# Rights of the Body in Times of War

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I want to thank Professor Pat Armstrong, the Chair in Health Services here at York University, who invited me to give this talk; Jennifer Deadman, who so ably facilitated my trip to Toronto; and all of the students and faculty in this exciting course on women's health who have provided the occasion for my visit. I'm sure you share my concern about the hostile climate that people who are attempting to provide decent health services and to create inclusive and gender-equitable health policies are facing across the globe. I hope you share my conviction that we can do something to change this miserable landscape. Even here in Canada, with one of the most just and inclusive health systems on the planet, you are contending with increasingly high costs of pharmaceuticals and pressures in some provinces toward privatized insurance. And always, everywhere, divisions of gender, race and class intensify health inequities, even under the best systems. So, I want to clarify what I mean by the gendering of health access and health crises and to do so by framing that analysis in the overarching "global climate change" that has entrapped the world since Sept. 11, 2001: that of endless and limitless war.

A widely read book by a long-time war correspondent from the US, Chris Hedges, has the troubling title, *War Is a Force that Gives Us Meaning*. Writing just after the events of Sept. 11, 2001, before its long-range political consequences were clearly evident, he is haunted by the shadow of Vietnam, El Salvador, Sarajevo, Bosnia, and Israel/Palestine. Hedges sees war as "a potent and often lethal addiction, . . . a drug . . . peddled by mythmakers—historians, war correspondents, filmmakers, novelists, and the state—all of whom endow it with qualities it often does possess: excitement, exoticism, power, chances to rise above our small stations in life . . . . It dominates culture, distorts memory, corrupts language, and infects everything around it, even humor . . . . *War exposes the capacity for evil that lurks not far below the surface in all of us*." Yet, for all his postmodernist insight and ethical sensibility, the "us" in Hedges' meditation has a distinctly masculine face. War may be the legendary crucible of manhood, but for marginalized women and the poor, war is a force that *distorts* all meaning and sets monstrous limits on the possible. I think of the Rev. Martin Luther King, Jr.'s words in 1967:

> A few years ago . . . it seemed as if there was a real promise of hope for the poor—both black and white—through the Poverty Program. . . . Then came the buildup in Vietnam and I watched the program broken and eviscerated as if it were some idle political plaything of a society gone mad on war, and I knew that America would never invest the necessary funds or energies in rehabilitation of its poor so long as adventures like Vietnam continued to draw men and skills and money *like some demonic destructive suction tube*. So I was increasingly compelled to see the war as an enemy of the poor and to attack it as such.

I want us to keep Dr. King's words in our minds as we think about the present "war on terror" and the ways in which it has defined the limits of the possible for health care and gender and racial justice. But I want to go further and suggest that this "war" —which is only military in one aspect and has become a way of life, an existential condition—has also infected realms that seem far removed from war yet have everything to do with health. In the course of this talk I will look at three theaters of war and their perverse intersections: *militarized wars*, *trade wars*, and *sex wars*. The first theater, I will argue, directly contaminates the second two, and all three undermine women's health. But they also have cracks among and within them that open up spaces for change.

### Military Wars and Their Gendered/Racialized Health Impacts

Let us begin in the circle of Hell. Currently, approximately eight "major wars" (defined by the United Nations as inflicting at least 1,000 deaths on the battlefield a year) are underway. Along with these, about two dozen smaller conflicts in Asia, Africa, the Middle East and Latin America have been raging for decades and continue as I speak. While the total number of armed conflicts has declined since the early 1990s, a recent report by the UN High Commission on Refugees points out that the post-9/11 global "war on terror" has "been used to justify new or intensified military offensives"—particularly in Aceh, Afghanistan, Chechnya, Georgia, Iraq, Pakistan and Palestine. Besides acting as a green light to all kinds of repressive regimes, the US-led "war on terror" has made the situation of

people forcibly displaced by local violence much more precarious, as they face closed borders, deportations and the extremes of human insecurity.

Estimates suggest that three-quarters of those killed or wounded in these armed conflicts are civilian populations—the majority women and children. (http://www.globalsecurity.org/military/world/war/) According to UNHCR figures, the world now has some 9 ¼ million refugees—3 million in Africa and another 3 ½ million in Asia—as well as 5 ½ million internally displaced persons, many of whom are fleeing from armed conflict situations. In Sudan's Darfur region alone, an estimated 200,000 people have been killed and millions more displaced from their homes—again, women and children in massive numbers, while those who survive find themselves in refugee camps with no health or sanitary facilities and pitifully low food rations. Just stop for a minute and imagine what the lack of sanitary facilities and supplies means, especially for women and girls. No toilets or paper or sanitary napkins; waiting all day until dark to relieve yourself, wearing dirty rags during menstruation; the related reproductive tract infections, fistulae, pain, festering and possible infertility; the abjection, rejection and shame. Hunger is universal, but sanitation is profoundly gendered.

In Iraq, estimates of civilian deaths range from 30,000 to nearly 100,000. Many of these are men of warring insurgent and rival sectarian groups, but the majority of those killed by coalition forces have been civilian women and children, while increasing numbers of those who survive the attacks are fleeing into precarious refugee zones in the desert, like the people of Darfur. And of course women and girls caught in armed conflict zones and in refugee and IDP camps face an immensely heightened risk of sexual violence and HIV infection. Then, lurking beyond these immediate conflict zones in what Slavoj Zizek calls "the desert of the real," the grotesque prospect that any day the US will attack Iran and unleash the nuclear cataclysm of the 21st century.

At the epicenter of this nightmare lies Abu Ghraib and its echo chambers in Guantánamo, Bagram, and all the undisclosed sites of US rendition of so-called "enemy non-combatants." I call these torture places the *epicenter* of the lowest circle of hell, not because more people suffer there, but because they present in microcosm the complex tangle of masculinism, misogyny, homophobia and racism that lies at the heart of all militarist and imperialist projects. There is no need to belabor the now iconic images of sexual and cultural degradation of Muslim men transported indefinitely and without charge to those sinister places. Here I will just take from an earlier writing some reflections on what we can learn from the dark recesses of Abu Ghraib and the infamous interrogation techniques that had become systematic and routine by late 2002.

First point: the complicity of women, imperial and other. The US women political leaders, prison commanders, interrogators, and rank-and-file guards who participated in sexual torture at Abu Ghraib and Guantánamo; or the Hindu women in Gujarat who goaded men in their communities to rape and mutilate Muslim women; or the Rwandan Hutu officials, also women, who ordered such atrocities—all these recent and well documented instances force us to rethink some long-held feminist assumptions about who are the perpetrators and who the victims of sexual abuses and violations of bodily integrity in conflict zones. They recall Hedges' statement about "the capacity for evil that lurks not far below the surface in all of us." I'm tempted to say, war is, at bottom, gender-neutral, only I think it's more complicated. The complicity of women in systems of sexualized and racialized violence, and the victimization of men, illustrate what years of gender and queer studies have taught us: that gender is always malleable, a floating signifier in which women's bodies can be the vectors of patriarchal norms and phallic campaigns, as men's bodies can be the targets. Condoleeza Rice, Janis Karpinski (who later questioned her role as Abu Ghraib commander and got demoted for it), Lynddie England—all are what Zillah Eisenstein has called "sexual decoys," the "militarized and masculinized" agents of war for the Bush regime. As such, they help obscure the realities of war, especially the ways it is always conducted in part through acts of sexual and racist aggression meant to bestialize and dehumanize the ethnic other.

Second point: the bending of gender through sexual penetration and humiliation *is* the point here, and is always deeply intersected with racial and ethnic othering. Domination, like liberation, starts from the body, and cultures of war and ethnic and male supremacy are also those that harbor a deep belief in the profanity of women's bodies. Thus the feminization and homophobization of the male enemy's body—through raping prisoners or forcing them to sodomize or urinate on one another or crawl naked like dogs or wear hoods that resemble burqas—become an imperative of military conquest. I do not mean to suggest that sexual degradation is worse than other hideous techniques in the modern arsenal of torture but only that it is one element in that arsenal and has a quite specific purpose: to cast the "enemy"—here, the alleged "terrorist"—as not only less than human but also less than masculine.

In the current context of globalized Islamophobia, the notion that Muslim men will be particularly susceptible to this kind of sexualized degradation becomes an extension of Orientalist thinking and practice, but with an interesting twist. Not only is the white Christian male the subduer and master; the white Christian female, as dominatrix, now becomes his handmaiden in torture, evoking the female superheroes of western and Japanese video games.

Third point: There is nothing new about the sexualization of ethnic and armed conflict or racialized power relations more generally. Abu Ghraib has its prototypes in countless colonial conquests, US slavery, lynchings and castration of African-Americans, Nazi Germany, the Korean War, Algerian War, Vietnam, Pinochet's Chile, Israeli checkpoints, the wars in Rwanda and the former Yugoslavia. Dubravka Zarkov writes about Bosnia in the 1990s: "Sexual humiliation of a man from another ethnicity is . . . a proof not only that he is a lesser man, but also that his ethnicity is a lesser ethnicity. Emasculation annihilates the power of the ethnic Other by annihilating the power of its men's masculinity." Let's add, it is also the mirror image of how raping and impregnating the female ethnic Other annihilates her womanhood, her men's manhood, and the reproductive capacity of their group by "planting the seed" of the conqueror.

But there's a difference. In these earlier conquests and conflicts, the violation of women was more visible, eventually (thanks to feminist activists) becoming classified as a war crime and crime against humanity under the ICC Statute. The rapes and sexual humiliation of men were the unspoken underside, hidden from the media's eye. What is different about the US-led "war on terror" is its reversal of the relation between silence and exposure. So the whole world knows about the victimization of Muslim men in Abu Ghraib and Guantánamo, but the raping, brutalization and torture of Muslim women remains cloaked in secrecy. Why is this? Because the US imperial command, pretending to be the good global father who "rescues" Muslim women from their backward men, cannot allow its soldiers' wrongs to be exposed before the ICC or international public scrutiny. Without WMDs or links to Al Qaeda, the rationale behind US invasions and "regime change" in Iraq—and possibly Iran—depends heavily on this triple gendered trope: imperial male liberator, emasculated "enemy," and feminized victim, whether she be Afghani women under the Taliban or all of Iraq under Saddam Hussein.

In February of this year, five of the Special Rapporteurs attached to the United Nations Commission on Human Rights issued a report on the epicenter, specifically on the "Situation of Detainees at Guantánamo Bay." Many things are striking about this report. It cites all the international treaties and conventions that US officials have directly violated through torture and degrading treatment of Guantánamo detainees. It calls for thorough investigation "by an independent authority" of all allegations of torture and degrading treatment and "fair and adequate compensation" to the victims. And it insists that "the Government of the United States should close the Guantánamo Bay detention facilities without further delay" (a demand activists have been making for almost a year). Yet, equally important is the report's strong emphasis on health issues and the numerous violations by those commanding Guantánamo of the internationally recognized "right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

Based on interviews with lawyers and former detainees (the US government prohibited the rapporteurs from interviewing current detainees), the Commission report found that the interrogation methods used in Guantánamo—the transfer to undisclosed locations, sensory deprivation, long periods of solitary confinement, sexual and cultural harassment and the forced feeding of prisoners on hunger strike, led to "serious mental illness" and "mass suicide attempts." Moreover, it asserted, "the totality of the conditions of their confinement . . . constitute a right-to-health violation" as well as contravening the absolute prohibition of torture, degrading treatment and "outrages upon personal dignity" under international law. Particularly egregious, in the investigators' view, was the use of "Biscuits"—Behavioral Science Consultation Teams, including medical professionals—to participate in interrogations and in forced feedings. In hell, the distinction between treatment and punishment, biomedical science and biopolitics, disappears. (Bush now says he wants to shut down Guantánamo, but let's be clear. Guantánamo's closing will not end the *Guantánamo syndrome*. Its prisoners will simply be reshuffled through the grid of the empire's "globe-girdling Baseworld." [Chalmers Johnson])

But the circle of hell is much wider than the prisons, because whole societies are imprisoned in it, and as in the official prisons, the gendered nature of this condition is often invisible. Looking more closely at the Iraqi situation, a recent report by CodePink/Women for Peace describes the horrifically deteriorating security conditions under US occupation and their disproportionate impact on women and girls, as the country slides rapidly into full civil war. The level of violence against women in the Sunni and Shi'a areas of southern and central Iraq has escalated to an alarming degree. This violence takes the form of

widespread rapes, assaults, and harassment of women and girls in the streets and other public spaces by US forces and military contractors and ordinary criminals and roving gangs. In addition, *The Guardian* and other sources, as well as General Taguba's report on the infamous Abu Ghraib prison, show a pattern of rapes and other sexual humiliation of Iraqi women detainees in US-run prisons, some of them seized by US military forces as hostages in order to extract information about male relatives. In a perverse double jeopardy, gender-based violence also takes the form of honor killings by family members, or sometimes suicides, of women and girls whose families feel "defiled" by such assaults. As a result, women and girls are afraid to leave their houses—so, along with loss of access to food, safe water, electricity and jobs (especially in the public sector), Iraqi women find their physical mobility greatly restricted. And Iraqi men who are kidnapped and tortured (like Issam Mofak Jassem, interviewed by *The New York Times*) feel like "women," unable to protect their families and also afraid to leave their homes.

It goes without saying that this kind of daily violence and insecurity exacts a terrible mental health toll. But physical conditions also present an appalling list of everyday threats to life and limb: lack of medicines, sanitation or adequate nutrition; over two-thirds of the population without potable drinking water; prevalent diarrhea and pulmonary infections among children and the elderly; overtaxed and shrinking health care facilities; a countryside riddled with unexploded ordinance, land mines and depleted uranium; and of course the constant threat of suicide bombs and, now, the US's stepped-up aerial war that never, ever avoids killing and maiming civilians. "In April 2005 doctors in Baghdad reported a significant increase in the number of babies born with deformities," attributed to depleted uranium (p. 10). Meanwhile, doctors in the few functioning hospitals are way too overwhelmed with the dying and wounded to bother with women undergoing childbirth, to say nothing of those who were raped.

Conditions in Iraq make it impossible to get accurate figures on recent maternal mortality, but a UNFPA study in November 2003 found the ratio had nearly tripled since 1990, to 370 in 100,000 (31 times the US ratio). A lot of this increase was due to harsh UN sanctions during the 1990s, when Saddam Hussein was still in power. In Afghanistan, where supposedly US occupation has ended and a sovereign government been installed, the maternal mortality ratio is much higher and conditions for women who need obstetric care and family planning abysmal. Now the Taliban are fast regaining power in the south,

warlords rampage, and the war there too never ends. In Iraq, the UNFPA study found that 40 percent of pregnant women got no prenatal care and up to 65 percent gave birth at home, without skilled attendants. We can only imagine how the maternal death and morbidity figures must have increased in the last two years, with the escalating violence and insurgency the occupation has triggered. (As it happens, Mr. Mofak Jassem, the Iraqi man kidnapped, warned to quit his job or be killed, and later interviewed by the *Times*, worked as a security guard at—guess where—the Ministry of Health.)

According to a 2005 report in the *Christian Science Monitor*, not only many pregnant women but also their doctors are unable to navigate the dangerous roads to get to a clinic—when there is a clinic. Thanks to the failed Iraq Reconstruction program, with its rampant corruption and lax oversight, independent inspectors reported last month that "a $243 million program led by the United States Army Corps of Engineers to build 150 health care clinics in Iraq has in some cases produced little more than empty shells of crumbling concrete and shattered bricks cemented together into uneven walls"; out of 150 clinics projected, a mere 20—and those with staggering structural defects—have actually materialized. (*NY Times*, 4/30/06).

Let these crumbling phantom clinics stand as a telling metaphor signifying the truth of US aspirations and intentions in Iraq. Like the dead and mutilated bodies of civilians—including those of women who die needlessly in pregnancy and are victims of war crimes as much as those killed by bombs—let those empty shells symbolize the meaning war gives to health care.

But how is it possible for all these atrocities and violations, so inconsistent with the values and human rights of health, to occur with such impunity? To understand this, we need to look at the logics of imperial power in a unipolar and security-driven world. Historians trace US imperial ambitions at least to the Spanish-American War if not the wars against the Indians. But the immediate chapter for our purposes begins just a decade and a half ago, with the collapse of the former Soviet Union, the end of the Cold War and the (for some) inconclusive ending of the first Gulf War in 1991, when President Bush #1 withdrew from Iraq without eliminating Saddam Hussein. In the mid-1990s this conjuncture of circumstances—added to the long-term commitment of the US, Europe, the western-based oil and gas industry and the powerful Israeli lobby to keep a firm hold in the Middle East and Central Asia—galvanized a clique of neoconservative former officials and foreign policy wonks in Washington (Dick Cheney, Scooter Libby, Donald Rumsfeld, Paul Wolfowitz, Richard Perle—the names are well known). The result was a series of "Defense Planning and Strategy Documents" that would become the core of the Bush Security Doctrine and whose overall objective was global US dominance through unilateral action and military might. Basically, this catechism had three articles of faith: (1) in the post-Cold War world, the US must prevent re-emergence of any rival power; (2) the preventive or pre-emptive use of military force "through a variety of means," including tactical nuclear weapons, is legitimate toward this end; and (3) maintaining overwhelming superiority in nuclear and other unconventional armaments (WMDs), while stopping their spread

elsewhere, is also essential to US supremacy in the world. Until Sept. 11, 2001, all this was more or less a neoconservative wish list, but 9/11 provided an open door for the Bush-Cheney security doctrine to become embedded in official policy.

I have neither time nor space to explore the intricacies of current US imperial and military designs. (You can find them well documented in countless articles, books and blogs—by Dick Armstrong, Chalmers Johnson, Rashid Khalidi, Richard Clarke, James Risen, and many others.) My interest here is in the underlying principles and logics and how they mutate from making war to defining health, trade and sexuality. Michael Hardt and Antonio Negri define *empire* as "the tendency toward the centralized and unitary regulation of both the world market and global power relations." They argue that the new structure of power that constitutes the pax Americana brand of imperialism is configured less by "a single power overdetermining them all" than by a network or grid of power centers that govern according to "a new notion of international right" or "sovereignty." (For the record, the most important of these centers—the World Bank, the IMF, the top transnational corporations, the US Treasury, Defense Department and White House—are all under direct control of US-based interests.)

I believe this "new notion of sovereignty" is actually not new but simply more concentrated in the present scenario. It has an uncanny resemblance to what the contemporary Italian philosopher, Sergio Agomben, calls the "*state of exception*"—that is, a threshold state involving the suspension of ordinary law, constitutional protections, civil and human rights, treaty obligations--"a suspension of the juridical order itself" (Agomben, p. 4). Comparing the "bare life" situation of Guantánamo detainees to that of Jews in Nazi concentration camps, Agomben cites many historical precedents in which supposedly democratic governments in the West have derogated to themselves emergency powers or declared a "state of siege" or martial law, usually in connection to some kind of war or threat of armed attack on their territory. But the new state of exception is much more indeterminate. With an undeclared "war on terror" that knows no limits of time or space, against a nameless enemy that may be anywhere and everywhere, the state of exception as a doctrine of absolute sovereignty also becomes boundless. So it's not surprising that wherever US foreign policy operates under the current neoconservative regime—whether in regard to oil, global warming, trade, patents on medicines, or sexual subjects—it attempts to impose its unilateralist, pre-emptive rule.

It is interesting in this respect to return to the language of the Commission on Human Rights rapporteurs in their report on Guantánamo Bay. Any derogations of states' obligations under the International Covenant on Civil and Political Rights (to which the US is bound), they say, must be limited to an "officially proclaimed . . . state of emergency" that threatens "the life of the Nation"; must be strictly proportional to that situation; and must not be "inconsistent with other international obligations" and not be "discriminatory." In any case, the Covenant allows *no* derogations whatsoever when it comes to "the right to life," "the prohibition of torture or cruel, inhuman or degrading treatment," the right to freedom of religion and expression, or the right of habeas corpus (i.e., against bodies being held without trial). But the Bush administration's state of exception leaves all such international rules the way it does ancient Babylonian relics—looted, or smashed.

## Trace Wars: The Theaters of HIV/AIDS

I want now to talk about AIDS, but I don't want to do it in a way that assimilates it glibly under the tired metaphor of war. In this regard I share Hedges' unease at how war "dominates culture" and "corrupts language." What I want to talk about is the ways in which the present neoconservative rule of sovereignty, the "state of exception" that currently provokes and governs militarism in the name of the "war on terror," intrudes itself on the global fight against HIV/AIDS. This seems a particularly urgent link to make today, not only because it *is* urgent and, like war, potentially genocidal, but also because many people I know will be back here in Toronto in just a little over two months for the World AIDS Conference. But not enough of them, I fear, will be talking about the two global arenas where the politics of AIDS has currently become most incendiary: trade relations and sexuality.

In my 2003 book, *Global Prescriptions*, I devoted a long chapter to the global fight for access to essential medicines to treat HIV/AIDS and how that struggle reveals the links between health rights and the politics of trade. I argued that the two were on a "collision course" and assumed—as many economic justice advocates did at the time—that globalization, global capital and US trade policies were one and the same. But recent developments lead me to agree with David Harvey that the logics of capitalism and of state and empire, though complexly intertwined, "frequently tug against each other, sometimes to the point of outright antagonism." Likewise, Zillah Eisenstein says there's "a contradiction between US nationalism and global capitalism"; the Bush administration wants both "unilateral nationalism" and "transnational capitalism." So the war in Iraq, with its designs of empire and aggrandizement, may sacrifice the stability of global capitalism to a handful of energy companies and military contractors. And, in a parallel way, the Bush administration's unilateralism in the trade arena—its nationalist and protectionist policies on behalf of US-based pharmaceutical companies and their patents—is actually at odds with the global trade regime.

Specifically, it directly opposes the system set up under the WTO to balance trade interests and public health under the multilateral agreement known as TRIPS (agreement on Trade-Related Intellectual Property Rights).

First, let's back up and remind ourselves of just how gender-specific the epidemic has grown to be, both worldwide and within particular countries. According to recent UNAIDS data, women are now 50 percent of those infected with HIV/AIDS worldwide, but they are the fastest growing group among those newly infected. And in sub-Saharan Africa, which has 70 percent of the 40+ million people in the world now living with HIV/AIDs, women comprise 58 percent of adults and fully 75 percent of young people (ages 15-24) who are seropositive. In Zambia alone, young women have rates of infection three times higher than those of young men. The reasons for this gender disparity, according to UNAIDS, have everything to do with the power differentials that govern heterosexual relations, especially in Southern Africa and South Asia. In countries like South Africa and Zimbabwe, women's and girls' vulnerability to infection correlates with high rates of sexual violence, a pattern of older men having sexual relations with or sexually violating much younger women, and the difficulties women have in negotiating condom use. Jacob Zuma, the 64-year-old former deputy president of South Africa and once the head of its National AIDS Council, was acquitted of raping the 31-year-old, HIV+ daughter of a friend, which would have been shocking enough. But more tragic were Mr. Zuma's mindless comments during the trial: that it was his duty as a Zulu man to have sex with her because of the way she sat and dressed; that he didn't bother to use a condom thinking there wasn't much risk, and anyway he took a shower afterward. While his political supporters rejoiced, South African feminists were weeping, wondering how the patriarchal attitudes responsible for such colossal death and disease could be so impervious to change, despite all their efforts.

All of this is well known and hardly needs repeating, except we need to understand how this epidemiological/cultural backdrop makes current US trade policies truly a kind of war against women. Three years ago, when I wrote my book, the situation was somewhat more hopeful. The coordinated efforts of a very strong transnational movement had mobilized a militant and successful campaign to promote access to essential medicines for HIV/AIDS and other life-threatening diseases as a human right. The governments of both Brazil and South Africa, moved by this popular mobilization, had stood up to the attempts by Big PHARMA, in conjunction with the US Trade Representative, to impose the kind of rigid patent rules that would exclude cheaper generic drugs and make anti-retroviral treatment completely out of reach for the populations that needed it most desperately. Brazil, in fact, wrote access to medicines as a human right into its national law and developed the most effective state-owned generic drugs industry and national HIV/AIDS treatment and prevention program in the world. Then, in Doha, Qatar, at the WTO's annual ministerial meeting in 2001, a bloc of Southern countries, encouraged by these developments, drafted and secured passage of a declaration affirming that "the TRIPs Agreement does not and should not prevent Members from taking measures to protect public health . . . and, in particular, to promote access to medicines for all." Such measures would include, according to the TRIPs Agreement itself, the issuing of compulsory licenses or parallel imports to make possible the local manufacture or importation of cheap generic drugs to address the AIDS crisis.

Note that the Doha Declaration happened in the shadow of 11 September 2001, as the "war on terror" was being launched. Note that the Bush administration didn't oppose the Declaration outright; it simply set about immediately to undermine it unilaterally, using the bribe-and-bully methods it has used in all its foreign policy dealings but with particular vigor in its pursuit of bilateral "Free Trade Agreements." What has often gone unnoticed is the extent to which these FTAs—negotiated in secret with dozens of countries across the globe—contain provisions that not only sabotage the protection of public health but also violate both US law, which mandates the US Trade Representative to respect the Doha Declaration on TRIPs, and numerous international agreements and resolutions of the UN Commission on Human Rights. These international norms affirm access to medicines for HIV/AIDS and other pandemics as a "fundamental element for achieving . . . the full realization of" the human right to health. But the US trade and patents regime, known as "TRIPs Plus," would require signatory countries in effect to waive their rights to produce or import cheaper generic drugs for their citizens and to extend the patents of US drug makers beyond the current 20-year limit—or lose billions of dollars in trade with the US. As one journalist put it, "Washington is stitching together its own parallel global patents system"—in total derogation of the WTO, international commitments, gender and social justice, or even basic public health principles. It is the "state of exception" once again, and, as the chief of Brazil's national AIDS program warned, it is potentially a form of genocide.

To see what TRIPs Plus means in practice, let's look at a current example, Thailand, where the US is now trying to impose the Faustian bargain it calls "free." Until now, the Thai AIDS program was one of the most impressive in the world. More than a million men, women and children have contracted the virus in Thailand, half a million have died of it, and there are still around 20,000 new infections a year. Earlier in the Thai epidemic, the most rapid transmission was among sex workers, who are mainly female. Today the disease is growing in the general population, with half of all new infections among adult women who are infected by partners or spouses. But, as in Southern Africa, the gender differential is much higher among young people ages 15-24, where the female proportion of HIV+ people is 70 percent. Moreover, as Oxfam International points out in an excellent

new briefing paper, women and girls bear the greatest burden in Thailand, as they do worldwide, "of caring for sick family members or younger siblings," forcing them to withdraw from work or drop out of school.

Yet the AIDS picture in Thailand, while serious, is also very hopeful because of a public health offensive that combines aggressive outreach, prevention and condom distribution strategies (e.g., putting condoms in massage parlors) with a vigorous treatment access program. Through its Government Pharmaceutical Organization (similar to Brazil's state-owned drug production facility), Thailand is able to produce excellent generic copies of expensive commercial AIDS drugs and drugs to treat deadly opportunistic infections. This program of access to inexpensive generics has made it possible to treat 80,000 positive people who otherwise would be left to die, with plans to include many more in the near future. And it has saved the government, families and communities huge amounts of money they would otherwise need to spend on drugs that cost between two and 16 times as much on the commercial market.

But here's the problem. Because people on ARV treatment inevitably develop resistance to the drugs over time, they must have access to second and third-line treatments. These—unlike the original generics produced under the government-sponsored program—are often newer drugs, protected by patents under Thailand's 1992 patent law, so prohibited from generic reproduction. Under TRIPs rules, the Thai government could invoke its public health needs to use compulsory licensing or parallel importation to break the patents and provide inexpensive generics. Or it could merely threaten to do so, as Brazil has many times, or Canada did in the case of the drug Cipro during the anthrax scare, to pressure the drug companies to lower their prices or not contest the breaking of their patents. But now, in walks the US Trade Representative, fronting for Big PhRMA (Pharmaceutical Research & Manufacturers Assc. of America), demanding that Thailand pay obeisance to the hegemony of patents and corporate control over supply and prices; that it forfeit its rights to use TRIPs flexibilities in support of its people's lives and health, in exchange for trade preferences. If the US-Thailand FTA goes through, how many countless thousands will die prematurely and unnecessarily and their children be left without parents? What will it mean for the human right to health globally?

The pharmaceutical companies say their patents and the humongous profits they reap from them benefit the public, even in poor countries. Protecting their intellectual property, they say, is what makes it possible for them to conduct research and development on better, safer drugs—and the US government backs them up. But this is one of the Biggest Lies in the history of PR, since it's well known that US pharmaceutical companies spend the biggest share of their revenues on marketing, advertising and administration, while the R & D they do is for higher-priced versions of existing medicines or products that will sell in their major markets—in North America and Europe (think Viagra and Vioxx). Most of the initial research on AIDS drugs was funded not by the private sector but by government. So the alleged public benefit from corporate patents is a sham. "Free trade," in the nationalist-imperialist version of it, means little more than freedom for profit, freedom of companies from international norms, freedom of people to die.

I have gone on at length about the US government because it claims to represent me, though I oppose its murderous policies and feel responsible and ashamed that they are inflicting so much death and suffering on people across the globe. So this is a personal as well as a political matter. But it's also the fallout of imperial power. As a friend and colleague in Brazil has written, "Because the United States is the major military and economic force in the post-[Cold] War world, at present each and every negotiation, debate, or decision in the international sphere is slanted by the positions and unilateral actions of the Bush government." (Pazello 2005) In every arena—whether it be the UN General Assembly, the Commission on Human Rights, the upcoming UNGASS on AIDS, or in national settings—feminist, LGBT and transnational human rights NGOs find themselves contending with US right-wing, behind-the-scenes maneuvering; I call it the un-diplomacy of bribe, bully or bomb.

Here we enter the last theater, one that, as much as trade, affects the destinies of people at risk for and living with HIV/AIDS everywhere: the global theater of sexuality. With regard to sexual subjectivity and sexual normativity, the Bush regime has been unusually multilateral—making alliances with like-minded fundamentalists wherever it can find them, and even when these unlikely bedfellows are its arch-enemies over in the military theater. Along with the Vatican and its client states in Latin America, Central America and parts of eastern Europe, the US-led alliance against sexual and reproductive rights includes the Islamist OIC (Organization of Islamic Conferences) countries such as Iran, Egypt, Pakistan, Libya, and Sudan as well as Iraq and Afghanistan. This Christian-Islamic "axis of evil" succeeded for the past three years in the Commission on Human Rights in fending off a Brazilian resolution to recognize freedom of sexual orientation as a human right. It did so in part through back-door pressure by the US to boycott UNCTAD negotiations and subvert the attempt by Brazil to advance trade between Latin America and Arab countries. Here, the sexual theater and the trade theater converge. (Pazello)

More directly related to the HIV/AIDS epidemic and the right to health are the ways in which the Bush administration has insinuated the heterosexual, conjugal and procreative model of sexuality so dear to the hearts of the Christian right into its funding for AIDS prevention and treatment (PEPFAR). Both in the legislation and regulations authorizing PEPFAR and in its practical implementation, this has meant three things: (1) a policy strongly promoting the "A-B-C" (abstain, be faithful, use a condom) approach to prevention, but with a clear emphasis on "A" and a subtle if not direct discouragement of "C" (the legislation requires that at least one-third of all funds be devoted to abstinence programs); (2) priority in the distribution of funds to "faith-based" (usually Christian) organizations over secular or public-health based ones, whether or not those groups have any experience in AIDS treatment and prevention; and (3) stigmatization and disqualification of advocacy groups that are composed of or reach out to sex workers, even though these groups have been among the most effective in developing prevention strategies that work and virtually halted the spread of the virus among sex workers in many communities in Brazil, Thailand, India, and elsewhere. So in Uganda, for example, long considered the poster child of the "ABC" approach, recent studies indicated that rates of infection were rising again, abstinence not working, and the government, fearful of losing PEPFAR funds, was leaving mountains of condoms to rot in warehouses (www.genderhealth.org). In South Africa, India and Thailand, NGOs are being required to sign the infamous "prostitution pledge," in which they promise that no US funds they receive will "be used to promote or advocate legalization or practice of prostitution" or "to provide assistance to any group . . . that does not have a position explicitly opposing prostitution." So groups have to sign or risk losing precious funds.

Resembling the "global gag rule" against US funding of groups that advocate safe, legal abortion—Bush's first act as president—the "prostitution pledge" and the abstinence-only policy not only put health workers in an impossible double bind and put religious ideology in the place of basic public health methods. They also violate rights of free speech and expression in ways that would be unconstitutional in the United States. US policy (both PEPFAR and the Trafficking Victims Protection Act) equates all prostitution, consensual or not, with "trafficking" and promotes a strictly punitive, criminalizing approach to its eradication. When one organization in India, SANGRAM, which has a long history of working on HIV/AIDS prevention and for the human rights of sex workers, refused to sign the pledge, USAID officials accused it of being implicated in exploitative sex trafficking. But Condoleeza Rice calls PEPFAR "transformational diplomacy in action" and says its aim "is to empower every nation to take ownership of its own fight against HIV/AIDS." (*Washington Post*, 2/13/06) I guess this is the same way Iraq has been empowered for democracy.

## Conclusion: Talking Back, Acting Diversely in Unity

But there is another, more positive side to this story, and that is the upsurge of resistance that a war-minded empire has wrought. This is true even in the US, where (as you probably heard) Bush's poll ratings and popular support for the Iraq war are sinking deep into the mud. According to a recent New York Times/CBS News poll, "the percentage of respondents who said going to war in Iraq was the correct decision slipped to a new low of 39 percent," and "two-thirds said they had little or no confidence that Mr. Bush could successfully end the war." In the same poll, only 19 percent trust the Republicans to "improve the [US] health care system," which grows more insanely inequitable and costly every year. In April the US Government Accountability Office—an independent arm of Congress—issued a report seriously critiquing PEPFAR and the "ABC" approach. According to the GAO, separation between the three parts of the program has created confusion in many PEPFAR recipient countries, and the perceived emphasis on abstinence has risked—or cost—countless lives. This is a major rebuke from within Washington to Bush's and Rice's claims to be empowering the fight against HIV/AIDS.

The strongest resistance, however, comes from those societies where the reach of empire and militarism has its most deadly effects. In the past decade or so, one of the most exciting counter-currents of globalization has been the eruption of a wide array of new political actors on the global stage. Organized around rights of the body to health, pleasure, and freedom from violence, this proliferation of new voices includes groups never before named or self-identified in arenas of global dissent: transsexual and transgender people, intersexed people, youth coalitions for sexual and reproductive rights, Dalit and indigenous people resisting old but often unrecognized racisms, and People Living with HIV&AIDS. Noi, an activist with the network of People Living with HIV/AIDS in Thailand—itself connected to PWA networks across the globe—is speaking out to educate people about the negative effects of the FTA: "I strongly disagree with the current US-Thailand FTA deal," she says. "I want the Thai government to call off the deal . . . [whose] outcome is that medicine will be a lot more expensive for all." (Oxfam, p.16) SANGRAM and VAMP, the latter a collective of women in prostitution in Delhi, not only refused to sign the US "prostitution pledge" but also sent out a message all over the Internet to protest vociferously when they were falsely accused of trafficking. And the Brazilian Health Ministry refused an AIDS grant of $40 million from USAID rather than sign the pledge.

Meanwhile, sex worker organizations, particularly in South Asia, have been an increasingly vocal presence. In Kerala in 2003 the National Network of Sex Worker Organizations held a "Festival of Pleasure" where they demanded "the

decriminalization of sex work, acceptance of sex workers' rights, and the right to safe and pleasurable sex." In Calcutta's red light district, the Sonagachi project is an HIV program for sex workers that not only provides bank loans, schooling for children, literacy training for adults, reproductive health care and cheap condoms but also lets the sex workers run the program themselves. The result is 60,000 members who have pledged to use condoms regularly and an HIV prevalence rate of only 5 percent. (Mukerjee 2006) In South Africa, according to researchers Ida Susser and Zena Stein, "contrary to the view of African women as helpless victims" and the prevailing patriarchal culture, grassroots women they interviewed are demanding "woman-controlled methods of protection such as the female condom." In Johannesburg in April a gathering of "HIV positive women, women's rights activists, feminists, scholars, professionals, community workers and policy makers from the African continent" convened the African Women's Regional Consultation on Women's and Girls' Rights and HIV/AIDS in Africa, in preparation for the upcoming UNGASS on AIDS to be held in New York the end of this month. Their statement is a brilliant distillation of all we have learned in the past decades about the social, economic and cultural contexts—and especially the conditions of female subordination and male dominance—that put women and girls at risk of contracting AIDS, not only in Africa but also in New York and Toronto. It calls on government heads to take concrete actions to end these conditions.

A confluence of factors has given such groups greater visibility and greater courage to speak out: the epidemic itself and the way it forces sexuality into discourse; the Internet and other vehicles of electronic communication; United Nations forums as a gathering place for NGOs as well as a site for producing new norms; and not least, the common language of human rights as a political and rhetorical structure for asserting social justice claims. Of course, no one owns the rhetoric of human rights and liberation; we see them co-opted all the time, as in the example of the US Secretary of State touting PEPFAR or the anti-feminist, homophobic groups that invoke the human rights of fetuses and traditional families. There's no escaping politics. In each case, we have to ask, who is speaking, on whose behalf, and in the name of what kind of world? Or, as Judith Butler has framed it, "what makes a life livable" and "whose lives count as lives" in the speaker's moral universe? Can we see beyond the "terrorist" and the helpless victim to recognize the humanity of the Other?

There is a lot we all can do, and you can do here in Canada. I offer a few suggestions:

- As Canadian citizens, oppose your Conservative government's support of, or silence about, US government policies in Iraq and Afghanistan, and get Prime Minister Harper to join the chorus even among conservatives calling for the shut-down of Guantánamo and an end to US torture and rendition;
- As mothers, daughters, or sons, go to the Code Pink website (www.codepink.org) today, on Mother's Day, to tell Laura Bush to tell her husband not to invade Iran and to get US troops out of Iraq;
- As health care providers and advocates, support the work of groups like Médecins sans Frontières, International Women's Health Coalition, Oxfam International, Action Canada for Population and Development and ARC International, the dynamic LGBT group based in Ottowa;
- As health researchers and activists, do research on the health needs of women in armed conflict zones and refugee camps. And come to the World AIDS Conference here in Toronto in August and attend the Global Village activities of groups like CHANGE (Center for Health & Gender Equity), the International Working Group on Sexuality and Social Policy (my group), the International Community of Women Living with AIDS, and others to learn and share more

To inspire you to do so, let me close by reading the powerful conclusion of the African Women's Consultation position paper I cited earlier:

> We, African women, are profoundly concerned and aggrieved that it has taken so long for governments to fully appreciate the centrality of African women's rights and voices in dealing with HIV/AIDS, which is one of the greatest threats to our collective existence as a people and the continent. As African women, we demand meaningful participation and involvement in institutions and processes that shall guide the global responses to HIV and AIDS. As women of Africa, we fully commit ourselves to working with our heads of state and government and other stakeholders to mitigate the impact of HIV and AIDS on African women and girls, the continent and the world. Women's rights are not negotiable. The women and girls of Africa deserve more. The time to act is now! (April 7, 2006)

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## List of References

**General sources on war and empire**:

Agomben, Sergio (2005). *State of Exception* (Chicago: University of Chicago).

Armstrong, David (2002). "Dick Cheney's Song of America," *Harper's Magazine* (Oct.).

Eisenstein, Zillah (1996). *Hatreds: Racialized and Sexualized Conflicts in the 21st Century* (New York: Routledge).

_______________ (2004). *Against Empire: Feminisms, Racism and the West* (London: Zed).

GlobalSecurity.org – www.globalsecurity.org/military/world/war/.

Hardt, Michael and Antonio Negri (2000). *Empire* (Cambridge, MA: Harvard University).

Harvey, David (2005). *The New Imperialism* (New York: Oxford University).

Hedges, Chris (2001). *War Is a Force That Gives Us Meaning* (New York: Anchor Books).

Johnson, Chalmers (2004). *The Sorrows of Empire* (New York: Metropolitan Books).

King, Jr., Martin Luther (2000/1967). "To Atone for Our Sins and Errors in Vietnam," in M. Marable and L. Mullings, eds., *Let Nobody Turn Us Around* (Lanham, MD: Rowman and Littlefield).

**On current "war on terror," torture and refugees**:

Abu-Lughod, Lila (2002). "Do Muslim Women Really Need Saving?," *American Anthropologist* (Sept.)

Ciezadlo, Annia (2005). "In Iraq, Giving Birth Is Complicated by War," *Christian Science Monitor* (June 30), www.csmonitor.com.

CodePink/Women for Peace and Global Exchange (2006). "Iraqi Women under Siege," report written by Marjorie P. Lasky for Code Pink/Global Exchange (www.codepink.org).

Danner, Mark (2004). *Torture and Truth: America, Abu Ghraib, and the War on Terror* (New York: NY Review of Books).

Eisenstein, Zillah (forthcoming). *Sexual Decoys: Gender, Race and War in Imperial Democracy* (London: Zed Books).

Glanz, James (2006). "U.S. Pays for 150 Iraqi Clinics, and Manages to Build 20," *The New York Times* (April 30), www.nytimes.com.

Harding, L. (2004). "The Other Prisoners," *The Guardian*, May 20.

Hersh, Seymour M. (2004). *Chain of Command: The Road from 9/11 to Abu Ghraib* (New York: Harper and Collins).

Marks, Jonathan H. (2005). "The Silence of the Doctors," *The Nation*, Dec. 26 (special issue on "The Torture Complex").

Mayer, Jane (2005). "The Experiment" (Reporter-at-Large) and "In Gitmo" (Q & A), *The New*

*Yorker Magazine*, July 11 & 18.

Nagourney, Adam and Megan Thee (2006). "Poll Gives Bush Worst Marks Yet on Major Issues," *The New York Times*, May 10.

Petchesky, Rosalind P. (2005). "Rights of the Body and Perversions of War: Sexual Rights and Wrongs Ten Years Past Beijing," *International Social Science Journal* (Unesco), Winter.

Physicians for Human Rights (PHR) – http://www.phrusa.org/research (excellent reports on women's health and maternal mortality in Afghanistan, Abu Ghraib, torture, and women's health and human rights abuses in Iraq).

Schmitt, Eric and Carolyn Marshall (2006). "In Secret Unit's 'Black Room,' a Grim Portrait of U.S. Abuse," *The New York Times*, March 19.

Semple, Kirk (2006). "Kidnapped in Iraq: Victim's Tale of Clockwork Death and Ransom," *The New York Times*, May 5.

United Nations Commission on Human Rights (2006). Commission on Human Rights, 62d session, Economic, Social, and Cultural Rights/Civil and Political Rights, "Situation of Detainees at Guantánamo Bay" (E/CN-4/w006/120, Feb. 27) – www.unchr.org.

United Nations Population Fund (UNFPA) (2003). *Iraq: Reproductive Health Assessment* (August) – www.unfpa.org/rh/docs/Iraq.

United Nations High Commission on Refugees (UNHCR) – www.unhcr.org/cgi-bin/texts/vtx/statistics.

WEDO (Women's Environment & Development Organization) (2006). "A World in Conflict, a World in Peace: Addressing Conceptual and Empirical Gaps in the Interlinkages of Gender, Conflict and the Environment," Draft proposal to United Nations Environment Program, April 13 (internal document – not for circulation).

Zarkov, Dubravka (2001). "The Body of the Other Man: Sexual Violence and the Construction Of Masculinity, Sexuality and Ethnicity in Croatian Media," in C. O. Moser and F. C. Clark, eds., *Victims, Perpetrators or Actors? Gender, Armed Conflict and Political Violence* (London: Zed Books).

**On trade, TRIPs, HIV/AIDS and sexuality**:

Butler, Judith (2005). UNDOING GENDER (New York: Routledge).

Center for Health and Gender Equity (CHANGE) (2006). "New GAO Report Shows Restrictions in President's Global AIDS Strategy Undermine Effective HIV Prevention Efforts," April 4 – www.genderhealth.org.

____________________________ (2005-06) – numerous reports and documents on PEPFAR and the "prostitution pledge" – www.genderhealth.org.

Editorial (2005). "AIDS, Aid and Prostitution: A Challenge to America's Anti-AIDS Policy," *The Economist*, Aug. 20.

Editorial (2006). "The 'She Asked for It' Defense Wins," *The New York Times*, May 10.

Girard, Françoise (2004). "Global Implications of U.S. Domestic and International Policies on Sexuality" ("The Bush Kamasutra"), IWGSSP Working Papers, No. 1 (New York:

International Working Group on Sexuality and Social Policy, Columbia University, Mailman School of Public Health, Department of Sociomedical Sciences).

Giridharadas, Anand (2006). "U.S. Pushes to Limit Generic Drug Rights," *International Herald Tribune*, April 19.

GWSAfrica Digest (2006) – Vol. 4, Issue 20 (write to: GWSAfrica@lists.sn.apc.org) - statements by South African feminists on Jacob Zuma trial.

Jayasree, A. K. (2004). "Searching for Justice for Body and Self in a Coercive Environment: Sex Work in Kerala, India," *Reproductive Health Matters*, Vol. 12, No. 23 (May).

Johannesburg Position on HIV/AIDS and Women's and Girls' Rights in Africa (2006). Disseminated by SARPN Alerts (alerts@sarpn.org), April.

Menon, Pramada (2005). "Indian NGO Says No to US Funds, Rejects Imposition of Conditions," Oct. 10 – isrrc-l@list.web.net; chr@list.arc-internationa.net.

Miller, Alice M. (2004). "Sexuality, violence against Women, and Human Rights: Women Make Demands and Ladies Get Protection," *Health and Human Rights*, Vol. 4, No. 2.

Mukerjee, Madhusree (2006). "The Prostitutes' Union," *Scientific American*, Mar. 26 (www.sciam.com)

Oxfam America (2006). Short statements on "TRIPs-Plus Provisions," "TRIPs and Medicines," "The Doha Declaration" – http://www.oxfamamaerica.org/whatwedo/issues_we_work_on/trade/news

Oxfam International (2006). *Public Health at Risk: A US Free Trade Agreement Could Threaten Access to Medicines in Thailand*, Oxfam Briefing Paper 86, April.

Pazello, Magaly (2005). "Human Rights and Trade: Tangled Relationships," Peace *Review Journal*, 17.2 & 17.3.

Petchesky, Rosalind P. (2003). *Global Prescriptions: Gendering Health and Human Rights* (London: Zed Books; New York: Palgrave International).

UNAIDS (2006). AIDS Epidemic Update: 2005 – www.unaids.org.

USAID (2005). Acquisition & Assistance Policy Directive (AAPD 05-04), "Implementation of the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 Eligibility Limitation on the Use of Funds and Opposition to Prostitution and Sex Trafficking," June 9.

"Women and AIDS in Africa: Strategies for Hope" (2006). Interview with Ida Susser, author (with Zena Stein) of report on "Culture, Sexuality, and Women's Agency in the Prevention of HIV/AIDS in Southern Africa," *Folio*, newsletter of the Graduate Center, City University of New York, Fall 2002.