Thoughts on an Anarchist Response to Hepatitis C & HIV

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Editors' Note

We regret that, due to an editorial error, an incorrect version of the following piece appears in the print edition of Perspectives, *N. 29, on "Anarcha-feminisms." Please read and share this version of McClelland and Dodd's essay, as it demonstrates the language and ideas they intended to represent. We are grateful to the authors for their grace and understanding with this error, and apologize for any confusion this may have created.*

"As a woman living with HIV, I am often asked whether there will ever be a cure for AIDS. My answer is that there is already a cure. It lies in the strength of women, families and communities, who support and empower each other to break the silence around HIV/AIDS and take control..." — ***Beatrice Were, Ugandan AIDS activist[1]***

Introduction

In the early days of the HIV epidemic, within a context of massive and systemic state neglect, people who were impacted and affected by HIV came together out of desperation and urgency to help care for and support their own communities, friends, and families. This care and support took many forms. Some helped people die with dignity in non-stigmatizing environments, while others pooled medications in buyers' clubs and distributed them to one another outside of official healthcare systems of access. Still others established collective community clinics, developed community prevention, support and care organizations, and distributed sterile equipment for injecting drugs, even when it was deemed illegal by the state, or opened supervised consumption sites without official institutional forms of medical or public health approval. Despite these productive examples, which undoubtedly saved many lives, the devastating past of the AIDS crisis is not one to be romanticized. This is not our intention. In looking back at history, we can see that many of these radical actions were inherently anarchist. At the time, people's intentions may not have been rooted in an anarchist worldview. People did what they needed to do to maintain their own survival despite what higher authorities deemed appropriate. These examples are the active realization of mutual aid, spontaneity, trust, and collaboration—all tenets of anarchism. While anarchism was not central to those organizing in the early days of the AIDS movement, there was an anarchist component to New York City's AIDS Coalition To Unleash Power (ACT UP), Toronto's AIDS ACTION NOW! and there have been many smaller anarchist AIDS activist initiatives over the years. We aim to help reconnect the work of these past movements to what is happening today, or what could happen in the future, with liberatory concepts and ideas brought forward through anarchism.

Together we have decades of experience in addressing Hepatitis C and HIV as radicals, anarchists, activists, researchers, and frontline workers. Born out of frustration, optimism, and a desire to change things, our goal is to examine ways of thinking—while intentionally engaged with an anarchist worldview—to see how those most impacted by Hepatitis C and/or HIV, as well as other conditions, could merge these ideas to put the actualization of health into their own hands. We are working on an ongoing writing project to enable radicals, activists, and scholars to make

[1] Beatrice Were, "The Destructive Strings of US Aid." *New York Times.* December 15, 2005.

links between healthcare responses and anarchist principles.[2] This writing project has been developed collaboratively through a series of discussions with a wide range of radicals, activists, workers, anarchists, and people living with Hepatitis C and/or HIV in Canada.

We hope, through our writing, to suggest an anarchist praxis when analyzing current responses to HIV and Hepatitis C. Specifically, we aim to examine the capitalist organization of healthcare, reactive forms of community-based politics, and interventions focused on homogenization and hierarchical intervention—or top-down projects of prescribed sameness and standardization. The capitalist organization of health care and the reactive position activists have been forced into has created a context in which the imaginations of many people involved in the responses to HIV and Hepatitis C have been limited to what is prescribed by funding bodies, through disciplinary forms of knowledge, or what is able to be marketized. Our work aims to stretch the imaginations of HIV and Hepatitis C responses beyond the current prevailing reality. We argue that we have the tools in place to save lives and bring these diseases to an end, but instead society is organized in ways that allow for millions of people to continue to die. Our hope is that our initial writing in this area will inspire people to rethink how and why the current systems to respond to HIV and Hepatitis C are organized the way they are. With this we aim to reconsider models of collective organizing to address these diseases.

We dedicate our ongoing work to all those who live with Hepatitis C and/or HIV and those who have died as a result of purposeful state neglect, profit-driven corporations, austerity, bureaucratic red tape, war, ongoing colonization, white supremacy, institutional violence, patriarchy, transphobia, homophobia, and punitive legal systems. We have chosen to focus this article and our ongoing writing project on HIV and Hepatitis C because of our work and personal connections to these epidemics. In addition, HIV and Hepatitis C share unique elements: both are highly stigmatized diseases that disproportionately impact marginalized and state-neglected communities, and both have emerged under neo-liberalism.

The capitalist organization of healthcare

"The worst enemy of a government is its own population" — ***Noam Chomsky, linguist and anarchist***[3]

We are well over thirty years into the HIV crisis, and over twenty years into the Hepatitis C epidemic. Together, Hepatitis C and HIV are the first major globalized health epidemics to emerge under the neoliberal world order. Around the world there are 350,000 to 500,000 deaths attributed to Hepatitis C, and well over one million deaths due to AIDS-related causes every year[4]—primarily impacting the world's most socially and politically marginalized peoples, including people who live in poverty, people who use drugs, women, people in prison, people of colour, gay and bisexual men, trans people, sex workers, and young people.

As a distinct form of capitalist political and social organization, neoliberalism came about in the mid-1970s and has been focused on cutting back social programs, on individualism, entrepreneur-

[2] This article and larger project was initiated with the support from the Institute for Anarchist Studies though the annual Radical Writers Grant.

[3] David P. Ball, "The Worst Enemy of a Government Is Its Own Population," *Indymedia Beirut.* May 13, 2006, http://beirut.indymedia.org/en/2006/05/4090.shtml

[4] "How AIDS Has Changed Everything: Fact Sheet 2014 Global Statistics, http://www.unaids.org/en/resources/documents/2015/20150714_factsheet

ship, a reduction of the state, privatization, corporate and managerial rationality, and efficiency through competition. The managerial logic of neoliberalism has come to organize a capitalist system of healthcare that is deeply intertwined with profit-driven transnational corporations in which illness is now profitable. This means that the ways in which we are allowed to respond to HIV and Hepatitis C are prescribed by top-down bureaucratized institutions with the aim of making or saving money. In this system, there have been massive biomedical advances, billions of dollars "invested" in biomedical research, the development of thousands of non-governmental organizations, specified multilateral and bilateral agencies, public-private partnerships, billion-dollar cause marketing campaigns, and multiple multi-million dollar touring conferences to address the diseases.

Using the managerial language and logic of the corporate sector, this global HIV and Hepatitis C professionalized response can limit conceptualizations of what is possible. Including framing how knowledge and meaning are produced, where often positivist, measurable, quantifiable and "expert" forms of knowledge are privileged to provide a professional image that is efficient and strategic within capitalism. For example, forms of social science research developed on HIV and Hepatitis C often reveal what people already know on the ground. But instead, the results come to produce a kind of expert knowledge, that, as a commodity, can be used by authorities to justify forms of hierarchical decision-making that lose sight of people's actual needs. This is the case with the current imperative to develop research "evidence" on the benefits of housing for people living with HIV and Hepatitis C in a North American context. There is even an annual touring housing and HIV focused conference. At this event various professionals present research, for example, on randomized control trials using forms of housing for active drug users, housing that is linked to care and also managed in close contact with the police as a method to reduce HIV infections. Here, a basic need, such as housing, becomes understood as a form of control that is used instrumentally to support public health goals. In this context, resources are diverted to expertized forms of research, with the never-ending imperative for evidence—when all that is actually needed is affordable housing.[5]

While there is no cure for HIV, since the mid-1990s, a range of drugs have been developed which can effectively block the virus from replicating and therefore keep the HIV suppressed in the body. This results in people being able to live with the virus for the full extent of their natural lives while no longer being infectious to others. Taken in combination, these drugs have been massively effective at saving people's lives—but only for those who have access. Access to these medications is governed through a system that privileges pharmaceutical company patents and profit and results in further exacerbating existing wealth disparities around the world. People continue to die regularly due lack of access to medications that are still out of reach to the nearly fifteen million people who need them.

For Hepatitis C, new treatments have shown cure rates of ninety to one hundred percent with limited side effects. Gilead Pharmaceuticals stands to earn $30 billion USD by 2020 from their

[5] For further readings and analysis on HIV, housing exclusion and regulation, see HIV Housing Summit at http://www.hivhousingsummit.org/. Also, Adrian Guta & Marilou Gagnon, "Spaces of Exclusion and Regulation: Housing Programs as Biopolitical Tools for the Management of People living with HIV," excerpt from presentation at the 10th International Conference on New Directions in the Humanities. Thursday, June 14–16, 2012. Centre Mont-Royal, Montreal, Canada. http://h12.cgpublisher.com/proposals/198/index_html

new Hepatitis C treatment.[6] The drugs currently cost $1,000 USD per pill per day, for a course of treatment costing a total of $84,000 USD.[7] Yet, the actual cost to manufacture this new pill is estimated to be less than $250 USD for the full course of treatment[8] This treatment and others now constitutes a cure for Hepatitis C, and could promise global Hepatitis C eradication. While society now has the ability to effectively cure Hepatitis C, this drug is wildly out of reach for most people due to the patenting system, cost barrier, and the capitalist profit imperative. Access to these treatments at the time of writing is extremely limited, and people are dying without access to these lifesaving drugs.

The problem of defensive forms of activist struggle

Activist projects on Hepatitis C and HIV have been most often focused on defensive struggles to respond to and document the violence of governments and state institutions. For example, activist and research efforts have focused on identifying bureaucratic and legal barriers to treatment and care, or highlighting and evaluating the punitive and regressive laws, which criminalize drug users, sex workers, and people living with HIV and/or Hepatitis C. The vast majority of community organizing around Hepatitis C and HIV revolves around making claims on the state, including claims for human rights, claims for funding, and entitlements for forms of citizenship. This results in activists and community groups spending enormous amounts of time working to address administrative, institutional, bureaucratic, and legal barriers imposed by higher authorities, while at the same time reinforcing the role of the authorities they are challenging. In many cases, if they engage in activism or advocacy, community-based organizations are then put into tenuous relationships with the same authorities that provide funding for HIV and Hepatitis C programs.

In this context, social scientists, academics, and certain activist groups clamour to develop projects aiming to document or reveal the latest ways in which "key populations"(i.e. sex workers, people who use drugs, gay men and other men who have sex with men) are being marginalized, barred access to rights, and other forms of health and citizenship so that we can develop "new" evidence to help enable change. Here, the newest disastrous conservative policy or intervention becomes the newest hot research topic to dissect, consume, critique, and produce knowledge on.

Two examples of very current and necessary defensive activist struggles are: the war on people who use drugs, and the criminalization of HIV exposure and non-disclosure (e.g. not telling sex partners that one is HIV-positive).

For people who use drugs, the continued rising rate of new infections of both HIV and Hepatitis C can largely be attributed to the practices of criminalization which have targeted and locked up millions of people and created devastating levels of stigma. Criminalization practices

[6] Caroline Chen. "Gilead Profit Tops Estimates as Hepatitis C Drug Sales Surge." *Bloomberg Business.* July 28, 2015. http://www.bloomberg.com/news/articles/2015-07-28/gilead-profit-tops-estimates-as-hepatitis-c-drug-sales-surge

[7] Richard Knox. "$1,000 Pill for Hepatitis C Spurs Debate Over Drug Prices." *Health News from National Public Radio.* February 6, 2014. NPR. http://www.npr.org/sections/health-shots/2013/12/30/256885858/-1-000-pill-for-hepatitis-c-spurs-debate-over-drug-prices

[8] Paul Barrett & Robert Langreth, "Pharma Execs Don't Know Why Anyone is Upset by a $94,500 Miracle Cure." *Bloomberg Business Week.* June 3, 2015. http://www.bloomberg.com/news/articles/2015-06-03/specialty-drug-costs-gilead-s-hepatitis-c-cures-spur-backlash

under the war on drugs actively deny people access to effective ways to have autonomy over their own lives and to reduce infections through harm reduction interventions, which include needle distribution, supervised consumption sites, and opioid substitution therapy. People who treat Hepatitis C, including doctors and specialists, regularly deny those with the disease access to treatment based on their drug use history. Although drug use is not a criterion for exclusion in the guidelines for Hepatitis C treatment in Canada, healthcare professionals continually deny treatment based on moral judgments about drug use, allowing people to die in the process. Although people who inject drugs make up seventy percent of new infections, only about one percent have received treatment in Canada.[9]

With regards to the criminalization of HIV exposure and non-disclosure, Canada is now one of the leading countries in the world to criminalize people with HIV who do not tell sex partners their HIV status, with upwards of one hundred eighty-five cases brought before the courts to date.[10] The application of the law in these cases is radically counter to the lived reality of HIV today, where anti-HIV medications (if available and taken by the individual) can reduce viral loads to the point where people are no longer infectious. With these cases increasing at a fast rate, most often the charge applied is aggravated sexual assault, one of the harshest in the Canadian Criminal Code. This, despite the fact that in many of these cases HIV was never transmitted and the sex was consensual. For those prosecuted, the most extreme measures in the Canadian penal and policing apparatus are employed, including "offenders" being recorded on provincial and national sex offender registries and held in segregation units, including administrative segregation—solitary confinement.

We see it as vital that activists continue to fight against repressive legal structures that are out of touch with people's lived realities. But imagine what would be possible in the world if we could move beyond these legal systems of domination? In the defensive and time-consuming position of responding to these punitive practices, activists often have no time to envision what else might be possible to address these diseases in proactive and more positive ways. Alternate ways of working are hard to envision when your communities are dying, being locked up, or struggling to survive. Our focus becomes one of survival, but imagine if we did not have to engage in these oppressive struggles?

Thoughts on anarchism and responses to HIV & Hepatitis C

We want to be very clear that we do not expect readers to be well read in anarchist theory. Rather, we would like to highlight that there are many anarchist principles already active in our daily lives and in our communities. This is especially true of responses to Hepatitis C and HIV, where people strive and fight for equitable access to medical knowledge and life-saving medications, bodily autonomy, participation in decision-making, ensuring interventions are informed by lived experiences and grassroots knowledge, emancipation from forms of oppression, and the right to dignity and social justice for all people. Often those working in the Hepatitis C and HIV responses are not aware that the above stated goals are exactly what anarchists strive to achieve. Those

[9] J. Grebely, "Low Uptake of Treatment for Hepatitis C Virus Infection in a Large Community-Based Study of Inner City Residents." *Journal of Viral Hepatitis*, No. 16 (2009): 352–358.

[10] E. Mykhalovskiy & G. Betteridge, "Who? What? Where? When? And with What Consequences? An Analysis of Criminal Cases of HIV Non-disclosure in Canada". *Canadian Journal of Law and Society , No. 27* (1) (2012): 31–53.

who do not understand anarchist theory often equate it with violence and destruction, which is the opposite of what anarchism intends to make possible: to jointly build a non-coercive society, free of oppression and exploitation. Many people in the HIV and Hepatitis C responses already enact anarchist theories without being aware that they are anarchist.

With our approach, we aim to resist the modernist project of proposing hyper-rational and universalizing forms of social organization that are rooted in a false paradigm of linear progress. We believe that theoretical forms of social organization that are *not* grounded in people's lived realities have the potential to be dangerous, oppressive, and violent. Ideology, for the purposes of our project, refers to what queer radical Gary Kinsman states as: "forms of knowledge that attends to managing people's lives that are[11] not grounded in actual experiences and practices." What we propose is what anarchist scholar James C. Scott calls a "process-oriented" anarchist view, or anarchism through the integration of theory and practice.[12] What this means is that addressing social problems must come through a dialectical relationship between concerned groups of people over time. A practical and grounded approach to anarchism ensures that we can be flexible, fluid, responsive, spontaneous, and resistant to the solely ideological.

The violence of hierarchy & homogenization

The primary way in which aspects of a capitalist society are organized is through projects of homogenization and hierarchy—or forms of top-down social planning prescribing sameness and standardization. We can see examples of these processes in settler-colonization, taxation, land ownership, urban planning, education, universal laws, and public health projects such as HIV and Hepatitis C "seek and treat" prevention as treatment initiatives. Such ideological approaches to social and political organization are often concerned with the "administration of things" through forms of centralized top-down social planning.[13] These systems often see one solution to social problems, and they produce projects of standardization that are designed to displace local, traditional and vernacular practices with hierarchical forms of organization. They often mobilize forms of synoptic surveillance onto populations, or simultaneous forms of technological mass surveillance, that are aimed to help quantify people's lives in different ways so as to produce homogeneity and make things more rational to higher authorities. Interventions that result from these approaches can force a singular solution onto people in ways that can be disconnected from people's local knowledge of their daily lives. This singular vision of social planning is counter to an anarchist worldview, which is interested in decentralization, heterogeneity, and respect for local knowledge and specificities.

The project of homogenization is also a key aspect of the Hepatitis C and HIV responses, as homogenization has been a major component of the grand modernist project of science itself, which has understood that the natural world and the human body can be made knowable, classifiable, and rational through the work of highly trained experts developing specialized forms

[11] Gary Kinsman, "Vectors of Hope and Possibility: Commentary on Reckless Vectors." *Sexuality Research & Social Policy*, 2(2) (2005): 99–105.

[12] James C. Scott, *Two Cheers for Anarchism: Six Easy Pieces on Autonomy, Dignity, and Meaningful Work and Play*. (Princeton, NJ: Princeton University Press, 2014).

[13] Peter Piot, "AIDS: From Crisis Management to Sustained Strategic Response" *The Lancet*, Volume 368, August 5, 2006. Accessed February 24, 2016. http://data.unaids.org/pub/articleexcerpt/2006/aids-from-crisis-management-to-sustained-strategic-response.pdf

of knowledge. One could argue that epidemic management is only possible through a top down system of surveillance, identification, containment, regulation, and control. The centralized management and standardization of information has helped us understand the scope of the epidemics, to understand who is most impacted by the two diseases and where they are located. But if we look back in history, people have been utilizing the power of cooperation and horizontal forms of feminist organization since the beginning of the AIDS and Hepatitis C crises. But over time these ways of organizing—through forms of financial coercion such as granting systems which privilege certain forms of intervention and require bureaucracies—have been forced to change and conform to the standards of authorities, and thus, generally, we have not been able to see the realization of alternate forms of organizing in response to the two diseases.

Today in response to HIV and Hepatitis C, interventions must always be "scaled-up," official, systematized, credentialized, regulated, and organized hierarchically. For example, as governed by the United Nations, every country is supposed to have a top-down national AIDS strategy to frame how the state response is organized, so as to prescribe programs of action onto diverse local communities. Often these plans promote a singular ideological vision for how to respond to social problems without addressing or understanding the reality of those groups. Just as often, they initiate hierarchical systems of representation and participation (such as with the Country Coordinating Mechanisms of the Global Fund), which privilege the participation of representatives that speak the language—linguistically and figuratively—and follow the rules of the higher authority. In this system, local cultures, vernacular practices, and community norms are seen as barriers, or in opposition to official "effective" and "rational" Hepatitis C and HIV responses, and thus must be intervened in and changed to make people's practices acceptable to universal norms.

One of the biggest current trends in the HIV response and possibly soon to be in the Hepatitis C responses are massively funded country wide "seek and treat" interventions. The B.C. Centre of "Excellence" on HIV/AIDS (quotations added) initiated this program in British Columbia, Canada in a partnership with the medical establishment, government, and public health officials. The purpose of the program is to test populations of people deemed "at-risk" and put them on treatment. Many of these people are living in Vancouver's Downtown Eastside and are injection drug users, struggling in poverty, many without housing. In the program, if people test positive for HIV, they are immediately put on treatment so as to prevent future onward transmissions. This approach is part of what is known as "treatment as prevention." It is a new norm of HIV intervention, where people with HIV are tested as soon as possible and immediately put on treatment to reduce their viral load and thus make them less "infectious" to others. In the "seek and treat" model HIV testing fairs are held in public parks and there is a financial incentive to get tested. Overall, this intervention views people with HIV as vectors of disease who can be instruments in the response to HIV and who must be tested and treated with medicines so as to protect the ideological general public. This approach is driven by a form of expert medical professional paternalism, which is forced onto people, communities, organizations, and now entire countries, from a disconnected and extra-local plane of so-called reason and science.

It is imperative that people are able to make their own decisions as to if and when they initiate treatment, since going on anti-HIV drugs is a lifelong commitment, one with many toxic side-effects, and some people do not need these pills right away. Rather than people being able to make autonomous individual choices about their own health, in the "seek and treat" intervention, the agency and autonomy of people living with HIV is undermined. People living with HIV are

identified, monitored, and surveilled by higher authorities, and are coerced into being neutralized via anti-HIV treatments, or they are incarcerated or quarantined (in prisons), despite the effects of these pills on their bodies. Further, as a top-down social planning initiative, the "seek and treat" type of intervention fails to address the lived realities of people who use drugs and who are living in poverty. For illicit drug users, the monitoring and surveillance of HIV treatment puts them at risk for arrest because of their drug use. For people who are homeless, taking medication everyday may not be possible or a priority.

Conclusion: anarchism for health

"We live in a world that must be changed to survive" — ***Zackie Achmat, South African AIDS activist***[14]

We do not believe that there is a singular solution to social problems such as Hepatitis C and HIV. As needs and conditions change for people, so must the mechanisms to address how society will function and respond. Through ongoing dialogue, reflection, and critical engagement without hierarchy or top-down decision-making, an anarchist approach aims to ensure that people's needs are met directly, and resources to address them are made available to everyone. In our ongoing work, we are deeply inspired by those actualizing their own needs and those of their communities such as the Nigerian women working as sex workers and who were taken up as participants in an early 2000s HIV treatment as prevention drug trial, a trial that was ultimately deemed a failure by USAID and the pharmaceutical company Gilead. This was one of the first Truvada treatment-as-prevention trials conducted. The drug was being tested on women who were HIV-negative as a prophylaxis to prevent future HIV transmission. Nigeria is a country with a high-prevalence rate of HIV and limited treatment access for people living with the virus. In the 1990s, to allow for a wide range of development grants, the US demanded that Nigeria implement patent protection laws in the service of pharmaceutical company interests.[15] The result has widely restricted access of people living in poverty to life-saving HIV medications. In this context, it became rational for the HIV-negative women enrolled in the USAID and Gilead Truvada drug trial to keep all the medications for themselves (for if they tested HIV-positive at a later date), or to distribute them to family members or friends living with HIV who needed them for immediate survival. This partially resulted in the drug trial being understood as a failure by Gilead and USAID. The drug trial was discontinued, as accurate results on the use of the medications could not be determined. But the women in drug trial did what they needed to do for themselves and their communities, despite the master plan. This response helped enable access to medication in an otherwise oppressive structure. And while they may not have seen themselves as anarchists, or activists, these women worked to support each other and their community despite what a higher authority deemed appropriate or necessary. We see the actions of these women as a success and an active realization of anarchist principles and liberatory practices to support health.

[14] Kristin Peterson, "Ethical Misrecognition: The Early PrEP Tenofovir Trial Failures." Presentation at Knowing Practices: the 2nd International Conference for the Social Sciences and Humanities in HIV. July 7–10, 2013 Paris, France.

[15] Michael Atkin & Joel Keep. "Hep C Sufferer Imports Life Saving Drugs From India: Takes on Global Pharmaceutical Company." *ABC News Australia.* August 20, 2015. http://www.abc.net.au/news/2015-08-20/hepatitis-c-sufferer-imports-life-saving-drugs-from-india/6712990

A second inspirational example is the current response to the prohibitively expensive and exclusionary access to Hepatitis C medication. In many places around the world, people who are unable to access government-funded Hepatitis C treatment have come together online in chat forums and using social media to advise one another on how to legally access affordable forms of the medication directly from generic drug manufacturers or by travelling to countries where governments have negotiated for cheaper drug prices. In the spirit of HIV buyers' clubs, virtual groups of so called "non-professionals" are providing health support to one another and are subverting oppressive state and corporate systems to get what they need. A course of treatment that can cost $94,000 can thus be accessed for around $1,000.[16] We see this approach to collectivity and mutual aid as central to mobilizing forms of anarchism for health.

When thinking through anti-hierarchical ways of doing things, our current drive to endlessly plan, research, provide evidence for responding to HIV and Hepatitis C can easily get in the way. Thinking through an anarchist worldview requires that we question the drive to intervene in others' lives, and calls on us to reflect on the power we hold in relation to others. But generally, if people have questions of specific instances, such as what would happen here? What will happen there? How would we organize? The answer would always be local and come from communities in question without hierarchy, and without outside interference, and without outsiders trying to make profit off bodies and illnesses. There are no specific prescribed answers except that a horizontal view means trusting that people will always innovate, and through cooperation, will help each other.

Imagine for a minute what our responses to health and HIV and Hepatitis C could look like if we did not have to constantly battle against massive state, institutional, and private sector apparatuses to get access to the means for our survival. The war on drugs, harm reduction, treatment access, criminalization, citizenship status, wealth inequity—these are all issues related to hierarchical decision-making, the liberal nation-state, and the capitalist organization of society. Now imagine what we could get done if we didn't have those systems in place? If people were able to access what they needed without a higher authority? How can we work to interrogate and provide deep philosophical reflection on *how* and *why* certain regimes of truth have come to render certain forms of social organization possible, while others are rendered impossible, too optimistic or unrealistic? What would be possible if our society *was not* organized in ways that view people's bodies as a source of capital, and where illness and disease are a revenue stream for businesses, institutions, and a range of other actors?

Alexander and Zoë received an Institute for Anarchist Studies writing grant to materially support the writing of this essay.

Alexander McClelland is a writer and doctorate student whose work focuses on the intersections of life, law, and disease. He has developed a range of collaborative writing and activist projects that address issues of criminalization, sexual autonomy, surveillance, drug liberation, and the construction of knowledge on HIV and AIDS. Alexander is a member of AIDS ACTION NOW! and the Poster Virus affinity group.

Zoë Dodd is a longtime harm reduction and Hepatitis C worker and activist. She has spent the last decade facilitating Hepatitis C support groups that are rooted in popular education and harm

[16] [Missing footnote.]

reduction. She was instrumental in developing a community-based modal that prioritizes people who use drugs and are living with HIV/Hepatitis C co-infection. Zoë is a feminist, anticapitalist, and drug-user activist. She is also an active member of the Toronto Harm Reduction Worker's Union, the Ontario Coalition Against Poverty, and AIDS ACTION NOW!

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