

Feminist Moral Tensions for a Nomadic Subject: Navigating the Pandemic

Techné: Research in Philosophy and Technology
Special Section on Technology & Pandemic

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Abstract: This paper uses the figure of the nomad from the work of Rosi Braidotti to critically examine rhetoric about vaccine and masking mandates, and the science of covid more broadly. I draw out the tensions and ambivalence felt as we navigate this on-going crisis in ways epitomized by the phrase “I have a healthy mistrust of authority, and I am still vaccinated.” Though ambivalent, the nomadic subject finds an affirmative ethics, navigating the “right” response to incite positive change and expose our current states of subjectivity. Recognizing the ambivalence of this state may be useful for feminists who critique medicine for its historical sexist and racist “objectivism,” while also supporting medical science and trust in the case of vaccine mandates.

Keywords: Braidotti, nomadic subject, feminist philosophy, bioethics, Covid-19 crisis, reproductive medicine

During a time of quarantines, travel restrictions, social distancing, and closed borders, the free movement associated with nomadic life may not appear to describe current understandings of subjectivity. Yet, Rosi Braidotti’s figuration of the nomadic subject may help us to explore how our current state of knowledge production poses barriers for grounding a moral response to the Covid-19 crisis.

The nomad, as described by Braidotti, is not necessarily portable in terms of physical movement, but is rather characterized by a versatile system of knowledge. The embodied and embedded nomad oscillates between situated knowledges informed by the dictum “We are in this together, but we are not one and the same” (Braidotti 2019; Braidotti 2020). The *this* that Braidotti initially refers to is our posthuman condition – characterized by a convergence of contradictory emotions that teeter between the elation of technological development during the Fourth Industrial Revolution and the anxiety and fear that arise in view of the Sixth Great Extinction (Braidotti 2019). However, Braidotti later goes on to relate *this* condition to our current pandemic situation. *This* is somewhat of a paradox, as Braidotti highlights: we find ourselves relying on the same form of cognitive capitalism that got us into this mess in the first place. She asserts, “Paradoxically, the contagion has resulted in increased use of technology and digital mediation, as well as enhanced hopes for vaccines and biomedical solutions” (2020). In this essay, I wish to tease out the tensions that inform the paradoxical situation of the nomadic subject, particularly as they inform her moral response regarding the Covid-19 vaccine.

Braidotti's figuration of the nomad is inspired by a diverse array of thinkers, but her fluidity of ideas, having "a sense of territory but no possessiveness about it," is most inspired by Donna Haraway's notion of situated knowledges and Gilles Deleuze's technique of "deterritorialization" (Braidotti 1994, 36-37). The versatility of knowledge production that defines the nomad may be visually captured in a recent Facebook filter that encircles its avatars, "I have a healthy mistrust of authority, and I'm still vaccinated". The ambiguity of this statement highlights a more complex relation to the vaccine debate that is normally framed in terms of two philosophical extremes. Scholars have warned of the states of exception created by the current crisis (Agamben 2020), analyzed the negative effects of biopower (Clover 2021), and spoken against the "medical nemesis" that makes science the new religion (Babich 2020). Other thinkers have focused on more positive outcomes of our mutual crisis, including our shared vulnerability (Butler & Yancy 2020) and a focus on a commitment to care work (Ali, Watts Belser, Kao, & Smith 2020).

Braidotti's ethics are influenced by Spinoza's emphasis on affectivity where our desires emerge from our passions. Understanding our passions is thus key to forming a moral response, as "the ethical implication is that reason is affective, embodied, and relational" (2019, 47). Following Spinoza's positive thought that our affects tend toward joy and our shared experience with others, Braidotti calls for an affirmative ethics that sees the potential for positive change. The pandemic has shed light on gross disparities in access to healthcare, sexism, racism, imperialism, as well as on the necessity of confronting our relation to non-human animals made ever so urgent by a cross-species contagion. A confrontation with such inequality creates a desire for new conditions, a "yes" to embrace change, rather than a "no" of despair. Yet, what it means to give an affirmative "yes," and how, exacerbates the ambivalence of the nomadic subject.

The aforementioned Facebook filter highlights that making the decision to get vaccinated doesn't mean that we necessarily turn into sheep obeying every dictate of medical authority. Saying yes to vaccines doesn't mean we uncritically accept all forms of medical intervention; it doesn't even mean we whole-heartedly trust the vaccine we chose to get. The ethical choice to get a vaccine isn't a personal one. Jean-Paul Sartre's assertion that "in choosing, we choose for all men" is made explicitly clear, though nomadic subjects would critique his use of the word *man* here (Sartre 2002). Part of the dilemma with the covid vaccine is that those who receive it expect other members of the community to get it, with a large portion of the vaccinated requesting it be mandated. A nomad doesn't believe in a golden rule deontology, nor does she subscribe to a Rawlsian view of justice, as his veil of ignorance supposes a universal conception of fairness undergirded by an objective "man of reason". How can the nomad provide a moral response to vaccine or mask mandates without assuming that such replies are "the only" right thing to do? Nomadic subjects critique the "man of reason," while also believing that "anti-vaxxers" would see the "truth" if only they were *reasonable* and presented with the correct scientific facts.

Nomadic subjects cannot simply rely on the mantra “trust science,” as its openness to situated knowledges has exposed injustices such as scientific racism and the biases of objectivism at the heart of the scientific method. The truth is tricky for the nomadic subject who is also postmodern in her openness to a myriad of interpretations and her questioning of social reality. The nomad’s embracing of a multiplicity of perspectives, coupled with her rejection of any unified “I,” has led Catherine MacKinnon to ask whether postmodernism can hold the perpetrators of genocide accountable (2000, 706). The question becomes, *what guiding principles allow the nomadic subject to make moral claims without assuming universal validity of those claims?* In this case, how can the nomadic subject require the unvaccinated to be held accountable?

Braidotti suggests that we listen to a range of localized knowledges, particularly hoping to give voice to marginalized subjects who she refers to as “missing persons” (2019). Given that Black, Latinx, and Indigenous people have had a higher covid infection rate (and toll in hospitalizations, long covid, and death), an ethical case for mandating vaccinations and making them widely available can be made. When the covid vaccine was undergoing research trials, there was talk of hesitancy from the Black community as parallels were drawn to the Tuskegee Syphilis Experiment (Hoffman 2020). Yet, one of the largest ethical problems with this trial was not that a drug was being tested, but rather, a cure had been known and denied. A problem with the covid vaccine may be its lack of distribution to “missing persons.”

A further aspect of Braidotti’s affirmative ethics includes finding “communal solutions.” She asserts, “The praxis of forging communal solutions through the confrontation of uncomfortable truths is central to the ethics of affirmative ethics” (2020, 467). For Braidotti, confronting uncomfortable truths means facing up to social and environmental inequalities and taking collective responsibility for them. For example, the covid crisis exposed such inequalities, and social uprisings such as Black Lives Matter positively act as impetus for change.

Yet, can communal solutions be found outside of local sites of resistance, on the sort of macro level that would be needed to justify universal vaccine or mask mandates? Communal solutions cannot entail a promotion of the greater good, as taking the overall good of the community into account would ascribe to a form of utilitarianism. Can we want to promote the health of the community, because it is the “right” thing to do, and because each individual has a “right” to life? Though not enmeshed in rights discourse, the nomad subject has inherited a “modernist” past (politically speaking). It is and it is not contradictory for the nomadic subject to respond to the pandemic *without reason*. It is, or it is not, contradictory depending on how we define reason here. Remember that for Braidotti, reason is necessarily connected to our *embodied affective state* and to our *relations with others*. The type of reason that Braidotti rejects is reason disassociated from the body, the abstract (masculine) reason that Genevieve Lloyd critiques in *The Man of Reason: ‘Male’ and ‘Female’ in Western Philosophy* (2002).

I think a focus on “uncomfortable truths” is key here. Because there is not a universal moral truth, we can waver in terms of making ethical decisions. This doesn’t mean we can be wishy-washy and take an uninformed stance, but it may entail our acting contradictory despite our best efforts to be critical. Like the Facebook user, who mistrusts authority when it comes to “x,” yet adheres to its mandates when it comes to “y,” the nomad embodies these uncomfortable truths.

Uncomfortable truths of scientific bias and capitalism in reproductive medicine

I’d like to highlight some uncomfortable truths, specifically as they relate to a history of sexism in reproductive medicine. It may seem contradictory to trust science when it comes to the vaccination of female bodies while also questioning science when it comes to other forms of medical intervention on said bodies. It is and it is not. Recently, the FDA has approved the Pfizer vaccine and by extension has provided it with a new name for branding purposes: Comirnaty. ‘Comirnaty’ is supposed to evoke notions of community and communal responsibility, while also hinting at mRNA. There are a range of rules to follow when naming pharmaceuticals, but I couldn’t help but think, “wow, they took a lot more care naming Comirnaty than they did with Premarin, a post-menopausal drug whose nomenclature stems from *pregnant mare urine*”. This is a mere anecdote to introduce a larger problem of a historical lack of concern for women as reproductive subjects.

Since the introduction of the covid vaccines, many women have reported side effects related to their menstrual cycle, whether it be in reference to irregularities, breakthrough bleeding, or heavier flow. The response to these complaints has been somewhat daunting. Documenting over 140,000 such cases, an NPR article (Brumfiel 2021) asserts,

Rumors of menstruation problems have also fed larger conspiracy theories, and Lee says that further undermines the vaccines’ credibility in some circles. ‘It seeds distrust, because it’s not expected,’ she says.

That reported side effects of menstrual change may be discounted as “rumors” is discouraging. In a #MeToo era with the Blasey Ford mantra, “Believe Women,” it seems contradictory to not believe their symptoms in this case, because it presents an inconvenient truth, the inconvenient truth being it may feed vaccine hesitancy. Believing in science is not contrary to believing in women, though historically sometimes it looks that way.

There is a long history of gender bias in science as the male anatomy has long represented the standard model for medicine (Baird 1998). Women have also been historically excluded from participation in research trials (Liu & Dipietro Mager 2016). Their monthly hormonal cycles have categorized them as deviant bodies in contrast to the neutral male body. In 1977, the FDA banned women of child-bearing potential from participating in clinical research, except for life-threatening conditions. This ban was

devised after the FDA-approved drug Thalidomide, used for treating morning sickness, caused severe complications including birth defects of thousands of children. The exclusion of women from research trials, coupled with the male standard of anatomy, leaves scientists ill-prepared to adequately respond to these reports of menstrual change, as further evidenced in the NPR article,

As with many other vaccine trials, the early COVID-19 studies did not ask much about reproductive health aside from questions around pregnancy. ‘It seeds doubt,’ Lee says. ‘It makes people feel like their bodies were not considered in part of the [clinical] trial.’

I mention this history of sexism in medicine and how it affects the handling of reported side effects, *not* in the hopes of dissuading persons from receiving the vaccine, but as a way of highlighting *how feminist nomadic subjects reckon with uncomfortable truths*. As feminists, we rightly critique medicine given its historical masculine bias, while also advocating for medicine in the case of vaccination, the whole “I have a healthy mistrust of authority, and I’m still vaccinated”.

A further example of confronting uncomfortable truths includes accepting the form of cognitive capitalism that creates medical technology and pharmaceuticals. For example, in “Obstetrics’ Security Blanket: The Case of Continuous Electronic Fetal Monitoring in Healthy Births,” Sara Gavrell (2021) exposes an uncomfortable truth about techno-capitalist reasons behind why we still use continuous fetal heart monitors in pregnancy. She asserts,

Historian Judith Kunisch explains that Corometrics Medical Systems, Inc., the company with 75% of the EFM’s market share (their only product) declared as its goal to have fetal monitoring from several months after conception until birth, to achieve a billion-dollar-range market for equipment and disposables.

The American Congress of Obstetricians and Gynecologists (ACOG), the American College of Nurse-Midwives (ACNM), and the Associations of Women’s Health and Neonatal Obstetric Nurses (AWHNON) agree that continuous fetal heart monitoring offers no benefit over intermittent surveying, but as Gavrell shows, such technology sure reaps a lot of financial profit. Cue the pharmaceutical industry. The terminology of Big Pharma has been used to negatively describe the influence of pharmaceutical companies in deciding what constitutes research-worthy areas of healthcare (Law 2006) as well as to comment on the largess of its profit-making. While doctors are not able to accept cash-in-hand for pushing drugs on patients, it is well-known that doctors receive “kickbacks” in the form of vacations or other exchanges. This is witnessed in a recent news headline: “Prominent local fertility doctor admits to taking kickbacks from

pharmaceutical companies.”¹ It is an uncomfortable truth that supporting vaccination supports Big Pharma.

Braidotti (2019, 42) states,

[The nomad] offers a robust rebuttal of the accelerationist and profit-minded knowledge practices of bio-mediated, cognitive capitalism. Taking ‘living matter’ as a *zoe-geo*-centered process that interacts in complex ways with the techno-social, psychic and natural environments and resists the over-coding by the capitalist profit principle (and the structural inequalities it entails), I end up on an affirmative plane of composition of transversal subjectivities.

The nomad thus *resists* the narrative of human exceptionalism that drives neoliberal discourse that is enmeshed in capitalism. Looking for affirmative modes of knowledge production rather than an episteme that is instrumentalized for the sake of profitability, the ethics of the nomad takes into consideration non-human animals and the environment (*zoe-geo* centered), recognizing the inescapable influence that technology has on these relations. Teetering between an affective state of elation and anxiety and critiquing cognitive capitalism as we simultaneously rely on it, the nomad’s moral response to the Covid-19 crisis can only be one of contradiction. It is necessary to discuss these tensions rather than conceal them out of fear of further breeding distrust.

The nomad is affirmative in her fluidity of knowledge production, yet such an embrace of situatedness and questioning of social reality causes tensions when morally responding to the crisis. The nomad understands she cannot use the “master’s tools” to dismantle the “master’s house,” and yet she wishes to borrow them in providing a universal response to the covid crisis.² The “master’s tools” of unbiased universal objectivism are being rejected in critiques of scientific racism and sexism, yet the same unbiased objectivism is quite often used to support vaccine and mask mandates via the mantra “trust science.” Again, the point is not to dissuade the reader from getting the vaccine but rather to suggest that we must sit with the aforementioned uncomfortable truths that are part and parcel of our postmodern subjectivity. At once, “we are in this together, but we are not one and the same,” and “I have a healthy mistrust of authority, and I’m still vaccinated.”³

¹ See Adam Lachacz, “Prominent local fertility doctor admits to taking kickbacks from pharmaceutical companies,” *CTV News*, Apr. 18, 2021. Last accessed on Feb. 4, 2021, <https://edmonton.ctvnews.ca/prominent-local-fertility-doctor-admits-to-taking-kickbacks-from-pharmaceutical-companies-1.5392594>

² My reference to the “master’s tools” refers to Audre Lorde’s *The master’s tools will never dismantle the master’s house*. See: Lorde 2018.

³ Thanks to Ammon Allread for reading an initial draft of this commentary.

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