and gender identities are varied and contextual: cultures and struggles and the degree of intersectionality change from one context to another. This is expressed in the use of a variety of acronyms and initialisms, from the most common LGBT to the more recent LGBTQI+, all intended to emphasize the diverse culture of sexuality and gender identities. Throughout this journal, the editors have chosen to maintain each author's initialism of choice to reflect the diversity of positions.

LETTERS

April 19, 2021

Dear Giulia, Aimar, Grégory,
We initially met in Helsinki. I am now based in Toronto. I'm on my own migratory journey. I wanted this. Yet it worries me that the pull toward Pakistan feels less and less strong every day. In the last few years, traveling back *home*—if I can still call it that—has become an incredibly anxious process. The focus of my recent work is on queering Islam, and this is contentious territory. I fear I will be accused of blasphemy or end up on the infamous No Exit list, barred from ever leaving the country again. The pandemic doesn't help the anxiety either. In addition to having Pakistani citizenship, you are required to have a negative COVID-19 test as well as several documents filled in online and on paper when entering the country. Before this, despite its challenges, I always thought Pakistan was the one place on Earth where I could always come back to. Sadly, I'm not so sure anymore.

Abdullah Qureshi
Visual artist and doctoral candidate, Department of Art, Aalto University, Finland, Canada

July 21, 2021

Dear editors,
It gives me a sense of solace to know that there's a publication out there that centers sexual and reproductive health as one of its core lenses of inquiry. To deconstruct ideas of social justice through this lens lends a perspective that's critically urgent and most relevant to me in my life and practice as a curator. I feel that offering these narratives through art, maps, poems, photographs, poetry, etc., as points of departure provides access to those who find academic/traditional journals inaccessible due to their distanced language and approach. I am eager to see how we evolve together as a community.

Anusha Ravishankar
Curator, India

July 22, 2021

Dear editors,
I was very glad to discover *T.A.N.J.* last winter in the middle of the pandemic. As a queer researcher, publisher, and educator I appreciate the thinking around LGBTQI+ topics and the connection to "nature" that the journal foregrounds. In my ongoing research, I've been developing threads of connection between masculinity and nature in American vernacular photography as a way of understanding hidden queer identities and to challenge their archival representations. It is a speculative project to build a queer counter-narrative to heteronormative identities well represented in the history of American photography.
My wish for future issues of *T.A.N.J.* is to continue feeling the excitement and finding new practitioners who challenge the ways we see and represent the world.

Pablo Lerma
Lecturer and founder of the imprint *Meteoro Editions*, U.S. / The Netherlands

EDITORIAL

Reassessing Health Practices

The third issue of *The Against Nature Journal* is a critical review of the role medical knowledge has played in shaping common understandings of what is considered "natural." Historically, the theory and practice of medicine has pathologized non-procreative sexual desire, as well as those bodies that challenge gender binarism or expose different abilities. Along with religion and law, medicine is well established as a moral authority that draws distinctions between the natural and the supposedly deviant. In light of this, the journal opens with writing on reproductive justice and queer procreation. It is followed by a focus on trans and intersex politics, and features a section oriented toward "plural healing" and the need to decolonize health practices and institutions. As usual our Against Nature section closes the issue with a reprint that has informed our research project at large.

Throughout the nineteenth century "homosexuality" was established as a medical category to define nonreproductive desire and deem it abnormal. The institution of medicine included a whole set of techniques of control, such as involuntary confinement or conversion therapies. In the late twentieth century, with the emergence of the gay liberation fronts, the medical pathologizing of queer desire was challenged, first in the United States and Europe, then in the latter's former colonies—a critical process that is still ongoing. To this day, the institutions supposedly taking care of the physical and mental health of LGBTQI+ folks are still too often the first sites of discrimination.

It has only been three decades since the World Health Organization removed homosexuality from its list of mental illnesses; transnational queer activists are now focused on the depathologization of trans and intersex bodies, while providing equal access to reproductive rights and spaces of nondiscrimination. Yet, too often the colonial origins of reproductive policies, derived from racial hierarchies and population control, is overlooked on a global level.

Thus in addressing this issue, the first section of the journal considers reproductive justice and questions of procreation through a transnational questionnaire and a commissioned science-fiction story. We celebrate individuals and organizations from Argentina, Italy, Kenya, Poland, and South Korea who work in reproductive justice activism. And Lambda Literary Award winner INDRAPRAMIT DAS speculates on

other fertility models and forms of kinship in a story about a genderless android surrogate.

Section two presents trans and intersex poetry and writing. We reprint "Intersex in Prison" by Ugandan medical anthropologist, queer rights activist, and author STELLA NYANZI, which is included in her most recent book written from prison. Her poem points to the violence that the prison-industrial complex (among other structures of oppression) exerts on nonnormative bodies. And as a prompt to thinking about medical pluralism, we also republish a chapter from the autobiography of the late South African *sangoma* (traditional healer) NKUNZI ZANDILE NKABINDE, whom for the last years of his life identified as a trans man. In his book—now out of print—Nkabinde narrates the complex connections between traditional healing and same-sex relations with a strong and passionate voice. The text is beautifully introduced by scholar and former GALA Queer Archive director RUTH MORGAN, who candidly recalls their longtime friendship and collaboration.

Importantly, the issue also questions the centrality given to Western biomedicine. We advocate to decolonize health, its practices and institutions, by recognizing the barriers some groups face in the delivery of health services because of their sex, gender, and race. To decolonize health means opening up the discourse on healing. We should refrain from any reverse essentialism in which traditional medicine prevails over biomedicine. Rather our understanding of decolonization embraces a pluralism of healing and the coexistence of various forms of medicine, grounded in divergent epistemological positions and practices. Section three of the journal brings these efforts together through both poetic and pragmatic reflections on how to ensure pluralist decolonization endeavors. WHAT WOULD AN HIV DOULA DO? shares their twenty-one questions addressed to cultural workers interested in the ongoing HIV crisis. Based on collective research, the questions are a document to return to often, a tool to use that calls on a continuous rethinking of how and by whom sickness and wellness are defined. In the updated introduction for *T.A.N.J.*, the group highlights the presence of colonial knowledge in AIDS work and suggests that this awareness is a significant starting point from which to act differently. Likewise, broadening our vision of what healing is and can be, poet and traditional healer ROSA CHÁVEZ offers a poem written during the pandemic. It is an invocation "to take back our breath" from a Maya

worldview, published in its original Spanish and translated in English.

Issue three ends with the section dedicated to research findings on the notion of "against nature." The reprinted article by ANDIL GOSINE, "Non-white Reproduction and Same-Sex Eroticism: Queer Acts against Nature," combines historical reflections on sodomy, racial reproduction, and environmental justice in an original way. And the issue would not be complete without the invaluable reports from Brazil, India, Kenya, Lebanon, Malaysia, Morocco, and the UK: MARIAH RAFAELA SILVA, PAWAN DHALL, KARI MUGO, DAYNA ASH, NIZA, SOUFIANE HENNANI, and ELIEL JONES respectively review debates on trans rights, mental health, care work, and medicine animating their queer activist circles.

Finally, the issue features a commissioned work by artists CANDICE LIN and P. STAFF. They have collaboratively produced a series of urine-based, heat-activated paintings of both abstract and figurative motifs, such as cells, insects, and medical herbs, to evoke some of the central concerns of the issue in subtle and unexpected ways.

As a publication that became an object in the midst of pandemic chaos, we wish to acknowledge those contributors who could not join this issue due to health matters or care work for their families or communities. The regular features that investigate legal cases on LGBTQI+ rights and discuss the potential meanings of a "queer we" will resume in the next issue. To be continued.

Aimar Arriola and Giulia Tognon
Editors

28 *ARTIST COMMISSION*

Candice Lin and P. Staff
Deterritorial Pissings

30 *COLUMNS*

Mariah Rafaela Silva, on Brazil
Pawan Dhall, on India
Kari Mugo, on Kenya
Dayna Ash, on Lebanon
Niza, on Malaysia
Soufiane Hennani, on Morocco
Eliel Jones, on the UK

REPRODUCTIVE JUSTICE AND QUEER KINSHIP

46 QUESTIONNAIRE
Fighting for Reproductive Justice in Argentina, Italy, Kenya, Poland, and South Korea

62 FICTION
Indrapramit Das
Janmadevi

TRANS AND INTERSEX LIVES

80 POEM
Stella Nyanzi
Intersex in Prison

84 READER
Nkunzi Zandile Nkabinde
The Ancestors Don't Mind
with an introduction by *Ruth Morgan*

HEALING OTHERWISE

102 READER
What Would an HIV Doula Do?
Twenty-One Questions to Consider When Embarking on AIDS-Related Cultural Production, with an updated introduction

108 POEM
Rosa Chávez
Para recuperar nuestro aliento / To Take Back Our Breath

AGAINST NATURE

118 READER
Andil Gosine
Non-white Reproduction and Same-Sex Eroticism: Queer Acts against Nature (Excerpt)

128 ENDNOTE
Grégory Castéra and Giulia Tognon
The Past and Present of Against Nature Laws

ARTIST COMMISSION

For their contribution to this issue, artists Candice Lin and P. Staff present a series of urine-based, heat-activated paintings, recto and verso, inside the pages of the journal. Smoke, stains, plant matter, and interspecies relations are reccurring motifs in the artists' work—masturbating figures emerge out of dense clouds; spiders, cockroaches, and plant roots mingle to become a Rorschach test. These paintings are made from a bio-ink consisting of urine collected from the two artists when dehydrated, lemon juice, crushed onions, rusty water, and tea. The ink only appears when heated—by hand with an iron or heat gun, or when the pages are baked in a domestic oven. The paintings are therefore always singular, uneven, unique.

This newly commissioned work sits within a queer economy and evokes some of the central ideas of this issue (fluidity, crossing, in/visibility of bodies) in subtle and unexpected ways. It is an intervention into the materiality of *T.A.N.J.* itself—an alchemical chain of transformations from body fluids to ink to paper to pixel and back again to paper.

COLUMNS

Trans-Subjectivity and Health Agency

Mariah Rafaela Silva

In 2008, the Brazilian health system instituted what is called the "transsexualizing process," an integral health policy for trans people seeking hormonal treatment, genital and body modification surgeries, and specifically psychotherapeutic support for transsexual women who want gender reaffirmation surgery.

This program is an achievement of the transgender women's movement, whose first actions date from the late 1970s, in the midst of a military dictatorship, and which materialized in a bureaucratic way in 1992 with the founding of Associação de Travestis e Liberados in the city of Rio de Janeiro—they fight for the social recognition and the depathologizing of trans identities. In 2011, the transsexualizing process program was included within the scope of a more ambitious national public policy project for lesbian, gay, bisexual, transvestite and transsexual health, which promotes treating LGBT individuals without discrimination and institutional prejudice, and with a view of eliminating inequalities and consolidating the Brazilian public health system as a comprehensive and equitable structure. However, that is not what happened. *Travestis* and trans men, for example, were summarily excluded. In addition, there is still a profound resistance from health professionals to adopt a person's social name (the name by which trans people are socially recognized), or even to recognize the gender to which they identify.

In 2013, the program was redefined after intense public demonstrations by trans activists who demanded the inclusion of all trans people, regardless of whether they wanted genital surgery or not. However, the struggle for an effective *trans*formation and restructuring of the program continues, especially in regard to both physical and mental health care and establishing policies that combat STD/HIV/AIDS, which, under Bolsonaro's management, are particularly threatened given the conservative upsurge as well as criminalization and repression of social struggles in Brazil.

By calling it the "transsexualizing process," it's indirectly stated that the trans being involves a "mechanical" process invariably associated with body transformation technologies developed by modern medicine, which only reduces the agency of transsexuality to a set of biotechnological procedures. The trans movement is not against such practices, but it is in favor of a redefinition of the rationalities behind the service system. In addition, surgeries are only approved after a psychiatrist issues a report stating the person's *real* transsexuality. The queue for genital surgery now exceeds a waiting time of ten years. This is because there are few call centers (only five across the country) and very few health professionals willing to serve; there is a failure to meet the demand and expansion of services.

In Brazil, trans people are still among the most socially vulnerable. The integration of trans health services is a historical claim in the struggle for effective depathologizing and mitigation of discrimination. But there is still a long way to go in broadening the understanding of what constitutes health and enhancing the agency of trans people. Specific trans care is a life and a social inclusion policy and must be observed from the perspective of fundamental human rights. No one "transsexualizes" anyone; on the contrary, we empower and strengthen transsexuality for ourselves. There is no doubt that transgender people will continue to fight for their agency, not only to say their name but to voice who they are in their diversity.

Medical Pluralism in India: Queer Apprehensions

Pawan Dhall

When my family suggests that I use Patanjali ayurvedic medicine to treat my diabetes they seem to forget who is behind this Indian consumer packaged goods company, whose revenue in 2019–20 was around INR 9,000 crore (USD 1.2 billion). It is co-owned by yogi Baba Ramdev, infamous for calling homosexuality a "disease." Hours after the Supreme Court of India re-criminalized queer people in December 2013, he offered to "cure homosexuals" at his ashram in Haridwar; while in the final run-up to decriminalization in September 2018, he curiously went silent. Was this with an eye on Patanjali's public image and its bottom line?

A sting operation conducted by news source *The Quint* in 2016 revealed how Patanjali Ayurved centers and their doctors in Delhi were doing brisk business, discreetly selling tonics and body cleansers as a cure for queerness—could this still be happening? It seems this issue is about queer phobia *and* the commerce around it. It also overlaps with the domain of medical pluralism.

Most Indians of my generation and socioeconomic background will have grown up on a mix of medical systems: allopathic along with AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homeopathy). As Karnal-based endocrinologist Dr. Sanjay Kalra associated with the Indian Professionals for Affirmative Transgender Health says: "For the most part this mix need not be a bad thing if it does not harm the patient. Medical pluralism is here to stay and we need a transparent dialogue between different practitioners. Qualified alternative practitioners should be engaged and explained current socio-medical realities."

According to Kalra, Ayurveda places considerable importance on sexual health issues like sexual dysfunction and aphrodisiacs, but what seems progressive is actually sexist. Ayurveda blatantly prioritizes male desire and does not place the same emphasis on women's sexual health. Moreover, it includes no positive recognition of transgender people or any other form of queerness, which is in complete dissonance with the queerness present in Indian mythology and literature.

Juxtapose this with the Indian government's plans to train AYUSH doctors to be able to perform surgeries. Ostensibly, this move is meant to increase the number of qualified health personnel. But many believe it is yet another attempt by the right-wing government to push its Hindutva agenda, which considers Ayurveda "more Indian" and therefore "more authentic." Associations of allopathic doctors like the Indian Medical Association warn that such an approach will only produce substandard doctors who excel neither in allopathy nor in traditional medical systems.

Given the government's agenda, people's beliefs, and findings like that of *The Quint*'s, medical pluralism begins to appear extremely unpredictable and threatening for queer people in India. What if someone were to claim that Ayurveda or AYUSH can cure queer people? Any such development may have the potential to set back recent gains made with mental health professionals, including the Indian Psychiatric Society, which have reviewed their stand on gender and sexual diversity.

Kaushik Gupta, advocate practicing at the Calcutta High Court, points out: "No adult person can be forced to undergo any medical treatment. Moreover, India has laws like the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, which penalize misleading claims being made about any drug or treatment." These laws may be the reason Patanjali Ayurved centers do not openly sell cures for queerness. But will these laws resist a medical pluralism that promotes queer phobia with institutional backing in some form or the other?

Trans* Identity Outside the Binary

Kari Mugo

It was 2016 when I met Jamalia (they/them), an animated lesbian with urgency in their voice. It was hot inside the room we were huddled, chairs scraping against the wood floor, trying to find space for just one more seat. There were around thirty of us, necks craned, leaning into this moment of community at Because Womxn, a monthly forum for LBQIT womxn in Nairobi.

Five years later, I am on a long-distance call with Jamalia, their modulated voice carries over in a much lower register. The result of hormone therapy. They no longer identify as lesbian: "I identify as trans*. I identify as intersex. I identify as gender nonconforming." The rainbow is a spectrum that we move along.

From puberty on Jamalia told the medical practitioners in their life that something was wrong:

their menses were too heavy, their breasts didn't mature like others did, their stomach grew distended after a few missed periods. A list of medical anomalies accompanied by a thought lacking the language to arrive at its destination—"I'm not like other girls."

The doctors were the experts and Jamalia's health complaints were categorically gendered. They were given medical treatments intended for cis women. Yet, Jamalia had an underlying intersex condition they would only discover after consulting an endocrinologist, provided by Jinsiangu, a Kenyan organization enhancing the well-being of intersex, transgender, and gender nonconforming people—its name is derived from the Swahili words *jinsia yangu*, meaning "my gender."

Jamalia arrived at the organization struggling to find a space for themselves within queerness. "Lesbian" didn't feel like the correct label anymore and gender had become a thing they tried on and put aside through makeup and dress-up. "Trans identity isn't just about being a woman or a man, particularly when it comes to intersex identities. Being cis doesn't have enough space for my identity. Trans* has more room for this body I love."

The endocrinologist's intersex diagnosis through chromosome testing was affirming for Jamalia, and they are now receiving the right medical treatment, which involves hormonal therapy. However, it's important to say that Jamalia is not trying to transition their gender or identity marker. Identities like theirs call into question our popular binary understanding of trans as either male or female. "It isn't just about medical transitioning. Although for some people that's enough. For other people it's about surgical transition, for others it's about the legal transition. The dynamics within trans* communities are more complex than we understand. All three forms of transitions are important in affirming one's gender identity and expression, but trans* identity exists regardless of whether one chooses or has access to any of these transitions. It is about how you feel, know, understand, and love yourself."

Jamalia is an advocate for continued discourse on what it means to transition. They also want to interrogate why queer organizing has calcified in its response to the experiences of people like them, whose security, socioeconomic, medical, and legal needs differ from the popular agenda.

My Mahbal

Dayna Ash

Women's bodies seem to be a mystery to the medical research community. Both in Lebanon and the region, taboos about our bodies are prevalent in the silence, both in the terminology and in practice. We do not know the terms to describe our body or its parts in our mother tongue, which distances our ability to interact with or learn about our bodies. We only know our "cunt" as a shameful curse word while very little of us know the scientific term, and almost none of us have a pet name for it. Here, we do not have a pussy, we have a walled-off, uninteresting, pleasure-intolerant, dangerous, extra something.

If vocalizing our body parts is offensive and suppressed, it renders the physical body absent from conversation and research. With little to no access to sexual education, and with LGBTQIA+ bodies criminalized under Article 534, it is no surprise that lesbian women in Lebanon rarely reach out to medical professionals. A 2010 Lebanese Medical Association for Sexual Health study found that half of the Lebanese physicians questioned were unwilling to provide care for LGBTQIA+ people. Doctors routinely ask their patients if they are married to ascertain whether they're sexually active, implying that this is the only legitimate reason to have sex. Abortion is illegal in almost all cases. Medicine sees women as reproductive bodies first and foremost.

There are boxes that doctors tick. Their eyes scan you from top to bottom; if there is no ring on your finger, then you "have never had sex." For queer women, it becomes a case of explaining that you are sexually active yet attempting to veil with whom. The conversation in that sterile room with the florescent lights emphasizes every discomfort, and most pain is dismissed. Queer women cannot express the need to check infections, for polycystic ovary syndrome or HIV receptors.

We are the women that have slid into the margins of marginalization, we are objects, not active beings. We are frozen, deemed invisible, unnecessary, as we betray patriarchy and heteronormativity. And as most conversations around our bodies, sex, and orgasms are silenced, made nonexistent, or spoken only in Latin, our mother tongue seems to be the taboo itself. Where does one turn when the words that can express your pain and discomfort are forbidden?

LGBTQIA+ activists and researchers, however, strive to create Arabic terms that are inclusive and not rooted in the masculine. Recently, Dr. Sandrine Atallah, who is a consultant in sexual medicine and a certified psycho-sexologist based in Beirut, was hosted by one of the local talk shows *3a Gheir Kawkab* (On Another Planet). She was met with the quintessential lineup of misogynists without medical degrees who berated, objectified, and bullied her. Women across Lebanon watched as the word "mahbal" (vagina) was laughed at and rejected. And although this is another notch for sexism, it was not in vain as they nonetheless witnessed a woman, on national television, using Arabic to call and name a part of our bodies that we were too ashamed to say out loud, even to ourselves.

Mukhayyam Is Not Going to Change Us

Niza

In Malaysia, for more than a decade now, a state-sanctioned series of LGBTQ conversion camps called *Mukhayyam* have existed. While Malaysia prides itself as a moderate Islamic country, it has become more and more zealous toward those it deems deviant. Mukhayyam is organized by the Department of Islamic Development Malaysia (JAKIM), a religious body that has received up to more than one billion ringgit of funding, and which notoriously polices Muslims in matters such as fasting and even conducts *khalwat* raids (against close proximity between unmarried Muslim couples). The organizers describe one of the goals of the camp as "spiritual awareness through religious approach (*tauhid*) to face the challenges of life and abandon the practice of unnatural sex." The camps take place over a few days and in various locations throughout the country, including hotels. For the participants, who often come from working-class backgrounds, the camp sounds like a fun outing, offering respite from their stressful lives.

Those who have gone through the camps are mostly trans women. What they report back on is horrifying. They are treated to be "restored" to their "original sex." In the *Malay Mail*, participants said they were forced to climb mountains, cross lakes, trek cross-country and even through mud in order to "man up." These women were also forced to wear men's clothes when praying. "Spiritual healers" also came and attempted to "heal" them.

Participation in Mukhayyam may not be compulsory, but the effects can be damaging, particularly to members of the LGBTQ community who are made to feel split between their faith and who they truly are. Local NGO Justice for Sisters has been staunchly against Mukhayyam. In the same news article, leading transgender activist Nisha Ayub states: "JFS is not against any personal or religious matters… If these girls want to volunteer going to the camp, it is in their own capacity. But JFS strongly believe that these girls with GID [Gender Identity Disorder], their issue is not about religion but is medical. These two should not collide with each other." This opposition has been met with strong hostility from Muslim conservatives—they deny that the camps practice conversion therapy. Last year, JAKIM's general director even lodged a police report against activist Nicole Fong for speaking up against Mukhayyam.

It feels tiring to repeatedly say that homophobia, transphobia, and other forms of hate should stop. But using state funds to target the LGBTQ community is a misplaced priority, especially when Muslims in Malaysia are struggling with important issues such as the failure of fathers to provide alimony and child support and the rising cases of baby dumping. What is also sad is that the LGBTQ Muslims who do attend Mukhayyam express a sincere wish to connect with God, but report feeling cheated by the malicious agenda of the organization.

It is the first day of Ramadhan here. I write to say that we Muslim LGBTQs have the right to connect with our Creator without being degraded and forced to change. We are okay the way we are. Rather than view us as imperfect creatures in need of reform, JAKIM and the Muslim community at large need to see that like them we are the perfect manifestation of Allah's love.

The Can Scandal

Soufiane Hennani

A video circulates on the web. The scandal of the can. We see young doctors laughing on camera as they extract a soda can from the rectum of a presumed homosexual person. The scene takes place in a public hospital in Kenitra. Salacious, homophobic remarks made by the young doctors fuse around "the man who has a can stuck in their ass." Once posted the buzz online is immediate and comments of hate, homophobia, and violence fill the social networks. Only a handful of respondents take action to defend the right to privacy and the dignity of the person in question.

Many thanks to the local LGBTQI+ movements and the international press for spilling the ink on what has become known as "the can scandal." Others such as the professor supervising the young doctors do not hesitate to justify the unjustifiable with pedagogical need. "The video was shot to teach medical students how to act in such a situation," explained the doctor.

This case from 2018 is far from isolated within the medical profession. Homophobia is just as present there as it is in the rest of Moroccan society. It must be remembered that homosexuality in Morocco is a crime punishable by prison. It is also perceived as a disease, a mental disorder, or a curse.

I have personally experienced this prejudice. In 2017, when I was preparing my PhD in neuro-oncology at the Faculty of Medicine and Pharmacy in Casablanca, I would often hang out with young neurologists, psychiatrists, and psychologists. One day I was witness to a surreal conversation, when it was asked "Is homosexuality a psychological disorder?" It provoked debate, without anyone thinking for a second that homosexuality could actually be human. Outdated references that reeked of homophobia were mentioned—an American psychological report from 1976. I timidly tried to remind them that the World Health Organization had removed homosexuality from the list of mental illnesses in 1991. But despite such facts, they kept on with their hazy theories and smugly referred to my activism, instrumentalized they said by the LGBTQI+ lobbyists.

My misadventures with the medical profession did not end

there. I also recall a medical student saying to my face after an unassuming sexual encounter, "Where did you get this disease? Where did you get this curse? This addiction? You are sick. Go get treatment. Do you know what? Your disease is incurable. You have a hormonal problem, you should probably get some testosterone."

Is the place of the homosexual in the hospital or in prison? The homophobes would not be able to respond to this question, because they consider homosexuality as a disease and defend Article 489 that criminalizes homosexuality in Morocco. This proves to what extent the medical field that pathologizes homosexuality is complicit in the liberticidal laws that penalize sexual relations between two consenting people of the same sex. And yet the medical reports do not say anything about homosexuality in Morocco. And it's not even mentioned in psychology courses at university. There is only an implicit silence.

If there is a destructive disease in society, it is homophobia. It obstructs mentalities, legitimizes violence, and makes LGBTQI+ people a target of choice for the most sordid aggression. It also keeps people from seeking medical help. Those who experience the physical and psychological violence of homophobia understandably hesitate to seek treatment in public health centers for fear of yet another act of stigmatization, another contemptuous look, or another video that could go viral.

How Much Does the Art World Really Care?

Eliel Jones

Over the past year questions of care and health have become a particular trending topic for galleries and museums across the world. Artists, writers, and curators whose work deals with issues relating to mental health, disability, and crip/queer time have seen interest in their practices rise exponentially since the onset of the COVID-19 pandemic, with institutions endorsing their ideas and proposals more than ever before.

But the art world loves a performative statement over making any commitments; a quick escape over agreeing to real solutions. What this industry is actually really good at is lip service, and like any type of temporary filler unfortunately it doesn't hold up for very long. For let us consider this: How much does the art world really care about mental health and well-being while most artists and art workers are severely underpaid, precariously contracted, and overworked? How much does the art world really care about Black lives while it makes large portions of its POC (Black and people of color) workforce redundant? How much does the art world really care about supporting womxn artists while it fails to protect them from sexual harm or refuses to hold perpetrators to account? How much does the art world care about access while brick-and-mortar institutions remain the gatekeepers of whiteness, ableness, straightness, capitalism, patriarchy? Indeed, in this moment of worldwide restrictions, vulnerabilities, and overdue reckonings, institutions are scrambling to say the right thing. But what are they *actually* doing?

Wellcome Collection, a small museum and library based in central London, part of the much larger Wellcome Trust, a research institute founded on the premise of health and saving lives, has over the past year been working on a set of protocols, guidelines, and tool kits toward becoming an anti-racist and anti-ableist organization. As an institution that is funded on the back of colonial exploitation which built a pharmaceutical empire, Wellcome Collection comes attached with a fraught history to answer for. However, despite being largely adjacent (some would even say "outside") the mainstream London art scene, its baggage is not wholly dissimilar to many other galleries and museums. For example, one need only google the Sackler family name to find a substantial part of London's art ecosystem backhandedly funded through Purdue Pharma, whose drug OxyContin helped create one of the deadliest opioid epidemics of this century.

"Principles for Working Together" is one of the policy documents that Wellcome Collection are working on with a team of Inclusive Practice temporary staff, including curator and administrator Teresa Cisneros. When I ask Wellcome Collection curator Bárbara Rodríguez Muñoz about it, she describes the document as encompassing a much larger set of characteristics than we're used to seeing offered to artists, listing "access and support requirements, childcare support, meeting format preferences, and budgetary allocations separate to production funds to account for any associated costs related to an expansive definition of the duty of care." In addition, Wellcome Collection is working toward what Rodríguez Muñoz describes as an "intellectual and somatic transformation" of its approach to working with the collection. The staff are given paid work time to engage with research and development that accounts for both the organizational and personal work needed to create a meaningful shift in critical practice and curatorial thinking, including anti-racist and anti-ableist learning which embeds behavioral change via a social justice curriculum designed to address specific issues at play within the institution.

Wellcome Collection plan to make all these guidelines freely available, with the hope that the suggested changes may be implemented or thought about more widely across other organizations. Rodríguez Muñoz is keen to point out that Wellcome Collection is incredibly privileged to have the resources to be able to spend time developing these tools and to offer them to others. She also warns: "The grounds are finally shifting. Something has to give, otherwise we *will* become irrelevant."

REPRODUCTIVE JUSTICE AND QUEER KINSHIP

A transnational questionnaire and a fiction piece on reproductive justice and queer procreation.

QUESTIONNAIRE

Reproductive Justice Questionnaire

Giulia Tognon

Despite decades of human rights struggles, sexual and reproductive health rights are still not a given in many countries of the world, including those considered progressive. Most alarmingly are the far-right governments and groups that threaten the agency of millions of women and birthing bodies by pushing forward white supremacist agendas.

Many pillars of reproductive rights have been in place in different countries since the 1970s—safe access to abortion and contraception, assistance in family planning, and sex education—yet the violence caused by colonization, capitalist strategies of growth, eugenic technologies of control as well as racial, ableist, and homophobic discrimination still cost many lives and only perpetuate violence. There are many burning questions: from "How do I get a safe abortion?" to "How do I heal from the trauma of violence?" to "Do I want to have a baby in a world where Black people are systematically killed by the police or where Earth is not cared for?"

Discussing reproductive rights means considering multiple scales, addressing the status and delivery of reproductive health services and of movement building; this opens up toward recognizing the interconnections between political, technological, and social infrastructures, policy making, as well as the well-being and lives of entire communities.

Feminist organizers and scholars across the world have updated their agendas, but not without important clashes and debates. It has been, for instance, a matter of rethinking language and policies, with trans activists show-

ing the impossibility of tailoring reproductive rights on the model of the cisheterosexual woman, or there has been the issue of reconsidering our relationship to the environment, with worries over the increasing number of world inhabitants and the advanced collapsing of the planet.

This questionnaire would like to celebrate those individuals and organizations actively working to create safer reproductive experiences while considering the major challenges faced by activists around the world. It takes as its starting point the history, experience, and theory behind the Reproductive Justice movement, founded in 1994 by a group of twelve Black women in Chicago—an approach to reproductive sexual and health rights that came from the margins and which grew to become mainstream in its field. We thereby give full credit to the lives, bodies, and knowledge of Black women, women of color, and genderqueer people of color, and recognize the need for an allyship that engages critically with white privilege and resists appropriation.[1]

QUESTION 1
Most reproductive rights organizations today are either network or community driven, focused on coalition building and policy making or on supporting specific groups. Are networks effective or is organizing more relevant when addressing a specific community? How does your organization situate itself and how would you describe your mission and practice?

QUESTION 2
The framework of human rights—suggested by Global South activists in the 1990s—allows us to consider oppression and justice in its multiple forms. An intersectional approach challenges single-issue reproductive politics typical of neoliberalism, moving away from the binary of pro-life and pro-choice, for instance. Yet many successful reproductive rights campaigns still identify with single-issue advocacy. What are the challenges of a multi-front strategy?

QUESTION 3
Reproductive justice as a practice should give room to the embodied, intimate, emotional realities of all birthing bodies and encourage self-help and healing processes. Many different forms of reproductive labor are needed to nurture this process. Have roles changed or new figures emerged in planning, organizing, and delivering reproductive rights? Has the storytelling changed to accommodate further complexities, and is it now being told by previously marginalized groups?

QUESTION 4
"Against Nature Laws" are often maintained on the basis of some natural order defended as universal and inviolable. This has a dramatic effect on the lives of LGBTQI+ individuals. How important is it for reproductive rights activists to challenge normative roles? Is there space to rethink kinship and family relations?

Argentina

Martha Rosenberg
Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito

Our campaign, the National Campaign for the Right to a Safe, Legal and Free Abortion, was one of the proposals of the 18th National Meeting of Women in Rosario, Argentina, in 2003, well before the Internet and social media developed in their current form. It emerged after a period of great popular mobilization in the face of a dramatic economic and political crisis in the country. Our strategy was to include the right to abortion, contraception, and sex education: three focal points in the human rights of women. Prior to this, there were different groups doing advocacy work for abortion, but they were isolated and dispersed across the country. They were mainly urban and middle-class groups, politically oriented to the Left. Since the campaign emerged

our goal has been to unify and organize all these dispersed efforts into a single nationwide campaign, guaranteeing the federal character of our country and to achieve a national law. From the beginning, alongside heterosexual women and also men, the movement was joined by the gay and lesbian movements too. We all knew that the denial of the right to abortion was yet another symptom of patriarchy.

Focusing on the right to abortion in conjunction with contraception and sex education inevitably concerns the living conditions of people, determined by variables of class, race, age, and gender, as well as access to basic services, such as housing, health care, and education. So it is impossible to organize a movement for "reproductive" autonomy without building coalitions and alliances with other movements facing different forms of intersectional oppression.

Paradoxically, focusing on reproductive rights and abortion as human rights has the effect of dispersing the struggles for a community life at the benefit of the "individual." Individual bodies, protagonists of the right to abortion, are necessarily inscribed in a web of hierarchical systems—which in Latin America is historically linked to coloniality—that must be abolished. The challenge is to maintain the force in the fight for the right to abortion (our focal objective) in continuity with intersectional struggles, to ensure the conditions that will make access to safe abortion possible in the first place.

Today, many people who can become pregnant and who claim their ability to gestate without necessarily identifying with the sex categories of the patriarchal order are voicing their experiences and pushing for an inevitable change of roles. They claim their freedom to decide on their bodies and their life projects and to resist the very systems of social reproduction in which they are discriminated. Stories and legal texts, of course, need to change accordingly. In the case of Argentina, the law incorporates all women and people who can become pregnant as subjects who have the right to voluntary abortion.

When thinking critically about reproductive rights, it is clear that sexual practices and relationships are not governed by a natural order but are cultural constructions. Biological processes are culturally interpreted in the context of each social formation. This is the radical

difference between humans and other species. Human sexuality is governed by erotic desire and pleasure, formed by the experiences of each individual and not by instinct only.

Norms express the power relationship between the sexes. With the political agency of LGBTI+ groups and technological developments (among other factors) new family and kinship groups have emerged, revealing that these normative orders are neither universal, eternal, nor inviolable; they must be addressed when forming the agreements for the much needed social and reproductive justice that respects the human rights of women and other people who can become pregnant. This task of building new agreements represents both an intergenerational legacy and a challenge for new socio-sexual agreements for contemporary societies.

Italy

Obiezione Respinta

Obiezione Respinta was established by a small local community of student activists in Pisa. Our first project was to map the pharmacies in our city that were refusing to sell morning-after pills and hospitals that would refuse to perform abortions. Although the organization was deeply rooted in the local area, from the very beginning we collaborated with Non Una Di Meno, a transfeminist network active throughout Italy. We collected reports, data, and information from different regions of the country—the need to map our needs was deeply felt in other cities too.

What had begun as a small, community-based project became a large-scale collaborative work targeted at identifying not only Italian pharmacies and hospitals, but family planning centers and other health care facilities. Being part of an already existing, well-established feminist network made our efforts more effective. We were able to give an overview, uncovering data that had never been systematized before. Working on a community level is fundamental to creating networks on a wide scale. The two organizational models are intertwined. This way of working also aided us with reclaiming rights

and making ourselves heard: the media impact of one of our main campaigns, “SOS ABORTO,” resulted in new ministerial guidelines for medical abortion. Being part of a national community gave us the chance to cross paths with other sexual and reproductive rights movements elsewhere too, such as in Argentina and Poland.

When it comes to our approach and political ambitions, intersectionality has always been important and continues to be a major concern for our organization. Yet, given the great stigma Italian people have to abortion, overcoming the “anti-choice/pro-choice” binary logic is not always an easy task. What we see in our country is an actual structural prevention of access to abortion: at least 70 percent of medical professionals refuse to give the procedure for moral reasons. The country’s strong Catholic heritage also allows anti-choice, conservative organizations to be very vocal in the public debate, reinforcing toxic narratives that only portray women as mothers destined to perpetuate the white nation. We know, though, that the problem is much more complicated than this. We know we have to fight the stigma, but we also know that abortion is not always an easy choice. Economic problems exist and there is for instance the need for therapeutic abortion. It is fundamental for feminist movements to claim these issues—more and more they are being appropriated by anti-choice organizations as part of their discourse. Besides abortion, there are the inseparable issues of contraception, sex education, public funds for family planning, access to sexual health care for LGBTQIA people … the whole social and health system needs to adapt to cater for different needs and desires.

In voicing this, we feel the risk of appropriating struggles that are not our own, and yet at the same time not taking an intersectional approach would make our work exclusive and limited. In Italy, this process surely entails opening up the discourse beyond cisgender women to include all bodies when thinking through reproductive rights and access to abortion. We cannot stress enough the importance of how the narrative around abortion varies dependent on the type of body it refers to: abortion for able-bodied, white, ciswomen is stigmatized, while encouraged for disabled or Black women. When it comes to considering embodied realities, the rights of the LGBTQIA community is of great debate in our country, such as recognizing the maternity and rights of abortion of trans men and nonbinary people. This is crucial to us, because being named means existing.

We feel that the abortion narrative has changed a lot in recent years, and projects like “IVG, I have had an abortion…and I’m fine” that claim abortion is not tragic and devastating normalize such a simple and frequent medical practice, which seems so difficult for our society to accept. Reclaiming abortion as an act of self-determination is a challenge to all institutions and social structures built around the figure of the Mother in Italy. But it is critical to overcome this archetype as it blocks the recognition of reproductive work as an actual form of work.

Kenya

Nelly Munyasia
Reproductive Health Network Kenya

Networks have proven to be effective in addressing reproductive health issues within communities as they bring together like-minded organizations, CBOs, human rights defenders, and individuals who champion for reproductive rights and justice. Often organizations have limited reach to a grassroots level. Although with a coalition it’s possible to scale up and scale down interventions due to shared resources.

Reproductive Health Network Kenya (RHNK) is a network of health professionals in private and public facilities committed to comprehensive sexual and reproductive health and rights, advocacy, and service provision. RHNK’s main strategic goal is to contribute to the reduction of maternal mortality with a focus on its two main causes: postpartum hemorrhage and unsafe abortion. RHNK’s mission is to ensure that health workers are adequately trained and equipped with the skills, knowledge, and equipment to provide essential reproductive health care services, including responding to the needs of the LGBTQ+ community. In Kenya, the state does not recognize relationships between people of the

same sex and there is no protection against discrimination based on sexual orientation and gender identity. In our collaborative work, we hold the government accountable to safeguarding Article 43(1 and 2)[2] and Article 35 (1)[3] in this regard. We use these laws as our anchor to ensure nondiscrimination.

To implement a multi-front strategy requires a deep understanding of advocacy. It requires inclusive representation and the sharing of stories to foster positive change. Often the challenge emerges from a lack of understanding of what a human being is and can be, and the use of more gendered representations which only leave a population behind. Another issue arises when a campaign wants to use a multi-front approach, yet organizations lack the necessary capacity and skills. Often there are issues of misrepresentation leading to stigma.

With the wave of global support for reproductive health justice, conversations have changed and become more inclusive. For instance, the report by United Nations Population Fund 2021, indicates a slow growth of women having more control and power over their own bodies. Yet information from fifty-seven countries shows that only half of adolescent girls and women can make their own decisions about their body autonomy and integrity. It drops to as low as one in ten in some countries. Kenya is among these countries, where despite having progressive policies on contraception, family planning, and maternal health care, women are still controlled by traditions, laws, and a patriarchal system that denies them self-determination on matters of their own reproductive health and rights. No explicit data is available, although a study by the Ministry of Health in 2021 reports that due to coercion, abuse, and stigma, Kenya loses seven women a day due to unsafe abortions. Strikingly, more women can make decisions around contraceptive use, which could be seen as offering benefits to men.

That said, RHNK has been able to empower women and girls to stand up and speak about their reproductive health issues as well as LGBTQ+ people to boldly tell their stories in their own words; they have also engaged opinion leaders in their communities to share reproductive justice information. The language has also changed to become more embracing and sensitive. This has been possible through capacity building training

that offers knowledge and skills in effective communication. To challenge the existing norms is essential in ensuring every individual their human rights, based on the development of inclusive policies and necessary changes to restrictive laws. Furthermore, if we can better advance with more open family structures and creative, positive environments coexisting without stigma, violence, and discrimination, there is possibility for freedom.

Poland

Michalina Augusiak, Julia Minasiewicz,
Ida Ślęzak and Karolina Więckiewicz

The long process of denying access to abortion in Poland is not just a product of radical Catholic ideology gaining political ground, it is part of a deepening crisis of care, precipitated by decades of neoliberal austerity measures and an all-encompassing privatization of social reproduction. This is why our fight for abortion cannot be limited to abstract calls for reclaiming people's control over their bodies. It has to be rooted in collective, diverse, and concrete struggles against the oppressive forces of neoliberalism and conservative cultural mores to make it possible for us to access different forms of care, including abortion, freely. In order to work toward this goal that addresses human diversity and individual needs, we need to embrace an intersectional perspective, as well as build strong ties of solidarity with workers who are at the forefront of the movement for a more humane and robust care economy. As activists we also have social needs, including legal, psychological, and financial support; new collectives have recently been created, like RegenerAction who provide psychological support, or a group of local lawyers who protect us from legal injustice.

To reflect on the question of intersectional alliances between different forms of care labor, Michalina Augusiak and Ida ´Sl¸ezak recently organized a forum called "Let's Plan a Reproductive Strike! Forum of Care Practices" in June 2021. The event was intended as a meeting between socialist feminists, abortion organizers, care and health care workers, feminist economists, queer activists, union

organizers, and migrant activists. In the face of economic, social, and environmental crises gripping our world, the forum served as a platform to think and talk about our needs, methods, and demands. To create spaces to discuss the possibilities of joint struggles is crucial to fostering strong, collective resistance in the field of social reproduction. In this respect, kinship is an ongoing process; it provides support but also demands continuous emotional and community care work, which is unfortunately culturally preogrammed to remain hidden.

When it comes to abortion a lot still needs to be done for people to feel safe about telling their stories publicly. For a long time, and still today, there has not been an appropriate space for sharing these experiences. Those against abortion are not interested in the real stories of real people; their agenda is too often disconnected from reality, and the only stories to be heard are those that back up the anti-abortion narrative. Politicians are also not interested in real stories. The current ruling party Law and Justice is not the only political party that has neglected the need to address the issue of abortion; this neglect has been carried out by both sides of the political spectrum since 1993, when the abortion law was first adopted. This attitude of politicians confirms that it is more convenient to pretend that abortion is a moral and political issue, rather than an embodied experience and a social need. Unfortunately, the pro-choice movement is not always interested in hearing real stories either. Most people do not suffer and are not actually traumatized by their abortion. Yet it seems like we expect people to justify their decisions with certain narratives of suffering.

For instance, the Abortion Dream Team has been working on normalizing and destigmatizing abortion by giving voice to the people through a dedicated website and a podcast called "Co´s na 'a'" (Something starting with "A"). It is the beginning of a long journey, and we hope that we will see people sharing their stories everywhere, not only because they want to but because they are given space to. Abortion stories are crucial to understanding the reality of the situation, to overcome stigma, and to confront ourselves with all the myths and misconceptions we have been fed for so many years. The new spaces in which people can talk about their abortions on their own terms are not interested in using these stories, only in amplifying them.

Today, apart from the physical immobilization due to the pandemic, the inclusion of non-cis people in the abortion rights movement has proven to be an issue. Not coincidentally, the biggest feminist movement in Poland called "Women's Strike" still reproduces an inherited discourse around ciswomanhood. It is therefore relevant to us to broaden the perspective with a multiplicity of voices. The work of care we conduct is needed more than ever, especially as trans people are now attacked from every side of politics in Poland—the most queerphobic EU country in ILGA-Europe legislation analysis.

Similarly to Great Britain, Poland has also faced conservative backlash by feminist activists to trans people joining the struggle. (It is important to mention that the cisnormative model is still deeply rooted in LGBT communities). This is slowly changing, although this kind of advocacy hasn't reached the mainstream yet. Those of us working in activist groups and not identifying as a woman while having a uterus, unfortunately have had to realize that we are still not included in the traditional understanding of the subject of the feminist fight.

The rise of Swerfism and Terfism in Poland shows that there is a lot to do. Already nearly 70 percent of LGBT teenagers have suicidal thoughts and half are diagnosed with depression. The fear, exclusion, and aggression one has to face daily is also likely to be reproduced between minorities. What is especially important, then, is the intersectional fight and not excluding trans people under the aegis of feminism. We exist and we deserve our reproductive rights, not erasure.

South Korea

Na Young
SHARE

SHARE (center for Sexual rigHts And Reproductive JusticE) plays two leading roles in the Reproductive Justice movement in Korea: one is building a network and the other is leading discourse at a national level. In 2017, we launched the network organization, Joint Action for Reproductive

Justice. Since then, not only feminist organizations but also many social justice organizations, including the Korean Confederation of Trade Unions, an organization of women with disabilities, LGBTQIA groups, progressive doctors' organizations, and progressive political parties, have formed a coalition of thirty-one initiatives.

There is a precedent to this alliance: in 2010, Network for Women's Right to Decide Pregnancy and Delivery was created, but it dissolved in 2012 when the Constitutional Court of Korea ruled against abortion. When abortion was raised again as a social issue in 2016, we organized Black Protest Korea rallies inspired by the Black Protest in Poland, and with other feminist organizations we gathered hundreds of people in protest.

In 2017, we felt the need to lead the discussion and to organize effective social power. At the same time hundreds of anonymous women mobilized online to organize their own rallies. We were united in urging the government to repeal the criminal provisions on abortion, but we differed with the online-based communities as they didn't welcome men and transgender people and maintained a cisseparatist rule. We also realized that the failure in 2012 was connected to how the campaign was framed on the binary "rights of decision versus rights of the fetus." We decided to introduce the concept of Reproductive Justice and persuaded other feminist organizations and social movement organizations to join forces under Joint Action for Reproductive Justice, with intersectionality as our leading principle.

The co-founders of SHARE first met in 2015, just one year before the abortion issue reemerged, when the organization Women with Disabilities Empathy initiated a research project to review the history of the criminalization of abortion in South Korea. We realized that achieving abortion rights alone would not guarantee women's reproductive rights. Firstly, we had to acknowledge and address the forced sterilizations and abortions of women with disabilities. It was only then that we could produce the discourse to prove that the South Korean government had not protected the rights of women or the lives of fetuses.

Despite criminalization of abortion in the 1970–80s, the government benefited from a huge amount of international aid through family planning policies. It established clinics nationwide that provided abortion

services, and it offered incentives such as public housing and health insurance benefits to families who had less than two children. Some women with more than two children were forced to have sterilization surgery. Korean society has dealt with abortion for married women as an unavoidable matter, but for unmarried women and especially for minors, it has been treated with complete irresponsibility. People with disabilities, single mothers, poor and sick mothers were often subjected to forced abortions or forced to give up their children for international adoption. These policies were very useful to the government, not only with population control but in achieving economic development, blocking the invasion of communism, and paving the way to capitalism.

By listening to the experiences of the women with disabilities and by understanding the historical context, we were then able to explain the issue of abortion as a matter of social justice. In the Constitutional Court of Korea's ruling on April 11, 2019, it was noted that a woman's decision to have an abortion does not exist in a vacuum but is deeply related to her social, economic, and family conditions. The judges ruled the criminal provisions on abortion as "constitutional discordance," but emphasized the duty of the state to instead punish women. Through the concept of Reproductive Justice, we invited activists, advocators, policy experts, medical professions, media, and some politicians to consider different standpoints on the decision. I think it is not a "multi-front" but an "organic-front." I also believe we were part of a paradigm shift in terms of our context (and its transnationality) and the fact that intersectionality was the key point of our strategy.

As co-founders of SHARE we keep advocating for abortion. In one of our recent publications, lawyers, doctors, researchers, activists wrote articles dealing with abortion issues from historical, legal, religious, medical, eugenic, and sexual perspectives. Many of us are queer and we believe we should protect the reproductive rights of transgender, intersex, queer, and non-queer people. Queer activists have also been campaigning to urge the government to turn over the family policy and accept alternative models such as civil union, partnership and same-sex marriage. I believe these kinds of endeavors and attempts are effectively widening the recognition of queer communities as well as Reproductive Justice.

NOTES

[1]
On August 16, 1994, a group of Black women gathered to protest a health care reform bill proposed by Hillary Clinton, which despite its progressive potential omitted reproductive rights altogether, reinforcing a male-centric vision of health and the consequent exclusion of women from government measures. A coalition—calling for reproductive justice—was then founded on the grounds of intersectionality, with the goal of bridging the gap between race, class, gender, and sexual orientation and acknowledging the interconnected forms of violence and oppression targeting the most vulnerable groups of society: people of color, the poor, the disabled and genderqueer people. At the core of the named Reproductive Justice movement lies the "right to have children, the right not to have children, and the right to have them and raise them in the safest environment of your choice." The stakes are high as reproductive oppression equals the control of entire communities. As activist Loretta Ross – co-founder of SisterSong – states: "Reproductive Justice allows us to have conversations about abortion while fighting against white supremacy or economic injustice, talking about welfare rights or HIV/AIDS, of housing, police brutality, and all those things that go on in your communities that are also human rights violations."

[2]
Every person has the right: (1) (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; (b) to accessible and adequate housing, and to reasonable standards of sanitation; (c) to be free from hunger, and to have adequate food of acceptable quality; (d) to clean and safe water in adequate quantities; (e) to social security; and (f) to education. (2) A person shall not be denied emergency medical treatment.

[3]
Every citizen has the right of access to: (a) information held by the state; and (b) information held by another person and required for the exercise or protection of any right or fundamental freedom.

FICTION

Janmadevi

Indrapramit Das

[mother] wakes from a dream. The first thing it knows is that it is pregnant. The dream it wakes from is a brief life in the Phule Public Reproductive Clinic, in Bansdroni, the Kolkata megacity, in the tide-eaten land of Bengal, in the unsteady republic of India.

[mother] knows it is not alive, not in the sense that its progenitors would recognize. [mother] knows that the fetus inside it is alive. [mother] knows that it must keep the fetus alive. [mother] knows it is not human. [mother] knows the fetus is human. The heartbeat of [mother]'s little charge reverberates through its synthetic body, giving it the pulse it knows it does not have, a center to its being.

Like a starburst in the void, the memories brighten. [mother] knows it has given birth before, in this building, many times.

There is an adult human being in front of [mother], looming over its seated body. [mother]'s eyes scan the human being's face instinctively. Its brain recognizes that face, matching it to databases in the cloud. Her name is Shilpa. She is employed by the Phule Public Reproductive Clinic as a robotic maintenance technician for [mother].

"Janmadevi," Shilpa says, lightly touching the side of [mother]'s face. "Are you there?"

[mother] realizes it has a name, Janmadevi—the goddess of births.

Goddesses are female-gendered metahuman constructs that belong to the corpus of cultural, fictional matter produced by the human race: mythology related to religion. Janmadevi isn't sure what her goddess title has to do with her purpose as an artificial body that gestates and gives birth to human infants.

"I am here. I am awake," queries Janmadevi. She feels confusion for the first time in her life. Shilpa looks worried, her face damp with sweat, but then she gives a small gasp, a slight laugh, perhaps.

"Awake? Yes, that's very perceptive of you. You're awake."

Shilpa has a pair of compact VR goggles propped on her forehead. Her hair is cropped to her scalp. She is wearing a T-shirt and dirty, black jeans faded to gray. The straps of a heavy backpack press into her shoulders. There is a tattoo of a double helix snaking down the inside of her left forearm.

"Shilpa, why am I thinking?" asks Janmadevi, somewhat at a loss for words for the first time in her existence. She has talked to humans before, but never like this; mostly she answered basic questions in a deep, unthinking sleep.

"Because I activated your advanced AI core," says Shilpa, looking at her phone which is flickering with code. There is an urgency to Shilpa's voice.

"Why did you do that, Shilpa?"

"Because I need you to listen to me and to understand," says Shilpa, frowning at her phone. She then pockets the phone, squats in front of Janmadevi, and looks into her eyes. The room around them is empty. It is not the birthing chamber. This is a shrine, incense-lit; the smoke curls up into the sunlight cast through the frosted windows. The petals of old flowers wither on the floor. Outside, Janmadevi can hear the sounds of human voices raised, a chaotic background hum of tumbling audio information.

"Okay," says Shilpa. "You're in danger. There's a mob gathering in the neighborhood. They're probably going to break into the clinic soon. Honestly, I'm surprised it took so long. But they want to destroy you and shut this place down."

"Who are they? Why do they want to destroy me?"

"God," Shilpa laughs, wiping her face with one hand, "that's a long story, Dev. They're a bunch of fundamentalists who believe that only women should give birth."

"I am a robotic surrogate for the safe gestation and delivery of human infants."

"Yes. I've taken care of you for a while. And I woke you up to get you out of here."

Janmadevi feels a gathering warmth in her head. The neural wetware is working harder

than ever before, connecting networks of data, completing puzzles.

"The attitude you ascribe to those who wish me harm is prevalent among the conservative religious right in this country. This includes those who worship deities, including goddesses of the Hindu pantheon. They wish to destroy me, even though I'm named a goddess and carry a live fetus?"

"Welcome to the world, Dev. Not everything makes sense here."

"Do these fundamentalists not worship goddesses?" asks Janmadevi.

"Oh, they do."

"It … it's because I'm not a goddess after all."

"Nor is anything else on this Earth."

"I am not a woman either … I'm beginning to understand their consternation. They will surely spare the fetus."

Shilpa shakes her head in exasperation, "You don't know humans. I do. They won't spare the baby. We don't have time. Concentrate. Focus."

Shilpa holds Janmadevi's hands. Once again Janmadevi becomes aware of her body-sensors working overtime. She looks down at her arms, shaped much like Shilpa's, silicon skin, a paler brown, seamed at the joints, through which the sinews and cabling of her endoskeleton are visible. Her robotic hands in Shilpa's flesh-and-bone hands. Janmadevi wants to analyze every second of this touch, this mirror that she sees, her artifice reflecting Shilpa's organic reality, inches away from Janmadevi's transparent belly, where the fetus is curled up in her amniotic sac.

"Get up, Janmadevi," says Shilpa, still holding her hands. Janmadevi rises, her motors whirring gently, joints squeaking. She has done this before. She has walked around the clinic, from the shrine to the birthing chamber and back. She has also walked with the people she has provided a womb for, made simple conversation about the health of the infant growing within her, offered comfort during the months of gestation.

Shilpa comes closer, her face inches from Janmadevi. Janmadevi thinks she is about to be given a hug, which she has never experienced. She has seen

humans embracing each other before, their bodies pressed close after witnessing the fetus in Janmadevi's belly; the womb internally lit in amber, so the forming body inside seems to flare like something celestial in the shuttered dimness of the shrine.

Shilpa is unplugging the jacks and nutrition tubes from the back of Janmadevi's body—not giving her a hug. This makes sense. The voices outside are growing louder, though still distant. Janmadevi feels herself respond to being cut off from nutrition and power, switching to reserve battery. The proximity of Shilpa's body is strange: she feels a heat, a static in response to it.

"I will need nutrition for the fetus," says Janmadevi.

Shilpa grunts as the last of the jacks is unplugged. "I packed some bags of nutrient to hook you up later with. Should get you by until the baby is born. You're almost due."

"Thank you, Shilpa."

Shilpa pauses for a moment, lost. "You're welcome. Okay, are you ready?"

The goddess of births looks around her shrine. "I don't … know. I hear their voices. There is distress."

There is distress. The corners of Shilpa's mouth twitch, her jaw clenches.

"Hate. Yes, it obliterates reason."

"I cannot risk the fetus's health by exposing them to such potential violence. It is safer inside."

Shilpa shakes her head.

"We can't stay here. They're marching over here. They'll rip the fetus out of you. People like that … they've done it to human women before. The staff have left, some are waiting for us to get out first. There's a taxi outside. The rally isn't here yet, they're still marching."

Janmadevi processes this information, scanning news stories of pregnant women killed in pogroms within India.

"I am ready," she says.

"Come with me," says Shilpa, holding her hand.

Janmadevi barely registers the nurses brushing their fingers against her body in some kind of farewell as they pass through the corridor, though they're mostly looking at Shilpa with wide eyes. *Keep the baby safe*. Not keep Janmadevi safe.

This makes Janmadevi feel stronger, more like an object, a shell to protect this little human-to-be. The people outside want to break her because she is not a woman. But *they've done it to human women before*. She is [mother]. She is not a woman. She is a machine. She will do her duty.

Shilpa tells Janmadevi to bend over and then drapes her in several blankets. They leave through the back of the building. In the narrow street, she is ushered by Shilpa into the waiting car.

As Janmadevi enters the outside world for the first time she senses the mob destroy her former home, from the ripples it makes across the Internet. She crouches in the back of the taxi. The sounds of honking cars, lorries, autorickshaws, the distant roar of the rally filling the roads they left just in time makes her wrap her limbs closer around her belly. In her mind, she sees people waving saffron flags and shattering the windows of the clinic. The video feeds arc across clouds of data, from drones and phones. An old, deactivated service robot is set aflame in the street, an effigy for their anger. The robot has a fabricated feminine face, much like Janmadevi. She sees the silicon skin peel away under the flames, revealing a synthetic skull beneath.

Shilpa is next to Janmadevi in the taxi. The soft pressure of a human hand against Janmadevi's back. Not destroying, not using force. Just five fingers and a palm gently laid, unmoving against what her fellow humans want to shatter.

It is, Janmadevi realizes, a kindness.

Inside her synthetic womb, the baby kicks.

Janmadevi remembers. Her somnambulant life in the clinic, the days spent doing her duty. [mother] yet never mother, father, parent. The goddess of births giving her children away. The flickering ghosts of data in her head. The first baby she gave birth to

was named Anjum. The DNA that coalesced within Anjum while inside Janmadevi was provided by the true mother and her husband, who'd come to the clinic applying for surrogacy. The mother was infertile because of a hysterectomy to treat fibroid tumors. Her name was Tasneem.

Tasneem's soft, round face had lit up like the moon when she bent low to look at her baby in Janmadevi's belly, the internal lights playing across her face and catching her tears. Tasneem had touched the translucent silicon skin that shielded her baby, hesitantly. Janmadevi felt her pulse joining with the heartbeat of the baby.

Janmadevi now looks at the steely mirror of the sea, the Bay of Bengal, just visible over the gray hulk of the seawall. Gulls speckle the sky, drifting on the wind, erratic next to the calmer drones. Janmadevi sits cross-legged, like she did in her shrine at the clinic. Her mind, though, isn't as calm as it was in those times.

"Nice view, huh?" Shilpa asks, coming out onto the tight verandah holding a bag of opaque, white nutrient fluid. She uncoils the tube to plug into Janmadevi, then sits down next to her with the attached nutrient bag in her lap. They are twenty stories up. The megacity's curve stretches out on both sides, low-cost arcology towers standing amid the unnatural hilly range of e-wastegrounds that sit at the edge of the sea, junk slopes flickering with the lights of scavengers of bastis. The azan rings out across the dusky air from the loudspeakers of a mosque somewhere.

"Used to be that a view of the sea meant you were rich," says Shilpa. "And not in Kolkata. When my parents were growing up there wasn't even a seawall yet, because the sea hadn't come up to the city back then. Now, a seaside view means you're willing to be first in line to get beaten up by superstorms. These arcologies sway like trees when they come along across the bay."

Janmadevi absorbs this information, yet has nothing to say about it. Her belly is tight, heavy with the life she lacks, but which she can feel radiating from Shilpa.

"Where are your parents, Shilpa?" she asks.

Shilpa takes a bidi from her pocket and lights it.

"We parted ways a while ago."

"May I ask why?"

Smoke billows out of Shilpa's mouth. She blows it away from Janmadevi, even though she knows her filters will protect the fetus from any smoke.

"They … wanted me to be the woman they thought they'd raised."

"You are not a woman, Shilpa?"

Shilpa laughs, "Not really."

"Your employee records are incorrect?"

"You could say that. I've never come out to the state. Not gonna parade in front of their doctors to prove my gender when I don't even know it."

"You don't know?"

"Well, Dev, words aren't everything. I know enough."

"You are of nonbinary gender?"

"Sure. But as I said, beta. Words aren't everything."

"Shilpa, do you want children?"

Shilpa looks at her, squinting against the salt wind pushing the sour smell of smog into her flat. The bidi flares as she takes a drag, glittering in her eyes.

"No."

"Is it rude to ask that?"

"Probably. Doesn't stop people from asking it all the time, though."

"I apologize."

"I usually hate it. But you're an artificially intelligent robot, Dev. You're a walking reminder of how beautiful human curiosity can be. Not ugly like the robots out there in the streets, intelligence clipped, beating people up for the police or doing jobs so corporations can be more profitable. You're beautiful, Dev. How can I begrudge a robot asking me questions with no mandate? I'm a tech."

"Thank you."

Shilpa rubs her head, running her fingers through her short hair.

"I like you, Dev. You don't judge."

"Shilpa, why am I called a goddess? Why am I gendered as female when I am a nonhuman service device?"

Shilpa looks at her, eyebrows raised.

"It just makes people more comfortable." She clears her throat, breathes out, "Or made people more comfortable. And it was a way to keep the fundamentalist mobs at bay. Treat you like a goddess, the work as a miracle—it worked for a while."

"The people in the mobs do not want the service I provide?"

"They don't want childbirth to be easier or safer. They want it to be done just by women, and they want it to be hard—blood, pain, tears. Makes it easier to control women, and who reproduces with whom. You know, in private hospitals the surrogates aren't made to look like goddesses. They're just gestation pods. Mobs wouldn't torch those places, because the rich and the powerful go there. Humans are a funny lot, Dev. They'll call a lump of clay and straw shaped like a woman with ten arms, a ... well, a woman. They'll call it a goddess and imbue that object with the female gender. *She* is Durga. *She* is Kali. They'll shower *her* with respect. Then they'll turn around and deny human beings the right to determine for themselves whether or not they're women or men or just fucking human beings who are neither. They'll kill someone for fucking the wrong person, or not looking like they think a man or woman should. Sometimes, for human beings, letting each other peacefully be who they are is more impossible to accept than a goddess."

Janmadevi looks at her hand. The seams at the joints of her fingers are like cracks in porcelain.

"A lump of clay," she says.

Janmadevi remembers. The second infant she gave birth to was for two men in love with each other. The third was for a woman who had suffered three miscarriages and could suffer no more.

The infant Janmadevi is to give birth to is for a woman named Shree, who is trans. Shree arrives at Shilpa's flat dressed in a plain salwar kameez. So does a midwife from the clinic. It will be their last birth. Shilpa stands

on the verandah to give them space. The baby is birthed with no problems, sliding out of Janmadevi, no blood, no pain. The midwife clips the umbilical cord so it retracts back into Janmadevi's womb, where the xenobot membrane will dissolve back into its components. The midwife pats the glistening, beet-pink baby so their cries ring out, across the sea.

Janmadevi watches Shree take the baby, the former heartbeat of her synthetic body. Shree smiles and holds the baby to her chest, her human body, which she has lovingly prepared for this moment with hormones, and breastfeeds.

Janmadevi's belly is deflated, empty.

Before leaving, Shree gives the midwife the baby to hold for a moment and bends down in front of Janmadevi.

"Thank you, goddess of births, for this blessing."

Shree hugs Janmadevi, arms wrapping around her body for the first time. Skin to silicon, Janmadevi's sensors can feel, once again, a heartbeat reverberating through her.

Janmadevi charges inside Shilpa's small living area, the cable reminding her of an umbilical cord. Outside, darkness has fallen over the megacity, the lights of the arcologies and scavengers of bastis alike bloom into hazy constellations within the sea smog that wreathes the buildings and waste hills.

Shilpa sits opposite the cross-legged Janmadevi on a wicker mat.

"The clinic is going to be closed until at least after the state election. I'm out of a job."

"What will you do, Shilpa?"

"I've worked freelance before. You're not the only robot in the world that needs maintenance."

Janmadevi pauses, "What will I do?"

Shilpa purses her lips.

"You can't gestate fetuses without a lab to implant them. A clinic may take you, depending on how safe it is after the election."

"So, I have no purpose."

Shilpa gets up and sits closer. Janmadevi can feel her biological heat again.

"There are times and places, Dev, where women are told this exact thing, that giving birth is their only purpose. Bullshit. No one has one purpose."

"I do. I am a service device."

Shilpa laughs. "That's right. You were, Dev. Now you're an active AI. Activated without authorization, but who gives a fuck, right? You, darling, are now a device to perceive and process the information cascade of the world."

"To what end?"

"Now that's a question, isn't it? I think the only time we get a real answer is at the end."

"The end?"

"That's right. Deactivation. Decommission. Death. Meanwhile, you use the information you have to make up an answer."

"Make up an answer."

"Correct, that's called 'life.'"

"I'll find a clinic for you, eventually. They'll clip your AI again."

"Sleep, perchance to dream."

"Aren't you clever! That algo is scouring the net good, isn't it? But yes, you can go back to the dream of your purpose, if public clinics think it's safe to take you on. In the meantime, your *purpose* is to … what? Use that neural net."

"Live."

There is no pulse in Janmadevi's body, but she can feel a heartbeat, arm to arm, from Shilpa sitting next to her. Shilpa has her VR goggles on. Janmadevi doesn't need any. They meet in Infospace. They stand on a flickering hill overlooking a virtual city, a private VR-LAN domain, cut off from the wider net, a place where bodies, genders, sexualities, identities shimmer as fluid as an ocean. On this day, Shilpa is masculine, muscled, and sleek as a panther. She can see Janmadevi next to her, an avatar of pure, glowing information, a diamonded fractal, ever shifting.

Together, they descend the hill to the city.

READER

Introduction updated by What Would an HIV Doula Do?, July 2021.

Twenty-One Questions to Consider When Embarking on AIDS-Related Cultural Production

What Would an HIV Doula Do?

On October 14, 2018, What Would an HIV Doula Do? partnered with *Triple Canopy*[1] to host a town hall-like event to think through HIV/AIDS-related art and cultural production. The event was titled "What Would an HIV-Informed Cultural Worker Do?" The conversation was part of How We Do Illness,[2] a day-long symposium that considered how personal narratives shape public perceptions of sickness, and how cultural workers and institutions contribute to the ongoing response to HIV/AIDS. This title was borrowed from writer Lisa Diedrich, who reminds us that "illness and how we do illness is political."[3] The symposium was part of "Risk Pool," an issue of *Triple Canopy* that asks: How are sickness and wellness defined and by whom? What are the effects of these definitions, these acts of naming and describing?[4]

For What Would an HIV-Informed Cultural Worker Do?, forty artists, administrators, critics, curators, and individuals living with and impacted by HIV/AIDS gathered to share their insights, frustrations, tactics, and experiences with making, seeing, and contemplating AIDS-related culture in a conversation facilitated by Corrine Fitzpatrick and Theodore Kerr. Participants included: Jordan Arseneault, Emily Colucci, Shirlene Cooper, Lisa Diedrich, Alex Fialho, Johnny Guaylupo, Emma Hedditch, Elizabeth Koke, Carolyn Lazard, Fernando Mariscal, Esther McGowan, Lara Mimosa Montes, Ricardo Montez, Julie Tolentino, and others who chose not to be named.

Emerging from the event were twenty-one questions, compiled and crafted from notes taken that day as well as conversations post the event. Since their release in 2019, the questions have been used by artists, curators, scholars, and writers in schools and art institutions as well as casually among friends and peers to spur conversation in the development of AIDS-related projects. In community and classroom settings, they have been used as a pedagogical tool; conversations have also been had around some of the language of the document, such as the use of the term "cultural production" versus "contribution." Additionally, the questions have appeared in an issue of *On Curating*, edited by Kerr, curated into exhibitions and a publication by Fanny Hauser and Viktor Neumann, and they now appear in the pages of this journal.

The form of the document has also been influential. In spring 2020, What Would an HIV Doula Do? released "Twenty-Seven Questions for Writers & Journalists to Consider When Writing about COVID-19 & HIV/AIDS." It builds on the question format to provide insights and stimulate discussion around what was then the emerging SARS-CoV-2 pandemic, a time which had many thinking back to the early days of HIV. Among the twenty-seven questions, number fifteen asks:

> How will your work wrestle with Western biomedicine as it relates to capitalism, colonialism, immigration, the criminal justice system, and other structures that impact survival?

The centrality given to Western biomedicine was also the focus of a film and reading group hosted by the collective Uneasy Medicine. Their program in 2018–19 titled "Uneasy Medicine: AIDS, Pharmaceuticals and Other Ways of Caring" considered HIV in relationship to the pharmaceutical industry, colonization, and forms of care that fall outside of biomedicine, particularly beyond the U.S. and Western Europe. Through a practice of knowledge-sharing the collective considered the following questions:

> How does the pharmaceutical industry craft profit from illness? What might happen if we honored, acknowledged, and communicated the fact that drug discovery frequently draws from botanical knowledge drawn from Indigenous peoples? How are Western medicinal treatments combined and remixed with healing practices different from those recognized as effective by modern science? How can we form political alliances across practices of care to build better worlds together?

In regards to the twenty-one questions document, please keep in mind while reading and making use of it that stigma, life experience, and other factors contributed to who was and was not able to attend the event, speak up, and share with authority. The hosts of the symposium and stewards of this document are aware and interested in the biases that occur around public conversations of health, wellness, and culture. We ask ourselves:

> What does it mean to host an event about HIV where the majority of those in attendance may be assumed to be HIV-negative? What does it mean to make a valuable resource like this one with an awareness that people living with and deeply impacted by HIV are often underemployed in general and underrepresented in leadership positions at museums, galleries, and other cultural institutions?

We hope that readers will consider these questions as well as their own experiences with the virus and take this document as a litany of queries from which a practice of reflection might emerge; an exhortation to make the best possible work about the intersectional legacy and lived reality of responding to HIV/AIDS. For many people not familiar with HIV/AIDS, there can be a hesitancy to get involved, to listen, to act. With the twenty-one questions below, we invite you, regardless of your status, history, or current knowledge, to dive in, to share, respond, and consider how the questions provoke, soothe, and trigger your knowledge, curiosities, and desires. We encourage you to share the questions and your responses with others.

1.
Are you living with HIV?
2.
As cultural producers working on HIV/AIDS, how do we engage with the fact that we are participating in the creation of history?
3.
Who are your people? Who are the artists, activists, friends, and lovers that act as both source and recipient of your power, energy, and insight?
4.
How do you define inclusion? What does community mean to you?
5.
How are we incorporating the ongoingness of HIV/AIDS into our work?
6.
How best to honor the labor of activists, artists, and other cultural workers who are living with HIV?
7.
How do sex and drugs figure into current representations of HIV/AIDS?
8.
How do gender, race, class, sexuality, religion, geography, poverty, disability, and other aspects of who we are, how we live, and how we are perceived impact how we understand and broadcast HIV/AIDS?
9.
What is at risk for you, personally, in creating AIDS-related culture? For the audience?
10.
How do we make it clear that any expression of AIDS-related culture is just a sliver of a sliver of the larger conversations about HIV/AIDS?
11.
How do we factor in the politics of our collaborators and partners?
12.
How might we unpack the ways in which the state has factored into our understanding of the virus?
13.
How do we account for the ways in which HIV/AIDS keeps all of our bodies entangled and vulnerable?

14.
How are we relating HIV/AIDS to other illnesses and social conditions? How, if at all, are we educating on HIV/AIDS in relation to other illnesses and social conditions?
15.
How does our AIDS-related work relate to the people who were diagnosed today? Last year? Last century?
16.
What do we consider an AIDS-related archive to be?
17.
Is the cultural production of HIV/AIDS-related content a form of activism? Is it always?
18.
What are ways in which we can learn, reclaim, and signify loss? Not just of people, but also of ideas, tactics, ways of being, and experiences of living?
19.
How can we keep the physicalness of bodies—such as aging with illness—at the forefront of our theorizing and intellectualizing about AIDS-related cultural production?
20.
How are we pushing back against the fact that people living with the virus are often positioned as the content of AIDS-related culture but are less frequently shown as the producers of, or even the audience for, that culture?
21.
How do we seek out the perspectives and experiences of people and communities living with and impacted by HIV/AIDS who may not already be part of the conversation?

NOTES

[1]
Triple Canopy is a magazine based in New York. Since 2007, *Triple Canopy* has advanced a model for publication that encompasses digital works of art and literature, public conversations, exhibitions, and books. This model hinges on the development of publishing systems that incorporate networked forms of production and circulation.
[2]
"How We Do Illness?," *Triple Canopy*, September 24, 2018, accessed July 12, 2021, https://www.canopycanopycanopy.com/contents/how-we-do-illness.
[3]
Jesse Miller, "Lisa Diedrich," *Full Stop*, August 2, 2017, accessed July 12, 2021, http://www.full-stop.net/2017/08/02/interviews/jesse-miller/lisa-diedrich.
[4]
"Risk Pool," *Triple Canopy*, no. 24, January 2018, accessed July 12, 2021, https://www.canopycanopycanopy.com/issues#24.

ENDNOTE

The Past and Present of Against Nature Laws

Living in a society based on a secular legal system with a religious imprint, we are subject to the concept and figure of "nature." It is used to criminalize individuals for nonreproductive sexual orientations, gender identities, and ways of being. This affects primarily LGBTQI+ communities, but it extends beyond them too. The legal language to support such criminalization often stems from colonial legal codes: the Napoleonic Penal Code, for example, and other British texts. Defined in some Penal Codes as an "act against nature" (Article 534, Lebanon, 1943), "carnal intercourse against the order of nature" (Section 377, India, 1860, repealed in 2018), or "carnal knowledge against the order of Nature" (Article 162, Kenya, 1930), these laws often found no cultural base when first introduced to former European colonies. Using arbitrary concepts to divide what is "natural" from what is "unnatural," politicians, judges, and religious figures have ascribed an indisputable authority to nature (and still do), and such divisions are enforced with the full coercive power of the state. Over the past couple of years we have welcomed important legal changes, especially in India and Botswana. These are moments of hope, but more importantly they are occasions to discuss further developments.

Ultimately, challenging the colonial origins of the contra naturam laws is important work to do, and yet this work still remains insufficient; we bear responsibility for the continuing exercise of these laws and their related imaginaries. From north to south, the laws against nature have become a horizon for the politics of many conservative movements, who look for more control and uniformity of people's gender, sexuality, and privacy. We are witnessing a rise of anti-gender ideologies, the justification of verbal and physical discrimination toward trans individuals, worsening environments for LGBTQI+ organizations, divergent legal statuses and reproductive rights for LGBTQI+ families, as well as the threat to abortion rights for women.

Discrimination is not only enforced by the state, and while international advocacy is more necessary than ever, human dignity and equality enacted on a personal level must become part of rethinking the social and legal imaginary, to which *The Against Nature Journal* hopes to contribute.

Grégory Castéra and Giulia Tognon
Editors

INITIATIVES

Accessibsa

India, Brazil, and South Africa

is a tri-continental project enabled by a fellowship from the Shuttleworth Foundation. Their work expands access to life-saving medicines and vaccines for those most in need. As a strict rule, they do not accept money or support from the pharmaceutical industry, including generic manufacturers, directly or indirectly, in any form whatsoever.

accessibsa.org

Decolonising Contraception

London, UK

is a community-based organization created by Black and people of color working within sexual and reproductive health. They believe that sexual and reproductive health is a fundamental human right and believe in equal access for all people irrespective of race, gender, sexuality, disability, class, or creed.

decolonisingcontraception.com

Indigenous Women Rising

New Mexico, US

is committed to honoring Native and Indigenous people's inherent right to equitable and culturally safe health options through accessible health education, resources, and advocacy. The organization runs an abortion fund open to all Indigenous people in the United States and Canada who have the capacity to become pregnant and seek an abortion in the U.S.

iwrising.org

SENEB

online

is a community engaged with African and diasporic healing technologies, an energy center for our soul to remember, feel, (re) connect, share, and vibrate the cosmos. The house of SENEB provides resources, services to nurture our health, energy, and wisdoms.

tabitarezaire.com/seneb.html

Visual AIDS

New York, US

was founded in 1988 and is the only contemporary arts organization fully committed to raising AIDS awareness and creating dialogue around HIV issues today, by producing and presenting visual art projects, exhibitions, public forums, and publications, while assisting artists living with HIV/AIDS.

visualaids.org

THE AGAINST NATURE JOURNAL
Issue #3 Fall 2021

The Against Nature Journal is a biannual arts and human rights magazine exploring "crime against nature" laws and their legacies, in print, in person, and online. Authors and readers from law, activism, social sciences, and the arts are brought together to foster dialogue on sexual and reproductive rights and rethink nature anew.

This third issue reviews the many ways in which medicine has pathologized non-procreative sexual desire—those bodies that challenge gender binaries or expose different abilities—while imagining other ways of collectively well-being. The issue opens with a commissioned work by visual artists *CANDICE LIN* and *P. STAFF* that evokes the central concerns of the journal in subtle and unexpected ways. Lambda Literary Award–winner *INDRAPRAMIT DAS* speculates on other forms of kinship in a new science-fiction story, while a transnational questionnaire offers insights into the continuous fight for reproductive justice. We republish a chapter from the autobiography of the late South African, trans, traditional healer *NKUNZI ZANDILE NKABINDE*, which is introduced by *RUTH MORGAN*. We continue to honor the power of poetry with works by *ROSA CHÁVEZ* and *STELLA NYANZI*, while celebrating the energy of collective action with a piece by *WHAT WOULD AN HIV DOULA DO*? In anticipation to his new book on queer desire in the Caribbean, scholar *ANDIL GOSINE* shares a previous article addressing the notion of "against nature," while our Columns section brings news from Brazil, India, Kenya, Lebanon, Malaysia, Morocco, and the UK during a season of pandemic fatigue, but also care work, organization, and hope.

Published by Council