

Introduction

Autoimmunities in the Wake of COVID-19

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Abstract

Our introduction and the essays collected in this Special Section address themselves to the ruins, creations, and legacies of the ongoing COVID-19 pandemic. More precisely, we ask how our notions of immunity and especially autoimmunity have changed over the last three years. We theorize autoimmunity in the wake of COVID-19 through approaches that consider the material and experiential phenomenology proliferated by the longue *durée* of both the experience of COVID-19 infection and the pandemic itself. In this way, we connect our inquiries both to the history of recent epidemics—most notably HIV/AIDS—and to broader philosophical and cultural investigations of what immunity means and does. The writings grouped here focus their attentions in different and complementary ways. Some train their analysis on issues of temporality, others on ontology (Does the virus live?). Still others focus on geopolitics and other fields of specialization such as feminist and queer theory, science and technology studies, disability studies, critical race theory, and health humanities. Taken together, we imagine strategies of care and collective survival through notions of autoimmunity that model different, more queerly entangled and crippled understandings of bodies and environments that reach beyond myths of autonomy and sovereignty, eradication, and cure.

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Exposures

Immunity derives originally from a juridical and political context dating back at least as far as the Roman Empire, when the term meant most nearly “sovereignty,” and emerged within a lexical zone characterized by violence, invasion, punishment, and risk. As scholars across the humanities and social sciences have begun to articulate over the last few decades, the rise of immunology and virology in the realm of biomedicine are themselves inextricably bound up with racist imaginaries of self, other, risk, exposure, and defense. This Special Section is therefore necessarily invested in thinking about how notions of immunity subtending medical conceptions of the body have retained colonial and racist beliefs in independence, power, and control—the range of powers that Roberto Esposito concatenates, when speaking of immunity, as “sovereignty” (2011, 162)—in the midst of the COVID-19 pandemic. The history of immunity animates contemporary depictions of Black, Indigenous, and people of color (BIPOC), trans, queer, and undocumented lives as inimical to the flourishing of “healthy” bodies and in turn to their state-sponsored exposure to death. In this formulation, we draw inspiration from the pioneering work of Donna Haraway, who argued that the discrimination read into the heart of immunity as a “natural” apparatus ratified the primacy of racial hygiene and apartheid in a world increasingly saturated by imperial transits and convergences (1991, 223). Ed Cohen’s work has been crucial in expanding Haraway’s insights in order to show immunology’s fetish for skin—as a bulwark against microbial incursion—makes selfhood tautological for phenotypic racial essence (2009, 278). Emily Martin’s work elaborates this line of critique, revealing in detail how immunology’s discourse of flexibility (i.e., its characterization of immunity as a plastic and recombinant system) sublates a conspicuous range of historically parallel exaltations of whiteness (whose abstraction and fungibility excludes the rigid orthography of raced bodies) (1994, xii).

But we hope to break new ground by turning our attentions more squarely to the problematic (and as such the productive horizon) of *autoimmunity* over the same timeline. In the autoimmune, our writers discover much conceptual opportunity. After all, the latter names the misrecognition of the self, the suicidal apotheosis of immunity’s force of liquidation and extermination. In other words, under conditions of autoimmunity, these forces of violence and policing destroy the very self to whom (or, in its reconfiguration as alien, other, and thing, to *which*) they are pledged, and in whose name they draw their legitimacy. Autoimmunity might thus apotheosize the way of all logics rooted in banishment and termination, the

final and inevitable turning inward of necropolitical armatures, the suicidal fantasy subtending all (il)logics of violence, where the authoritarian coalescence of the latter names the source code of patriarchal masculinity, heteroreproductivity, and whiteness. Autoimmunity can therefore figure the utopian end(s), the final disposal, of domination itself. In this way, it becomes a canny and felicitous figure in the broader projects of feminist, queer, and antiracist thought/struggle. We follow Eula Biss in her rich theorization of this collaboration—her insistence that the immune self has always been a fantasy of modernity (2014, 43). But its utopian energy also runs in a more explicitly positive direction. The autoimmune can name the abolition of the self and all the psychic violence necessitated by the latter's defensive maintenance, yes. But it can also conjure something more akin to immune failure or anti-immunity. Not just the disposal of the self, then, but the accession to the primacy of the other, the outside, the foreign: the logic of sacrifice and offering rather than, or at least alongside, the logic of suicide.

The autoimmune, put differently, is not only a corrosive and negative pulse encrypted within control (be it patriarchal, ableist, or heteronormative)—a cataclysmic return of all that these systems of order repress. It is also a positive and aspirational emblem of the solidarity and care that these systems abject. Such abstracted postures of openness and exposure have of course taken shape as human suffering and grief that are all too real. As explored below, long COVID names only one such literalization. But this issue hopes it is still possible to simultaneously honor such pain and nonetheless source from the rubric of autoimmunity a logic of mutual care and entanglement that opens onto political futures—antiracist, queer, crippled, abolitionist, anticapitalist, and decolonial futures—aimed at *lessening* pain and loss. That is the ambition we invest, with our authors, in the autoimmune.¹

COVID, as only the most recent irruptive and disjunctive surfacing of the autoimmune problematic, continues to be processed—in the Global North at least—through rhetorics that reprise racist depictions of Asia and the Global South. Such discussions around the immunity of our bodies frequently imply immunity not just from coronavirus, but—in immunity's transmuted guise as racial purity and security—from immigrant labor, from incarcerated and/or otherwise policed bodies, from the Global South, from the third world and the planet's zones of "uneven development." It is from these geographies, of course, that the virus is understood to have emerged, whether from "dirty" wet markets or menacing Chinese research labs, re-enacting coverage of the so-called He Jiankui affair of 2018, when Western audiences performed their horror at the unethical practices of Chinese researchers.² Scholars and activists alike have documented the legacy of derogations such as "China virus" and "Kung flu," which long predate the burst of anti-Asian American and Pacific Islander (AAPI) sentiment that cropped up during SARS, and stretch at least to the fearmongering and fantastical discourses around Chinese American hygiene and contagion. These narratives imagine the

racial other not just as morally, cognitively, or physically deficient, but indeed as a walking pathogen to the putative sovereignty and flourishing of the white Western body. This other, not SARS-CoV-19, is the real virus. While the specificity of anti-AAPI hate is itself not the focus of the essays collected here, we invoke it at this section's outset for two reasons. First, because it marks a salient concretion of the discourses around (auto)immunity that can occasionally become abstract. And second, because we hope the following pages draw attention to its ongoingness and its catalyzing impetus in these writings. So, it is not just our cells that must be defended from intruding viruses, then, but whiteness and Western states themselves that must be protected from the queered and crippled threats of lethal foreign cultures. This convergence between immunity's political and biomedical guises renders the concept's semantic and social history.

Strange Days

Running through many of the essays collected in this issue is an attention to COVID's vexing temporality. The strange chronologies—the feeling of time itself being out of joint—surfaces in much popular discourse on the pandemic. Consider, for instance, the common refrain that occurrences before or during COVID cannot be pinned down with much accuracy: the alternating dilations and truncations of time catalyzed by over two years of caesura, dehiscence, exception. Attempting to work through such displacements and derangements, these authors engage the labor of witness and testimony. They embrace, that is to say, the duty of return and commemoration: of remembering together. In this way, in different voices our authors link their personal traumas to collective recalling. Their work is fundamentally archival: writing stories, committing them to permanence, extracting them from the haze of pain and obliterated life. Their archival (re)constructions mark yet another sense—described at greater length below—in which the present collection converges with the energies of Black feminism. As writers from Saidiya Hartman to Toni Morrison and Hortense Spillers have shown, the act of collaborative remembrance can wield massive disruptive power—excavating (or, in the unique case of Hartman's strategic fabulism, inventing) a history where there was an absence, a silence.

Supplementary to that collective remembering, the authors collected here wager a methodology that ask at least two specific questions: What are the psychic inheritances of this pandemic temporality? And, relatedly, what can we do with and make of such destabilized chronicity?

The AI Humanities Research Group's essay, "Autoimmunity and Affect: Tolerance and Achronic Time in Three Narratives," tackles the first of these questions directly. In their work, the experience of negative affects following diagnosis and acute symptomatic presentation becomes an intellectual and aesthetic method. They offer a methodology that is *of* COVID but not bounded to its specificities: an ethic that speaks outward, profligately, to autoimmune and otherwise chronic

illness generally. Indeed, their paper engages the ambiguous relation between COVID specifically and chronic autoimmune conditions at large. After all, many of the syndromes that people are just now beginning to live with are—at least from Western medicine’s nosological vantage—only dubiously relate to or derive from COVID. The pandemic’s unstable and shifting specificity (which is to say, its identity) recurs throughout the pages of “Autoimmunity and Affect.” Within the essay, COVID occasions or prompts theorization of the resistance to final epistemic certitude—and to the psychical certitudes and holisms imagined to flow from that knowledge—posed by autoimmunity, immune deficiency, and chronic illness generally. Each author addresses themselves to these global questions of chronic illness and autoimmunity: their symptoms, their experiences with the healthcare system, and their recurring attempts to make meaning in the wake of time, embodiment, and immunity’s mutual upheavals. The AI Humanities Research Group’s insistence on simultaneously speaking their personal truths and collaborating toward a shared experience speaks to the essay’s larger ambition: that is, to articulate the unresolvable dialectic between singular, idiosyncratic experience and the shared arrival of new social paradigms rooted in chronic pain, chronic care, and medical endurance. These authors’ search for and discovery of commonality mark a reparative counterpoint to the alienation and subjective disorientation of the achronicity they so rightly attribute to pandemic time. They find a way to be together, to care as one, even as they honor the nonfungible specificity of their own pain.

That same impulse to honor individuation even while forging solidarity appears in very different and bracingly innovative form in the How We Make It (HWMI) Collective’s *Scalar* piece. Presented there is a record of how a group of artists, activists, and scholars endeavored to support each other, starting in 2020, in living with the syndromes now collated as long COVID. Taking as its formal north star Eli Clare’s rubric of brilliant imperfection, this multimodal work embraces—*aesthetically and organizationally*—the disorder, noncontinuity, and disruption birthed by the pandemic. In a series of fragmentary irruptions, the HWMI Collective offers the knowledge gleaned from members’ different inhabitations of plague and isolation: a bounty for scholarship born in loss.

Sofia Varino’s “A Viral Pedagogy: Undoing Things with Long COVID’s Autoimmunities” picks up on the pragmatic logic of repair and repurposing instantiated by the AI Humanities Research Group and the HWMI Collective. It relates the experience of teaching a Zoom course during the lockdown called, fittingly, *Staying Alive*. Participants in Varino’s seminar—which emerges in the chronicle of her essay as a true and rare democratic commons—endeavored to articulate a broad theory of autoimmunity. Varino’s essay builds on the insights developed in that seminar, interweaving them with the lessons of an intersectional panoply of fields (feminist STS and biomedicine most saliently). From that basis, Varino’s essay thinks autoimmunity as an ontological arche, an

essential figure for uncertainty and indecision as such. Autoimmunity, put differently, becomes for her a schema, a bulwark against sovereignty. In the scope of this work, Varino also contributes to a growing philosophization of autoimmunity that dates to the work of Peter Sloterdijk, Niklas Luhmann, Roberto Esposito, Jacques Derrida, and most recently Mark Neocleous.

Though their projects are internally quite different, those thinkers—including Varino—all think autoimmunity as the sign of the unstable self, the falling away of borders policed, membranes maintained, outsides segregated from insides. It is a figure for commingling, creole, and hybridization. Because the Western idea of the human itself—from the Enlightenment to the present—relies on that notion of separation and boundary (mind from body, subject from object, self from other), autoimmunity is coming into view as a major icon in the field we are only beginning to recognize as, if not a health *inhumanities*, then certainly a health *posthumanities*. Varino's seminar analogized the ontological uncertainty posed by autoimmunity itself to the (then-)uncertain future of teaching and learning in a pandemic's *longue durée*. Her essay invites its reader to query the relation between, on the one hand, the act of teaching (that is, the promiscuous proliferation of inquiry without end, of uncertainty as goal and without limit) and, on the other, the state of autoimmunity (that is, an embodied form of query that also recognizes no border or asymptote: i.e., the residuum collated as "self"). Hers is an ambitious literalization of that utopian icon: the self-less pedagogy. Varino's seminar, as commemorated in her article, does at least two things, then. First, it models a feminist pedagogy of collaboration, mutual care, and codependency that we would do well to honor and replicate even beyond ableist and increasingly ubiquitous claims of "normalcy"'s return. By the latter, we refer to the capitalist—and very possibly racially capitalist—drive that rightly sees in new, more care- and therapy-oriented configurations of subjectivity (and especially women's, queered, crippled, and BIPOC subjectivities) a threat to the steady supply of exploitable and degradable labor. Varino's is a pedagogy of shared trauma and co-authored imaginings that departs admirably from the striated hierarchy of expertise that characterizes too many classrooms—virtual or otherwise.

Other Life

The AI Humanities Research Group, HWMI Collective, and Varino all make overture to the nonhuman in its manifold forms. The virus itself, after all, exists (or subsists) in a tenuous ontological balance: neither living nor dead. It troubles categorization, appearing as—itself—a material consummation of the uncertainty and ambiguity Varino attributes to autoimmunity, where a self separates from and cannot recognize "its" self: a crisis of ipseity. To say that the human body "self"-destructs under the sign of autoimmunity, then, is to say that the body becomes other, the human (as coherent and "self" sustaining) negated. That transition stands to contribute in crucial ways to aspects of the feminist STS project rooted in decentering longstanding fantasies of the human whose

notional independence does not just fly in the face of the prosthetic, mutual nature of human life but, more perniciously, habituates patriarchal narratives of independence and the violence authorized to maintain it. Yet, as Neocleous (2022) persuasively writes in his new volume *The Politics of Immunity*, the negation instantiated in autoimmunity sublates an uncannily redeeming ideal if we are willing to look for it. Selfhood, as psychoanalytic thinkers since Freud have known, carries the potential for—and lives as—monstrosity. Threaded throughout this issue is an intersectional ambition to show how this monstrous force often acts through and as the violence of racialization and patriarchy. In this way, we hope to reveal already existing lines of solidarity and mutuality between the analytic tradition and the projects of STS and Black feminist critiques of the Human. Its relentless and murderous posture toward all challenges to coherence and integration stands as an enduring threat to collectivities and sociality. The ego, in other words, is a necessarily fascist thing, sharing in this way a homicidal pressure more commonly attributed solely to the id. Autoimmunity thus arrives as a biologization of the perennially mischaracterized death drive. Which is to say that it figures a dissolution of integrative force and perhaps, in turn, the fundament of collectivity as such. A reconciliation, then, and perhaps even a reparatively masochistic exposure to the queer arc of virally induced autoimmunity threads through the experiential testimony detailed by Varino, the AI Humanities Research Group, and HWMI Collective.

Though not universally, this openness to the non-self manifests in the pages of this issue as a collaborative contact with forms of the nonhuman beyond/in addition to the latter's psychoanalytical guise (that is to say, as/in the unconscious or death drive). No text in the following pages explores these expansive and ambitious renderings of the nonhuman more directly than Salar Mamani's "Derrida, Autoimmunity, and Islamic Medicine." Anchoring that essay is an engagement with Islamic politico-medical discourse of virality. For Mamani, the twentieth-century understandings of the virus as the foreign other that attacks the self's immunity becomes a useful placeholder to understand specters of the Islamic terrorist that threaten US empire. In Mamani's theorizing, Islamic threat, while "other," is not ontologized outside notions of the "healthy" American. Instead, Islamic thought as negation is constitutive of the West's understanding of itself. Mamani's theorizations serve as an apposite contemporary companion piece to Emily Martin's (1994) groundbreaking work on the role of immunity in American culture in *Flexible Bodies*, written almost a decade prior to 9/11. In theorizing how our understandings of the immune system and the body draw on discourses of the "defended-nation" always on the cusp of threat or crisis, Martin anticipated much of what would become actualized and explicitly racialized in the years following 9/11 (1994, 51). The through lines between Martin's and Mamani's work are even more explicit in their theorizations of biology as ideology, explicitly around discourses of sperm. For Martin, notions around egg and sperm operate through the heterosexual matrix of a "scientific fairy tale" in which menstrual

cycles are always described through the language of loss and shedding; in contrast, sperm is the primal scene of sociogenesis—its excess is the object of marvel rather than waste or failure (1991, 486). Martin's critique is germane to the logics of Western medicine, and her archive is predicated on textbooks used in undergraduate premedical classes at Johns Hopkins University—the very site that used Henrietta Lacks's cells for cancer research without her consent. While Martin's 1991 essay does not explicitly connect the fairy tale of egg and sperm to the racial and colonial logics of US empire, Mameni takes up this thread, but with an important difference. Sperm in the context of Islamic medicine does not replicate the gendered hierarchies of the heterosexual matrix. Instead, Islamic medicine refers to both male and female "sperm" through discourses of fermentation. While contemporary discourses of Islamophobia invoke Muslim men and/or Arab masculinity as terrorist threats (so that US empire and its concomitant logics of masculinity can be shored up as antidote in the service of "democracy" or saving brown women), Mameni discovers a more queer tradition beyond Western medicine that confounds the conventional scripts of the egg and sperm.

Not only does Mameni find that discourse of Islamic medicine rich and surprising; they also find in it the grounds to challenge, first, the construction of Islam itself as a threat and/or plague in Western thought, and, second, the immunitary mode that organizes such Western logics. Regarding the first, Mameni traces their argument to Derrida's writing on the autoimmune crisis that 9/11 posed for/to US imperialism. The essay then paces through the familiar critiques of Derrida's position (and the broader associational networks from which it operates) holding that his work establishes the Middle East as an endogenous contagion that the West must defend itself from. Such castigations of Derrida's essay revive familiar homilies against sourcing political metaphors from biomedical discourse. The courage of "Derrida, Autoimmunity, and Islamic Medicine" lies at least partially in setting such cautions aside and insisting not only upon the inextricability of medical and political thought. And it is in medieval Islamic texts, in fact, that such imbrication finds its clearest expression. In that archive, Mameni discovers an understanding of growth and disease—that is, sperm and virus—originating within a common process. Mameni leverages this discovery to claim that ninth- and eleventh-century Islamic thought operated on a system of autoimmunity. In this way, "Derrida, Autoimmunity, and Islamic Medicine" finds an echo of the ways in which Pasteur's experiments in fermentation actually vindicated then-"defunct" protoscientific models. Yet, as Mameni shows, even as Western politico-medical discourse configures Islam as its radical other and immunological scourge, it by that same schematization implants Islam as "forming the very basis of the West's image of itself." In this way, "Derrida, Autoimmunity, and Islamic Medicine" recovers the very logic of autoimmunity operating within the dialectic of Western/Islamic globality: the self at permanent war with "its" self—the catachresis or double cross at the epistemic origin. Such scholarship explicates the

complex and shifting status and—more pressingly—consequence of metaphoricity in the medico-political discourse of autoimmunity.

Mameni's capacious theorizations of autoimmunity as a mode of thought and political figure are developed in different directions by Christian Gundermann's essay "The COVID Emergency as Autoimmune Disease." That contribution divides its efforts roughly in half across two interconnected goals. First, it reveals the emergence of a contest between two models. On the one hand is the older classical modern subjectivity built upon the infection and immunization paradigm—a paradigm elaborated most comprehensively in the work of Roberto Esposito. On the other, and now in conflict with it, is a counter-discourse in which the subject draws its own coherence and force not from immune defense but from autoimmunity. The latter, insists Gundermann, is currently in ascent and becoming predominant. The Western discourse around digitized virality—for example "going viral" as a strategy of market dominance—provides just one especially salient example of this cultural implantation. The article's second project flows from this analysis to document how the mRNA vaccine program rolled out in response to COVID instantiates and emblemizes this latter, emergent discourse, contradicting the older immunizational form. mRNA injections, he contends, are no longer actually vaccines in the sense of being products that introduce the pathogenic in order to produce immunity. By exploring the biochemistry of mRNA technology in depth, Gundermann provides a concrete expression to his more abstract theorizations around the subjective, aesthetic, and politico-economic affordances of autoimmunity as a logic of both selfhood and domination.

Pedagogies of Return

As the foregoing through lines make clear, this volume of essays collectively seeks to theorize autoimmunity not only by orbiting a few key thematic nodes but also from at least two epistemic registers: through approaches that consider the material and experiential phenomenology proliferated by the long durée of both the experience of COVID-19 infection and the pandemic itself; and through works that address the classificatory and linguistic negation of identity, experience, and care that occurs when acute infection gives way to a range of chronic symptoms and syndromes poorly understood in their ties to infection. What, for instance, are the autoimmune legacies of "long haul" COVID-19, coinfection, or asymptomatic infection? How might alterations to touch, taste, and smell register both epidemiologically and experientially but also epistemologically? What are the affective and embodied realities of these conditions? And how is their legibility—both medically and culturally—affected by the widespread disbelief not just in the frequency of "true" long-haul experience, but in the shadow endurance of the pandemic itself? An earlier instantiation of this volume was framed under the tentative title "Autoimmunities after COVID-19" as a way to signal our investments in chronicling and commemorating the various lifeworlds that

infection has simultaneously given rise to and denied, with no notion or promise of durational closure. But it is precisely this attention to amorphous temporality that also seemed to brush up against the provisional “*after*” in our title. The logics of finality germane to “*after*” seemed at odds with the collection’s investments in eschewing chronologies of origin stories and epistemic aftermaths. More urgently, to signal an “*after*” to COVID-19 sat all too easily in propinquity with bromides of various incarnations to return to normal or business as usual.

The shift to “Autoimmunities *in the Wake* of COVID-19” seems slight, but ultimately aligns this volume more squarely with efforts in health humanities to contravene investments in viral origin stories (imbricated in the racist entanglements of patient-zero narratives, anxieties around foreign cultures, and depictions of “uneven” development) as well as finite conclusions (in which biomedical, ableist, and state-sanctioned “solutions” place pandemics firmly in our rearview mirror). Collectively, the essays gathered in this Special Section thus pose the question of what it might mean to refuse the idea of pandemics as having singular points of (racist) origin and finite conclusions. Thinking beyond medicalized notions of immunity that fetishize first occurrences enables our contributors instead to diagnose local and globalized systems of power that both presuppose and reproduce medical apartheid and carceral necropolitics: in other words, the uneven distribution of life chances. The collection of essays both implicitly and explicitly ask us to understand pandemics through the lens of enduring structures rather than the scandal of crisis and temporal exceptionalism—what Bishnupriya Ghosh calls the appearance of “*the*” pandemic as a putative “one-of-a-kind experience, a vertiginous rupture irrevocably changing all that came before” (2023, 4). Rather than thinking of pandemics as shock and awe ruptures, we want to think of them as continuations—what Lauren Berlant would call “crisis ordinariness” or “slow death” (2011, 101). And rather than focusing on when they begin or when they will end, we want to ask how pandemics scatter and proliferate. Then, perhaps more importantly, we can imagine strategies of collective survival through a notion of autoimmunity that models feminist, more queerly entangled, and crippled understandings of bodies and environments that reach beyond myths of autonomy and self-sufficiency.

The work in feminist disability studies—in its critique of an uncritical faith in cure and the privileging of biomedical solutions as panacea—proves instructive in imagining these strategies of survival, particularly in the context of autoimmunity’s queered temporalities. In “How to Be a Person in the Age of Autoimmunity,” Carolyn Lazard offers a succinct reminder of how living with Crohn’s disease contravenes the idea of “illness as a momentary state of incapacitation that would always go away” (2013). If pandemics eschew the linear chronologies of beginning and end, the chronic nature of autoimmune conditions—exacerbated in the wake of COVID-19—magnify the stretching of time that seems to undercut any neat temporal logic of an afterlife to

autoimmunity. Lazard's challenge to the idea of a stable postscript to illness also gestures to sovereign and masculinist fantasies of wholeness that are promised by biomedicine, even as the medical establishment struggles to diagnose and heal autoimmune conditions. In ironically referencing self-help manuals and "how-to" guides, Lazard's essay title wryly and implicitly comments on the certitudes of programmatic solutions, "learn how to" manuals, and "cutting-edge" medical technology—false promises, predicated on ableist premises. But the members of the HWMI Collective take this very question—of how to confer personhood and humanity within the autoimmune—and offer responses that are rooted in feminist logics of interdependence and bearing witness to pain.

"How we make it," then, is a double performative: it indexes the materiality of aesthetic form and the making of art in the age of the autoimmune; but it also is an inquiry on how to persist and survive in the wake of COVID-19's long haul. This double play is most poignant, for example, in Megan Moodie and Cynthia Ling Lee's video "Inventory of Joy" in which they film and bear witness to each other's bodily transformations—Moodie's experience of dystonia, owing to hypermobile Ehler's Danos (HEDS) syndrome, and Lee's grappling with bodily modifications in the wake of long COVID. Their video is a documentation and recognition of pain, but the very act of acknowledgment paradoxically makes it also a documentation of crip joy and feminist collaboration—in their words, it "stands as a crip queer feminist challenge to normative medical regimes of image-making, the elicitation of symptom etiology, and diagnosis." Rather than a search for causation ("how did it happen") or cure ("how to fix"), the video stands in as a visual document of understanding autoimmunity and experiencing disability ("how we make it") in the wake of COVID-19.

At the outset of the clip, we hear Lee's directorial prompt to Moodie: "Pretend you're talking to your friend...or teaching a class to one of your graduates." Evidence is no longer the domain of Western medicine. Instead, "Inventory of Joy," is framed by Lee, a Taiwanese American scholar/choreographer and COVID-19 long-hauler, whose directorial voice curates what we are about to see. Lee's act of bearing witness is sutured to our own act of watching Moodie's bodily movements—her tremors and the symptoms of dystonia are turned into a spontaneous dance party in which "crip dance collaboration" functions as "new form of medical evidence." The framing of this moment through the perspective of Lee is especially significant, given the long gendered and racialized history that undercuts the pain experienced by women of color as "exaggeration" or "hysteria" (the film explicitly references this history by juxtaposing the rhythmic movements of Lee and Moodie with black-and-white medical photographs of "hysterical" women). The collaborative dance is further juxtaposed with Alexandra Juhasz's commentary that affirms the feminist and crippled critique of Western science and medicine at the heart of the video. Juhasz notes, "If the project is to convince doctors, this is not going to do it. If the project is to pass on information or to

ask...people to rethink what evidence is in relationship to women's bodies, you're just in the meat of it." If surviving in the wake of COVID-19's long haul means enduring the temporal logics of autoimmunity, the video documents the possibilities of embodied exhilaration—both as remainder and reminder.

But "how we make it" cannot always, of course, be joyful or transformative. It also entails recognizing "how structures of inattention and abandonment have been visited on those who cannot or do not return to the land of the well" (HWMI Collective). In this sense, how we make it is also gestures to how we mourn or commemorate those who don't. To be "in the wake" of COVID-19 must necessarily grapple with its commemorative and ritualistic logics to remember the dead. In this sense, the shift in the volume's title from "after" to "in the wake of" mines Christina Sharpe's polemic on the wake in which she argues that Black death is not simply a consequence of living in the wake of slavery, but a "predictable and constitutive aspect of this democracy" (2016, 7). In Sharpe's words, "Living in the wake means living the history and present of terror, from slavery to the present, as the ground of our everyday Black existence" (2016, 15). Sharpe's introduction mines various different but interconnected meanings of what it means to live in "the wake"—living under economic sanctions and structural adjustment policies imposed by the International Monetary Fund, extrajudicial killings of Black peoples, forced migrations in which Black subjects "are imagined as insects, swarms, vectors of disease" (2016, 15). To invoke Sharpe's analytic of the wake is to mobilize its various meanings at the same time—the ritual of mourning the dead or the results and consequences of something, just to name a few. But in all these meanings, there is an attendance to a temporality of a "past that is not a past" (2016, 13), or an afterwards that pushes back against the trappings of its "after"-ness. In this sense, the wake as a temporal analytic exists in the same performative vicinity with the temporality that subtends a "palimpsest of epidemic learning"—the term Cindy Patton uses in this Special Section's interview to describe how layered meanings of epidemics inscribe or "lamine" on top of one another, so that the epidemiological and epistemological categories that we receive are always "entangled histories" that zigzag through time. Even calcified and received histories will always reveal traces of layers that connect but "refuse straight lines between past and present."

To mobilize Sharpe here inevitably risks appropriating work that centers Black life for a collection, which, while attending to anti-Black logics, does not exclusively replicate Sharpe's centralized focus. To be clear, we want to emphasize "the wake" as we mobilize it in the context of COVID-19 as different from though still evocative of Sharpe's theorizing. So, to quote Bishnupriya Ghosh's question posed at the beginning of her own contribution, "why start with Black death?" (Ghosh's own essay mobilizes Sharpe's work on the wake for her analysis of the pandemic in the context of India's Hindutva project under the Modi regime.) Ghosh suggests that the preservation of a Hindu national body politic is inevitably a racialized

project that orchestrates the production of “making die” rather than the consequence of bad planning or “liberal laxity.” Thus, for Ghosh, “Hindutva’s global racial project resonates with global anti-Blackness” since “both are test beds for producing death at mass scale when the opportunity arises.” Ghosh’s mobilization of Sharpe is a valuable riposte to colorblind narratives of viruses not knowing borders or transcending all modes of geopolitical difference. While strategically mobilized as a way to foreground the gravity of the pandemic, such universalizing technologies also ignored the logics of what Ghosh analyzes as population culling in which certain bodies are always already “marked as threat and slated for expulsion from a unified body politic.”

But even more specific to the racialized projects of population culling that operate at global scales, to think of autoimmunities in the wake of COVID-19 necessitates situating anti-Blackness and white supremacy “as the total climate” when thinking about the entangled histories that inform pandemics. Collectively, the essays in this volume can be said to perform a temporal unbundling of sorts, refusing to historicize COVID-19 as exceptional to only the present, sequestered from other social, historical, and political phenomena. In these writings, then, there are implicit attempts to reject overdetermined “watershed” moments of pandemics as exemplary and isolated: as a result, authors historicize COVID-19 in relation to the genealogy of Islamic thought (Mameni), the Bengal famine of 1943 (Ghosh), AIDS homophobia during the Reaganite years (Caleb), the 1962 military coup in Burma (Tammy C. Ho). These are just a few illustrations that constitute “the wake”—that inscribe on to or “lamine” our contemporary moment. The refusal of period exceptionalism is essential if we are to think about pandemics not simply in virological or epidemiological terms. In a recent essay, Jih-Fei Cheng makes the bold yet matter-of-fact claim: “AIDS is not simply the result of a virus” (2021, 145).³ Rather, he urges us to think instead of how viral pandemics “result from the exploitation of racialized, working-class, and poor bodies, and their biotechnological solutions require making these bodies ever more penetrable and continuously sick from technoscientific experimentation and commodification” (145). If we are ever to think of an *after* to pandemics it can only come in the *wake of*—which, for Cheng, requires the historicization of “the intricate relations between colonial racial and gender ideologies” (148). Since our conceptions of immunity are enmeshed so deeply in whiteness, to think through the wake of pandemics “must involve abolishing police, prisons, and property to instead fund universal access to housing and health care” (148).

The refusal of discrete pandemic periodization animates Amanda Caleb’s contribution to this Special Section in her return to public health poster campaigns subtending AIDS in the 1980s and ’90s. Caleb mobilizes this moment as the “entangled history” to examine the more contemporary “Together Ohio” and “More than a Mask” campaigns in response to COVID-19. The latter’s overrepresentation of Blackness as risk finds its genealogies in public health

narratives circulating in the performative vicinity of HIV/AIDS, obfuscating structural conditions and overemphasizing what Marlon Bailey calls “interpersonal behavioral modification” (2020, 220). Caleb foregrounds how health campaigns around drug use and unsafe sex ultimately functioned as racialized autoimmune campaigns where an always healthy (but perpetually at risk) “self” had to quarantine from its queered and racialized Black other (always defined as “outside the body politic”). This self/other immunitary relation is one that threatens to always dissolve, even as it seeks to demarcate the self from other (or labors to demarcate precisely because of the perpetual dissolution of self/other). While such a relation might be most evident in moments of putative crisis (or “flare-ups,” in Caleb’s formulation), the essay importantly emphasizes their foundational character to the very definitions of public health. Because such foundations are enduring and protracted, Caleb offers the important reminder that “autoimmune responses to AIDS and COVID-19 are not parallels but rather a continuum of an autoimmunity.” Caleb’s qualification simultaneously pushes back against facile comparison (one that blurs important epidemiological differences) and yet preserves the useful mobilizations of social relationality across time (and even within shared or overlapping temporalities). Of course, even the realm of the social can paper over crucial differences between HIV/AIDS and COVID that warrant theorization: differences in state responses, moral significations, the speed of clinical trials, the presence or absence of vaccines. Continuity rather than contiguity contravenes temporal models of succession, while still offering a social barometer of pandemics beyond rarefied or bracketed histories.

The contravening of COVID-19 as an episodic or event-oriented temporality is particularly crucial for this Special Section since it resonates with BIPOC feminist interventions around history, memory, and selfhood. In this light, Caleb’s “continuum” or pandemic relationality beyond comparison, along with Cheng’s insistence that pandemics cannot squarely be understood as epidemiological, broaden what we come to understand as viral history. This stretching of viral genealogy, or the rendering of it as more capacious, allows a careful consideration of the gendered and racialized histories that subtend the necropolitical logics of pandemics. For example, “Folding Stories as Medicine,” Tammy C. Ho’s contribution to the HWMI Collective in this Special Section is perhaps most illustrative of an understanding of viral history through the lens of gendered, colonial, and racial genealogies. Ho’s contribution focuses on Burmese diasporas in the United States, particularly around telling the story of Tin Aye, a Burmese refugee worker whose exposure to COVID-19 and eventual death while working in Colorado’s meat-packing plants highlights a concatenation of intersecting forms of violence and thick histories. Aye’s story becomes the occasion for Ho to connect the necropolitical demands of corporate logic to return to work with “deep structures of US settler-colonialism and capitalist extraction from the brown undercommons.”

The story of Tin Aye (narrated to Ho by Sam Twin, Aye's daughter, who is a Burmese American grocery worker) highlights the fatal and purportedly linear fictions of health and autoimmunity—the notion that the etiology of sickness is always the foreign virus; the body launches its expected fortress of immunity; and then we return to a state of normalcy—the a priori default setting of good health. Sam Twin recounts how the onsite clinic at the meat-packing factory diagnosed Aye with a common cold and cleared her to return to the floor and continue work: "Tin Aye, my mom, didn't matter nearly as much as the bottom line." Ho's documentation of Aye's story via Twin's narration functions as a memorialization of refugee history of an immigrant woman of color—a kind of narrative selfhood that refuses to consign her life to the logics of oblivion. Ho's contribution ultimately is a corrective that is historical, but in equal parts, it is also historiographical—an effort to "dwell in unwellness" through "collective witnessing." Ho's account features images of a zine-making session that include quotes from Twin, family photographs, clippings of sketches of Aye. These material objects are quotidian attempts to create makeshift memorials, making the zine an object of cathexis for its author but for us as readers/viewers as well. Ho's account reveals that Aye's family could not afford a headstone, especially from the food company's inadequate funeral settlement. The repeated acts of "cutting, rubbing, and gluing paper" that go into the crafting of the zine become commemorative rituals, allowing for memory making and mourning where they have been repeatedly foreclosed and insistently refused. The zine thus becomes a touching across time between Asian American women: a refusal of selective mourning in the face of history's collective amnesias. This continuum across time or pandemic relationality is not only between Aye and Ho of course—it is importantly refracted through Twin, whose recounting of her mother's life offers a powerful meditation on the ability of narrative to offer what Lisa Lowe calls a "productive attention to the scene of loss" (2006, 208). Even while "productive" and historiographically imperative, Twin articulates how the process of remembering is also hard to endure: "the most painful thing is going over all the what ifs? If JBS had closed earlier. Or cleaned the plant more thoroughly. Or gave the meat-packers personal protective equipment immediately." Twin's words demand that we ask why the hypothetical gets naturalized as the impossible. Her words mine what Saidiya Hartman calls the "capacities of the subjunctive...a grammatical mood that expresses doubts, wishes, and possibilities" (2008, 11). But the subjunctive mood also demands the writing of viral history narratives that get obscured when pandemics get reified into temporary abstractions that begin with crisis and end with a return to normalcy. Twin's "what ifs" push us to consider, What did Aye's death have to do with the cruelties of meat-packing industry and factory farming? How was it connected to the violence of forced migration that compelled her to flee Myanmar and into a refugee camp on the border of Thailand? In what ways was Aye forced to exist in the wake of demands to exist only as "grateful model minority" or "cheap disposable labor"?

COVID-19, and pandemics in general, can never simply be isolated episodes. Like Ho's "crumpled" or "folded" stories, the temporalities of pandemics require a reaching back and touching across time. When the purported exceptionalism of pandemics requires us to fixate on scandals of the present and then return back to normal, our contributors in this section remind us to linger in the wake. For example, in Pato Hebert's contributions to the HWMI Collective project, lingering conjures the ontology of a remainder, but also gestures to the call of a persistent reminder—to dwell in detritus, to contravene the temporality of postscripts, and to pull back "afterlives" into the present. Or in Hebert's words, to linger is "to move to the uneven rhythms of crip time rather than capitalist urgency." A "continuum" or the "lingerings" between AIDS and COVID-19 allow us to think about the routes of pandemics across and *in* time so that we might (re)animate discourses that continue to be urgent and politically imperative—for example, negotiations around intimacy and relationality; the necropolitics of intellectual patent regimes; the racism of origin stories; the recourse to militarism as "security" and "safety" net; the pathologization of Blackness through neoliberal rhetorics of personal responsibility. "To linger," writes Hebert, "is to listen deeply." Listening and lingering are performed throughout this volume by gleaning lessons from "pasts" that persist as perpetual "presents." It is not a coincidence then that several of the contributors to this volume on COVID-19 are scholars/activists/artists who have been organizing, teaching, acting up, caring for friends and lovers impacted by HIV/AIDS. Alexandra Juhasz and Pato Hebert thus describe their contribution to the HWMI Collective as "long hauling"—a collection of writing about surviving in the wake of long COVID while drawing "on lessons learned from other viruses to provide care."

Care as a conceptual category, however, is not always already a seamless concept or a desirable category devoid of ambivalence or even violence. Care's fraught character has been usefully taken up in feminist technoscience conversations to highlight its power asymmetries. In "The Politics of Care in Technoscience," Aryn Martin, Natasha Myers, and Ana Viseu highlight the centrality of care "as a relational feminist ethic for STS research," but also caution against "care's darker side: its lack of innocence and the violence committed in its name" (2015, 627). In the wake of COVID-19, care has particularly been mobilized as a technology of management through vaccine rollouts, surveillance technologies, and digital platforms tracing infection "hotspots." In her analysis of the long walk home of migrant populations in India following Modi's lockdown, Bishnupriya Ghosh points to the curious lack of data about the number of deaths of laborers who were forced to cross state lines to return to rural villages so that they could ostensibly shelter in place. Despite Modi's much vaunted heralding of India's arrival into the digital era via the bromides of "India Shining," the inability to track numbers was not so much a glitch in data systems but a feature of how these systems were intended to function. As Ghosh reminds us, "For an administration obsessed with

surveillance data, the empty slate told its own story: the disposable human should leave no trace.”

A feminist STS understanding of care thus reminds us to pay “attention to the ambivalent rhetorics and practices taken up in its name” (Martin, Myers, and Viseu 2015, 630). Such an approach draws attention to how the faith in biotech “solutions” to pandemics functions as a replacement system for transformative health practices, public safety nets, relational ethics, and mutual care. While Ghosh’s essay foregrounds the impacts of bio-management as care on migrant populations, her analysis could also be extended to think about the gendered dimensions of infrastructural failure masked by tech “innovation,” particularly for women in rural areas of India. A recent statistical report conducted by India’s Ministry of Health and Family Welfare revealed a clear vaccination gender gap in which women received a ratio of 856 vaccine doses for every 1,000 received by men (Guha 2021). One partial reason for this gendered discrepancy could be a widely circulated social media rumor about the putatively negative impact of vaccinations on people who menstruate (forcing the government to release a belated reassurance about the inaccuracies of this idea). But more centrally, these gender gaps could be attributed to the digital divides that disproportionately impact women in rural India, who have the least access to the internet and digital literacy. The Indian government’s response to COVID-19 was almost entirely mediated by technological fantasies of safety and good health through downloadable apps, virtual interfaces, and biometric management. Poor women in rural areas (the majority of whom don’t own or use cell phones) were thus not simply left out or inadvertently omitted from the techno-nationalist aspirations of the Indian nation-state. As Ghosh reminds us, these forms of digital “care,” in addition to being a kind of “callous indifference” were a “deliberate mechanism of population control.”

Against the above technocratic hijacking of care that resolves it as a matter of digital mastery, contributors in this volume remind us that the form that care work will take is not always known in advance. In fact, to care might require the embrace of unknowability. If care, as Martin, Myers, and Viseu suggest is a “knowledge-making practice” (2015, 627), it might also require a kind of unlearning of mastery. Or to put it in the words of contributor Sofia Varino, care work might take the form of an “urge...to do queer things with uncertainty.” Care’s queer forms are taken up by various contributors. For example, “Long Hauling” describes the content of Juhasz and Hebert’s writing, but it also indexes a method of archiving the work of care through a series of aesthetic expressions. Cynthia Ling Lee calls these formal expressions “the textures of long-hauler life” in “On Efficiency,” her contribution to the HWMI Collective. These textures recur throughout the Scalar project—Hebert’s spoon carvings, Ling Lee’s “crip choreographies” and syllabus of the body, Sharon Daniel’s multivocal records of incarceration, Rachel Lee’s oral histories of chronic illness, Nikita Simpson’s

exercise in bodily movement to release tension, Tammy C. Ho's talk stories, Marina Peterson's magnification of sounds, and Megan Moodie's dance epistemologies. Looping, meandering, lingering, scattering—these become the modes through which readers engage with the Scalar project, even as they describe the sequelae of living in the long haul—or in the wake of—COVID-19. Sharpe reminds us that living in the wake necessitates that we “become undisciplined” so that “the work we do requires new modes and methods of research and teaching” (2016, 13). The essays in this volume gesture toward these forms and experimentations in inter- and un-disciplinarity, reminding us that virologies can be transformative and pedagogical. Or, to borrow from HWMI contributor, Megan Moodie, “Autoimmunity teaches us that we are never alone and we are never immune.”

Notes

¹ One of this issue's editors has explored a similarly reparative logic of autoimmunity elsewhere, in the context of black feminist empowerment around and through the HIV/AIDS pandemic; see Alexander 2022.

² See, for instance, Normile 2018; Park 2018; Qin and Buckley 2021; Regalado 2019; and Yong 2019.

³ Cheng's essay considers various genealogies that inform the emergence of epidemics and pandemics: the histories of blood biotechnological development that were dependent on pharmacological research performed on incarcerated populations in Oklahoma, Alabama, and Arkansas; the extraction and global exporting of plasma; and the transnational history of blood transfusion in the People's Republic of China in the mid-1980s that was sourced from US imports.

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