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Portfolio

Radical political philosopher, budding dancer and staunch defender of women's dignity.



Prostituted Women Experimented on For Decades in USA-funded HIV Trials Overseas

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Since the 1980s, women in prostitution in Africa and Southeast Asia have been used to test new solutions against HIV. Despite evidence of harm, the nonoxynol-9 spermicide was used on women and girls in prostitution leaving some of them infected with HIV. Although a similar series of trials were halted in 2004, this did not stop scientists.

Thanks to major US-based grants, new trials started collaborating with pro-prostitution organisations to gain access to women in prostitution. These trials were conducted on thousands of vulnerable women without true informed consent, leaving some infected with HIV.

[Clinical trials target thousands of victims of prostitution in the 1990s](#)

From the late 1980s, clinical trials on HIV were conducted on women in prostitution living in the poorest countries in the world. The nonoxynol-9 clinical trials aimed to ascertain whether nonoxynol-9, the most common component of spermicides used as contraceptives, could also protect from HIV.

In July 1990, a study on 138 mostly illiterate women in prostitution in Kenya was stopped early because a high number of women became infected with HIV through the study. A nonoxynol-9 vaginal sponge was believed to increase genital ulceration which in turn made women vulnerable to the virus. The study was funded in part by the American Foundation for AIDS Research, the National Institutes of Health, a medical research agency and Family Health International (FHI), an NGO based in North Carolina.

Sharon S. Weir, Ronald E. Roddy and Léopold Zekeng published their findings in 1995 on the increased risk of genital ulcers and HIV among 273 women in prostitution in Cameroon who used nonoxynol-9 suppositories. The study was again funded by FHI and USAID. Just a few years before, Ronald E. Roddy was involved in a study on Thai women in prostitution which had already detected the potential role of nonoxynol-9 in the increase of genital irritations and ulcers.

The same authors co-published a paper in 1998 confirming the findings. Over 1200 women in prostitution were recruited in Cameroon. Grants came from the USAID, the Mellon Foundation and the National Institutes of Health.

In 1999, scientists conducted a safety trial with a group of prostituted women picked from a truck stop in South Africa. A safety trial is the first phase of a trial involving human subjects. It is the riskiest phase of the trial and should thus not be conducted on populations already at risk – something the researchers themselves concede.

The final study on the matter, which led to the end of research on nonoxynol-9 as a potential solution for HIV, came from Lut Van Damme and colleagues in 2002. Their trial, conducted from 1996 to 2000, was partially sponsored by UNAIDS. It involved 892 women in prostitution

recruited in South Africa, Benin, Thailand, and Côte d'Ivoire. The authors concluded "that nonoxynol-9 increased risk of HIV-1 prevention compared with placebo." The overuse of the gel provoked vaginal lesions in women in prostitution which in turn left them infected with HIV — a result only confirming previous findings. Researchers acknowledge that the number of seroconversions might have been even underestimated, given that there were more women who left the trial in the nonoxynol-9 group than in the placebo one.

Ethics of clinical trials on women in prostitution

Documents such as the Nuremberg Code from 1947, the Declaration of Helsinki adopted by the World Medical Association in 1964 or the Belmont Report from 1979 outline basic principles to follow when conducting medical research on human subjects. Despite having been approved by several ethical committees, the nonoxynol-9 clinical trials were at odds with such principles, as researchers and sponsors alike admit.

Vulnerable women and girls in prostitution targeted against ethical standards

A 1998 UNAIDS technical update on microbicide studies (mainly nonoxynol-9) states:

"Ethical issues, such as the validity of informed consent when underprivileged and undereducated women at high risk of HIV infection are asked to participate in microbicide efficacy studies have to be resolved."

Yet the same document recommends, for "efficiency," conducting research in "developing countries where HIV incidence is high" and on "post-natal women" and "teenage girls or university students" who are at high risk of HIV infection.

Professor Jean-Philippe Chippaux, an expert on clinical research on human subjects in Africa, and most notably on ethical failures during HIV trials, spoke to 4W at length about the complexities of this type of research which he said requires "extreme caution." However, he adds:

"Research on vulnerable populations should not be ruled out. Women for a long time were excluded because of their

perceived vulnerability but that had the perverse effect of medication not suited to their needs and a loss of chance to promptly benefit from a new treatment."

His fair point echoes the principle laid out by the Code of Helsinki that calls for a just balance between the beneficiaries and the risk-takers for any medical research.

However, the studies were carried out on women in prostitution precisely because of their compromised position with respect to men who pose as "clients." The imbalance of sexual power between men and women — felt most vividly in prostitution — means that it is men who transmit STDs to women through sexual violence and by refusing to wear condoms.

The vulnerability of the women recruited for the nonoxynol-9 trials did not stop with prostitution, though. In the Lut Van Damme study published in 2002, participants in South Africa only had to be 16 or older to be enrolled in the study. There is no mention of extra safeguarding measures for the minor participants in the study.

Ironically, South Africa ratified the UN Convention for the Rights of the Child in 1995, one year before the trial, which urges state parties to take measures to prevent child prostitution. One arm of the UN claimed to aim to abolish child prostitution while another used child sex trade victims for research.

In the same study, 80 percent of the women in prostitution recruited in Cotonou were foreign to Benin. Most participants who did not return for the study had moved to another city or even country. This rings the Palermo Protocol bell. The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons defines trafficking, among other things, as the transportation for the purposes of prostitution. There is no evidence to suggest study participants, including minors, were rendered aid by the UN as potential victims of sex trafficking during or following the completion of the UN-funded study.

Researchers admit they lacked informed consent in HIV studies on prostituted women and girls

Informed consent is an ethical pillar of trials on human subjects. According to the FDA, informed consent requires

“facilitating the potential subject's comprehension of the information” and that “the process must provide sufficient opportunity for the subject to consider whether to participate.”

There are exceptions to when informed consent much be given, but these are only considered in extreme cases such as when a person is incapacitated or in life-threatening situations. Children under the age of 17 are generally not considered capable of providing informed consent.

In the 2002 study in South Africa, Benin, Thailand, and Côte d'Ivoire, evidence from within the study itself indicates that the researchers were not able to obtain informed consent. Three months into the research, 70 percent of the women in Durban in South Africa “did not understand the study fully.” Ninety-eight percent of nearly 900 participants did not understand that the placebo and the nonoxynol-9 gel did not offer the same type of protection against HIV. It was only five months into the trial that an acceptable majority (82.5%) understood the meaning of placebo. The authors admit that “obtaining truly informed consent was difficult to achieve.”

This detailed information comes from a paper published in 2000 by the same authors, Van Damme and colleagues, that discusses the ethical limitations of their study. There is no similar extended analysis available for other papers. While the authors are honest about their failures, their inaction and that of the numerous ethical boards that approved the trial is concerning.

Ethical failures in HIV trials on prostituted women ignored in mainstream media

Apart from the odd article here or there, there was no major outcry surrounding the ethics of the trials. Investigators like Michel Alary, among others, continued research on HIV through women in prostitution. Some later went on to have successful careers. Léopold Zekeng is UNAIDS Country Director for Tanzania. Lut Van Damme now works for the Gates Foundation. Her study colleague Gita Ramjee even conferred her a FHI360 (formerly FHI) lifetime achievement award. Both had experimented for years on women in prostitution.

Nonoxynol-9 was just the beginning. These papers were part of the early wave of academic use of the term “sex worker” well

before it was normalized (even The New York Times reported the trials with the term “prostitute”). This strategic use of language benefited the researchers by obscuring the fact that they were experimenting on victims of prostitution. Women and girls were written to seem like active participants in their “work,” while their rapists were described as “sexual partners.” Had they written they were going to experiment on “female victims of male violence,” perhaps the prestigious academic journals in which they published — The Lancet, The New England Journal of Medicine — might have been more reticent.

The uncritical view on prostitution held by medical researchers marked the start of a decade of collaboration with self-proclaimed “sex worker” organizations which are favorable to pimping.

The PreP trials

As much as the nonoxynol-9 trials virtually escaped public scrutiny, just a few years later, in 2004, the Tenofovir® trials sparked a media frenzy. That year, the Gates Foundation sponsored a series of trials on Tenofovir provided by the US pharmaceutical company Gilead Sciences. Tenofovir (commercial name: Viread) was used in the treatment of HIV or “antiretroviral therapy,” but its efficacy as a preventive treatment for HIV — “pre-exposure prophylaxis” or “PreP” — was unknown. Women in prostitution, once again, appeared to be the ideal population to find out. This time, things did not run as smoothly as expected.

A study in Cambodia meant to recruit 960 women in prostitution was halted after objections from the prostitution NGO Women for Unity, member of the notorious pro-pimping lobby, the Global Network of Sex Work Projects (NSWP) whose former vice-president Alejandra Gil was convicted of sex trafficking. The NGO united with the Asia-Pacific Network of Sex Workers, another member of the NSWP and Act-Up Paris, also in favor of the decriminalization of pimping, to stage a protest at the 2004 AIDS Conference in Bangkok, Thailand, where the Gilead Booth was sabotaged.

A few months later, French media revealed similar trials were being held in Cameroon where 400 women, most of whom were in prostitution, were recruited. Just as in Cambodia,

public scrutiny led to the government closure of the trials in February 2005.

What was missed all along was the nonoxynol-9 case. Yet, certain names re-emerged. Ronald E. Roddy was also an investigator in the Cameroon trial that was halted. At the time, he worked for the Gates Foundation, as was declared in the paper published in 2007 under “competing interests.”

The aftermath has been just as interesting and overlooked. It marked a whole new modus operandi for clinical trials on women in prostitution: the funding by international organizations and U.S. donors of pro-prostitution organizations to ensure access to women.

Research collaboration with pro-prostitution NGOs

The principal investigator of the aborted Cambodia trial, Kimberley Shafer Page, reportedly stated that the closure represented a new opportunity — the collaboration with “sex worker” organizations, which might or might not include pimps, to access women in prostitution to conduct even more trials.

Thanks to the Cambodia Women’s Development Association that helped her recruit subject participants, she co-investigated the prevalence of HIV in prostituted women and girls aged 15 to 29. The Cambodia Women’s Development Association is a local NGO that funded the Cambodia Prostitution Union and is a member of the GAATW, the Global Alliance Against Traffic in Women, another pro-prostitution lobby. Neither the NGO nor researchers show any particular concern for the overall well-being of prostituted women and girls beyond HIV.

Similarly, the NGO that rejected the Tefonovir trials, Women’s Network for Unity, now purports to be funded by the likes of FHI360 (former FHI), UNAIDS and WHO.

Bea Vuylsteke, a former investigator on nonoxynol-9, joined the WHO Technical Reference Group in 2005 to prepare the “Toolkit for Targeted HIV/AIDS Prevention and Care in Sex Work Settings.” Prominent members of the NSWP and the Dutch pro-prostitution group TAMPEP (Transnational AIDS/STI Prevention Among Migrant Prostitutes in Europe) were among the collaborators.

The case of the Durbar Mahila Samanwaya Committee (DMSC) is particularly enlightening. The DMSC is a staunch lobbyist for the decriminalization of pimping in India. The organization was founded in 1995 to monitor and prevent HIV transmission in Sonagachi, which feminist academic Janice Raymond calls the “biggest brothel area (she) has seen within the smallest plot of land” with an estimated 10, 000 prostituted women. Men also violate girls in Sonagachi, girls that are either violently trafficked into the brothel or born in it. The DMSC provides no exit solution to women and girls in prostitution in Sonagachi, focusing instead on the reframing of rapists as mere “buyers” of “sex work.”

None of this information stopped the Bill and Melinda Gates Foundation, a “nonprofit fighting poverty, disease and inequity around the world” from donating USD 1 million to the DMSC in 2003, and later funding a demonstration project conducted by the organization in 2014. Contrary to an interventional trial like those of the nonoxynol-9, the purpose of a demonstration project is not testing the efficacy of a given drug but assessing the use of a treatment in a real-life setting: it’s about transferring the clinical to human scale.

The PreP-India research project was carried out in collaboration with the University of Manitoba in Canada, the WHO, the DMSC and Ashodaya Samithi, another Indian pro-prostitution entity based in Mysore. In the Calcutta branch of the research, approved among others by the Institutional Review Boards of the DMSC, PreP was distributed through a contract with Gilead Sciences which “provided additional support for data management and post trial follow-up.”

About 600 women were recruited to take a daily PreP pill. The few women that dropped out did so mainly because they were no longer prostituted or because of side effects. Almost half of the women (42%) were illiterate.

These types of demonstration projects on women in prostitution are still ongoing around the world.

The majority of the people and entities cited declined to comment or could not be reached.

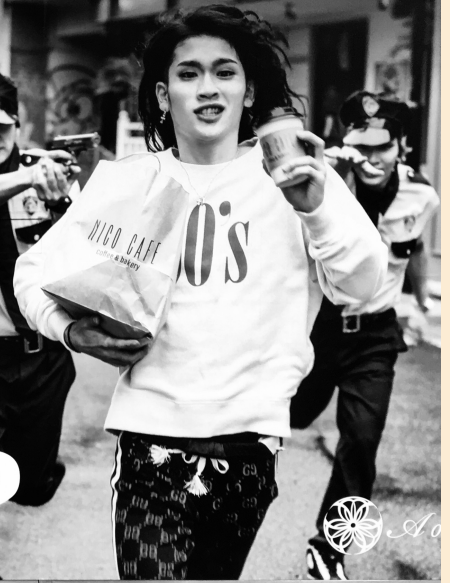
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ARE YOU
ENJOYING
YOUR LIFE?



Are You Enjoying Your Life?

2019. Tokyo, Japan.
Photography, my own

‘Testimony, Violence and Silence: An Examination of Agamben and His Critics’

Peer-reviewed scholarly article

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Abstract: This paper investigates the difficulties faced by survivors of atrocities in testifying. I work on the case of female victims of domestic torture as reported by Jeanne Sarson and Linda MacDonald. The starting point is Giorgio Agamben’s Remnants of Auschwitz with his discussion on Primo Levi’s paradox and the testis/superstes/auctor distinction. I build on his nuances while arguing that he has not looked enough into power dynamics that render one speechless. “Unspeakable violence” refers simultaneously to incapacity and not being allowed to speak. Pain renders the victim speechless; perpetrators distort language and speak over survivors. Victims are often not allowed to speak at all. The inaudible also largely determines what can be said: potential listeners’ incomprehension and disbelief can make testimony impossible. Overall, internal psychological reasons and political structural reasons hinder the testimony of atrocity. I, therefore, investigate the figure of the superstes or survivor who is in limbo between selves, languages, worlds, and time zones.

Extract, chapter 3:

THERE ARE NO WORDS FOR IT

If I ran away, I’d never have the strength
To go very far
How would they hear the beating of my heart?
Will it grow cold The secret that I hide, will I grow old?
How will they hear?
When will they learn?
How will they know?
A man can tell a thousand lies, I’ve learned my lesson well
Hope I live to tell
The secret I have learned, ’til then
It will burn inside of me
Madonna

If we do not bear in mind the oppressive conditions under which atrocities are enacted, we risk forgetting that loss of the ability to speak is not collateral damage but part and parcel of the process of dehumanisation. Sophie Oliver (2010) demonstrates that exclusion from the community of humans is enacted by exclusion from the “speech community” (p. 92). Torture does that through the infliction of pain.

Pain is paralysing. It is not words that come out of your mouth when you try to talk about it; it is the pain that pangs your throat. Pain renders inarticulate. Think about the interjection “ouch!” The victim can only utter sounds: you are reduced to a “shrilly squiggling piglet at slaughter” (Amery, 1980, p. 37). It confirms the torturers’ belief that the victim is subhuman. Dehumanisation is a snake that bites its tail: it finds proof of inhumanity in the process itself.

Linguistic paralysis is a state induced by the perpetrators (Oliver, 2010: 92). It is not merely a consequence of an atrocious act; it is a core component of it. It is not just annihilation that destroys subjectivity but also the destruction of speech that annihilates. The atrocity is unspeakable simply because of the pain.

The pain of torture also renders speech uncontrollable. Confessions given under torture are, rightly, not receivable. When she manages to speak during the torture, the victim’s words are no longer her own. She is willing to say anything. The torturer authors the language of the tortured. She is dispossessed of her humanity by the confiscation of her speech.

Returning alive is not enough to become “human” again. We are talking about people who do not know they have skin. In a way, they must prove they are (still) human to others and their Selves. The move from annihilation to rebirth of the Self takes place through speech. The use of the “I” is not just about grammatically retrieving a subjectivity: it is about reintegrating that community of humanity from which the victim was excluded. Testimony is an attempt at dialogue.

This return journey is fraught with difficulties. First, the victim/survivor is not allowed to talk about it. Second, she faces hermeneutical injustice. And third, she does not have the necessary authority to have illocutionary force for her testimony.

SILENCING

Secrecy: The Making of a Taboo

Victims of torture are conditioned never to tell. “To tell is to die a horrible death” is a verse in the poem of a survivor (Sarson & MacDonald, 2021, p. 156). Among the three major goals of torturing families is keeping their circle “closed and secretive.” (Sarson & MacDonald, 2021, p. 139). Victims are not authorised to testify against their torturers. The unspeakable here must be understood in terms of what is not allowed to be said.

In purely linguistic terms, secrecy can develop into a taboo. Because it is kept secret, torture that takes place in domestic settings becomes a taboo topic. Put differently, it is taboo to talk about what happens at home in public, and even more so to label it “torture.”

The word taboo is surprisingly absent in *Remnant of Auschwitz*, even though the author implicitly warns against it. First, a taboo keeps the phenomenon submerged. It becomes something like an urban myth that no one really managed to prove—confirmed as auctor. It gets removed from “ordinary” people—more later. Second, it confers the phenomenon “the prestige of the mystical” (Agamben, 2016, p. 30). It brings us back to the original meaning of taboo: a sacred object whose use is restricted to an elite but prohibited to women. Torture is thus not just unspeakable, it is untouchable, and so are, by extension, its perpetrators: if no one can talk about them, no one can punish them. Silence protects perpetrators.

More than secrecy, finding the right words is the real challenge.

Absence of Words or Hermeneutical Injustice

“There are no words for it” is used metaphorically but it is in fact, quite literal. That is the idea behind the concept of hermeneutical injustice developed by Miranda Fricker (2007) which could be defined as unfair interpretations. Her core idea is that there is an injustice in not being able to convey a significant aspect to one’s social life. This happens because the powerful structure the world according to their own needs. They shape what she calls collective social understandings (p. 147) or the way we make sense of events. The powerless on the contrary, do not own what I would call the “means of expression”: they lack the verbal capacity to analyse the world on their own terms and express it accordingly.

Collective struggles can overcome this situation. “Epistemic breakthroughs” (p. 149) or breakthroughs in knowledge undo “routine social interpretive habits” (p. 148), traditional ways of interpreting events. For example, the expression “sexual harassment,” suddenly rendered problematic a pervasive behaviour that was meant to be interpreted as innocuous. The innocence laid precisely in its non-designation (Fricker, 2007). Again, we see how silence protects perpetrators.

When Jeanne Sarson and Linda MacDonald (2021) started, they discovered that “torture,” as defined in international and national law, could not be applied to the cases they were dealing with. What men do to women at home is not considered serious enough to be rendered verbally explicit and qualified as torture. It is “mere” “violence” or “abuse”: all words which do not fit right for survivors. Like dehumanisation, hermeneutical injustice is self-reinforcing.

Distortion of Meanings or Corruption of Daily Language

Victims are left to rely on what the dominant people tell them is happening. And torturers modify words to further confuse their victims. They use coded language. In one case, the word “ceremony” was used for group torture, the word “home” meant vagina, the word “doghouse” meant anus, the word “lollipop,” penis, etc. As a child growing up in these conditions, it is likely that you will not learn the right vocabulary and thus make sense of the events until much later in your life.

The use of coded language corresponds to “corruption of everyday speech” (Oliver, 2010, p. 92). Sophie Oliver (2010), again, remarks that familiar words take a grim connotation in a context of torture. Language that could have helped victims reach out now traps them further in the only world where that language is spoken: one of atrocities. It is a step further in the dehumanisation through linguistic exclusion. Words are not just not-created; as Miranda Fricker shows, they are confiscated.

UNHAPPY SPEECH Doing Things with Words

In her monumental work, *Sexual Solipsism*, philosopher Rae Langton (2009) examines at length the claim that pornography silences women. She builds on J. L. Austin’s seminal *How to Do Things with Words* (1962). Austin is interested in speech acts or “performative utterances” (p. 7): the actions that we realise by saying something like “I promise.” He further distinguishes between a “locution” (the content of what is said), the “illocution” (the action performed by saying: urging, asking, warning), and the “perlocution” (the consequence of the speech) (p. 102). For instance, by saying “Shoot her!” (locution), the speaker urges the listener to shoot the woman (illocution), and the other is persuaded to shoot her (perlocution) (p. 102).

Women would like to testify (speech act) against torture, but they cannot. Why? Rae Langton (2009) suggests that “one mark of powerlessness is an inability to perform speech acts that one might otherwise like to perform” (p. 39).

Locutionary Failure: Inability to Speak

First, survivors struggle to reach the illocutionary level of speech because they are stuck at the locution. This paralysis is the incapacitation of speech. Among reasons for this, Langton mentions intimidation and secrecy—which we saw and to which we can add pain. She also mentions fear of disbelief which I will explore in the next section. Sometimes survivors do not talk at all: those that return mute.

However, there is more to the locutionary failure. When Austin (1962) writes about the locution "Shoot her!" he writes "meaning by 'shoot,' shoot, and referring by 'her' to her" (p. 102). The key to a successful speech act is a shared understanding of terms. There first needs to be a basic agreement on the meaning of words for those words to have any kind of social impact. In the case of torture, victims used words whose meaning was distorted by torturers. When Sara thought she was testifying against her father who anally raped her, she was actually saying "Dad came in the back door" (Sarson & MacDonald, 2021, p. 147). In the "coded language" (Sarson & MacDonald, 2021, p. 145) of torturers, "ceremony" was used instead of "group perpetrator torture gathering" (p.146), "consummation ceremony" (p.146) was for when an audience was involved "lollipop" (p.146) for phallus, "house" (p.147) replaced "vagina" and "dog house" (p.147) replaced anus.

Philosopher Richard Moran (2018) untangles the problem skillfully. "For a speaker to be in a position to say anything," the sounds she makes must be "accepted" by her audience as corresponding to the words of a common language (p. 7). Language precedes us. To be an auctor of any language, one must share that language with another. Since the survivor is not accepted linguistically, she is not accepted humanely.

More specifically, the victims/survivors of torture cannot perform a "phatic act" or the pronunciation of words (Austin, 1962: 99). A cry of pain is a sound, and "hello" is a sound that forms a word. A cry is, in Austinian terminology, a "phonetic act": "The uttering of certain noises" (Austin, 1962, p. 99). Think about Urbinek and his *massklo*: Urbinek is a boy Primo Levi mentions, and Agamben reports because he kept repeating "massklo." It was probably a word in his language, but since no one understood him, it was reduced to a noise (Agamben, 2016). Survivors of torture are reduced to the phonetic act long after their ordeal. Difficulty in expression, too can result in silencing.

Illocutionary Failure: Inability to Act Through Speech

Second, because of this initial failure, the victims' illocutionary abilities are seriously compromised. Speech acts are not "true" or "false," but instead "fulfil" or not "felicity conditions": they are "happy" or "unhappy" (Austin, 1962, p. 14). Those depend on external factors. If you say, "I do" at your marriage, but it turns out the civil servant was bogus, it is true that you said, "I do," but you have failed in your attempt to get married (and maybe you should give up on the idea entirely while you have the chance). Austin would say your speech was "unhappy" or that it "misfired" (Austin, 1962, p. 14).

When survivors cannot express themselves, the "reciprocity condition for illocutions," as defined by Jennifer Hornsby, is not effectuated (cited in Moran, 2018, p. 135). The condition requires the audience to understand what the speaker is presenting herself as doing. In our case, the audience does not understand that the girl/woman in front of her is trying to testify. It takes two to tango: the survivor's testimony, if it has no illocutionary force, it misfires.

Apart from the misunderstanding, the survivor is not an auctor. She does not author her speech in the two meanings identified by Richard Moran (2018). Her speech does not originate from her, as I have tried to show, and she cannot delegate her speech. When one owns her words, someone else can "speak for" that person: she has the authority to designate someone else to auctor for her. However, the survivor is deprived of her voice. The connection between Person and Author described by Moran is broken. The disconnection is the result of simultaneous linguistic and subjective destitution.

Having the right intelligible words will not solve the problem. To understand why we must return to Rae Langton's (2009) thesis. The ability to do specific speech acts, the "authoritative illocutions" depends on the speaker's "position of authority in a relevant domain" (p. 37). For example, the slave cannot order her master. She can tell him to shut up as much as she wants, but she is not in a position to do so. I suggested earlier that female torture survivors are deprived of authority because of identity power. "Some speech determines the kind of speech there can be," affirms Langton (2009, p. 53). If the relevant authority/ies state/s that there is no such thing as torture, then there is no torture: there can be no space for a subaltern speech undermining the dominant one. His word against hers. His word does not have the same weight as hers because of hierarchical positions of authority in both speech and sexual politics. The voice of authority does not "speak for her;" it

speaks over her. What does a little girl know about torture? We know that in reality, it is in her quality of superstes that she is in the best position to tell what happened, but her audience would have to believe her to recognise her authoritative position.

The survivor's testimony misfires in different ways, most importantly because her quality as auctor is not recognised: the conditions for her to bear witness to the atrocity are not gathered. Losers do not get to write history.

Interlocutionary Disaster: Inability to Dialogue

An illocutionary failure is an interlocutionary disaster. "Testimonies are not monologues" (Felman and Laub, 1992, p. 70), but they can be turned into soliloquies. If your audience hears noise when they should be listening to you, if they listen to your perpetrators when they should believe you, you are effectively not in a dialogue: you are talking alone in a room full of people. The silencing of survivors takes place because of the shift from potential dialogue to forced soliloquy. Agamben's (2016) statement that "survivors have nothing interesting to say" (p. 31) takes the potency of prophecy. This dismissal anticipates the next argument: The inaudible determines the unspeakable.

Rebecca Mott (2021), writer and survivor of prostitution, who inspired this section, perfectly summarises it: "you're not allowed to speak much, and you don't know which language to speak when you can. Recovery from trauma is finding the words." The victims of annihilating atrocities are thrown in the ditch, and they keep falling on the way up. The linguistic exclusion that put them there in the first place keeps them captive. Unable, not allowed to tell, and not heard, survivors are further excluded from humanity. Disbelief, as we will see now, isolates them even more.



.Tout est possible.

2023. Kinshasa, Democratic Republic of Congo

Photography, my own.

(The bus signs read — clockwise from left: Everything's possible. Butchery. Meat, poultry, delicatessen).

Where Did My Confidence Go?

Short story

Published on Rain and Thunder's Issue #80, January 2023

"Where did my confidence go?" asked the little girl.

She looked under the bed, but only saw monsters.

She looked inside her closet, but only found insecurity.

She looked at her bookshelf, but only saw absence.

She got out and looked around.

She asked the milkman and the milkman replied: "I'll show you some confidence", but he only gave her dairy products.

She asked the businessman and the businessman replied: "I'll show you some confidence" but he only made a business out of her.

She asked the boogiemanager and the boogiemanager replied: "I'll show you some confidence", but he only filled her with terror.

Her confidence was still nowhere to be seen.

A flash, she looked inside of her.

She opened her mouth, but no sound came.

She unbuttoned her belly, but no food could fill her.

She checked her heart, but it was beating blue.

So, she kept asking.

She asked her mama. Her mama replied "I lost mine ages ago. Also, my glasses — could you fetch my glasses?".

She asked her sister. Her sister replied: "If I knew, why would I tell you?".

She asked her auntie. Her auntie said: "Oh honey".

The little girl had no idea what honey had got to do with it, so she kept wandering wondering.

She thought: "No one knows where my confidence is. No one saw it, no one found it. I have nowhere left to look. I cannot go on without it".

And there.

She saw.

Crossing the street was a man with a brown felt hat and a dark green coat and a red woolen scarf and brown suede shoes and thick corduroy trousers. The man had it! He had her confidence! He was carrying it under his armpit like a vulgar baguette.

"Hey! That's my confidence!" yelled the little girl, her eyebrows swaying in wrath.

Everybody stopped. People turned around to stare at the little girl yelling at the man with the brown felt hat and the dark green coat and the red woolen scarf and the brown suede shoes and the thick corduroy trousers.

"That's my confidence!" she cried as she ran after the man with the brown felt hat.

"That's my confidence!" she repeated as she grabbed the man's dark green coat.

The man felt something, paused, turned around, did not see anyone, did not see anything, so he kept walking in his brown suede shoes.

The little girl pulled him again. It had not occurred to the man with the red woolen scarf to look down. Why would he? He had so much confidence.

"That's my confidence, give it back!" fumed the little girl her jaw clutching her lips.

The man with thick corduroy trousers looked at her. Raised an eyebrow. Started thinking. Raised the other eyebrow. Tightened his lips. Raised both eyebrows. Made a reverse U with his mouth. Looked up to the left. Looked up to the right. Looked down to the little girl. He said nothing. Kept walking.

“Hey! Stop! Stop him” the little girl begged the crowd, her voice resounding in her mouth, a tear burgeoning in her left eye, her heart pounding grey: “He took my confidence away!”.

“Are you sure little girl?” asked a voice near her.

She had no confidence. How could she be sure of anything?

“Do you know who he is little girl?” asked another.

“Are you sure it is yours?” came up yet another.

“That confidence is not yours” asserted someone.

“Little thief” spat somebody.

The voices around her became more insistent, the stares more persistent. The tear got bigger, the heart dropped, her stomach was a knot. She was surrounded by the invading crowd. She had no escape.

“Are you sure?”

“How could you know?”

“What do you know?”

“Who are you?”

“Where is your confidence, little girl?”

“Do you even exist little girl?”

The voices got louder and louder, the bodies closer and closer. All she wanted to do was cry.

“Oh, drop it!” exclaimed a woman, “She’s just a little girl. Keep walking!”

The crowd dissipated as soon as it had appeared. The man was nowhere to be seen.

“Did I invent all this?” she asked herself.

She looked at passersby: busy busy walking by.

She looked closer.

She saw.

Men.

She saw men with her confidence clasped under their arms. Men in dresses, men in trousers. Men with hair, men with height, men with skin, men with fat. Men with sight, men with fright, men who fight. All men. They had it. Not just her confidence, but her mum’s, her auntie’s and her sister’s.

And the world was spinning round and round as she fell onto the ground.



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8TH MARCH 2021, 6:30PM-8:30PM



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Irish Women's Lobby (Watch [online](#)), 8th March 2021.

Jill and Giles Foundation to distribute Thanafix in India

Fake news - The Provincial Times series

Published on [Borazan Sesli](#)

Philanthropy

Jill and Giles Foundation to distribute Thanafix in India

JOHN SMITH — NEW DELHI

A press release from the Jill and Giles Foundation announced yesterday the distribution of 100 000 doses of Thanafix® in India. The drug developed by the US pharmaceutical company Gilgamesh Science is meant to alleviate the suffering of patients afflicted by incurable diseases such as destitution or hopelessness. The distribution is part of a five-year programme of Thanafix distribution in the Global South.

The statement read: “The most vulnerable on the planet need our help. As economic inequalities rise and desperation thrives, our silence became complicit in the miserable lives of millions. We could no longer watch them live without doing anything about it. So, we decide to launch the Thana4Life programme”.

The first phase of the Thana4Life programme starts today in the poorest state of India, Manipur, in the eastern part of the country. The world’s largest philanthropic organisation aims to deliver 3 million doses of Thanafix in ten countries, including South Africa, Cambodia, and Benin, among others.

Thanafix is the “most efficient painkiller of history” as Gilgamesh Science reports on its website. Taken with water it promises death within two to three hours. Last month, Gilgamesh Science signed a record deal with the Jill and Giles Foundation for the Thana4Life programme, although no party agreed to release the exact amount of the transaction.

‘This is history in the making. This is not just an end to despair, it’s a cure for global inequalities’

The launch was celebrated by the “thanactivists” — the activists that fight for the free national distribution of the drug. Riri Gaga, the president of the largest organisation of thanactivists, Thanafixed Me said that “this moment had been long awaited”. “We have more destitution here than anywhere else in the world, yet no Thanafix in sight”.

Not all seemed to rejoice, however. The NGO We Care immediately released a statement decrying the decision made by the US-based foundation. We Care claims that the foundation is “responsible for the biggest eugenic episode in history”. “Destitution is not a disease, despair not a fatality. Hope dies last, but the miserable are killed first” concluded the statement.

This radical position is judged extreme and unrepresentative by most thanactivists. A poll commissioned by the Jill and Giles Foundation last year found that 63% of the Indian population wanted to use the pill but cannot afford to. Riri Gaga called We Care’s claims “ludicrous”. Pressed to elaborate, he cut it short: “Their position is so marginal, it is not even worth mentioning”. He added: “This is history in the making. This is not just an end to despair, it’s a cure for global inequalities”.

In the UK, the NHS now administers around 2000 doses of Thanafix per month and hopes to double that amount by next year.

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Dance

Picture on cover : Dr Aurélia Jarry

Since February 2022, I have been training in contemporary dance with Dr Aurélia Jarry whose method is inspired by choreographer Pina Bausch. I also take lessons in traditional Congolese dance and aikiryu (martial arts) as all are strongly anchored in the ground. This artistic and physical journey is an integral part of my intellectual work. For someone working on loss of integrity through torture and degrading treatment, being in tune with the body can only improve thinking.



Serious Men

2018. Rome, Italy
Photography, my own.