

Unsettling care: Troubling transnational itineraries of care in feminist health practices

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Abstract

Responding to the call by Maria Puig de la Bellacasa for Science and Technology Studies to take up 'matters of care', this article cautions against equating care with positive feelings and, in contrast, argues for the importance of grappling with the non-innocent histories in which the politics of care already circulates, particularly in transnational couplings of feminism and health. The article highlights these histories by tracing multiple versions of the politics of care in a select set of feminist engagements with the pap smear and cervical cancer. Drawing on postcolonial and indigenous feminist commitments, as well as amplifying Donna Haraway's call to 'stay with the trouble', the article seeks to disturb hegemonic histories and arrangements of race, colonialism, and political economy, while simultaneously valuing divergent multi-local itineraries as relevant to technoscientific matters of care. This call for a politics of 'unsettling' care strives to stir up and put into motion what is sedimented, while embracing the generativity of discomfort, critique, and non-innocence.

Keywords

affect, care, feminist technoscience studies, pap smear, unsettling

What concerns me is how much this affirmative turn actually depends on the very distinction between good and bad feelings that presumes that bad feelings are backward and conservative and good feelings are forward and progressive. Bad feelings are seen as oriented toward the past, as a kind of stubbornness that 'stops' the subject from embracing

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the future. Good feelings are associated here with moving up and getting out. I would argue that it is the very assumption that good feelings are open and bad feelings are closed that allows historical forms of injustice to disappear.

– Sara Ahmed (2010).

Sit in a circle. Assemble a kit composed of mirror, light, and plastic speculum for each participant. Lubricate your speculum with the duckbill closed and the handle in the upward position. Insert with care. Squeeze the handle and press down. You will hear a click to let you know it is locked open. To see yourself, hold the mirror between your legs and direct the light toward it. The light will reflect off the mirror into your vagina so that your cervix will pop into view. Appreciate the lush color, texture, odor, and shape of the cervix and vaginal walls. Take turns sharing your observations within the group and connect with others through your exchanges. Admire the subtle variations and the fine differences in form. Track changes. Attend to the variations within yourself, but also notice what is not uncommon with others. Listen, feel, and look carefully.

These are some of the ingredients that made up the affectively charged protocol of vaginal self-exam developed by the Los Angeles feminist self-help movement in the 1970s, a protocol that traveled and was tweaked across the United States, into Canada, to Europe, down to Brazil, over to India, and into the Caribbean (Murphy, 2012). This subversive research assemblage of simple technologies, embodied subjects, and emotional scripts became an iconic feminist practice. At stake was how to see, feel, care for, and create knowledge about bodies and to attend to the power dynamics in clinical encounters. It offered a route toward depathologizing and destigmatizing sexuality and reproduction. Influentially, it crafted a vision of the scientist-subject as deeply responsible and implicated in her object of study, her own body. Moreover, feminist science studies scholars' insistence on embodiment, situatedness, and reflexive responsibility (e.g. Haraway, 1991, 1999; Harding 1991; Harstock, 1983; Jaggar, 1989; Rose, 1983; Tuana, 2004) was in part inspired by the affect-laden rearrangements of this feminist practice that demonstrated how it might be possible to craft 'speculums for a new world order' (Haraway, 1999).¹ Starting with yourself in what you were studying and highlighting your subjectivity and perspective were core epistemic values of many late 20th-century feminist projects that aspired to produce better, more accurate, more attentive, more responsible knowledge. In the 1980s, early feminist historians and philosophers of science in particular celebrated the place of emotion, embodiment, and care within scientific production, integrating the 'hand, brain, and heart', in Hilary Rose's (1983) words. Later, embodied ways of knowing were extended and transformed into the more complexly geopolitical versions of theorizing situated knowing in feminist science studies today. Feminist self-help, with all its complex baggage, is a strand of feminist science studies' recent past. Its subversive practices of care crafted welcoming clinical spaces for women to rearrange reproductive health. How far do those good feelings go, and what work did they do?

This article asks science studies scholars to take a more critical stance toward the politics of care in technoscience, by attending to the complexities and complicities in recent histories of care within feminist and postcolonial circuits. This critical stance is not a blanket rejection of the politics of care, for the exercise of power operates through care in many divergent ways. Instead, the article enacts a commitment to grappling with the multiply fraught histories and structures that animate the ongoing crafting of a critical feminist science studies. In adopting this stance, I want to resuscitate critique as contributing to, and not simply working against, a better politics of care. More specifically, I caution against the conflation of care with affection, happiness, attachment, and positive feeling as political goods. In contrast, this article emphasizes the continued salience of critique by troubling some of the ways that care has been performed in the history of North American feminist health activism and its entanglements in histories of persistent racisms, class privilege, colonialism, and American imperial ambitions of the late 20th century. This vexation of care is important because there is an ongoing temptation within feminist scholarship to view positive affect and care as a route to emancipated science and alternative knowledge-making without critically examining the ways positive feelings, sympathy, and other forms of attachment can work with and through the grain of hegemonic structures, rather than against them.

The first section of this article seeks to disturb assumptions about the political work of positive affect within feminist science studies. The second half of the article critically follows two histories of the transnational politics of care within feminist interventions into cervical cancer that differently acknowledged and addressed colonial legacies, capitalism, and emerging forms of postcolonial empire at the end of the 20th century.² This work of disturbing feminisms' recent pasts is not toward the nihilism of critique and a doing away of feminism but instead toward the continuous work of making a more critical feminist science studies accountable to the economic, racialized, and colonial entanglements of both science and feminism.

As one ancestor of feminist science studies, feminist self-help was a subversive way of hitching together care and science that both deserves attention and need troubling. It was protocol feminism inventive of practices, manuals, and guidelines that could move translocally and that explicitly sought to take note of how power, emotion, and bonding circulated within clinical settings so as to create less oppressive medical experiences and less pathologizing research. It was a kind of lay science, shaped by an aspiration of individualized control over reproductive health focused on the scale of the technical act of examination itself. Practitioners hoped to build in microcosm a liberated form of health care, one that could provide an alternative to the rising violence of population control, the legacy of eugenics, the criminalization of abortion, the sexism of everyday medical practice, and the controlling patriarchal moralism around fertility, sex, and sexuality more broadly. They sought to positively appreciate genitalia, sexual and reproductive processes, and bodily variation as a way to combat feelings of shame, squeamishness, stigma, or shyness. Their practices of knowledge-sharing among lay people challenged the patriarchal and increasingly profit-driven medical profession.

In the context of the United States, Canada, and Europe, feminist self-help tended to confine its critical interventions to the choreography of clinical techniques and research within women's health centers or small collectives, believing that their emphasis on

flexible, individualized control over clinical encounters could circumvent, by virtue of implicitly accommodating, explicit questions of race, colonialism, and class. By focusing on individualized control, they thought they could leave race at the clinic door. Like much early feminist science studies, US feminist self-help was predominantly, though not only, practiced by white educated women, whose focus on gender, sex, and bodies often effaced interlocking structures of colonialism, racism, or nationalism. Yet, the same historical period saw many radical health projects by women and people of color in North America that directly tackled racism, citizenship, poverty, and colonialism (Asian Communities for Reproductive Justice, 2005; Avery, 1990; Di Chiro, 2004; Nelson A, 2013; Nelson J 2003, 2005; Orleck, 2005; Silliman et al., 2004; Sister Song Women of Color Reproductive Health Collective, 2007). The US feminist self-help movement's aspirations toward an unracialized woman-focused politics within the scope of the clinical encounter imagined itself as welcoming all women, with visions of multiracial participation in its materials but without taking on the critical analytics of women of color, immigrant, anti-colonial, and indigenous politics. Typically, detailed observations about bodies emphasized the intimate and lush scale of color, taste, smell, texture, and sensation but not generally questions of employment, citizenship, war, racialization, or poverty. The feminist self-help movement did not, for example, explicitly challenge the coercive, racist sterilization of Latina women that was then rampant within Los Angeles hospitals (Espino, 2000; Gutierrez, 2003; Tajima-Peña, 2013). In the effort to celebrate embodied variation, privilege shaped who easily saw and felt themselves as already 'healthy' and hence available to the aspiration of happily caring and responsabilizing themselves for their own health. This happy healthiness was scripted into the 1970s Los Angeles 'self-help in a suitcase' road show, which ended with a public demonstration of vaginal self-exam, prepping its audience with a slideshow photograph taken from the view of a woman staring over her belly, through her legs, and into the smiling faces of a multiracial group of women looking back. The script for this slide declares 'Happiness is knowing your own cervix ... Happiness is knowing your sisters' cervix'.³ In moments like these, feminist self-help aligned participants in a collective project of bonding and pleasure, through the epistemic value of embodied knowledge-making, but skipped over the structural histories that brought different arrangements of power to this practice. Rearranging technoscience was in this instance a romantic project that tended to emphasize the liberating potential of a politics of positive feeling. It tended to avoid addressing the ongoing, painful, and extensive forces of racism or colonialism that do not disappear with good intentions or by constructing spaces where such forces are not keenly felt by privileged subjects.

Since questions of care remain crucial to the ongoing project of feminist science studies, how might we trouble – without nihilistically foreclosing – the multiple and fraught histories of feminist mobilizations of care? Since feminist science studies scholarship still holds on to some tendencies to focus on gender and sex distinct from the interlocked legacies of racism, capitalism, colonialism, and other forms of violence, there remains a contemporary urgency to trouble feminist mobilizations of care. In the recent pages of this journal, Maria Puig de la Bellacasa (2011) has eloquently elaborated a turn from 'matters of concern' to 'matters of care' as urgent work for our engagements with technoscience as a world-making practice. Puig de la Bellacasa takes critical inspiration from Bruno Latour's (2004) call for a reorientation away from a critique of 'matters of fact',

thereby diminishing facts, to a strategy that emphasizes enriching objects so that they are studied as extensive, contestable and dynamic social, technical, and political assemblages, renamed ‘matters of concern’. ‘Matters of care’, in turn, amplifies the affective entanglements through which things come to matter and injects commitments to attending to marginalized, invisibilized and neglected elements, experiences, and relations. In the example of 1970s feminist self-help, then, we might say that fostering reproductive health as a ‘matter of care’ was performed in ways that sought to validate non-expert knowers, value bonding with research objects and between researchers, as well as foster ‘happiness’ and ‘health’ in hegemonically pathologized bodies. At the same time, we must also grapple with how the elevation of a politics of care by 1970s feminists was simultaneously conditioned by white privilege, capitalism, and postcolonial humanitarianism (which the second half of this article attempts to show). Assembling matters of care provokes some questions. Where does care begin and end? How does the politics of care *already* weave in and extend out from technoscientific practices? Or, in and out of situated feminist commitments? If care is non-innocent, if care is entangled, what work does the politics of care do for critical technoscience studies?

In trying to think through technoscience as a matter of care, Sara Ahmed’s (2010) critique of the political work of happiness is a guide to unsettling, easy validations of happiness, affection, or attachment as the equivalent to a critical feminist politics of care. Ahmed argues that the ways in which we are enjoined to be happy are often normalizing strictures. To be content is to be aligned with and comfortably oriented within dominant ways of belonging, from heteronormativity to nationalism. Thus, she asks us to pay attention to those moments of alienation from belonging, to the ‘unhappiness archives’, to moments of unease that might prompt the possibility of feminist, queer, anti-colonial, non-nationalist politics (Ahmed, 2010). Something similar might be emphasized for matters of care in technoscience. ‘Productive doings that support livable relationalities’ (Puig de la Bellacasa, 2011: 93) are not just complexly valued and devalued but are enabled through non-innocent historically and spatially layered distributions of belonging and alienation, comfort and unease. As Puig de la Bellacasa (2011) reminds us, ‘the politics of caring have been at the heart of concerns with exclusions and critiques of power dynamics in stratified worlds’ (p. 86). Conflating care with affection and attachment, and positing positive feeling as a political good, are temptations with which feminist science studies have long wrestled. What, then, is the work of discomfort, unease, and trouble in matters of care?

Care carries (at least) four different interlaced meanings: first, it refers to the state of being emotionally attached to or fond of something; second, it means to provide for, look after, protect, sustain, and be responsible for something; third, it indicates attention and concern, to be careful, watchful, meticulous, and cautious; while its fourth meaning (and the first in the *Oxford English Dictionary* entry) is to be troubled, worried, sorrowed, uneasy, and unsettled. It is this final facet of care that I want to dwell on. What is the caring work of criticism, of historicizing and situating, of tracking non-innocent genealogies, of making uneasy, of troubling, of *unsettling*? By picking out unsettling as a generative task within the politics of matters of care in technoscience, I hope to introduce into the conversation the following: (1) the urgencies of transnational, postcolonial, and anti-racist analytics, for which to unsettle is a disruption to non-innocent narratives of

belonging and a challenge to gestures of rescue, sympathy, and occupation that too often recapitulate colonial legacies, and (2) the work of disturbing and setting into motion sedimented arrangements of valuation and devaluation. Unsettling, in this second sense, is the purposeful undoing and troubling of particular arrangements so that they might be acknowledged and remade in better, less violent, more livable ways. The ambit of ‘matters of care’ is *already* transnationally extensive with self-identified feminists implicated at every turn in the rescue missions of non-governmental organizations (NGOs) as World Bank consultants teaching empowerment, as health and other frontline workers who perform care labor, as scholars and as ‘sufferers’. Care and feminism are already entangled within and against development projects, public health practices, labor stratigraphies, family planning practices, humanitarian interventions, pedagogy, family formations, and so on. If matters of care are already distributed into racialized, postcolonial, economic, and transnational stratigraphies, if empire and capital can operate through acts of affection and care, what about these distributions might be productively unsettled through the ongoing project of a critical feminist science studies? Or put differently, what about the scope and habits of an extant, already circulating, feminist politics of care in science studies is troubling and needs to be unsettled?

This call to attend to the constitutive vexations and violences within matters of care is not intended as a critique in search of a properly corrected feminist science studies. Critical, political, partial, affectively reorienting, situated technoscience is skillful hard work, as Donna Haraway has taught us. It is ongoing. It is troubled. But more than troubling, I want to argue that it can also be generatively unsettling. In thinking ‘unsettling’, I turn to lessons from scholars and activists theorizing the project of decolonization in Canada and the United States as a kind of unsettling project not confined to indigenous people, but a project that also responsabilizes settlers to histories, entanglements, and complications that come from the historical and current structural violence of colonialism that unevenly distributes pain, trauma, and vulnerability *as much as* rewards, pleasure, and privilege (Unsettling Minnesota, 2009). Reaching for a world accountable to the knotted histories of raced and sexed violence, dispossession, and privilege is a project of unsettling. No one is innocent, and all entwined. Scholars of decolonization such as Andrea Smith and Eve Tuck show how a politics of unsettling challenges conventional feminist and queer affective formulations of belonging, inclusion, healing, confession, ownership, and solidarity as caught up in the logics of settler colonialism (Arvin et al., 2013; Million, 2013; Morgensen, 2011; Smith, 2010; Tuck and Yang, 2012). Unsettling the politics of care, then, requires further thinking about the political and affective dimensions of Donna Haraway’s (2010) call to ‘stay with the trouble’.

Unsettling care in technoscience and feminism invites ways to situate affection, attention, attachment, intimacy, feelings, healing, and responsibility as non-innocent orientations circulating within larger formations, instead of as attributes of individual scientists or feminists. Integral to Lorraine Daston’s (1995) notion of ‘moral economies of science’ is an insistence on studying morals not as residing in individuals, but as affectively charged historical formations that individuals come to inhabit. Relatedly, the feminist theorist Sara Ahmed (2004) argues that we should think of emotions as constituted in ‘affective economies’, in which emotion is not a primal force in the individual or the psyche but rather is incited through historically specific arrangements of circulations

between subjects. For Ahmed, the notion of 'affective economies' has a distinct affiliation with how commodities are analyzed by Marx. Just as Marx shows that the commodity, which seems a thing in itself, conceals the social relations and labor that make it possible, for Ahmed, 'affects' as emotions, which seem to originate prior to social relations in bodies and minds, are better understood as generated in historically specific circulations that align and differentiate bodies in particular ways. Just as the commodity's value is the effect of circulations of labor, money, and capital, the value of certain affects such as happiness, attraction, disgust, or hate are the accumulated effects of patterns of circulation between subjects in uneven worlds and thus perform particular kinds of work arranging social relations. In other words, value (moral, economic, and otherwise) is conjured, assigned, and circulated in affective economies, and hegemonically oriented by racial privilege, colonialism, nationalism, capitalism, religion, patriarchy, and so on.

Thus, the embrace of questions of care by feminist science studies scholars and feminist self-help practitioners is also partially animated by larger circulations and valuations of affect in the late 20th century. It is significant then that in the moment of the emergence of feminist self-help in California and its celebration of positively charged caring, feminists in many sites around the world had begun to critically investigate the function of 'affective labor' (variously encompassed by terms such as 'emotional labor', 'care work', and 'social reproduction') as the unwaged work of caring that women commonly did in families. Such care work was not explicitly valued with a monetary wage and thus was a form of exploited labor on which capitalism depends but, that it does not remunerate (Dalla Costa and James, 1975; Edwards, 1971; Federici, 1975). Instead of understanding this unwaged care work as outside of production, Marxist feminists argued that care was crucial to both life and capitalism because it was necessary for sustaining supplies of labor, that is, the raising of the next generation of workers. Capitalism, so Marxist feminists of this period argued, was dependent on patriarchy for keeping the care work of social reproduction as unwaged labor so that capital could freely accrue the benefits of the labor power (as well as consumption) created by the caring practices that nurtured new workers and new consumers. In this strand of feminism, matters of care were subsumed as matters of labor.

At the same moment that Marxist feminists assembled this analysis of devalued, unwaged care labor, other feminists began looking at another aspect of care politics: the gendering of waged emotional labor in the expanding service industries, where women as stewardesses, nurses, waitresses, receptionists, clerks, teachers, child care workers, nurses, or customer services representatives had to perform the affective labor of smiling, friendliness, warmth, and caring as part of their paid work (Hochschild, 1983). It is no irony then that the very first radical feminist speech on consciousness raising was given to an audience of stewardesses (Sarachild, 1975). Feminist scholarship on care labor challenged the racialized and transitionally stratified circuits of care work in the 20th century that saw poor, immigrant, and racialized women undertaking low-waged care work (as nannies, domestic workers, nurses, and so on) for privileged others in ways that undermined the spatial and temporal possibility of contributing to the unwaged care work of their own families or communities. In the cleavages of transnational political economy, care became 'stratified reproduction' cut by capitalism, race, migration, and

citizenship (Colen, 1995). Many scholars have shown how the stratigraphies of care, intimate relations, and labor have long legacies that thread through the very operation of European colonialism and American slavery, segregation, and empire (Hartman, 1997; McClintock, 1995; Morgan, 2004; Stoler, 2002). Scholars such as Rhacel Parreñas, Ara Wilson, and Evelyn Nakano Glenn have continued to expand this critical work, tracing the contemporary racialized and transnational itineraries of ‘intimacy’ and ‘care’ as constituted through immigration, citizenship, family law, sex work, tourism, and postcolonial rescue (Boris and Parreñas, 2010; Glenn, 2012; Parreñas, 2001; Wilson, 2004).

Already in the 1970s, care was simultaneously legible as a kind of devalued work and as a generative, value-producing capacity to feel and connect that feminists mobilized and that capitalism could harness and attract. Feminist calls to value affective labor resonated with other late 20th-century valuations of affective labor such as the celebration of American entrepreneurial passions, or the role of creativity in programming, or the social network of friendships in entrepreneurial ventures (Lazzarato, 1996; Negri, 1999; Terranova, 2000; Weeks, 2007). A telling example of the contemporary embrace of positive affect as a privileged form of labor is the aphorism ‘Do what you love, love what you do’ as a work mantra. This mantra extends its ethical reach only to the proximate relations around the self, making positive affect the measure of meaningful work (Tokumitsu, 2014). It forecloses questions about the uneven political economic conditions that provide the tools, shelter, and support labor that afford some the privilege of working toward their pleasure.

Moreover, in the 1970s, when STS and feminist self-help were emerging, the stratified labor of biomedicine was gathered together as the ubiquitous term ‘health care’ (Greco, 2004). In the second half of the 20th century, care has become a normative biomedical deliverable, involving its own history of commodification and labor, of bedside manners and gendered emotional expression, of managed care and insurance, of the pharmaceutical management of affect, and, most crucially, of deeply unequal access. Charis Thompson (2013) identifies a politics of biomedical ‘triage’, in which the always uneven distribution of care involves complex moral, practical, and political decisions about how to value life and who is available for rescue and treatment when not everyone is being cared for. The transnational circulation of the politics of care likewise animated late-20th-century humanitarianism, where the desire to be responsible for suffering both locally and from far away was harnessed toward what Mariam Ticktin (2006, 2011) calls an ‘anti-politics of care’ defined by emergency interventions that shed explicit political engagement. Through the example of *Doctors without Borders*, Ticktin shows how emergency care, as a reaction to violence that eschews political engagement, became the core logic of late-20th-century humanitarianism.

What I am suggesting here through these multiple manifestations of the politics of care is that present day feminist and queer scholarship is already entangled in the complex devaluing and valuing of care, even as care is repeatedly promised as a source of potential emancipation and alternative technoscience. This is not to dismiss the importance of affect and responsibility as crucial dimensions of politics, labor, knowledge-making, and living, or to reduce affect to a mere evocation of capitalism and colonialism. Instead, I want to suggest that feminist projects of care are within a skein of appropriation and re-appropriation, of antagonistic and yet enabling relations, of uneasy animations that are not merely political, economic, and complicit, and yet also not merely reparative or

oppositional or better. Projects of care, feminist and otherwise, are full of romantic temptations that disconnect acts that feel good from their geopolitical implications.

The broad lesson to be learned from historicizing feminist self-help's turn to care is that the 'how' of technoscience is as much a question of the promise and limits of affectively charged knowing, as much a question of imperfectly drawing the scale of your responsibilities and relations, and as much a question of subjects in non-innocent economies, as much a question of erasure and disinvestment, as much a question of entangled reassemblies and appropriations, and as much a question of marked and unmarked labor as it is an effort to make knowledge and the world otherwise. How, then, should we critically take up the charged work of engaging matters of care in technoscience, cognizant of the fraught genealogies of care that are so unsettling? How should we learn from the past and unsettle care? I try to think this through in two examples of feminist projects around cervical cancers and pap smears from the last decades of the 20th century. I look at these examples as means of exploring the recent history of how different feminist projects articulated their entanglements with postcolonial expressions of empire and its politics of care and also as departure points for circling toward unsettling care as an alternative orientation.

Unsettling pap smears

By the 1970s, the pap smear was an institutionalized element of gendered health care in the United States and Canada – it was the test that justified the yearly doctor's visit mandated by professional gynecology to which privileged 'good patients' complied.⁴ Today, the pap smear is largely being replaced by the human papillomavirus (HPV) vaccine. However, in the 1970s, the pap smear promised a way to reduce cervical cancer, and hence death, for women who could access medical care. Feminist health practitioners integrated the pap smear into their practices, demystifying the technique by teaching women to perform swabs on each other and depathologizing cervical variation, as well as undertaking preliminary examination of slides under microscopes (Murphy, 2012). Yet the pap smear also marked a limit to feminist self-help's reach: the smear had to pass from feminist hands out into an industrialized laboratory for analysis. If cervical cancer, or pre-cancer, was found, there was no alternative to conventional medical treatment. As the pap smear was connected to a dramatic reduction in cervical cancer mortality, US and Canadian feminist work on cervical cancer generally lauded the regular getting of a pap smear. Thus, the politics of pap smear screening in the 1980s was reframed in terms of access: who was and was not screened. Inequities in screening were the product of how power operated in 'society', in 'economics', and especially in 'history', to form the conditions of classism, colonialism, and racism that prevented *other* people from enjoying screening (Vancouver Women's Health Collective, 1986). The analysis of a racialized political economy 'out there' did not disrupt the unraced sense that it was better if all women should make themselves available to a technically equitable world of feminist health care 'in here'. This kind of critique was entangled in a politics of assimilation, which wanted dispossessed people of color and indigenous people to feel comfortable in submitting to a state and medical project of screening.

Yet, on a transnational scale, the pap smear was not 'the right tool for the job' of cervical cancer (Casper and Clarke, 1998). Much of the research to verify the viral

cause of cervical cancer and strands of HPV that caused it was conducted in the 'developing world' in locations such as Zimbabwe, South Africa, Mexico, and Costa Rica, among women who had never had pap smears.⁵ Such research sites were not hard to find. While cervical cancer had declined in countries with the elaborate health-care systems of the so-called 'Global North', in previously colonized countries of the two-thirds majority of the world that lacked such health-care infrastructures, cervical cancer had increased (Bishop et al., 1996). The success of the pap smear in the United States and elsewhere had depended on both an industrialized laboratory network and a means to treat women with positive readings. The smear itself depended on equipment, from swabs to fixatives to microscopes, and treatment depended on lasers and operating theaters (Gage et al., 2007; Gregg, 2003; Lazcano-Ponce et al., 1999; Ortiz, 1997). Overall success depended on trained specialists to read slides, transportation to clinics, as well as clients able to present themselves for screening. Moreover, it depended on funds from individuals, states, NGOs or insurance to pay for all these elements. This constellation of conditions was distributed such that most of the world's women were excluded from the regime for screening cervical cells that had become commonplace in the United States and Canada. On the profoundly uneven transnational terrain of health infrastructure, cervical cancers became one of the four 'cancers of underdevelopment': cancers that were rare or decreasing in metropolises but common or increasing in previously colonized 'developing' countries (Women and Development Unit (WAND), 1992). Thus, while cancer is often presented as a disease that strikes rich and poor alike, its fatal results are far from egalitarian. Cervical cancer remained one of the most common cancers for women in the world, according to the World Health Organization, with 80 percent of all cervical cancer deaths in 'developing' countries. This made cervical cancer the biggest cancer killer of women in the poorest countries of the world (World Health Organization, 2003). In such international health measures, cervical cancer death rates are measured by nation, marking a geopolitics of the previously colonized world in which not just cervical cancer, but also lack of health infrastructure, killed. No feminist politics of care at the clinical level, constrained to the ambit of the clinical exam, could address this infrastructural lack.

In the 1980s, two of the most prominent transnational feminist organizations – the International Women's Health Coalition (IWHC) based in New York, and the Women and Development Unit (WAND) of the University of the West Indies – collaborated on a project in Barbados to rearticulate the politics of cervical cancer. First, cervical cancer was grouped together with other infections, such as sexually transmitted infections, to form the category of 'reproductive tract infections' (RTIs) (IWHC and WAND, 1994). The category RTI was strategically intended as a new policy object for health care, family planning, and development governmentality (Germain et al., 1992; Wasserheit, 1989). The care of RTIs required changes to infrastructures (particularly the expansion and reorientation of family planning clinics to include care of RTIs) but the project argued that the problem of RTIs exceeded health care. RTIs were also presented as effects of gendered 'power imbalances' in a society that condoned coercive sex, stigmatized women's sexual behavior, and denied women sovereignty over the material conditions of their sexual encounters – for example, the ability to determine whether a condom was used (IWHC and WAND, 1994). 'Gender balance' needed to be changed. In this way, the

crafting of RTI as a matter of care reflected an effort in the 1980s to make 'gender' an alterable pivot of health and development projects (Bedford, 2009). Articulated in the moment when 'gender' was becoming an important axis within mainstream development at places like the World Bank, RTI as a matter of care called for attending to how power operated in the affective fabric of intimate sexual relationships and not merely the physiology of cancer or infection. It joined a larger political call to rearrange social gender-relations writ large as a necessary condition for successful economic development. IWHC would go on from its RTI project to coordinate the formulation of 'reproductive health' as a new policy object, which was eventually enshrined in the 1994 UN Cairo Consensus of the UN International Conference on Population and Development. This new framework of reproductive health was an important alternative to Malthusian-oriented population planning policies, which were concerned primarily with maximizing the number of contraceptive acceptors (Halfon, 2006; Petchesky, 2003). In many ways, RTI was the precursor to 'reproductive health' as a way to reorient governmentalities toward a gendered politics of care, one that included the right to choose, the right to services, and the right to gender equality in the age of international development. Moreover, US-supported development policies held that birth rates needed to be reduced to enable improvements to gross domestic product (GDP). Hence, development had hinged on women and their sexuality. Women needed to become choosers and acquire modern attitudes if national family planning programs were to succeed. Development could not be achieved without women, and hence, without feminism. Thus, family planning services had to be delivered as part of the larger category 'reproductive health', which in turn necessitated 'empowering' women, attending to feeling, choreographing moments of choice, and altering gender itself. What was missing, critics pointed out, was any alteration in the macroeconomic capitalist logics by which 'development' was proceeding. Development and reproductive health became hitched together as a conjoined transnational relation of rescue, intent on altering 'gender' and improving women without questioning the animating political economic structures.

Twenty years later, other conflicting articulations of a transnational feminist politics of care have built on the work of this Barbados-based collaboration. In particular, two contemporary transnational feminist itineraries of care, in IWHC and WAND, further unsettle and make uneasy the ambit of 'matters of care'.

Care as empowerment

At the yearly galas that the IWHC throws as fundraising events for the New York elite, jewel-bedecked donors in black pantsuits, almost all white, are served in a chandeliered banquet room by white-tuxedoed waiters. Speeches are offered by prominent figures, such as Hillary Clinton (2005), Kofi Annan (2004), Mohammed Yunus (2008), or Richard Gere (2007), while paparazzi snap photos for the New York Social Diary. The walls of the room are decorated with large illuminated photographs of some of the unnamed brown women and girls to be empowered. These two kinds of photographic subjects point to the affective economies IWHC strives to straddle: to shape policy and legislation with 'world leaders and powerful stakeholders' and to 'empower' by providing grants to grassroots organizations, with a resulting 2011 income of over US\$3 million. Tapping into the desire

of US elites to help empower women and girls 'elsewhere', IWHC describes itself as working 'to secure a just and healthy life for every woman and girl' through a commitment to reproductive and sexual rights that asserts the individual's freedom to decide about his or her health, sexual life, and child bearing, made possible through a right to access services and information. They enjoin donors to join a chain of empowerment from their privileged giving, through to IWHC, out to new state and international policies and distributed to a multitude of local grassroots feminist organizations. As one of the IWHC board members explained at the 2006 gala, 'We are the trusted partner of both, the powerful and the powerless'.⁶

IWHC's work makes sense within a larger milieu of calls to care about poor women through investment logics, as manifest in the prominent Nike Foundation campaign to 'invest in girls'. (Murphy, 2011) On International Women's Day, *USA Today* now regularly carries an advertisement supplement that parallels IWHC's work with that of the corporate philanthropy of Goldman Sachs, Exxon, and Walmart, who are all investing in girls and women as entrepreneurs of the self. In Western metropolises, posters in subways and on construction sites joined by viral YouTube videos call attention to transnational humanitarian organizations like Plan or Care that enjoin viewers to invest in the future of the undervalued girl. North Americans are now habitually invited to find solidarity through the circulation of financial investment in the potential of poor brown girls' lives. Through this circulation of care, grassroots organizing becomes sutured to logics of finance capital. The undervalued girl and woman is an affectively charged icon that assembles together divergent actors. For example, IWHC's 2011 board of directors did not assemble grassroots activists but rather brought together investment bankers, a prominent New York cardiologist and TV news personality, an associate director of the Population Council, the philanthropic director of JPMorgan Private Bank, executives of numerous investment firms from the Commonwealth Fund to Merrill Lynch, the Senior Advisor on Humanitarian Issues in the Office of the Special Representation to Afghanistan and Pakistan in the US Department of State, and a vice-president of the South African diamond mining company, Anglo American.

At the 2007 IWHC gala, two female members of The De Beers Group, the South African diamond trade titans, were invited to give prominent speeches as supporters and donors. At such events, IWHC regularly raises over US\$1 million, and thus the choreography of affective entanglements – pride, sympathy, activated potential, satisfaction – is vital to the overall budget. Or, as one of the De Beers spokeswomen explained in her 2007 speech (republished on the IWHC website),

As a woman I am very proud that De Beers is supporting IWHC. Almost as proud as I am as an African to be working for De Beers. I am proud because my father said, 'I have seen what diamonds can mean for Africa', and because De Beers as a company believes and practices the principle that Africa needs a hand up, not a hand out. I have seen more than a glimpse of Africa developing to its full potential. I believe that being here, you, the individuals and companies represented in this room, are demonstrating that you are not satisfied with a tiny glimpse. You, like us at De Beers, are finding new ways to grow potential by supporting the health and rights of young girls worldwide ... At De Beers we call this 'living up to diamonds'.⁷

Here, we glimpse the uneasy assemblage making up feminist transnational matters of care. Accumulation and dispossession are knitted together through affect as diamond mines are mobilized toward the empowerment of women in reproductive health. Here, affect is extracted, along with wealth, and put into circulation in a particular formulation of a feminist matter of care. 'Living up to diamonds' captures an unsettling feminist politics of care that aspires to 'live up' to the logics of global capital. Feminist yearnings, capacities to feel connected, and the lively potentials of girls are evoked and attached in troubling ways to finance capital and neo-imperial rescue in this now common contemporary fashioning of reproductive health as a postcolonial 'matter of care'. Franz Fanon's (1965) analysis of the relationship between medicine and colonialism is pertinent here. Colonialism offers up medicine, public health, and other forms of modern technoscience as benevolent enhancement practices that then serve to justify the existence of colonialism overall. Here, Western feminist rescue practices re-enact this relationship where enjoiners to empowerment legitimate extraction industries and become tied to the globalized demand to live by the terms of global capital.

Care as labor

Working with the Latin American and Caribbean Women's Health Network, WAND developed its own campaign 'Demystifying and Fighting Cervical Cancer'.⁸ The campaign was organized by Andaiye, who shared with WAND a critique of 1980s structural adjustment economic planning. Andaiye is a leading Caribbean grassroots feminist from Guyana. Along with Walter Rodney (2012), author of the influential Marxist book *How Europe Underdeveloped Africa*, she was a founding member of the Working People's Alliance (WPA) political party, which is dedicated to multiracial decolonization. Andaiye herself has experienced cancer and was a close friend of the renowned author of *The Cancer Journals*, Audre Lorde (1980). Along with her collaborator Selma James, Andaiye's politics might be called 'left of Marx', in that she sought to radicalize anti-colonial left politics with questions of sex and race.⁹ Dedicated to decolonization, her political and epistemological practices resonate with unsettling.

With Andaiye as coordinator, the campaign opened with a political economic analysis of the uneven distribution of pap smear screening, speculating that 'Barbados could have the highest rate of cervical cancer in the world' (WAND, 1992: 31). The question of 'risk' was dramatically reframed, not in terms of individuals or gender, but as 'the imbalance of power between rich and poor, North and South, white and nonwhite, men and women' (WAND, 1992: 32). Moreover, WAND (1992) mapped this political economic distribution of risk between North and South, as

also aris[ing] from the priorities of Southern Governments – or, rather, from the acceptance by Southern governments that the priorities for our countries and people are properly set by the North. Hence their adoption of International Monetary Fund and World Bank structural adjustment policies, which could contribute to increases in cancer and cancer mortality in the South. (p. 34)

The politics of risk was implicitly problematized as a calculus of already devalued human life, which resulted from fostering the 'productive' sectors of the nation and not human

life itself. This political economy of risk, the WAND (1992) pamphlet emphasized, was interested in ‘garnering foreign exchange at virtually all costs, leading to “economic” decisions that increase pollution and the exposure of our populations to pollution ... This goes hand-in-hand with the continued absence of legislation to protect workers and communities’ (p. 34). On this cartography of exploitative transnational economics that posited Barbados as a site for waste and cheap labor, the WAND (1992) pamphlet remapped the question of empowerment in political economy:

it is important for us to recognize that an individual’s choices are made within a context shaped by larger forces. Human behavior is a reflection (although not a mirror image) of material life, and our material life is shaped by the power relations in which we live. (p. 35)

This feminist vision thus called for ‘self-determinism’ at the levels of the individual, the community, and the nation. The ethic of individual sovereignty over reproduction, crafted by feminist self-help at the clinical level, was extended outward to questions of citizenship, economics, and decolonization.

In its campaign against cervical cancer, WAND created its own reassembly of feminist self-help, recirculating images and instructions on vaginal self-examination copied from a Vancouver-produced feminist self-help booklet. Feminist health-care methods, drawing on Marxist feminist analyses, were reframed as part of the larger burden of undervalued care labor that women ubiquitously did to sustain life. Thus, the politics of care was crucial to this WAND campaign: care work was unwaged labor that women performed daily for their own and collective survival, especially in the face of cancer. This labor was a constructive and yet devalued part of decolonization. Andaiye went on to co-found the Guyanese grassroots organization Red Thread, which forged a multiracial politics around valuing the unwaged labor of poor women. Andaiye and Red Thread, along with Selma James, would later become a significant force in the Global Strike for Women, which that envisions a feminist version of socialist decolonization focused on the issue of care labor. Andaiye argues that ‘unwaged housework is the productive labor without which there would be nothing else: no other labor, no workers, no economy, no society’, to which one might add, no technoscience. Andaiye is a harsh critic of feminist NGOs, explaining,

The left denied sex; feminism denied class. Both denied race. The donors do not just throw money at gender projects. They have an interest in gender projects. Capital is based on extracting surplus value from women’s unwaged and low-waged labor. They want us in ‘economic development’ so we do two jobs instead of one, or three jobs instead of two – so we work harder. (Dalton, 2008)

Critique and the ugly feelings of rage are crucial elements in this unsettled matter of care.

The Global Strike for Women, started in 2000, is most active in the ‘Global South’, including the ‘Global South in the North’ of welfare organizing in London and Philadelphia. It takes as its theme ‘caring not killing’, arguing that investment in military efforts should be returned to the community and reoriented toward paying a living wage to those who currently do the crucial unwaged care work of sustaining life. Its aspiration is to create a world centered on valuing the labor of care as integral to both life and all other efforts. Here, choreographies of feminist self-help are folded into a larger anti-colonial rearrangement of the

uneasy work of fostering life. While this project critically diagnoses how health care was already entangled in dispossessing patriarchal, postcolonial, and capitalist structures, its pragmatic politics of care primarily calls for wages toward survival, which cannot remedy the fact that much care labor is already waged as sex work, domestic work, and so on. Moreover, it does not often question the heterosexism that assigns women care work. It risks amplifying the logics and terms of capitalism itself, where care is most importantly politicized as monetized work. Thus, in this final example of cervical cancer as a matter of care, care is unsettled through anti-colonial commitments and critique, and at the same time, care's ambit is entangled in heterosexist gendered norms of care labor as positive nurturance and the temptation to imagine care as improving the logics of capitalism.

Unsettled pasts, unsettled futures

Both these politics of care – that of the Global Strike for Women and the American feminist humanitarianism of IWHC – explicitly sought to choreograph affective economies: how to relate, how to feel, how to attach, and how to live at a transnational scale. Both are genealogically entangled with the feminist practice of self-help and its historically specific fashioning of affectively charged protocols. My basic point, then, is that the project of articulating technoscience in terms of matters of care has histories and contemporary alignments that need critique in the form of unsettling. Care is not a new dimension feminists are bringing to technoscience but rather an already circulating, hegemonic force in our worlds. The work of affect in general, and the responsabilization of care in particular, has complex and fraught circulations, which stretch transnationally into racial formations, new and old colonialisms and capitalist logics that cannot be let off the hook of critical work. Excitingly, such work is taken up in much of the recent and emerging scholarship on cervical cancer, HPV, and vaccines (Carpenter and Casper, 2009; Mammo and Epstein, 2014; Wailoo et al., 2010).

In a moment when so many scholars are turning to affect and care to re-imagine politics, this article is arguing for the continued necessity of critique and historical accountability and hence the negative affects that come with it, as constitutive and crucial to the work of crafting a politics of technoscience that engages care. Within a critical feminist science studies engaged in matters of care, unsettling might hold within it at least two different kinds of work. First, there is the work of historicizing hegemonic histories and arrangements of race, nation, colonialism, and political economy (including those within feminism and queer politics). This work of stirring up and putting into motion what is sedimented, of decentering and cracking open the smooth into accounts of the messy and the partial, would also involve the simultaneous valuing of divergent multi-local itineraries as relevant to politics of technoscience – including the place of affect within and against it. Second, there is the work of reckoning with the histories and structures that unevenly dispossess, disappear, and disentangle, as much as those that award privilege, include, direct sympathies, and spark intimacies. Such reckoning will require willingness to work through discomfort, worry, anger, pain, disconnection, and living in non-alignment, that is, the unhappy affects of staying in the trouble.

Technoscience studies, and even feminist technoscience studies, have been resistant to doing the intellectual and political work of learning how postcolonial, decolonizing,

and anti-racist critique might reorient the field and its commitments. Moreover, an emphasis on care and affect within feminism has been repeatedly pulled toward an embrace of positive affect, conflating care with affection and nurture. Emphasizing matters of care risks drawing politics into the microcosm of legible attachment and affect as its narrow domain of engagement. Is there such a thing as a scope of attachment, feeling, and responsibility that might make technoscience accountable to its world? In a moment when hopeful visions of ontological politics lure feminist and queer scholarly inquiry into sites and scales of analysis where escape might be imagined, the move to nihilistically eviscerate through criticism becomes an equally disturbing temptation. I end here calling for the hard and imperfect work of unsettling care, as a charged commitment to historicize and to reckon with the painful complicities of technoscience, feminism, and technoscience studies in unequal affective economies. Unsettling requires analysis that is in solidarity with the thick and hard-won analytics created by women and queer people of color, as well as anti-racist and decolonial feminisms. Beyond a simple politics of dismantling, unsettling is a politics of reckoning with a world already violated: it is a commitment to desedimenting relationships that set the political, economic, and geopolitical conditions of knowledge-making, world-making, forgetting, and world destruction. Unsettling does not promise good affect; it is against, as much as within, the alignments and orientations that stratify technoscience. Moreover, when affect is constructed as the pivot of a political or recuperative project, and when technoscience is invited to choreograph belonging and pleasure, or to assemble intimacy and rescue, this is a moment to remember critical tools and entangled pasts.

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Notes

1. For the purposes of this article, I am using 'affect' in the narrow sense of capacities to feel and sense that become coded as emotions, desires, or attachments. This sense traffics closely with understandings of care as forms of affection, worrying, and attending to. This is also the sense of affect most commonly invoked in analyses of affective labor. I am not using 'affect' in the sense of capacities to respond and become, though this second sense can certainly be drawn out as implicit to the worlding work of unsettling. On affect in the first sense, see Cvetkovich (2012), Ngai (2005), Sedgwick (2003) and Stewart (2007).
2. This section of the article draws from Chapter 3 of Murphy (2012).
3. Script for slide show courtesy of Lorraine Rothman.
4. This analysis builds on Monica Casper and Adele Clarke's work on the emergence of the pap smear as the purportedly 'right tool for the job' (Casper and Clarke, 1998; Clarke and Casper, 1996).

5. See, for example Herrero et al. (2000), Reeves et al. (1989), Stanczuk et al. (2003), Torroella-Kouri et al. (1998), Villa and Franco (1989), and Williamson et al. (1994).
6. Transcript of speech by Kati Marton, IWHC fundraising gala 2006 in New York City, *Remarks by IWHC Board Chair, January 19, 2006*. Available at: <http://www.iwhc.org/getinvolved/events/2006gala/kmremarks.cfm> (accessed 21 May 2008).
7. Transcript of speech, IWHC fundraising gala 2007 in New York City. *Remarks by Rosalind Kainyah, De Beers Group*. Available at: <http://www.iwhc.org/getinvolved/events/2007gala/vsrkremarks.cfm> (accessed 22 May 2008). The IWHC gala marked the first time in 50 years a major diamond trading company executive visited the United States. Rosalind Kainyah is Executive Director of Corporate Communications for the Diamond Trading Company, the sales and marketing arm of the De Beers Group. Also speaking at the Gala was the Executive Sales Director, Varda Shine.
8. While a vision of the campaign was developed, it was not actually undertaken. However, a later pan-Caribbean campaign was undertaken in the early 1990s (Barnett, 1996).
9. In the 1970s, Selma James developed cutting critiques of the work of sexed unpaid labor in formations of capital, extending her analysis 'left of' the anti-colonial black Marxism of her partner, the Trinidadian Marxist scholar C.L.R. James. Carol Boyce Davies (2008) develops the trope of 'left of Marx' to describe the work of the Marxist feminist black left.

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