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INTRODUCTION
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Feminism in/as Biopolitics

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Sex changed in the second half of the twentieth century. With the aid of synthetic hormones, immortal tissue cultures, and delicate pipettes the very biological processes of human fertility, and even the sexual form of the body as male and female, became profoundly manipulable. Labs and clinics were vital spaces to this transformation of sex, but so too were state departments of finance and aid agencies, as well as supranational organizations such as the World Bank. Large-scale national and transnational schemes encouraged the technological limiting of births, distributing birth control pills, IUDs, and surgical sterilization to millions, helping to alter the fertility of entire populations for the sake of a greater economic good. The alterability of reproduction in its aggregate form — as “population” — became a shifting planetary problem amenable to technical, state, and market solutions. Sex’s changeability expanded further, beyond humans, to intensify in the animal and plant kingdoms as agribusiness mutated seeds into patentable commodities, and livestock was bred with artificial insemination and embryo transfer. This rapidly emerging technical ability to alter human and nonhuman reproduction, stretching from molecular to transnational economic scales, was accompanied by new problems and promises for the politicization of life — not just should, but *how* could reproduction be transformed?

Feminists in California during the 1970s answered this promise by politicizing the details of biomedical practice. They appropriated, revised, and invented reproductive health care techniques: making photographic diaries of cervical variation, crafting politicized health manuals, examin-

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ing menstruation with a microscope, building an abortion device with a canning jar and aquarium tubing, forming artificial insemination groups, or turning a living room into a health clinic. Each of these tactics heralded the alterability of sex. In manifestos, speeches, posters, T-shirts, court cases, and protest signs, feminists of diverse aims declared the imperative to *seize the means of reproduction*.

In the 1970s, such activities reimagined the promissory orientation of feminism, turning the practical project of managing reproduction into a “necessary,” though not sole, political goal of feminist politics. Participants in the particular strand of feminism called the feminist self help movement, who founded some of the first feminist health centers in the United States, sought to concretely rearrange the material, technical, and social conditions by which the responsibility for governing sex could be bound to women as individuals — not the state, experts, or market forces. In these ways, women were “responsibilized” in sex’s alterability.¹ In California during the 1970s, as biotechnology was beginning to transform the cells and genetics of sex into opportunities for venture capital, and as United States foreign policy embraced the “population bomb” as a Cold War danger, many feminists also sought to govern the alterability of reproduction through varied low-tech, do-it-yourself, and local interventions.

This book is about a set of feminist projects in the 1970s, 1980s, and beyond that mobilized, politicized, and experimented with technoscience as a means to fashion the “control” of reproduction as a practical and pivotal feature of feminist politics, a set of projects typically grouped together and celebrated, without much historical specificity, as the “women’s health movement.”² This book argues that feminist efforts to remake the terms of medical care and research were at once a critical diagnosis of late twentieth-century technoscience and symptomatic of broader historical shifts. The book attempts to capture the multiple, friction-filled, and yet productive relationships between feminism, as a kind of counter-conduct, and late twentieth-century technoscience, attending to how both feminism and technoscience were each entangled and variegated formations.³ In so doing, it portrays these entanglements through the histories of how particular techniques moved and were remade between places and times.

A second premise of the book is the converse of the first: that is, technoscience and the politicization of living-being have been defining features of late twentieth-century feminisms. In the late twentieth century many feminisms crafted their politics out of technoscience and bodies, rather

than, say, labor or citizenship. Such feminisms participated in making legible the ways technologies and techniques were imbued with politics. Instead of an overarching history of the women's health movement, this book charts how specific feminisms were diversely animated by and entangled with histories of medicine, subjectivities, race, governance, and capitalism in the late twentieth century. It tells stories about the conditions of possibility for feminism as a kind of technoscientific counter-conduct, taking as its starting point the specificity of California in the 1970s within a nation riven by the work of racialized and economic difference in the shadow of American imperial ambitions.

Feminist health projects can be historicized with the same critical analytics used to consider any other instance of technoscience or governance. For example, feminist health practices of the late twentieth century often shared with emerging neoliberal practices an ethic of fashioning inexpensive and individualized interventions into health problems. While high-tech reproductive technologies, such as genetics and cloning, have garnered more attention from scholars as a route to understanding the tangle of life, politics, and capitalism, the less glamorous and simpler technologies examined in this book have vitally touched a vastly greater number of people and have provided crucial sites for the emergence of neoliberal governmentalities, for the industrialization of medicine, and for the entanglement of sexed and raced living-being with capitalism.

In 1970, when this book begins its story, transforming sexed living-being was a shifting technical problem caught in a range of political projects. Not only was life alterable in new ways, but the practices that made up the life and human sciences were experimental systems themselves undergoing reassembly.⁴ In the broader context of the Cold War, this experimental ethos expanded to incorporate large regions of the world as testing sites for "development" projects that often saw reproduction and health as pivotal problems in need of intervention. Post-colonial circuits of mobile technical practices rendered each new site of development an opportunity for more data extraction and protocol revision. By the 1970s Cold War United States-sponsored economic development brought the surveillance and reduction of regional birthrates into the heart of its project, positing fertility reduction as a necessary condition for the successful staging of industrialization, green revolutions, free market governance, and other assorted projects of modernization. Such projects were rife with imperatives to simultaneously alter bodies

and economies, improving the health of the one, raising the GDP of the other. To this end, new professions of experts proliferated to calibrate and alter the “global facts of life,” surveying the world down to the person, counting who had and had not joined the project of regulating fertility in the name of modernity.⁵ It is within this larger set of historical shifts (among others) that I want to place the local history of feminist reproductive health projects in California, as entangled with and not independent from these transnational histories.

In the 1970s, then, no matter where in the world you lived, a family-planning clinic may well have opened near you. You may have been enjoined through billboards or posters to plan your fertility with the help of new commodities now distributed globally for just that purpose. Or perhaps, a social worker knocked at your door. You may have been offered the insertion of a Lippes Loop, or the convenience of Blue Lady brand pills, or the popular procedure of surgical sterilization. Sex’s alterability presented so many directions to choose from. But maybe the clinic did not just enjoin, but cajoled, targeted, or even coerced. Maybe sterilization was violently enforced. Maybe the state, or the clinic, or even the doctor evaluated your body in terms of racial fitness or economic vitality. Or perhaps the mandate of the clinic took no interest in you and your kind. Quite possibly the choices were few: the pills had side effects, the device was painful, the surgery botched. The sociotechnical experiments in and outside of clinics created whole new ways of being an experimental subject.

Millions of women encountered this experimental mode of technoscience in deeply stratified ways. Moreover, the technical means of altering reproduction was not confined to experts; it was also performed by women themselves. While the contradictions of reproductive politics could foster the coercive management of the racialized poor, so too did it enjoin the participation and enthusiasm of consumers and users, and even projects of “liberation” from the tyrannies of sexed-being. The propagation of cheap disposable medical commodities, the new ease of circulating photocopied information, the simplicity of health procedures now delegated to technicians all helped to make it more possible than ever to learn how to play with technoscience, to turn it into your own project. What is commonly called “the women’s health movement” was just such an example of doing technoscience differently, of technoscience as a popular counter-conduct at the nexus of oppression and enjoinderment.

Not only feminists, but radicals of many stripes, took up critical and

experimental engagements with technoscience in the 1970s. In the United States, the free clinic, the community clinic, and the women's health center became nonprofit alternatives to what was then being newly named the "medical industrial complex."⁶ The Black Panthers offered sickle cell screening and health services alongside warm food and child care at community centers.⁷ Popular forms of environmental science emerged as ordinary people sought to map and document the toxic conditions in which they lived, played, and work.⁸ Sustainable farming experiments countered global agribusiness. The present-day academic field of science and technology studies blossomed in the 1970s, and in many ways sits in a genealogical relation to these political projects.

As living processes became newly open to alteration in the final third of the twentieth century, the possible positions taken by feminists proliferated. In this moment—particularly the 1970s and 1980s—many feminists in the United States and elsewhere believed they could go beyond transforming the practices of health care. They could potentially "seize the means of reproduction," that is, technically manipulate their very embodied relationship to sexed living-being itself. Not only was a feminist critique of science and technology declared imperative; technical practices themselves were possibly the means, the necessary tools, of feminism.

For example, in the United States, just such an explicit call to seize the means of reproduction was made by Shulamith Firestone, a leading figure in the rarified, largely white, radical feminist circles of the urban Northeast: Chicago, New York, Boston. Like Marx and Engels, who had theorized that the proletariat needed to seize the means of production in order to smash the bonds of capitalist relations, Firestone argued that women needed to seize the means of reproduction in order to sever the chains of a patriarchy that fundamentally depended on the uneven material distribution of mammalian biological reproductive labor into male and female bodies. In Firestone's bestselling book, *The Dialectic of Sex* (1970), altering reproductive relations took primacy over any reordering of sexed-labor division in capitalism. Just as the communist revolution would only be complete once all class differences were destroyed, so too would the hoped-for feminist revolution only succeed once all sex categories were unnecessary, a future that could be accomplished if reproductive processes themselves were materially redistributed with the aid of technoscience—or potentially even removed from the body altogether.⁹ Though Firestone's revolutionary manifesto might seem dated or absurd, it ap-

pealed widely to an emergent feminist moment that took the flesh and well-being of sexed bodies as necessarily alterable and political, thereby hinging questions of freedom and oppression to those of technoscience and life.

While Firestone's suggestion that embodied reproduction be materially abolished was indeed extreme in the 1970s, over the 1980s the technical problem of altering reproduction and "women's health" became central concerns of international development, governance, and health care, with feminists occupying the many professions that made up these domains. As the NGO became the dominant organizational unit for feminism, with outposts in every region of the globe, so too did the women's health NGO become the most common kind of feminist NGO.¹⁰ Twenty years after Firestone's polemic, feminists with advanced degrees served as experts at the UN or the World Bank on matters of reproductive health. This NGO-ization and professionalization of feminism suggests that we need new ways of telling the history of feminism beyond categories of kinds of feminist ideologies. By the end of the 1980s, feminisms (as a diverse tradition of counter-conduct) and broader institutional formations (such as development and family planning) were profoundly caught up in and animating each other through layered and looping histories of mutual appropriation. Thus, this book seeks to experiment with another way of telling the history of feminism, through stories of how feminisms (in the plural) were made through entanglements with broader historical formations, in this case technoscience, public health, neoliberalism, racial formations, and family planning.

Amidst these entanglements, "reproduction," was itself not an obvious phenomenon. Reproduction was not a biological thing with clear bounds, but a multifaceted and distributed effect in time and space, a problem both material and political to which questions of state, race, freedom, individuality, and economic prosperity were bound in ways that connected the micrological with the transnational via embodiment. Just as reproduction was a multidimensional and unevenly distributed problem, the question of how feminists, (as activists, NGO workers, or expert professionals, as well as embodied sexed subjects) sought to understand and intervene in reproduction formed its own disunified field of action. What to change about reproduction? Where did reproduction begin and end? And what about biomedicine needed altering? Who did the changing? Should reproduction be unhitched from economy? How was health tied

to liberation? How to craft alterity out of life's alterability? The problem of women's health, though prominent in the period from 1970 to the end of the century, was not at all self-evident or univalent.

While some feminists founded women's health clinics, and some worked within professional medicine or within state agencies to change practices or policies, others critiqued the links between some feminisms and racialized state projects to curb poverty through population control, rejecting biomedical and demographic framings of the problem of reproduction as population. In 1989, in rural Bangladesh, in the town of Comilla (an iconic site of international development projects) feminist activists, professionals, and intellectuals, primarily from South Asia and Europe, wrote a declaration critiquing the ways Cold War experiments had so thoroughly tied reproduction together with capitalism and technoscience. Moreover, they argued that this knot was facilitated by the ways liberal feminists had consolidated around a vision of a universalized female ethical subject who just needed her reproductive rights to do right. The Declaration of Comilla was important for the way it drew distinctions between different feminist projects, as well as situated the politics of reproduction within the "engineering and industrialization of the life processes" more broadly.¹¹ The forum's most forceful theorizer was also its main organizer, Farida Akhter, who insisted that the "relations of reproduction" could not be severed from the relations of production.¹² For the Declaration of Comilla, reproduction stretched beyond bodies to implicate the multiple domains of industrialism and its environmental effects, family formations, agriculture, and the ownership of biodiversity, thereby necessitating a sweeping critique of technoscience, colonialism, and capitalism. Their vision of an expansive reproductive politics was not remediable by the free choices of an individualized ethical subject. Yet, the declaration did not conclude with a blanket rejection of technoscience (as some other 1980s feminists promulgated); instead, it kept open a promissory future of technoscience done differently, a hope for a possible technoscience that was "error friendly and contributed to the preserving of biological, cultural and social diversity of all living beings."¹³ Between Firestone and the Comilla Declaration grew a panoply of ways feminists, technoscience, capitalism, and reproduction could be tied together.

A particular set of tactics for "seizing the means of reproduction" offers the primary entry point of this book: the feminist self help movement of Southern California in the 1970s and 1980s as assembled by a group of

women, largely white, who sought to craft feminist techniques of health care and research. While it is tempting to judge past feminisms for their errors or celebrate them for their successes—a kind of historiography that the historian Brian Beaton aptly names “slap or clap”—this book’s consideration of feminist health projects seeks to step back to *historicize* their social and technoscientific practices as they were assembled, animated, and entangled within larger biopolitical conjunctures of the twentieth century.¹⁴ Moreover, these feminist health projects provide a lens into the ways large-scale changes in technoscience, governance, and capitalism uneasily converged on problems of sex’s alterability. In other words, this book places feminisms within stories of the wide-ranging political economies and epistemologies which conditioned it.

The women’s health movement of the 1970s is critiqued for its narrow rendering of women’s health in terms of *reproductive* health—focusing on reproduction not only reified women as simply child bearers; it also so often failed to connect health to racism or larger political economic matters. From a historical angle, this reproduction-focused version of women’s health was an important symptom of the period, not just of feminisms in the United States, but also of the moment’s larger investments in reordering fertility. It was only in the 1910s that Margaret Sanger coined the term *birth control*, with her politics attaching feminism to Marxism, eugenics, sexology, and professional medicine.¹⁵ *Reproductive health* as a term dates only to the 1970s, later crystallizing as a term of governance in the early 1990s.¹⁶ “Reproduction”—as a political problem and a feature of living-being—itself needs to be historicized within multiple and discrepant genealogies. Reproduction is not so much a “thing” as an overdetermined and distributed process that divergently brings individual lives, kinship, laboratories, race, nations, biotechnologies, time, and affects into confluence. If ever there was a process that is overflowing with contradictory messy genealogies, reproduction is it.

The historian Ludmilla Jordanova points out that, “reproduction” as a term meaning biological generation only dates back to the eighteenth century, arriving into usage alongside the political economy concept of “production.”¹⁷ Genealogies of the term show its emergence in eighteenth-century natural history as a way of designating the organization of life within *species*. “Reproduction” in this sense was, rather than a property of the individual, a process of the aggregate, and moreover was a process that re-created an organization of beings out of organized beings. As

the historian Londa Schiebinger shows, the modern sense of living-kinds was in turn fashioned in Linnaeus's classification of living things via their "sex," giving us such terms as *mammals*.¹⁸ The work of Stefan Wille-Muller and the economic historian Margaret Schabas reveals that Linnaeus provided one of the earliest descriptions of an "economy" of market exchange at the same time that he offered a description of the organization of life into kinds in an economy of nature.¹⁹ What these historical observations hint at is how *reproduction* as a term through which to organize thought, politics, and life is not at all self-evident; indeed it is the effect of a multitude of genealogies attaching questions of sex and living-kinds to the organization of economics through liberal political thought and knowledge-making practices.

Keeping in mind this knot of genealogies converging on the concept of "reproduction," this book attempts to investigate the feminist politics of reproduction by virtue of historicizing not just the methods of feminisms, but also the very concepts commonplace in late twentieth-century feminisms: woman, bodies, sex, reproduction, and race, as well as freedom, power, and oppression. Extending Simone de Beauvoir's famous assertion that woman is not born but made, feminist projects themselves are assemblages of words, subject positions, objects, and practices each made and not given. "Reproduction" as a target of politics has been repeatedly conjured through varying and uneven distributions of knowledge and practice to produce the historical ontology of sex—woman, man, and child—that has become the groundwork for a tremendous range of projects, including feminisms. So too is the "feminist" as an ethical subject—especially suited to navigating problems of sex—a historically specific summoning at the intersection of political and epistemological concerns.

To claim here that in the late twentieth century a new politics of alterable reproduction was crafted (of which feminisms were a vital part) is not to say that problems of the body and fertility had not existed before. At least since the eighteenth century, since the emergence of liberal feminism phrased within the transatlantic promise of universal citizenship found in the American, Haitian, and French Revolutions, experts and rebels alike have pointed to the anatomies of bodies—of women, the enslaved, or the colonized—as evidence to help decide which humans were human enough to be members of the human universal. In the first half of the twentieth century, heritability, fitness, and racial membership were problems of enormous proportion, trafficking under the name eugenics,

cutting a deadly course between nation-states, experts, and ordinary life. What was novel for feminists and other critics in the 1970s, then, was a politicization of bodies that took the means of caring for them, understanding them, and altering them with technoscience as the substance of liberational projects by and for particular groups of people. In other words, feminist projects took up technoscience in order to alter living-being in some ways and not others, investing in an identity politics that named some people (women) as more suited to the ethical management of life. In so doing, feminism was a *biopolitical project*, that is, a project that took life, its kinds and qualities, as the object of its politics.²⁰

A century of feminist calls to seize the means of reproduction, to take control of one's own body, to love oneself, to embrace reproductive rights, to end racism, to denounce reproductive technologies, to enjoy sex, to situate bodies intersectionally and so on are all quintessentially biopolitical. Each of these slogans, and others like them, named explicit strategies taken by feminists to concretely do things with the sexed living-being of bodies—including, and especially, capacities to “reproduce.” What is there to learn from asking how feminisms took the stuff of living-being—sex, flesh, suffering, pleasure, and especially reproduction—as a prime concern, as phenomena to be rethought and modified?

Historicizing feminisms as a biopolitics that has taken “sex,” and its subsidiary “reproduction,” as central concerns requires that that we understand feminisms in all their variety and contradiction as animated within—and not escaping from—dominant configurations of governance and technoscience. Since the 1980s, feminist health projects have become one of the most prolific, diverse, and well-funded forms of feminism around the world. Feminist health projects have been able to thrive precisely because they have been so often strategically and uncomfortably conditioned by the financial flows, discursive patterns, and interstices of more dominant configurations of biomedicine, family planning, and economic development. While historians have excavated “the woman question” as a problematic of colonial modernizing projects or have prolifically researched the enmeshment of race and sex within eugenics in the early twentieth century, less understood is the recent past of how “women's health” and particularly procreative capacities constituted an important and well-funded “problem space” of postcolonial formations of nation, empire, race, economy—and of feminism.

Questions motivating this book, then, are: How did reproduction,

health, and feminism come to be so intimately connected in the late twentieth century's shadow of American empire? Or by extension, how were local feminist projects based in the United States made possible by larger historical conditions? Or more narrowly, how does feminisms' targeting of reproduction signal the centrality of sex to the emergence of present-day forms of governmentality? I think answering these questions requires unfaithfully rethinking Foucault's initial formulation of "biopolitics," as well as how the history of feminisms in the United States of the 1960s and 1970s, often called "second wave feminism," might be written.²¹ How does starting with feminisms rework the traction of "biopolitics" as an analytic?

Foucault's own formulation of biopolitics, which focused on middle-class Europeans, largely foreclosed considerations of colonialism, capitalism, reproduction, or even women. This critique is well known.²² Given these absences, any account of the history of feminisms as biopolitical in the shadow of American empire would have to reroute the history of biopolitics back through colonialism, the Atlantic slave trade and plantation economies, the calculi of war, the regulation of citizenship, racialized segregation, and formations of global capital, as well as the practices and epistemologies of governance that since Malthus's infamous work on population have connected economic processes and procreation in the many projects of eugenics and population control. Such a rewriting of the history of biopolitics is monumental, yet I think provisionally imaginable as not a single history, but as a discrepant and shifting *biopolitical topology* that helped to yield post-Second World War feminisms and technoscience. In other words, I want to rethink biopolitics: instead of a particular mode of linking life and politics with origins in nineteenth-century Europe, biopolitics is an open question about the manifold ways life became a venue for the exercise of power in a messy, multiterritorialized world.

Biopolitical Topology

In addition to understanding biopolitics as historically situated and plural, I want to reimagine the history of biopolitics as *topological*.²³ Topology names areas of study in mathematics and geography concerned with multidimensional space and crucially with the transformations, deformations, and interconnections within spatialized arrangements. Envi-

sioning biopolitics as topological is useful to thinking historically about the confluence of multiple biopolitical modes at work in any given place within the twentieth century. Beyond just change over time, a topological sense of biopolitics emphasizes: (1) multiplicity, (2) uneven spatiality, and (3) entanglements. In other words, rethinking biopolitics as topological highlights the layered and overlapping configurations that have materialized life in multiple and inconsistent ways over time and across space.²⁴ Spatializing this multiplicity, then, requires considering how the extension and distribution of biopolitical practices and their effects were profoundly uneven — shaped by race, social movements, nation-states, global capital, segregation, dispossession, urban centers, transnational technical projects, and so on. It is through this topological approach — emphasizing uneven distributions, scales, and multiple layers — that I hope to map the often provincial projects of Californian feminists within larger historical tendencies.

Beyond attending to specificities of scale and time, investigating biopolitics as topological encourages attention to the connections *between* divergently produced instances of biopolitics. In other words, thinking topologically draws attention to the history of attachments, proximities, relationships, fissures, and separations *between* different instantiations of biopolitics. Therefore, methodologically the book strives to go beyond multiplying kinds of biopolitics by focusing on the relationships of appropriation and connection between feminist biopolitics and more dominant forms of biopolitics. It tracks the productive and uneven relationships — antagonistic and supportive, material and discursive — that mutually animated both feminism and other technoscientific practices, particularly in medical and family-planning forms. Hence, the book argues for the importance of attending to *entanglements*, defined as attachments of material, technical, and social relations across divergent and even antagonistic terrains of politics. While genealogy as a method invokes modes of descent, here I attempt to also capture recursive loops, sideway movements, circuits of appropriation, and other vectors of connection within the past.²⁵

Such sideway connections can be explicit acts of appropriation between feminism and more dominant technical practices. They can also be points of attachment and exchange that were not politicized or noticed by historical actors themselves. The practices, words, technologies, and subject positions that do the work of attaching discrepant sites are *trans-*

formed as they connect and move in space and time. In the archive, entanglements occur when an abortion device travels between a feminist clinic and a population control program, or when a Pap smear is ethically charged within the walls of a clinical encounter in California and also in a national public health system, and yet again in a transnational safe sex program. Entanglements, then, have ontological stakes as objects and practices are altered as they shuttle between or are shared by different biopolitical tendencies.

Thus, I am not so much interested in cataloguing kinds of feminisms as I am in understanding the emergence of sometimes contradictory feminist health practices through politically laden and layered entanglements. How did feminisms and technoscience discrepantly shape each other through what they appropriated, what they shared, what they disavowed, and what they left unproblematicized?

Despite all the work necessary to complicate questions of feminism as enacted within a biopolitical topology, there is something profoundly useful about the way Foucault initially posed the question of biopolitics as the history of governing living-being, its qualities, kinds, health, rates, deviations, productivities, evolution, and so on. Foucault offered the insight that through a form of often racialized biopolitics, society came to be at war with itself, concerned with the enemy to life within as much as the enemy without. Humans were governed as individual biological beings who were at the same time members of a larger unit: “population,” “nation,” “species,” or “race”—or we might add “economy” and even “women.” In other words, as populations were understood to be made up of internal differences, this variation—marked as race, class, pathology, caste, or even sex—could be differentially governed, enhancing some forms of life, neglecting or actively destroying other aspects of life, to bring forth the desired future of that population. Biopolitics thus also always involved necropolitics—distributions of death effects and precariousness—at the same time as it could foster life.²⁶ It was through this multiscaled *differential governing* of the diversity within the mass, for the greater good of that mass, that individuals in the twentieth century were so often enjoined to participate in the governing of their own potentialities and reproduction. In this way, “population” was not just the ground but the effect of biopolitics, a unit carved in particular ways by demographers, economists, and others that could be used to selectively count and parse life. It is important not to enshrine “population” as a merely numerical unit of living-

being that biopolitics is necessarily about, and instead to see the ability to designate *population* as a neutral term—in an era immediately following eugenics—as an *effect* of the exercise of power.²⁷ “Population” is one aggregate materialized among many others that unevenly enacts biopolitics.

Projects that knit together the individual, variation, and an aggregate are not only found in population control efforts of the late twentieth century but also in the many counter-hegemonic identity politics of this period. While “population” in the twentieth century has been sorted to differentially value life through such now canonical categories of race, ethnicity, caste, or class (which in the United States shaped such fundamental features of the period as segregation, citizenship, war, welfare, and market deregulation), related subject positions were also rallying points for political phrasings of many tenors. Identity politics, as a description of a multitude of projects emerging since the 1960s, posits specific aggregate subject positions—such as women—as starting points for politicized counter-conduct. In the case of feminisms, “woman” is both the normative axis of an already-given dominant biopolitical formation, and the founding point for a counter-hegemonic politics that potentially claims all women as its virtual members. For example, through the 1970s in the United States, feminism was widely conceived, particularly by white women, as “by and for women,” as a project done by specific, unevenly liberated, female subjects for the sake of Women en masse, a larger collective. Hence the possessive term *women’s studies* used for so many academic programs started in this period. The question of what holds together the category “women” in the face of differently situated lives remains a recurrent thematic in feminisms. The contradiction between claiming a universal category “women” while asserting a politics of difference, as the historian Joan Scotts has shown, lays at the crux of liberal feminism and is one of the many constitutive contradictions that has produced feminist politics.²⁸ This contradictory feature of identity politics, moreover, was just one of the many ways feminisms were fashioned within tangled, contradictory, and tension-filled relationships of a larger biopolitical topography. Hence, it might be useful to historicize the term *identity politics* as an effect in need of critical inquiry.²⁹ Feminisms within a larger biopolitical topography, took as a starting place the already biopolitically charged subject-position of “woman” within a multiplicity of “women.”

What might this reimagined biopolitical topology have looked like as it touched down in Los Angeles in the 1970s, where some of the first self-proclaimed feminist health centers were established? Such a topology would certainly feature the entanglement of life with capitalism—the knitting of capital accumulation with technoscience that occurred in daily life that so many feminists of the period drew attention to.

This observation, however, is too general to be of much use here. While the chapters in the book tell stories about particular technical practices as the grist of biopolitics, here in the introduction I want to lay out some of the broader dimensions of the larger layered biopolitical topology that converged to shape late twentieth-century feminist health politics. As a result, what I offer here is an introductory sketch of a select set of relevant biopolitical tendencies for differentially valuing life via reproduction.³⁰ These four tendencies are a significant, though not exhaustive, set of animating conditions for late twentieth-century biopolitics in the United States and beyond: the militarization of fertility, the economization of fertility, the industrialization of biomedicine, and the articulation of promissory biocitizenship.

First, after the Second World War, following the Marshall Plan and into the Cold War, the regulation of birthrates in recently decolonized countries became a matter of military concern. In 1959, Eisenhower commissioned a committee, headed by General William Draper, to consider whether United States programs of military assistance—that is, arming select states in the name of protecting the “free world” against “communist encroachment”—were an efficient way of securing capitalist democracy against the “Soviet economic offensive.”³¹ Draper’s committee not only recommended continuing military aid, but equally argued for economic aid to strategic “least developed countries” in order to foster free market economies and the establishment of a single federal agency to distribute this aid (the U.S. Agency of International Development, or USAID). Most controversially, Draper’s committee proposed that economic aid alone would be ineffective if the rate of population growth in such countries outstripped production. Poverty bred communism, and birth control was the solution. Only with population control could the United States get “the maximum result out of our expenditure” and achieve military security.³²

The nuclear bomb as a Cold War weapon of mass death that allowed survival only under threat of annihilation could well be joined by the pill as another icon of the Cold War, used to thwart purported explosive planetary problems of famine, war, and unfreedom caused by the so-called population bomb. With the pill given away as a form of foreign aid, the term *nuclear family* took a militarized turn. The population bomb became another figuration of human mass destruction, seeming to necessitate that the United States both fund family-planning programs along the front lines of the Cold War, and become involved in social science decolonization projects that invented new ways of calculating lives-not-to-be-born as “targets” of population control.³³ In this way, family planning had a particular necropolitical effect—fostering methods for determining lives less worth living in the name of avoiding future death and creating future prosperity. The temporal frame just before and after conception became a new threshold with an important contradiction: it was a moment where human death could be avoided and yet “lives not worth living” calculated and deterred as an ethically charged project. Reproduction was militarized in that family planning could be mobilized to promise a deterrence of future war through its focus on the temporal frame of the “not yet conceived.” While the threshold of the not yet conceived was certainly ethically charged, it was a quintessential moment of cold, rather than hot, war, in which militarized violence was displaced and reconstituted under other threats of mass death.

In his analysis of the role of medicine within colonial Algeria during this period, the anticolonialist psychiatrist Franz Fanon argued that even in its very benevolence, medical aid could function as a justification for colonialism; acceptance of health care offered proof that you needed to be saved from your own self rule.³⁴ While USAID was founded as a federal agency independent from the Department of Defense, foreign aid programs in their many facets could function similarly, as the benevolent face of the Cold War that justified an imperial presence. This further imperial function underlay the tremendous flow of funds, not only into official state family-planning projects but into a new organizational form, the transnational NGO, that helped keep family-planning services work at arm’s length from direct rule either by the local state or by the United States.³⁵ In these ways, investments by feminists in the United States into the management of sex was shaped by entanglements with a militarized

imperial history, even when feminist projects were directly antagonistic to population control.³⁶

Cold War concern over fertility, moreover, held that the fertility of the world's poor needed to be altered not only in the name of military security, but also as part of a trajectory of economic development. The second animating dominant biopolitical tendency I want to sketch, then, is what I will call the "economization of fertility," the incorporation of fertility into economic planning projects.³⁷ As the historian Timothy Mitchell and the economist Suzanne Bergeron have both argued, "economy" as an epistemological, social, and technical object only came into prominence as the primary object of state governance in the twentieth century.³⁸ Even macroeconomics as a field, with its measures of GDP and national inflation rates, only dates to the 1920s.³⁹ Macroeconomics joined easily with a Malthusian lens, offering ways to calibrate poverty as a natural yet manageable event produced by the conflict between rapid population growth (a biological force) and macroeconomic production. This is precisely how the Cold War field of demography staged the problem of "overpopulation." President Lyndon Johnson offered the pithy synthesis of this ideology to the UN in 1965: "less than five dollars invested in population control is worth \$100 invested in economic growth."⁴⁰

The economization of fertility took many forms: overt state population control programs, for example, established first in India and Pakistan, followed rapidly by many postcolonial locales, as well as development projects that declared the status of "women" a crucial point on which economic futures hinged. The centrality of "women" as a pivot of development was signaled by the UN's naming of 1976–85 as the Decade for Women as part of its "Program for Action for a New International Economic Order" of 1974. The fields of demography, population science, and development economics burgeoned, calibrating new quantitative practices and models that often permitted the dollar to be inserted as a unit of measure across economy and fertility. Following the end of the Cold War, Lawrence Summers, then chief economist for the World Bank, influentially argued that women's education was worth investing in precisely because it created good economic returns. He famously calculated that each year of schooling pulls down fertility rates by 5 to 10 percent, such that thirty thousand U.S. dollars spent on educating one thousand women would prevent five hundred births. In contrast, a typical family-planning

program that spent sixty-five dollars to “prevent” one birth would accomplish the same for the larger amount of thirty-three thousand dollars. Thus for Summers, “educating girls quite possibly yields a higher rate of return than any other investment available in the developing world.”⁴¹ Fertility reduction had become so thoroughly associated with economic productivity that it could now serve as an economic marker for further-removed technosocial correlations.

Not only was the economization of fertility a feature of Cold War and postcolonial governmentalities; it also shaped the biopolitical terrain of the United States. While eugenic targeting of fertility in the name of evolutionary racial futures had shaped federal immigration policies in the first half of the twentieth century, by the 1950s eugenic models of heritability had been scientifically rejected. Demographers critiqued the simplistic biological heredity models of eugenics, morphing social eugenics into social demography that instead held that a “demographic transition curve” charted a population level decline in births as a necessary feature of modernity, and hence that the fertility of populations should now be governed in relation to economic, and not evolutionary, futures.⁴² Unlike in thinking on eugenics, racial evolutionary futures were not the focus, though race was still certainly at work in emerging formulations of “cultures of poverty” and designations of who should and should not bear children.⁴³ In the United States, this ideological change of association between fertility and economics found expression domestically in President Johnson’s “War on Poverty.” Johnson’s program funded nonprofit community centers, staffed by local residents, to offer health, family planning, and other social services, creating a friction-filled privatization of the welfare state, paralleling the proliferation of NGOs in foreign aid projects. Moreover, the Johnson and Nixon administrations’ adherence to the fertility-economy equation encouraged an era of state funding for public and especially private nonprofit family-planning programs by organizations such as Planned Parenthood. These programs were further fomented through the reregulation of the management of fertility, resulting in state funding of sterilization through Medicaid, the decriminalization of contraception distribution, and the legalization of abortion. As a result, the tenor of welfare policies directed at mothers reversed direction: single mothers were no longer the deserving poor, but instead economic drains to be removed from the rolls and sent to work as perpetrators of poverty.⁴⁴ A popular and racialized logic of economic waste

underwrote a period of coercive sterilization in public hospitals, including in California.⁴⁵ Economic rationales became the legitimate ground for “choosing” how to manage one’s fertility, labeling those who acted otherwise as irresponsible or even failed citizens caught in “cultures of poverty” that therefore needed to be altered.⁴⁶ Thus, the economization of fertility in the United States was expressed simultaneously and heterogeneously through the uneven extension of state investment into family planning, racialized economic logics, the retraction of social welfare as a right of citizenship, and the enjoinder of individuals to be economically rational actors open to technical modification.

This investment in family planning was itself joined to a third biopolitical feature of the period: the tremendous changes within medicine itself that observers at the time named the industrialization of medicine, crystallizing by the 1980s into what sociologist Adele Clarke and her collaborators call “biomedicalization.”⁴⁷ The women’s health movement and biomedicalization were contemporaneous, profoundly informing each other. Many of the features of biomedicalization, moreover, were emergent in the 1970s. *Biomedicine* (a term which signals the enmeshment of health care with the life sciences) was exploding as a significant economic venture in the 1970s. The establishment of Medicaid as a national health system for the poor was accompanied by the privatization and corporatization of medicine for the rest. The reproductive and genetic sciences that emerged in this period helped to establish cell lines, embryos, and genetically altered organisms as sources of what Catherine Waldby calls “biovalue,” living objects that could be turned into commodities and also used as forms of capital to generate further commodities and services.⁴⁸ Sarah Franklin has called this a period of “biological enclosure,” where more and more living processes at cellular and molecular scales have become subsumed into capital through their alterability.⁴⁹ Charis Thomson, Catherine Waldby, and Sarah Franklin, among others, have demonstrated that such preoccupations with genetics and cell lines—the micrological substrates of sex—rearranged the very terms of capital at the same time that they helped turn “sex” from a problematic, essentialized ground to a flexible zone of artifice.⁵⁰ Thus, yet another constitutive contradiction informed feminisms: just as feminists were arguing for a denaturalized conception of sexual difference necessitating the term *gender*, the biology of sex became physically open to reconstruction as itself a changeable domain of life.⁵¹

This reassembly of capitalism and life in biomedicalization was further accomplished through the growth of the pharmaceutical industry, which offered drugs as widely available commodities manufactured and distributed in new transnational circuits.⁵² USAID's underwriting of the global spread of the birth control pill and other contraceptive measures in the 1970s, together with the explosion of family-planning NGOs that distributed and tested drugs and devices, inaugurated some of the infrastructure of today's transnational economy of clinical trials and clinical research organizations and, hence, of the designation of bodies, populations, and even micrological life as sites of biocapital.⁵³ In other words, reproduction was an important historical locus for the establishment of biomedicalization and biocapital, with feminist health projects formulated in direct and agitated relation to them.

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Such agitated relations, moreover, formed the fourth feature of this sketch of manifold biopolitics: the proliferation of nonexpert tactics that sought to render life into governable forms, a process Partha Chatterjee calls "the politics of the governed." For Chatterjee, the politics of the governed are postcolonial projects that self-organize dispossessed groups into ethically imbued communities that can serve as the legible target of governmentality.⁵⁴ In other words, biopolitical projects are not always efforts to organize others, but can also be projects to self-organize into groups, communities, or identities legible and amenable to modes of governance, including self-governance. In the second half of the twentieth century, the English term *activism* came to denote just such efforts to create counter-conduct modes of organizing life.

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Adriana Petryna, in her ethnographic work on how the Soviet state managed the Chernobyl nuclear disaster, coined the term *biological citizenship* to describe how "the very idea of citizenship is now charged with the superadded burden of survival . . . a large and largely impoverished segment of the population has learned to negotiate the terms of its economic and social inclusion using the very constituent matter of life," and in turn states have also been reordered as biopolitical enterprises.⁵⁵ The work of Petryna and others has pointed to how so many late twentieth-century biopolitical projects were inflected with the failed promises of citizenship, such that precarious circumstances required the purposeful arrangement of oneself as available for targeting, governance, and technoscientific alteration. Late twentieth-century feminism, in many ways, expresses just such a politics of the governed; it is organized as an ethically charged

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community that seeks to remake itself by reordering selves. At the same time, this feminist venture of self-making is deeply interwoven with the promises and failures of changing governance during the emergence of neoliberalism. Versions of the women's health movement uneasily inhabited biocitizenship projects that appealed to or worked within the state, while other feminist strategies sought to circumvent the state and re-assemble health into sovereign self-governing projects.

Writing in the late 1970s, Foucault's own articulation of the term *biopolitics* was incited by this complex of historical shifts.⁵⁶ If liberty seemed to hang on the balance of sex for Foucault's peers, it was precisely because it was made legible, not by developments in the nineteenth century, but by emergent processes in the 1970s better-understood topologically, as having uneven spatial, and not just temporal, extensions in a decolonizing, Cold War world. The politics of reproduction was certainly conditioned by more than these four biopolitical features of the late twentieth century, yet these four tendencies excited each other, forming a shifting topology of connection and rearrangement that gave shape to feminist health practices in California.

Itineraries

This book's title captures its preoccupation with technologies, practices, protocols, and processes—the “means”—of technoscience as crafted by feminist health activists in the 1970s and beyond. Thus, this study is not about how feminists critiqued technoscience. Instead, it focuses on a small set of attempts *to do* feminist technoscience, to fashion feminist biopolitics, in the domain of reproductive health. Since the 1970s, the women's health movement could be found in many sites, enrolling diverse women, expressing various ideologies, founding many projects. This book is not an overarching history of this movement—an important task I will leave to other able scholars. Instead, its chapters center on technologies—the plastic speculum, the Pap smear, and manual suction abortion—as probes that pass in and out of feminisms, tracing itineraries that highlight the differentiating and animating relations between feminisms and other expressions of biopolitics.

My departure point for each of these probes is the radical feminist self help movement of California, a particular fashioning of feminist health care by predominantly, though not exclusively, white lay women of the

middle and working classes who themselves were preoccupied with protocols and techniques. Hence, this study is also a lens into the role of whiteness and race in late twentieth-century feminisms of the United States as they were articulated within an emergent imperial political economy and a racialized nation-state, desegregating on the one hand, and inventing new techniques of racial governmentality, on the other. At the same time, the book tells stories about technologies, stories that re-situate California feminist health practices in racial, national, and transnational circulations, stretching beyond the United States. It follows a set of practices and politics as they traveled and became entangled with histories in Barbados, Canada, Shanghai, and Bangladesh, for example.

The first chapter, “Assembling Protocol Feminism,” develops the concept of *protocol feminism*—a kind of feminism invested in the politics of technique—and situates the emergence of feminist self help, first, in national and urban racial politics in cities such as Boston and Los Angeles and, second, in the rise and dissemination of Cold War small group techniques of human relations research.

Chapter 2, “Immodest Witnessing, Affective Economies, and Objectivity,” tracks the epistemological experiments around clinical exams through the plastic speculum, and places these practices in the larger history of scientific objectivity, as well as the elevation of “affect” as a virtue within feminism and feminized labor. In so doing, it develops the notion of *affective economies* of knowledge.

“Pap Smears, Cervical Cancer, and Scales,” chapter 3, maps divergent politicizations of the ubiquitous Pap smear over the second half of the twentieth century, tracking how discrepant feminisms have scaled the problem of cervical cancer in clinics, national screening programs, and transnational health policy. This chapter attends to the relations of appropriation and reappropriation that entangle variously scaled feminisms with biomedicine, racial governmentality, and transnational economic development logics.

“Traveling Technology and a Device for Not Performing Abortions” chapter 4, plots the entanglements between feminist attempts to do abortion differently and transnational population control, highlighting the various ways “freedom” was hinged to reproduction through both feminism and family planning sponsored by the United States government.

Finally, the conclusion, “Living the Contradiction,” builds on the insights of these four chapters to think through the importance of attend-

ing to the work of contradiction in these histories. Overall, the book puts into play “woman” as the assumed or sufficient subject of feminism, and feminism as a frame for reimagining new technoscience futures.

W. E. B. Du Bois famously described a “double consciousness” that arose from the contradictions of being a member of the “problem” that he was studying.⁵⁷ This book attempts to work another instance of double vision: ruthlessly historicizing these past feminist efforts as one might any other scientific endeavor, while doing so from a point of deep investment in feminist technoscience studies as a critical epistemological and material project that values entanglement and sits in a genealogic relation to the practices examined. Gayatri Spivak elegantly noted that deconstruction as an intellectual project was not driven by a concern with exposing other people’s errors but instead sought to constantly and persistently look at those things without which one cannot live.⁵⁸ It is in this spirit that I seek to historicize feminism, technoscience, and reproductive health.

In the years since these feminist experiments with doing health differently, many of the terms initially mobilized here have gone on to follow complex and discomfoting itineraries, out of marginal radical projects into World Bank or World Health Organization guidelines, state policies, and national research agendas. *Participation* has become a buzzword for structuring development projects in such a way as to require the involvement of the people whom they target. *Empowerment* has become a technocratic goal that directs the flow of resources and training down the chain from prosperous to more precarious NGOs. *Gender* as a term has not only been repeatedly redefined in circuits of linguistic and disciplinary translation, but has become an organizing spoke of the World Health Organization and U.S. National Institutes of Health. Forty years after 1970, reproduction’s alterability is no longer a promise, but instead has become a normative condition, such that the *inability* to manage reproduction is re-framed as a *product* of the uneven extension of medical services and rights across the globe.

While the particular moment of United States feminisms in the shadow of the Cold War and postcolonial politics is now past, it sits as an important prehistory to the ways health is governed and politicized today. Thinking feminism as biopolitics lies at the heart of this book’s iteration of feminism, as does the question of whether the contours of feminism are sufficient to that project. What kinds of ontologies can feminisms and technoscience excite or foreclose when “woman” is assumed

as a privileged ethical subject? It would be a mistake of this book (that I have struggled against) to present the question of feminism as biopolitics in terms of failure, or more simply to equate biopolitics with exploitation, forsaking Foucault’s injunction to understand the exercise of power as productive. Thinking feminism as biopolitics is also about yearning to continue experimenting with technoscientific practices that could foster better means of enabling life with eyes open to the constitutive contradictions of an entangled world.