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An (in)sensible machine: The unpaid care worker in the Chthulucene

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This paper aims to showcase the theoretical and political value of putting feminist STS in conversation with feminist theory toward novel interrogations of persisting feminist concerns. Using original data from interviews and ethnographic participant observation in South Africa, this paper proposes new ways of interrogating the “problem of care” through feminist technoscience analytics.

Voluntary HIV/AIDS community care workers in South Africa were the only responders to the epidemic during the country's era of “AIDS denialism.” In previous research, I argued that the universal and inevitable human need for care (Fineman) – increasing in an era of precarity and evinced by the present example – is rendered insensible due to economically, socially, physically, and psychologically deprivational consequences. The highly gendered nature and consequences of unpaid care work in a country with one of the highest rates of gender inequality and the largest population of people living with AIDS in the world are self-evident political concerns (Jewkes et al.). This instantiation of care adds urgency to answering the question of why the “problem of care” persists despite thoughtful, careful and extensive feminist theorizations (Tronto).

This paper suggests that the (in)sensibilities of care provide a novel theoretical aperture to expand feminist theory through feminist technoscience towards a more nuanced understanding of the human-technoscience coproduction of neoliberal societies (Subramaniam et al.) in their raced and sexed co-imbrications, especially in developing countries where eugenic scripts and biopolitical governance operate under the guise of innovation in health sciences.

Experience as a public health activist in South Africa informs my methodology: care is a central logic of biopolitics (Stevenson) and requires a capacious analytic which can hold questions about the entanglements of biotechnological innovation, public health policy formulation and contestation, post-colonialism, transitional democracy, and the imperatives of the neoliberal political economy simultaneously; feminist theories of care may have impeded such insights by focusing on essentialist concerns with gender oppression (care work is women's work). I adopt Braidotti's logic of transversality to expand existing theories of care through previously unexplored amalgamations and collaborations – including an attempt to revivify care as ‘technology’ (Latour, Balsamo) – toward radically questioning agnotologic tendencies and generating innovative ethico-onto-epistemologies (Barad) of care which are simultaneously pragmatic and politically salient towards “building more livable lives” (Haraway, 2016).