Kateřina Kolářová
DAAD Fellowship: Project description

HIV/AIDS: CHRONIC EMBODIMENTS AND BIOLOGICAL CITIZENSHIP IN THE POSTSOCIALIST CZECH REPUBLIC

HIV/AIDS: Chronic Embodiments and Biological Citizenship in the Postsocialist Czech Republic (working title) explores experiences of health, illness and disability as embodied registers of social, cultural and political change. The book focuses on HIV and AIDS to explore how the 'imagined communities' in the post-1989 Czechoslovakia/Czech Republic became equally realised as *imagined*—biological, viral and sexual/ised—*immunities* and *vulnerabilities*.

The book grows out of a long-term research conducted since 2012, and is based on *interdisciplinary* design that draws on methodologies of cultural studies, historical and medical anthropology, sociology and theoretical frameworks of disability, gender, sexuality/queer and critical race studies. Incorporating these critical perspectives enriches the project by *intersectional approach.* The book's archive comprises of media and cultural representations of HIV/AIDS, biomedical expert sources, official state policies and preventive materials, public materials created by NGOs engaged with HIV and AIDS, activist archives, visual and material cultural artefacts as well as narratives of people living with HIV, interviews with doctors, health-care professionals, representatives of state institutions responsible for epidemiological surveillance and prevention and other key acteurs.

Exploring HIV/AIDS in the context of Czech Republic (Czechoslovakia, respectively) and Eastern Europe at large, *HIV/AIDS: Chronic Embodiments and Biological Citizenship* contributes to studies of post-socialism. Not only is the book virtually the first non-medical scholarly exploration of HIV/AIDS in the Czech Republic, more importantly, focusing on HIV/AIDS the book speaks of larger social transformations and restructurings of *the political* and of *the social.* Turning to this specific historical, cultural and social context through the perspective of HIV/AIDS draws out the role of health, (susceptibility) to illness, and disability in the re-definition of normative conceptualisations of citizenship.

The project further explores alternative forms of knowledge and understandings of health/illness and disability and maps out the ways in which people living with HIV/AIDS search for and open possibilities for resistance to the dominant biomedical knowledge. The book thus also raises questions of *health* (or conceptualisations thereof) *as a potential site of agency, activist engagement and resistance to (biomedicalised) power*. In this sense, *HIV/AIDS: Chronic Embodiments and Biological Citizenship* joins a burgeoning field of transnational biopolitics, intersectional analyses of power/knowledge and historical and cultural anthropologies of health, illness and disability.

HIV/AIDS: Chronic Embodiments and Biological Citizenship is grounded in the theoretical conceptualisation of *biopolitics* as a distinct form of power driven to make the most frugal use of life and its generative potential (Foucault, 1999, 2008; Agamben 1998; Esposito 2008; Tremain 2005). HIV/AIDS has been repeatedly called up in the recent social science and humanities' discussions as the example „par excellance" for the current shifts in the form and scope of modern biopower and neoliberal reformulations of governamentality through politics of risk and privatised/individualised responsibility (cf. Lemke 2007a; 2007b; Beck 1992). Didier Fassin uses AIDS to illustrate paradoxical constructions of ‚biolegitimacy', i.e. the ways in which our 'bios' may in unexpected ways influence one's chances to forms of survival, for instance through access to international asylum (Fassin 2009; cf. Kolářová 2015). Describing these biopolitical processes, Rose and Novas have famously talked about „biologisation of politics" and coined a concept of *biological citizenship* (2005: 440).

HIV/AIDS: Chronic Embodiments and Biological Citizenship builds off of these critical reflections and furthers them by focusing on two specific interstices that run parallel to each other: (*1) the dis/continuities between the regimes of state socialism and the on-set of neoliberalising structures of post-socialism*, and (2) *the dynamic shift of reclassifying HIV from the acute and fatal disease to chronic and manageable disease/disability*. These interconnected dynamic processes give, as this book documents, distinctive shape to forms of biological citizenship of people living with HIV in the Czech Republic post-1989. As I argue, people living with HIV, are being specifically positioned by the discourses of citizenship; the citizenship of the HIV positive person is defined by specific claims (to health care, to social welfare), but as importantly by specific demands, responsibilities and moral economy, the latter most concrely palpable in relation to ethics of sexual relations, safe(r) sex and self-care.

HIV/AIDS: Chronic Embodiments and Biological Citizenship thus participates in the timely critical conversations around biopolitical attempts to manage, optimize and even maximize chronic states. Using HIV/AIDS in the post-socialist Czech Republic as a case study, the book interrogates the gendered, sexualized, and racialized discourses of 'healthy chronicity' that presuppose particular forms of access, knowledge, and desire. Further, following the ground-breaking work of Paula Treichler, Cindy Patton, Leo Bersani and other scholars, *HIV/AIDS: Chronic Embodiments and Biological Citizenship* engages with the ways specific conceptualisations of gendered sexuality dominate discourses of HIV/AIDS creating thus gendered and racialized regimes of hypervisibility (gay sex/uality) and invisibility (women, queer women, trans* people, Roma communities). These regimes of in/visibility then condition to whom preventive care is being directed and whose lives are (not) being protected by HIV prevention.

Working with the concept of 'biological citizenship', *HIV/AIDS: Chronic Embodiments and Biological Citizenship:*

(1) *situates health on the ambivalent and dynamic intersection of disciplinary, governing and self-producing technologies:* As Rose and Novas note, the process of "making up a citizen", includes not only the ways in which persons are conceived and addressed by authorities (such as political authorities, medical professionals, employers or insurance companies) in relation to their health status and "in terms of categories such as the chronically sick, the disabled, the blind, the deaf, the child abuser, the psychopath" (Rose and Novas 2005: 445), but also and as importantly, the process of moulding up a citizen encompasses a process

through which the subject fashions a distinct relationship to him/herself, or "process of biomedical self-shaping" (ibid: 446).

HIV/AIDS: Chronic Embodiments and Biological Citizenship contextualises the individual experiences of HIV positivity against the *understanding of health and healthy population as defined by the health-care, disease control authorities* and other biomedical expert discourses. The book provides an insight into the ways in which the biomedical experts and authorities understand the relationship between the subject and his/her health status, and in particular how they understand the distribution of responsibilities and rights for health between themselves and the individuals—and how these visions get frustrated by HIV/AIDS becoming „a chronic" disability rather than an acutely fatal disease. However, one of the ambitions of my book is to highlight how discourses of acute disease, epidemics and chronic disability coalesce and create complex and hybrid formations. Indeed, conflicts between the chronic and epidemiological paradigms prove to be one of the crucial sites upon which the outlines of the biological citizenship are negotiated.

HIV/AIDS: Chronic Embodiments and Biological Citizenship focuses closely on the ways in which these conflicts play out in the ambivalent biopolitical technologies of governance. First, the book explores the frustrating commingling of the chronic with the epidemiological perspectives in the 'making up of the *chronically infectious* citizen' and its deployement in the regulatory and disciplinary measures of health-care and prevention politics. The book interrogates imaginations of moral economies of sexual cultures and prevention; it explores how cultural imaginations of moral economies position various expert discourses, how they translate into possibility of emerging collectivities of HIV positive people and people with AIDS. And the book also draws out the ways in which the construction of 'chronically infectious' citizen draws on gender, sexuality and race/nationality differentials, produces sharp lines of division in the communities of HIV positive people and thus frustrates the emergence of broader social movement and political agency of HIV positive people and people living with AIDS. On a more pragmatic level, the book also argues and reveals that preventive politics and broader preventive measures are equally frustrated by the ambivalent construction of "chronically infectious" HIV positive *gay men*.

In *Already Dead* (2012), Eric Cazdyn has used the example of HIV to describe what, as he argues, is the new ‚chronic mode' of governance of the modern subject. Two aspects of Cazdyn's concept are troublesome: firstly, he proposes 'the chronic mode' as a universal model of both political and biomedical modi operandi, without discussing the geo-political implications; secondly, he oscures the role of race, gender and sexuality in access to (biomedical) care. *HIV/AIDS: Chronic Embodiments and Biological Citizenship* engages with these shortcomings. It focuses on the specificity of discourses and material practices that define the individually and collectively experienced realities of HIV and AIDS in the context of post-socialist Eastern Europe, the interplay between the local and transnational organisation, the influence of transnational activism and transnational global health policies and institutions.

Furthermore, *Chronic Embodiments and Biological Citizenship* works intersectionally to illustrate how nationality, race and gender/sexuality condition what 'chronicity' means and how different lives are positioned, valued and included in care, preventive policies and visible in relation to HIV and AIDS.

(2) Indebted to both Foucault and Agamben, the concept of biological citizenship places the citizens' active (or even activist) demands of ‚right to health (education)' firmly within—not outside—the realm of the politics of life (cf. also Petryna 2002 and her discussion of the Chernobyl disaster). The increased emphasis on an active performance of the biological citizenship further documents how these two aspects of the 'citizen-making process' overlap. The call to active biological citizenship manifests itself in the disciplinary and normative prescriptions defining one's responsibility for one's health as well as in the form of active (and often times activist) role individuals increasingly take to enhance their scientific and in particular biomedical literacy (Rose and Novas 2005).

The book describes the *ways in which subjects relate to themselves through their individual experiences of HIV and the ways in which they make sense of their health and/or disability.* The book thus follows the articulations of subjectivity of the HIV positive people in the context of dynamic and conflictual relationship of the often contradicting biomedical and epidemiological discourses of acute fatal disease and chronic disability. Looking for ways in which bio-medical knowledge becomes integrated into the lived materiality of HIV positive (gendered and racialised) bodies, re-appropriated, twisted or even rejected, I am recording the different ways people make sense of their life with HIV and/or AIDS, and how these processes of meaning-making reflect the biopolitical management of life, health and death. The book explores epistemic shifts between 'deadly virus', 'chronic condition' and even 'undetectable status', as they give shape to culturally specific forms of embodiment produced by specific and historically conditioned cultures of knowledge. The reflections over the life with HIV that the book records thus reveal the hybridisation of HIV, where both discourses of fatal disease coalesce with discourses and practices of chronicity, and where discourses of responsibility for both individual and collective health, immunity underwrite the notion of citizenship for people with HIV.

Illustrating the thick codependency and 'hybridity' of HIV/AIDS knowledges as they materialize between the local and the transnational ways of knowing, between the acute and the chronic paradigms, the book challenges notions of a clean epistemic shift and single authoritarian archive of knowledge, foregrounds the hybrid nature of discourses of HIV/AIDS and most importantly the role the lay experts, people with HIV/AIDS, can play in re-negotiating the structures of health care and social support for/of people living with chronic diseases and disabilities.

(3) In laying out the tension between the governing and activising aspects of governance, the concept of biological citizen addresses two distinct levels of its effects*:* the level of *individualizing* and that of *collectivizing* effects: The *individualizing effects* of

biological citizenship describe new “somatic individuals” (Rose 2007) who need to take into account future developments of their bodies and minds. We can speak of individualizing effect of biologically defined citizenship to the extent that it informs the ways in which individuals shape their relationships with themselves through categories of specific health/disease conditions and in terms of knowledge of their “somatic individuality” (Rose 2007: 109-113). Thus this knowledge of one’s susceptibility to illness, one’s disability becomes integrated into the governmental “regimes of self” and inform the choices the individuals make throughout their life-course. With regards to governance, the individualizing aspect of biological citizenship hence describes “new distinctions between good and bad subjects of ethical choice and biological susceptibility” (Rose 2007: 134).

The collectivizing moment of the biological citizenship, on the other hand, conceptualizes new forms of ‘biosociality’ (Rabinow 1996). As Petryna (2002), Rabinow (1996), Rose (2007), Rose and Novas (2005), Nguyen (2005, 2010), and others show, collectivities organized around biomedical categories and classifications are becoming increasingly important. These communities are created around categories of corporeal vulnerability, (susceptibility to) illnesses, or in general terms around biologically defined and shared identities. Concept of therapeutic citizenship coined by Vinh-Kim Nguyen then illustrates how forms of collectivities emerged around therapeutic practices. A distinctive feature of these biosocial communities and collective identity groups is their *active or even activist stance* towards the medical authorities and official institutions of health care system. They reject the status of mere patients; they engage in various forms of activism (‘rights bio-citizenship’, Rose and Novas 2005) that claims access to better treatment, to health services and most importantly to information that would include alternative knowledge and expertise.

Central to this book-in-progress is to follow and map out the emergence and change through time of the disease/condition specific group/s (in this case related to HIV/AIDS) that serve as a source for (political) identity and agency (Epstein 1995). Epstein (1995) illustrates the existence of such new social movements on the case of AIDS activism and point out its influence on the very definitions of what counts as credibility in biomedicine and relations between doctors and clients. Other authors argued that for instance the so-called anti-vaccination movement, or rare-disabilities parents-advocacy groups function as examples of such new social movements organized around conception of health, disability and attitudes towards biomedicine. However, not to over-romaticise such movements, I call upon the concept of “political economy of hope” (Novas 2001) to complexly contextualise the forms of activism organized by “patients” in order to gain access to and impact over the world of science, i.e. the expert knowledge. As Rose and Novas explained, the concept of “political economy of hope” “tries to encapsulate the ways in which life itself is increasingly locked into an economy for the generation of wealth, the production of health and vitality, the creation of social norms and values” (Rose and Novas 2005: 452)

The importance of the DAAD scholarship for the project

The DAAD scholarship would be essential to further the transnational aspect of the research project/book, as well as to extend the international collaborations. Both hosting institutions provide this book project with strong synergy effects. The collaborative ties that I am hoping to build with scholars at *Zentrum für transdisziplinäre Geschlechterstudien* at Humboldt-Universität zu Berlin, and with Prof. Schwarz, Prof. Eckstein, Prof. Waller, Prof. Wiemann from the Department of English and Americans Studies and the junior scholars participating in the DFG-funded Research Training Group *Minor Cosmopolitanisms* at University of Potsdam are essential for this particular book, but also go well beyond it. I have chosen the hosting institutions also with the hope for future collaborations (for instance through the DAAD PPP programmes).

My time at *Zentrum* will be hence organised primarily by collaboration with scholars involved with "Research Center for the Cultural History of Sexuality" (Prof. Andreas Krass), and with the EU project "Disentangling European HIV/AIDS Policies: Activism, Citizenship, and Health" (Prof. Beate Binder). There are many important zones of contact between my own book-in-progress and both projects. For instance, "Research Center for the Cultural History of Sexuality" raises questions of different cultural organization of sexuality, sexual norms and practices as well as sexual counter-cultures, and the change of sexual practices influenced by the regime changes, as well as—more recently—emergence of new social media. These questions carry immense importance to my own research. Further, "Disentangling European HIV/AIDS Policies…" analyses the discourses and practices that make up HIV/AIDS policy worlds in Germany, Poland, Turkey, The UK, and at the European level, and thus will provide my research with valuable comparative context. Moreover, "Disentangling European HIV/AIDS Policies…" and my own work intersect in their explorations of varied claims to citizenship that are moulded by HIV/AIDS policies and discourses. Cooperation with these two research teams carries immense opportunity and would mean a major contribution to quality of my own work. The scope and breadth covered between these three projects is unprecedented and opens possibilities for future scholarly collaborations.

As for the cooperation with the University at Postsdam, apart from continuing the existent cooperation with Prof. Schwarz and her colleagues, I am particularly happy for the invitation to participate in collaboration with junior scholars at the Graduirtenkolleg around issues of embodied ways of performing citizenship in the shifting, complicated and precarious contexts of cosmopolitanisms.

Apart from the theoretical and methodological exchanges and collaborations with my colleagues at the hosting universities, the DAAD support would allow me to speak to various groups of experts active on the field of HIV/AIDS prevention, epidemiological surveillance, health care and transnational organising around HIV and AIDS. This is essential to put the Czech and Eastern European context into comparative perspective. I have also been in touch with several HIV positive people living in Germany, whom I have already interviewed and who are willing to organise contact with other people living with HIV, people active in the local

HIV organising and activism. These individual experiences with different structures of health-care (the German and Czech organisation of health care to HIV positive people are vastly different, the Czech being centralised into specialised 7 AIDS centers for the whole country; in Germany, most of the HIV-related health-care is and can be provided by the general practitioners) will be of immense importance to sensitivise my own analysis of health-care provision and the specific effects of the centralised health-care with its legacies of state socialism and specific dynamic of restructuring under present neoliberalising tendencies.

Similarly enlightening and important would be the possibility to get acquainted with the experiences of HIV and AIDS activism, articulation and political impacts of the lay expertise of HIV positive and AIDS 'patients'. Since most of the HIV activism in the Czech Republic is still carried by able-bodied, white and well-situated gay men, the opportunity to talk to and establish a contact with the HIV activism in Germany that is not only more diverse, but is actively and explicitly tackling issues of race, nationality and ethnicity, disability, sexuality, gender and class would be of crucial importance not only for this book, but also for my teaching, community work ad public engagements.

The DAAD support would allow me to finalise and perfect the book manuscript that is essential to my own career advancement and preparing the habilitation file.

Broader Research Profile and Public Engagements

Lastly, I want to situate the project *HIV/AIDS: Chronic Embodiments and Biological Citizenship* against the context of my broader scholarly and outside academia engagements. My research agenda ranges broadly from the transnational history of neoliberalism, socialist and post-socialist studies, to gender and disability history/culture. My work is grounded in cultural studies, medical humanities, disability studies, critical race and ethnic studies, and post-colonial studies.

My second book project, *Violence of Capitalist Rehabilitations: Gender, Sexuality, Disability and Race and Formations of Postsocialist Economies of Belonging and Abandonment* (working title), draws on feminist disability studies to perform a cultural history inquiry into the formations of post-socialist social belonging and its (gendered, racialised and disability) exclusions. This project focuses on the Czechoslovak and Czech context following the fall of state socialism in 1989, however the emphasis my work places on transnational framing and comparative approaches promising to overcome the limitations of methodological nationalism and situate the analysis into broader European cultural histories. To this end, I explore how the discourses, institutions, and practices of citizenship in post-socialist Czech/oslovakia were shaped by the changing geopolitical contexts, the flow of transnational expertise, funding and legislature (in particular with respect to antidiscrimination, diversity and human rights agendas), and by global process of marketization. Mapping out the transnational histories of neoliberal ideologies from critical perspectives of gender history and disability studies, the book explores shifting consensus around principles of social solidarity and cultural cohesion (politics of diversity, inclusion and politics of recognition) in (Eastern) European history. The book lays out how (conflicting) understandings of ‘culture’ and cultural values function as a resource in negotiating collective identities and in ‘emancipatory’ struggles of sexual, racialised and disabled communities, and how significations and practices of inclusion, acceptance and tolerance for some coproduce exclusion for others.

Alongside my research and pedagogical commitments, I have been invested in fostering critical dialogues between the academic, activist and public spheres. I believe strongly in the necessity to bridge university spaces with other spheres of civic society. As part of this commitment, I have fostered collaborative relationships with cultural and public institutions, participated on exhibitions, I regularly participate in public talks and discussions both nationally and internationally. For instance, I served as co-curator for the disability arts and culture exhibition *Disabled by Normality* hosted by Gallery for Contemporary Art DOX (Prague, May 23—September 16, 2013), cooperate with the League of Human Rights on a project mapping forced sterilisations of people with intellectual disabilities and am starting a cooperation with Tranzit gallery on a project exploring work of artists with disabilities. I would be honoured to extend the list of these engagement during my stay in collaboration with ZtG, HU Berlin and Universität Potsdam.

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