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Outbreaks of cholera, capitalism and humanitarianism: Power grabs and the unmaking of corporeality in Haiti and the Dominican Republic

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OUTBREAKS OF CHOLERA, CAPITALISM
AND HUMANITARIANISM: POWER GRABS AND
THE UNMAKING OF CORPOREALITY IN HAITI
AND THE DOMINICAN REPUBLIC

ABSTRACT

The outbreak of cholera in Dominican Republic and Haiti following the 2010 Haitian earthquake led to shoring up national security regimes and placing the Haitian black body and Haitian lands under intense scrutiny of geopolitical debates about humanitarianism and reconstruction. Reconstruction and biosecurity discourses, engaging with disease risks and minimizing contagion, deemphasized the various forms of slaughtering, death and profit making endeavors by foreign sovereign states and organizations desiring to secure an imperial position in the world through a politics of slavery and wiping clean Haitian landscapes. The struggles of Haitians highlight how the imaginary and practices of neoliberal governance depend on terror and rendering vast populations as living dead.

Keywords: *Haiti, Cholera, slavery, reconstruction-as-death, corporeality*

INTRODUCTION

In January 2010, a 7.0-magnitude earthquake struck Port-au-Prince, Haiti, leveling thousands of structures and killing hundreds of thousands. Tent cities were suddenly ubiquitous; more than 550,000 still live in them. While the city is being rebuilt, jobs and security remain elusive. About 10 months after Haiti's earthquake, another disaster struck: cholera. One out of every 16 Haitians has been infected by cholera, with 8000 dead (Kivland, 2013). In her 2011 report to the UN, Daniele Lantagne, an environ-

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mental engineer at Tufts traced the Haitian cholera strain to one circulating in Nepal. The outbreak started just downstream from the camp of Nepalese soldiers who joined the UN in 2010 and Lantagne believes that these soldiers unwittingly brought the disease to Haiti. However, the UN still insists “that whatever way cholera got to Haiti, terrible sanitary conditions and lack of clean water were responsible for its remarkably fast spread” (Knox, 2013; UN Millennium Development Goals, 2010) despite reports from lawyers of the Institute for Justice and Democracy in Haiti claiming otherwise. Secretary-General Ban Ki-moon’s promises to rid Haiti and the neighboring Dominican Republic of cholera has remained just promises. The entire project is expected to cost \$2.2 billion and take at least 10 years; yet the UN has identified only 10% of this money, most of it “redeployed in earlier pledges” (Knox, 2013).

As the materialist complexities of such disasters overflow the “explanations” provided by theorisations that global social relations cannot engage with metaphysical “extinctions,” passive adjustments to the ruins of capitalism and a moral duty toward the state are not enough. In the meantime, capital’s major power leaders, including corporations, military and humanitarian institutions, and radical elements intensify their efforts to maintain capitalism, albeit in the form of an emerging corporate power that focuses on taking care of people. Constituted by a network of multiple agencies and actors, this form of power, with the medical establishment at its helm, claims to prioritize the politics of life (Rose, 2007) seeking to foster basic life functions in the provision of clean water, nutrition, soaps, and health, centralizing service presuming the failure of states and other bio-security, development, and aid infrastructure and their inability to take care of people (Redfield, 2012).

In this article, I draw on texts (posters, newspapers, and reports) about earthquake Tomas and the cholera epidemic in Haiti and Dominican Republic (DR) as examples of this power. I argue that practices and circulating knowledges addressing the earthquake and cholera in Haiti and DR break in on this foreclosure about life technologies much like the hysteria to capture markets and registers, in both practices and systems of knowledge, the gratuitous terror in the form of testing and other experimentations. The preemptive forms of innovation, intervention and forms of knowledge tend toward a general orientation that centralizes flexibility in corporate investments and service provision, rupturing “somatocracy” regimes (Foucault, 1974) but also flexibility in using such life technologies and experimenting with those who lost their lives. I trace in the cholera discourses the imaginary and the apparatus that calls for meeting the urgent needs of people;

(un) making Haitian corporeality all the while using terror technologies (i.e., depopulation technologies in the form of experimentation through the use of different medical technologies for HIV, agricultural hybrid food; empirical monitoring; identification processes) that presume the Haitian as *inert matter*, a *species* upon which new medical experimentations through life technologies can happen with impunity. Finally, I outline how racial antagonisms and conflicts are produced and re-inscribed through—not outside or in spite of—insights and multiple-world-neoliberal-making projects in the form of “medical justice” that are always partial, asymmetrical and contingent. I end with thoughts on the ways that social relations organized on private property cannot abolish the antagonism of slavery.

Figure 1



Shop for Haiti in Image and Ideology, The Red Critique, Winter/Spring, 2012, 14.

TRIBULATIONS OF TROPICS AND OF SLAVES

Tropical ecologies like Haiti’s overwhelm man with terrible consequences: sickness, transformed into maladies of different kinds and “severe flashfloods” that destroy human life (Smucker, 2007). Capitalism and commodification are never very far from these tropics; in the US, “Shop for Haiti” signs call conscious consumers to respond to an ethical and normative vision that unites and animates humanitarian actors, drawing affectively on how things “should be.” Smucker says, “Disasters, although terrible

in their impacts, ‘wipe the slate clean’ with respect to reconstruction... Communities can be planned, and drainage and transportation systems designed that will increase resilience to natural disasters” (Smucker, 2007). Wiping the slate clean necessitates an ethical and political response, a duty to endangered life. Such ethical approaches make viable a captivity descent to the center of Haiti and the black body to depopulate black and brown populations to plan communities and increase resilience. According to Ezili Dantò, the 14,000 NGOs in Haiti and central role of USAID represent a major strategy of depopulating black nations by “stealing their wombs”:

USAID Administrator Rajiv Shan Visits Haiti, what are the issues for Haitians ...in reference to [him?], his connections to agribusiness, Monsanto, the spread of GMOs and US foreign policy to depopulate Black nations? If unstated, [it is a] policy to depopulate the world of the Black and Brown woman’s child in order to conserve the world’s raw materials for the use of its monopolistic corporations regardless of the health and environmental impact of their activities. (Dantò, 2013: 1)

And the way Haiti makes possible its own “experimentation” is opportunity, or, more accurately, raw violence. For instance, Harvard University’s Center for Geographic Analysis used Haiti as an experimental site for corporate ventures:

It was not until the Haiti disaster that the «much broader potential» of web-based geospatial information, such as maps and images produced by crowd-sourcing responders, was revealed as a tool ... Every disaster is an open lab. From public health, to equity, to economics, to environmental protection, there are many subjects that you could study if you have access to the data on the ground. (Aguilar, 2013: 1)

Following the disaster and the cholera outbreak, DR rushed to the support of Haiti by establishing the capacity for diagnosing cholera at the national laboratory, including treatment centers. DR health officials from the Health Ministry also trained staff in primary care clinics and prison dispensaries, and stocked medical supplies sufficient to treat 20,000 cases. Chlorination levels and water quality were monitored in municipal water systems across the country (Tappero and Tauxe, 2011). However, after the first outbreak of cholera was reported in the DR, the terms shifted. The DR state stuffed its borders with the military calling on security experts and inserting surveillance mechanisms to contain and quarantine the sick all in the name of servicing life. But which life? Under what conditions?

The DR state’s primary role was to protect its territory and its people from the disease. But rushing to close the border points to something more

than just the politics of life as Redfield articulates in his bioexpectations: a “service capacity...a humanitarian imagination... technologies [in whose] design these objects reflect doubts about state capacity to safeguard its populations” (Redfield, 2012: 158). It points to a different imaginary and it is about the politics of penetration, terror, experimentation, and slaughtering (i.e., the politics of necropolitics) especially on those relegated as lazy or structurally impossible. The DR state proceeded with decisions to close its borders presuming a humanitarian power, whose object of its diagnostic health tools is the “sick” Haitian’s existence “naturally” ceding before a higher form, the object of a legitimate social contract, the DR’s ruler: white but not quite subject. Internally, it divested many resources by giving international NGOs on the cheap different infrastructural projects including water and sanitation. Read for instance, how Dominican Republic Health officials explained away their violence against Haitians and poor citizens of DR: “The problem is also the Haitians. They don’t like to go to the doctor. They have their own beliefs and their magic [when it comes to] sickness... [It is] a problem of education” (Berthoud, 2012).

The response of DR may not sound strange in a world that different actors are vying for power. However, both the closing of the border and the limitation of resources to Haitians is a particular strategy that ends up with many Haitians having a shorter life span. These zones embody what Fanon talks about in *the Wretched of the Earth* when he argues that the matrix of violence that orders the world divides species (Fanon, 1967: 39-40). White imperial supremacy is built on a foundation of fungible violence that positions the black as outside sovereignty; *inert matter* between life and matter. There can be no subjectivity, no ontological life; slavery is “non-mortal, because it has *never* lived” (Sexton, 2010a: 11). This is possible through the “misrecognition of the lived experience of the black” (Sexton, 2010b: 43). Violence that turns bodies into blacks is fungible and not contingent, whereas the violence used between humans is contingent.

As with HIV/AIDS narratives, there was early advocacy for surveillance and sometimes border quarantine for individuals who could be infected. Interestingly, in these narratives, anger (cholera/colera/anger in Spanish) is combined with the colors red (anger) and black to create an image of infected bodies and “black stuff.” Associated with infected blood, the colors allude to and simultaneously contradict the epidemiological descriptions of the disease. In this fashion, parallel racist narratives become entangled; the narratives correctly associate cholera with contaminated water and food but also participate in wider multiple world-racist-discourses that rely simulta-

neously on epidemiological accuracy and the medical establishment management of such processes whereby it makes the most profit out of the least.

Amid the security, surveillance, and life technologies to prevent the spread of cholera, the DR articulates the Haitian laboring force central to DR's economy into dark contaminated bodies in their various forms: too dangerous to be mobile, they have to be quarantined. If, for Foucault, racism is a major problem of neoliberalism, DR's confrontation with Haitian diseased bodies rupture our understandings about dominant imaginaries of identity and bio-expectations: the "backward, dark bodies" who use magic bare expressions of threat to the DR subject and do not deserve care and protection even when new forms of power seem to emphasize that. They are forced into Haiti, an already presumed failed state, incapacitated to foster any kind of life, ecological and corporeal. Of course, these interventions may seem contradictory but they are not if we take Fanon seriously. Blacks are already presumed ontologically dead and structurally impossible, assumptions taken for granted as the condition of a global world (i.e., non-existent and structurally impossible failed states) and a matter in the form of black. In this way, this flesh and landscape could turn into the object of experimentation in the hands of emerging networks whose goal is making possible the life of a global human subject, always white and white but not quite.

By forcing Haitians outside its borders, the DR intervenes and offers knowledges that are defined by "pathogens, epidemiological rather than political maps" (Redfield, 2012: 163). For instance, PAHO, a major communicator/assessor between Haiti and DR, offers an online map marking the locations of the Cholera Treatment Centers (CTCs) and Cholera Treatment Units (CTUs) to figure out quickly how to intervene and treat targeted diseases and, ultimately, use this opportunity to experiment in the innovation of therapeutic agents on dead bodies. It is interactive; the interested individual/agency/department/ministry can name the geographic unit in Haiti and immediately know the numbers of cholera patients, including deaths (PAHO, 2011).

In *Cholera: A Biography*, Hamlin (2009: 25) includes the UN-produced image shown below. The image constitutes a fantasy about the disease and its inert matter: the black body. The visual and textual discourses *make black* this historical blowout. Hamlin notes: "The DR's closing of its borders to prevent the disease from spreading into its territories displaced accountability on the Haitians instead of questioning the larger context within which the disease thrives" (Hamlin, 2009:16). For what purpose and for whose interest?

Figure 2



The Black Body, A Perfect Canvas of Symptoms of Cholera? (Integrated Regional Information Networks, UN Office for the Coordination of Humanitarian Affairs).

DR's articulation of cholera hinge on ideas of anarchy/chaos and order: the contamination of Haitian bodies may contaminate DR's lands and subjects, rendering it potentially incapacitated, its positionality moribund in the imperial power matrix of the neo-liberal order. And this fear is not far-fetched. It comes in the form of financial and development aid, and gifts (i.e., free hybrid corn). Hence, the DR state actively participates with other global actors, state and non-state, in *reconstruction* projects, even at the cost of using terror against its Haitian workers and its neighboring state. Presuming Haiti as a failed or even better as "wiped clean slate" allows the DR to proceed as if Haiti and Haitians are not its responsibility. Haiti and Haitians have already abdicated their responsibility by not erecting infrastructure to enjoy biomedical treatment and the fruits of pharmaceutical research. More so, its "export" of "contaminated" black bodies for work in DR threatens its hard-earned legitimate power in a global order: such a discourse, of course, allows the DR state and other agencies to use terror with impunity, justifying it as a response to exceptional circumstances.

In short, ecologies and bodies were recodified and saturated with the matrix of natural disasters and sickness within a recodified failed civil society (as if it ever existed) and state as a state of siege where terror can

happen with no recourse. At the moment of the cholera outbreak, bioexpectations or interventions through life technologies to serve life did not follow this imaginary's logic. For instance, the UN denied any responsibility for the cholera deaths despite bringing it to the island as if "Haiti is back on the plantation." The "UN claims to be above the law [and] denies responsibility" (Dantò, 2013). Commonsensical narratives of democratic failure and access to damaged bodies exposed familiar and normative colonizing methods as questionable and obsolete. Both during and after the Haitian disaster and the outbreak of the cholera necro-politics (i.e., zones of quarantine) and necro-economics (eugenic piracy, bio-materials marketing, susceptible bodies to metabolic and cellular change due to disaster and disease and their use in commercial transactions) were imbricated. Haiti and Haitians were attacked and criminalized, their worth revalued through the penetration of multiple networks animating economies of blackness circuits whose goal is to re-value blackness as property and inert matter susceptible to danger and terror.

DR's racism against Haitians became apparent during the outbreak of cholera, but the UN Committee on Elimination of Racial Discrimination in DR says: "Racism had deep roots in the history of the DR. To many Dominicans racism was closely linked with Haitians, Was the importance of persons of African descent taught in Dominican education?" (2013: 2). Even though the DR delegation to the UN responded in the negative to the question, their violent and discriminatory practices against Haitians came in the form of direct (i.e., state and other terror) and indirect violence as constituent elements of its power presupposing consensus about an "assumed ontological grammar, a structure of violence: blackness is that outside which makes it possible for non-whites (i.e., Latinos and Asians) to contest existence: not only is blackness (slavery) outside the terrain of the White (the master) but it is outside the terrain" (Wilderson, 2010: 23) and the other.

In DR humanitarian and security discourse, the Haitian landscape is articulated as nature and Haitians as species gesturing to their biological constitution as part of the "threat" to be contained and expunged. Constructing Haiti and Haitians as sites of the disease spread by the black body, DR depicted the Haitian black body as dangerous to the whole region, demanding a series of technologies to contain and restructure it. Yet this depiction ignores the DR state's violence against Haitians¹ and its own

1. DR's 2004 *Immigration Law 285-04* denies citizenship to Dominican born children of Haitian immigrants. Given mass expulsions, violence, and anti-Haitian sentiment, the Inter-

memories of violence (for example, the US invasion in the 1930s). It also evades DR's historical record of experiences with disease, including cholera: in the previous 150 years, Haiti had no instances of cholera – DR did! Underlying these evasions are racist fears and also anxieties of collapse. With the cholera epidemic, DR was facing a loss of tourist profits and a piece of the market share including its positionality as a legitimate sovereign power in the global matrix of power.

Constituting Haiti thus as the problem and evading its anxieties, DR displaced regional crises onto Haiti and the Haitian already susceptible and penetrable body. Diseases do not recognize national borders, however, and a US report warns:

The modern world is a very small place...Infectious microbes can easily travel across borders with their human and animal hosts... [And] diseases that arise in other parts of ...they may threaten our national health and security. (CISSET, 1995)

DR's attempts to prevent the penetration of the Dominican subject's body may be a logical response to a disease that breaches boundaries; at the same time, DR discourses are rife with racialized violence. Such discourses of the disease as a disaster and the disaster as a disease appeared simultaneously in the US report cited above, in IMF reports, travel texts, and PAHO arguments, all imbricated in networks with a vested interest in Haiti, thus throwing into question received understandings of sovereign markets, states, bodies, emergencies and popular understandings of humanitarianism and value.

Articulating the disease as a mobile, dangerous virus in a mobile, dangerous body demands swift, decisive action from multiple networks simultaneously. Like other epidemics, cholera is entangled in moralistic narratives about specific subjects' practices and lives. Just as HIV/AIDS narratives ar-

American Court ordered the Dominican government to amend its legislation and prevent the discriminatory denial of Dominican nationality to Dominicans of Haitian descent. In 2010, the Constitution was amended, changing the *jus soli* form of citizenship to *jus sanguinis*, granting citizenship solely on the basis of having a parent or parents who are also Dominican citizens. Far from removing discrimination, this form of citizenship continued the long legacy of violence against the *dangerous* Haitians. After all, the Haitians were the first slaves to fight against and demand the destruction of a property and terror order. In the past, those in positions of power carried out official discrimination on a discretionary basis. A mandate for the application of such unjust practices was not explicitly written into the legislation. Now persons of Haitian descent were directly targeted because many, although rightfully Dominican under *jus soli*, were never recognized officially as citizens. Set against this backdrop, the DR decision to close its borders is not surprising.

ticulate the Caribbean man as “batty” (Wald, 2008), so too, cholera narratives articulate the Haitian and Haiti as the sites out of which black bile seeps. Accordingly, DR installed disinfection systems for vehicles (jets of chlorinated water) and people (latrines, hand washing devices, soaps, chlorine) at the entrances to Dominican territory seeking always the support of institutions like the UN (that brought the disease to the island in the first place). And as noted above, DR installed its military at the borders to keep the infectious bodies out. Using the cholera epidemic as the device of biopolitical control of the border, DR’s armed forces and state argued they had no other option.

This militant approach derives from vulnerability and interests; it shows a desire to control the borders and the Haitian that cannot be reduced to nature or disease. On October 24, 2010, the Dominican Health chief cited the numbers of DR dead. By evoking *colera*, as noted above, he mobilized a rage emerging from the fantasies of corporeal attacks that could lead to death while terrorizing the Haitian state and Haitians within DR by further rendering them precarious. This call is consistent with the 2004 *Immigration Law 285-04*, which denies citizenship to Dominican born children of Haitian immigrants. Given the mass expulsions, violence, and anti-Haitian sentiment, the Inter-American Court ordered the Dominican government to amend its legislation and prevent the discriminatory denial of Dominican nationality to Dominicans of Haitian descent. In 2010, the Constitution was amended, changing the *jus soli* form of citizenship to *jus sanguinis*, granting citizenship solely on the basis of having a parent or parents who are also Dominican citizens. Far from removing discrimination, this form of citizenship continued the long legacy of violence against the *dangerous* Haitians. After all, the Haitians were

Figure 3



Us False Benevolence in Haiti by Ezili Danto

the first slaves to fight against and demand the destruction of a property and terror order. During the Haitian revolution in 1804, Napoleon Bonaparte stated: “The freedom of the negroes, if recognized in St. Dominique [colonial Haiti] and legalized by France, would at all times be a rallying point for freedom seekers of the New

World” (Alexis, 1949: 174 cited in Mullings et al. 2010: 285). In the past, those in positions of power carried out official discrimination on a discretionary basis. A mandate for the application of such unjust practices was not explicitly written into the legislation. Now persons of Haitian descent were directly targeted because many, although rightfully Dominican under *jus soli*, were never recognized officially as citizens. Set against this backdrop, the DR decision to close its borders is not surprising.

NEOLIBERALISM AND CHOLERA

Cholera or any other epidemic becomes an opportunity for multiple interventions in peoples’ lives, corporeally and otherwise. With the outbreak in Haiti, experts and organizations that rushed to provide humanitarian military aid right after the earthquake intervened to save not just people but what they called “a sick country.” Proceeding with the assumption that Haiti and its people are a site of disaster and disease, press conglomerates and international agencies portrayed cholera as an archetypical plague of the 19th century which found fertile ground in a 21st century disaster area. In one example, Haitian Ministry of Health collaborated with the Centers for Disease Control and Prevention, developing educational materials like the poster below in which a child carries a bucket of water on her head under the caption “Community Health Worker Training Materials for Cholera Prevention and Control” fetishizing the disaster as if outside social and structural relations of power.

In songs like the following, Haitians were infantilized and oriented toward hygiene: “Let’s protect ourselves - we’ll wash our hands. When we come from the toilet what are we going to do: we’ll wash our hands.”

And in the image below, the Ministry of Health and UNICEF calls Haitians to leave behind ignorance and superstition and use soap to prevent the spread of chol-

Figure 4



“Hello Clean Water ...Goodbye Cholera”

era, reminding us what Haiti's hygiene can be once it rids itself of the pollutants of disease and race (McClintock, 2013).

Figure 5



“Hello Soap, goodbye cholera.”

When the first cases of cholera were reported in Haiti, organizations rushed to intervene, citing humanitarianism. For example, working with the Haitian Ministry of Public Health (MSPP), the Inter-American Development Bank gave about \$28 million (US) to reduce morbidity and mortality related to cholera and to contain other disease outbreaks likely to emerge given the living conditions of the population. While the bank boasted of its contribution to the eradication of the disease, its expectations included building a surveillance system, thereby transforming a crisis into a means of consolidating the power of the market and legitimating social inequality and violence. So, too, DR's move to contain the flow of cholera

disrupted and was disrupted by political and economic realities, as an IMF report makes clear:

[Since the earthquake] Haiti has become the most important trade partner of the Dominican Republic ... particularly in border towns where much of the trade is informal. This trade link has recently been temporarily disrupted as the authorities have closed the border to assess the health implications of the cholera outbreak in Haiti. (IMF, 2010)

Earthquake Tomas and its deadly terrors on black bodies were not arbitrary; nor were they an aberration of an otherwise global just and democratic system of law and order. Rather, this catastrophic moment and its aftermath were products of a consolidated racial and geographic regime circulating through the economies of blackness whereby blacks and the poor are relegated to vulnerable positions, collapsed into specific *socio-political ecology as nature* and species and subjected to gratuitous violence. American Studies theorists have consistently argued that gratuitous violence must be understood as constitutive of the contingent violence of global power. The “libidinal economy of anti-blackness” heralded by the mass abduction of African people and the emergence of a political economy forged by slavery and expropriation created a social and political structure whereby “a permanent state of theft, seizure, and abduction orders the affairs of the captive community and its progeny” (Sexton, 2007:202; see also Wilderson, 2010).

Although Haiti was marked as “a disaster” (Walton and Ivers, 2011:3) long before the earthquake and cholera, spaces and bodies became recodified in the matrix of natural disasters (a spatial void across black bodies) and disease within a recodified civil society that was supposed to generate the institutions of health. Haitian state officials and entrepreneurs quickly aligned themselves with different actors including the DR state to forge new professional and social alliances. They sought to reinvent the country as a site of major economies and subjects who “work hard” to reposition themselves in the emerging “global body” of multiple-governance technologies. In its March 23, 2010, “Vision and Roadmap,” Haiti reordered its practices, drawing on neoliberal principles to articulate how a post-earthquake Haiti could survive thanks to the corporeal assemblage of forces within multinational corporations, private organizations, and health sectors. Especially in the health care field, this report collapses valuation standards, organizations, and principles into one making it difficult to distinguish public and private ownership (Cooper 2011:324). This is crucial in the remaking of failed states and their “bodies,” as they cannot foster life while losing a basic claim to sovereign legitimacy. Haiti, of course, never had that legiti-

macy, having already been opened up to the World Bank and other public and private partnerships to take care of the “citizen-patient.” Consider, for example, the corporate humanitarianism of Peepoople, a Swedish bio- that disposes human waste in poor urban settings (Redfield, 2012).

Haiti’s private and political leaders use “Vision and Roadmap” to renegotiate and deploy ideas about the use of the diseased and disaster body. Admittedly, Haiti *is* the site of a natural disaster; however, it is now a site with a vision and an idea of how to assemble itself anew. In its world-making effort, the government wants to produce and export a kind of service that depends on a mixture of health care human capacity and a history where the revolutionary slave is the site of new possibility. In fact, the move to assemble public and private health provisions specified in “Vision and Roadmap” defines the (re) development of Haiti through major deployments of technologies such as providing government services, running clinics and distributing medicine and dispensing food, water, and shelter. More than that, Haiti is opened up to the preemptive forms of innovation of corporate humanitarianism complicating simultaneously the existing apparatus of aid including the rendering of the nonprofit to the margins centralizing that corporations could offer health products as a part of an ethically framed business venture.

Yet such pre-emptive ventures of corporate humanitarianism do not flatten power relations and meanings. Nor have such attempts readily translated axes of power into neoliberal market logic and thereby subsumed them. Rather, the call for Haiti to (re) make itself anew by building its health care human capacity is a strategy of governance that calls upon public and private sectors to invest resources. Underlying promises hint at life and the body as the site of both *vital matter* and *surplus value*. But which life and body and for whom? While the calls for a private-public healthcare infrastructure may not seem critical to the argument that Haiti made something out of the disaster, Haiti’s private and political leaders clearly use “Vision and Roadmap” to renegotiate and deploy ideas about the use of the diseased and disaster body. No matter how poor Haitians might be, they should enjoy access to health care and treatment. To make sure that Haitians are alive is both a moral and a political question. “Vision and Roadmap” play a significant role in revising the state and its inadequacies and the Haitian “damaged” body. This “revising,” suggests that a sovereign body and its integrity were always *a fantasy*. Molecular materiality, which many bio-technology corporations presume, has shifted the material substrate of the subject, namely the sovereign body, and has pushed for a shift in the dominant ontology based on

bodily integrity or sovereignty to one based on fungibility: bodies are divisible, separable from any larger metaphysical whole; they are permeable, no longer bounded by the physical or legal skin; finally, they are volatile and mobile, capable of appearing in unlikely places and then reappearing elsewhere. They are bodies fundamentally altered at a molecular level through the practices of technoscience. The contingent body as a ground of subjectivity has therefore been severed from the human being (Williams, 2010).

Expanding this logic, I argue that the medical establishment has disrupted the dominant idea of sovereignty and bodily integrity and has brought to the fore Fanon's argument that man, the human of liberal theory, has been problematic for world politics from its (*an*) *arche*. Health and other geospatial technologies have exposed this fantasy; reproduction again depends on those bodies that fungible violence turns into species for its assemblage anew. The species vital matter is rendered more contingent in its permeability - required to offer up genetic material for testing, codification, and killing.

REVOLUTIONARY MOMENTS AND BLACKNESS

The earthquake and the cholera epidemic provided an explosive, sexualized, and racialized site where enduring social inequality, divestment, and poverty were made visible to a global audience. The quick strategy of DR to close its borders to restore law and order and push the species back to where they were supposed to be allowed the DR state to take back the land from a violent criminal element. Such strategies are now paradigmatic: a generalized crisis environment has reconfigured US and other states' foreign policy since 9/11. It subsumes emergent threats, whether weather-related, biological, or military, under an international public-private security apparatus, unhinging normativity by rendering crisis and making a perpetual state of emergency profitable.

Slaughtering is today's site of profit making capacity, enabling foreign sovereign states and bodies turned species through terror to become folded into the US and other peripheral states' policy to secure their own position in a matrix of global power through a politics of wiping clean landscapes and bodies. A fantasia by social actors like the DR's President Fernandez allowed for corporate humanitarianism to capture Haitian zones and Haitians all the while experimenting on their lands and them, turning them into a subsidy for the viability and (re) production of their own lives. As Sexton says: "the absolute divestment of sovereignty at the site of the black body" (2006:251) is a displacement of the violence that the economies of blackness circuits demand.

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