Intersectionalizing Biopolitics

On the Crossroads of HIV/AIDS, race, and gender in the Netherlands

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Transcriptions' Note

In the third chapter of this paper you will find parts of interview transcriptions. The following conventions are used in the transcripts:

*	inaudible material
(…)	material that has been omitted
[ ]	explanatory and contextual notes, non verbal actions

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Introduction

> “Women were left out of all the discussions. They were excluded from the decision making processes and not given space at local, regional and especially not international levels. Each one of women (…) had their stories to tell, their own questions, their fears and so many uncertainties in relation to their experiences. Many of them came from different countries; spoke different languages, belonged to different cultures. But despite this nothing prevented them from understanding one another and their exclusion they felt from the HIV movement. It was at this meeting that the women decided that things needed to change and that they needed to mobilize. This was the first time in the history that a group of women got together and used a gender perspective to challenge patriarchy and discuss their experience with HIV.*”*
>
> *– ICW –*[1]

HIV positive migrant women have been overlooked by state apparatuses, health care institutes, medical and academic studies; even by HIV/AIDS communities, including established NGOs. Or, when they have been taken into account by these institutions, it is usually for the wrong reasons: to be targeted, humiliated, discriminated against. For example, this was the case with immigrants tested positive in the USA before 2009; their seropositivity was a barrier to permanent residence in the country (Margulies, 1994, 539).[2] HIV status still constitutes a segregation factor for prisoners (POC[3] and migrants in their vast majority) in South Carolina, with the HIV positive ones living under the harshest conditions (Gosset, 2014, 32). Another example: in a previous paper,[4] I have analyzed the case of Greece, where, in spring 2012, allegedly HIV positive migrant women were prosecuted and publicly humiliated for being HIV positive: the orchestrator of their prosecution was the Minister of Health in collaboration with the Minister of Public Order and doctors and nurses of the National Health Center KEELPNO[5].[6]

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[1] International Community of Women Living with HIV is a global network by and for women living with HIV. Accessible on line on http://www.iamicw.org/our-organization/history.

[2] Margulies offers the legal background for the exclusion: “Under legislation passed in 1993, anyone seeking admission to the United States as a lawful permanent resident must disclose whether or not she has HIV. (...) the legislation also classifies HIV as a 'communicable disease of public health significance', thereby making HIV a ground for exclusion from the United States.” (1994, 539).

[3] People of Color.

[4] My unpublished paper under the title “Make live and hunt the witch: A prosecution of HIV positive women in Greece” was written in the context of Somatechnics course and it was handed in on 26 January 2015.

[5] Hellenic Center for Disease, Control and Prevention.

[6] For a brief description on the background of the prosecutions see in Ismini Sioula-Georgoulea: “In May 2012 in Athens, during the pre-election period, we witnessed an unprecedented women hunt. The population of immigrant women prostitutes, through its identification with the HIV virus, is being stigmatized as dangerous and labeled as a 'health bomb'. Next comes the arrest and custody of 32 HIV-positive women which lasted for 1,5 years, until their final proof of innocence, while at the same time their photographs, their personal and medical information were publicized for the 'protection' of their male customers, and thus, the 'greek family'.” (2015, 1-2). http://ejournals.epublishing.ekt.gr/index.php/ekke/article/viewFile/8625/8941

My interest on the topic stems from me witnessing these prosecutions first hand. During the prosecutions in 2012, I engaged closely as an activist in various ways, such as by protesting outside the court house during the trial and participating in a number of other solidarity actions in Greece. I would follow obsessively the news – my political anger[7] was without precedent. As the years go by, the thought of these incidents does not let me go but intensifies and becomes more elaborate as my analytical tools cultivate my understanding. My choice to engage further emanates from this strong experience and not from my location – last time I was examined I was HIV negative.

The more I read and think about HIV identity and theory, the more I believe that it is the kind of illness and scholarship that troubles identity politics. Like people who are perceived as black or women, HIV positive individuals experience discrimination. Unlike black and white women, or POC in general, HIV positive people are discriminated because of a mostly invisible trait in their body, which most of them do not have since birth, therefore they have not grown up in a structurally oppressed location regarding HIV. Rather, they are often suddenly and abruptly found themselves in this (HIV positive) position. What distinguishes HIV as a famously stigmatized illness, from other discrimination markers is that it can happen to everyone, anytime. In this, HIV may remind us of disability. Indeed, HIV *is* a disability according to the definition of ADA (Margulies, 1994, 528).[8] It has also been approached as such by scholars.

An example of an approach of the kind can be found in the article “Cripping the (Queer) Nation” (2003). The queer and disability scholarship authors Robert McRuer and Abby L. Wilkerson argue that disability and illness in the dominant narrative are described as an interruption to an, in other respects, regular life (12). Yet, this way of illustrating illness corresponds to and confirms only the experience of “the most socially privileged, who are most likely to experience illness in this way” (ibid.). Different stories do not fit in the pattern. Another disability scholar, Tom Shakespeare, observes that “disabled people risk ignoring difference” among themselves as white feminists have ignored the experience of black women (1996, 108). “It may be that black disabled people sometimes have more in common with black people than with disabled people” he further states (ibid.). The same applies to HIV. Typical HIV stories overwhelmingly echo the voices of the most privileged, both in the articulation of the illness's experience and the demands they fight for. It is shared between those privileged communities in the west that HIV belongs to the past. The Netherlands is not an exception – no few times, I have heard the expression that HIV treatment

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[7] My personal experience has taught me that anger is a fruitful and creative sentiment. Feminist theorist Sara Ahmed has elaborately defended anger and its transformative power within feminist politics. (2004, 172-178) More than a reaction to the past, she defines anger as “opening up the future” (175). I can see my anger fitting in this description and forming my political and academical existence, part of which is this paper.

[8] Americans with Disabilities Act.

nowadays is a “one-pill-per-day” affair. Yet, more vulnerable groups (like queer and trans people, POC, migrants and women) are still exposed to the illness to a much higher degree, they suffer and have to fight its side-effects, worst of which is stigma.

I have had the opportunity to do my Master Internship with one of these groups from March 2015 to June 2015. Positive Women of the World [PWW] is a group by and for HIV positive migrant women in the Netherlands. My field research in PWW and the interviews I have conducted with co-founder and member Sylvia Rugama is the starting point for this research project. As my thesis progresses, information for both PWW and Sylvia Rugama will unwrap. “HIV is not black or white, straight or gay, female or male” is written on the professional card of PWW: a statement against discrimination. Yet, the medical and theoretical research has been focused on certain groups, while others have been strikingly left out. Looking at the available literature, one can easily notice this.[9] Moreover there has been an even greater wane of interest in the academic studies on the topic after 2010 – as if it were no longer relevant because it belonged to a shady past. Especially for the differently marginalized groups I have named earlier this is not the case. Migrant women in the Netherlands who are also positive fall in the category of the ones who largely suffer from HIV, yet they are highly underrepresented. I find it crucial that stories that bear witness to this reality (like the one quoted in the beginning of my thesis) be registered for academic and activist use.

This thesis aims to create some space for bringing in academia these voices of people that experience HIV as interwoven with other struggles. I argue that individuals with intersectionally oppressed identities in regard to gender, race and HIV status encounter further marginalization and exclusions within the groups they belong. A central question in my thesis is to explore and document exclusion and marginalization as HIV positive migrant women in the Netherlands experience it. The interviews and the field research I conducted facilitate these voices to reach an academic audience while enabling me to demonstrate the intersectional texture of their marginalization. In her book *Illness as metaphor and AIDS and its metaphors* (1989), Susan Sontag describes illness itself (or better the perceptions of it) as an already racialized and gendered “Other”.[10] What happens when the person bearing the illness is indeed an “Other”, in terms of

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[9] I do so later on, in chapter *2.1*, where I examine previous debates on HIV positive migrant women.

[10] A brief history of the “Other” is found in the writings of cultural theorist Stuart Hall. The notion of the Other can be traced in the psychoanalytical tradition. Freud and mainly Lacan pointed out the significance of the recognition of difference in the constitution of the self. According to Lacanian thought, the self itself, meaning the self as a separate entity, is being perceived and constituted at the moment when we recognize the existence of the others that look on the self from outside oneself. (Hall, 2013, 227) This approach might appear as neutral to difference between the self and the Other. Derrida argues that this is not the case. In these binary oppositions like self and other, neutrality barely exists as the relations of power that cross them shape one part as dominant to the other. (ibid.) The “self” then describes the part that is considered good, natural, superior and the “Other” is used to describe the alien, the less, the inferior. When I therefore say “Others”, I mean all the parts in these binary oppositions that are reproduced as inferior in the cruel hierarchies of our societies. It can be “black”, “immigrant”, “woman”,

gender and race? How does the axis of HIV and its stigma intersect with the ones of gender and ethnicity and what are the implications for HIV positive migrant women living in the Netherlands? How do exclusions and discrimination work within and beyond the (diverse) HIV population, according to the analysis of the interviews and my field research?

Bio/necropolitics (Foucault 1998 2003; Mbembe 2003) is a key concept in this thesis. As it has become evident during the interviews with Sylvia, positive migrant women's lives are bound by their intersectional location. I use the notions of necropolitics and biopolitics to manifest how they are systematically reduced to a life that does not worth living. Michel Foucault, I argue, in his analysis of biopolitics omits important elements that materialize the mechanism of dividing the population between bodies that matter and others that do not matter (2003). With my intervention I attempt to feature how and why it is necessary to restore this elision and to introduce intersectionality in the interpretation of bio/necropower.

In the first chapter I offer insights in regard to my approach. I discuss the theoretical premises of my research project, which are intersectionality and biopolitics. Then, I provide information about the methodologies I have applied and I reflect on my location as a researcher. In the second chapter, I present the background knowledge on the topic and the debates that have taken place. In order to do so, I use both academic and activist resources that pave the way for my intervention. In the third chapter I present, analyze and intervene on the knowledge I have gathered through the interview and field research. The interview analysis chapter is organized around three topics/fields of experience for HIV positive migrant women. The first is the arrival in the Netherlands and the experience of the asylum seeker's center. The second topic is the years after the center and how living in the country looks like for them. The third topic deals with the distance between migrant women and other prevalent groups in the HIV community, like white gay men, and how their difference – as women, migrants and HIV positive – matters. In the last part of the thesis I draw conclusions on the course of my paper.

“feminine” Others - “Others” in terms of color, race, ethnicity, gender, ability and so on and so forth.

1. Research Approach and Methodological Framework

In this first chapter I unwrap the approach of my thesis, which is the theoretical background and the methodologies I have used. In the first section, I present the theoretical tools I take over on intersectionality (Crenshaw 1989 1991; Yuval-Davis 2006; Nash 2008) and bio/necropolitics (Foucault 1998 2003; Mbembe 2003) by drawing the specific lines that my thought follows. Then, after reflecting critically on the theories, I throw a first connecting line between necro/biopolitics and intersectionality. Bio/necropolitics and intersectionality are brought together on a theoretical level with the intension to examine their intimacy on a material level later. In the second part of my first chapter I talk about the methodological framework of my research. The methods that I have used to collect my information are interviews with Sylvia Rugama, the co-founder and member of PWW, and field research. My interview approach is a combination of in-depth interview and oral history methods. I explain how the two methods are combined together, I give details on the interview process, and I reflect on my position in the interview in relation to Sylvia. The second method I use, ethnographic field research, is presented in regard to practicalities like defining my field, taking field notes, and encountering ethical questions. In the last section of this chapter I reflect on the limitations that my approach has in relation to the research methods I have used and my location as a researcher.

1.1. Theoretical Background – Intersectionalizing Bio/Necropolitics

The two main theoretical tools on which this work is grounded, the lenses I wear to interpret my story, derive from the tradition of feminist intersectionality and Foucauldian biopolitics.

Kimberlé Williams Crenshaw, a black feminist law scholar, coined originally the term intersectionality in 1989 to illustrate the experience of black women. Ever since, a lot has been written about intersectionality. It constitutes one of the most recognized feminist frameworks and institutionalized academic tools nowadays. Some of the different approaches it can take are presented in Nira Yuval-Davis article "Intersectionality and Feminist Politics" (2006, 196-204). The approaches are almost as many as the writers' voices, which creates some noise over the concept of intersectionality. Let me make the chords that orchestrate my voice clear.

The title of this paper is inspired by Crenshaw's famous metaphor of the traffic crossroads for describing intersectionality.[11] Some of the streets my thesis crosses are "Patriarchy Street", "HIV

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[11] "Intersectionality is what occurs when a woman from a minority group (…) tries to navigate the main crossing in the city (…) The main highway is 'racism road'. One cross street can be Colonialism, then Patriarchy Street (…)

Stigma Avenue" and "Racism Boulevard". Let me start the navigation with some words that express my analytical approach on intersectionality:

> The point of intersectional analysis is not to 'find several identities under one' (…). This would reinscribe the fragmented, additive model of oppression and essentialize specific social identities. Instead the point is to analyze the differential ways in which different social divisions are concretely enmeshed and constructed by each other and how they relate to political and subjective constructions of identities. (Yuval-Davis, 2006, 205)

My aspiration, therefore, is not to divide the identity of positive migrant women in its consisting "parts": "HIV positive", "migrant", "woman", as if they were self-referential totalizing categories that add to each other. Diving into some of the experiences that members of this group share I would like to illustrate how the subjects' position is reconfigured within the different communities and contexts they are part of, and how oppression escalates for them in all these spaces.

In line with Crenshaw, I want to avoid applying intersectionality[12] as another "totalizing theory of identity" that ignores difference within groups (1991, 1242-44). Anti-essentialist critique by women of color has pointed out how white feminists have eradicated black women by essentializing the category "woman" (1296). Therefore they have featured the danger of eradication in essentializing any category. The treatment of categories, including the category "black woman", as "a unitary and monolithic entity" might obscure differences amongst them (Nash, 2008, 8-9) and therefore reduce black women's diversity to one dominant experience. The social construction argument on the other hand, which gives prominence to the constructed – within a social context – nature of identities, might give an explanation to the genealogical question: "How categories as we know them today have developed?", yet the significance in everyday lives, hierarchies, privilege and exclusions that are assembled around certain categories of identity is undeniable (Crenshaw, 1991, 1296-97). A policy of ignoring identities may signify the obscuration and concealment by the most privileged of the fact that certain hierarchies exist.[13] Rejecting completely the tools that identity politics have

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She has to deal not only with one form of oppression but with all forms, those named as road signs, which link together to make a double, a triple, multiple, a many layered blanket of oppression (Crenshaw in Yuval-Davis, 2006, 196).

[12] Crenshaw distinguishes between structural and political intersectionality (1991, 1245): The former refers to the location of women of color within the system of oppression that informs their particular experience. The latter to the erasure and marginalization they face by anti-racist and feminist groups. I understand structural and political intersectionality as two different sides of the same coin and I use both without dividing them apart. I aim with this to both reveal multi-layered oppression and different experience and to address the question why separate organizing and political action by positive migrant women specifically is needed.

[13] Bell hooks raises similar concerns shared by POC when she writes: "It never surprises me when black folks respond to the critique of essentialism, especially when it denies the validity of identity politics by saying, 'Yeah, it's easy to give up identity, when you got one.' Should we not be suspicious of postmodern critiques of the 'subject' when they surface at a historical moment when many subjugated people feel themselves coming to voice for the first time." (1990, 26). She thus demonstrates this side of anti-identity politics criticism coming from a part of white people that

introduced and erasing identities altogether would probably jeopardize the work that has been done against oppression by obscuring its terms.

So far, I have pointed out that our treatment toward categories can easily fall in a double bind: if we persist intensively on the fundamental nature of categories we may essentialize them. If we refrain from using them we may easily obscure the hierarchies they produce. Both lead to the erasure of the most marginalized voices. Recognizing this, I neither adopt one of the two approaches, nor I embrace the dilemma. In this paper, I use a number of identities (“woman”, “of color”, “migrant”). I do not see any of them as naturalized, homogeneous categories. I recognize the categorization as an omnipresent mechanism that produces ephemeral or more often long-lasting significations (due to its continuous repetitions) that affect lives, form dynamics and power relations within groups. However, internal differentiations are always in place. They should not be overlooked in general and they are not overlooked in my approach. They indicate that there is not one, two or three identities that can explain the cultivation of power and discrimination. Othering and marginalization is a continuing process. Intersectional thinking may be the tool to detect and resist its course.

The basic axis of my analysis is HIV status and community. Taking into account black feminist scholar Jennifer Nash's argument that privilege and oppression are co-constituted (2008, 11-12), I feel the need for a tangible sphere in which to unwrap the intimate relations between the two. Marginalization and privilege come together. Within the HIV community their coexistence suggests the following: when an HIV positive person is privileged in terms of gender and race, it can be still restored to a position of an overall privilege when treatment and stigma are addressed. In the same move, intersectional groups are marginalized within HIV organizations on the grounds of gender and race, and this reinforces the overall societal oppression against them in all the groups they belong.

Crenshaw offers a more critical approach on marginalization and privilege, speaking in a language that underlies the *active* role of the players in the game, rather than abstracting their participation under the faceless noun “privilege”. The problem then becomes that

> [the] focus on the most privileged group members marginalizes those who are multiply-burdened and obscures claims that cannot be understood as resulting from discrete sources of discrimination (Crenshaw, 1989, 140)

This phrasing allows me to speak in material terms and to designate the contextual relation between

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might be bulldozing and harmful to the struggles of POC.

the oppressors and the oppressed. The HIV community tends to be represented in terms of the experiences of those who are privileged. To be precise, paraphrasing Crenshaw, the paradigm for HIV discrimination tends to be based on the figure of the cis white man (1989, 151). Consequently, the needs of others in the group are left at the margins of HIV rights' agendas (150). Cis white men, then, *exercise* their privilege by occupying the center and pushing others, like migrant women, toward the margin. It is important to understand privilege and marginalization not as something that just exists, but exactly as something that is *exercised by and towards* certain people and within specific contexts. This paper complies with this view and regards "the privileged who exercise their privilege" as what they are: responsible agents that bear responsibility for the oppression.

Let me continue with my other theoretical tool, which is bio/necropower and bio/necropolitics. In *Society must be Defended* (2003), Michel Foucault[14] illustrates the historical shifts in institutional power that have taken place in the western societies starting from the eighteenth century. From sovereignty and sovereign power to disciplinary power and, later during nineteenth century, to the contemporary societies of control and biopower. He explains the way the State has exercised the right over life and death over the course of time. A transformation of the object power focuses on is remarked: from the individual body to the population, to "man-as-species" (242). Another historical transformation our society has simultaneously undergone is that power has shifted its attention from death toward life: while the sovereign power would unwrap with killing individual bodies, in a "take life or let live" mode, the contemporary state functions on the "make live and let die" modus (241). The power's concentration on life is called biopower. This technology of power over life is introduced with mechanisms that orientate toward "man-as-species" and their aim is to regulate life (246-47). The advent of biopower's mechanisms into the political signifies a shift of the State toward the governing of the living. Namely biopolitics, that is politics whose concern is population's life.

It should be taken into account that for the purposes of this paper when I use the word life, I do not intend to exclusively mean the condition of not being dead. The notion contains the improvement of life and prolongation of its duration (254), the right to health, happiness, pleasure, satisfaction of needs and the right to explore what oneself is and can be (1998, 145). Accordingly, with "death" I do not simply mean killing: "The fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion [and] rejection [...]" (2003, 256) are included in the understanding of the term.

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[14] By coincidence, Foucault's name is connected with HIV, not through his work though. The philosopher died from HIV/AIDS complications in 1984.

I have already said that when the state works in the biopolitical mode the attention of power is concentrated around life. However central the question of life might be, we should not imagine that the advent of biopower brought about a complete replacement of the modes of sovereign power (and therefore of the power to “take life”). Foucault underlines that the new power does not abolish the old: “It penetrate[s] it, permeate[s] it” (241). Death does not occur as the desire of the sovereign as it used to be when the emperor would order the killing of unwanted people, yet it still takes place. With my analysis I attempt to locate and designate the way in which political death expressed as expulsion and rejection takes place for positive migrant women in the Netherlands. Death, I argue, happens in the name of life. The defense of the population (man-as-species) is put forward (1998, 137). In this way, precisely because of the strong emphasis on population's life, death is overlooked. “Power”, in the biopolitical mode according to Foucault, “literally ignores death” (2003, 248) or rather, in my view, presents death as a parenthesis/omission. This parenthesis holds central space in my thesis.

At this point I should introduce the concepts of necropolitics and necropower from Achille Mbembe's “Necropolitics” (2003) in my toolbox. Mbembe, a political philosopher and postcolonial studies' theorist, takes up the concept of biopolitics and he rotates the angle of perception from life to the side of death. He lays the emphasis on the sovereign power within biopolitics and its “capacity to define who matters and who does not, who is *disposable* and who is not” (27, italics in the original). The emphasis is put on the active decision to categorize people as “disposable”, “to confer upon them the status of *living dead*”, to create “*death words*” (40, italics in the original). The act of killing, exterminating, subjugating, eliminating physically and mentally is emphasized by the naming: necropolitics and necropower. Necropolitics and biopolitics go hand in hand in essence. In this paper I use both terms and the approach I adopt is closer to Mbembe's: I attempt a reading of the interviews that gives prominence to the conscious political decisions of the State, HIV institutions and individuals alone that reduce HIV positive migrant women's lives toward their literal or metaphorical death.

Both Foucault and Mbembe emphasize the definitive role of *racism* in the division of who matters and who does not (Mbembe, 2003, 22-23; Foucault, 2003, 254-55). Mbembe's analysis provides a comprehensive illustration of racism. For Foucault, racism is the main mechanism of power, “the break between what must live and what must die” (2003, 254). I use the image of the break much in my thesis and I try to imbue it with a material intersectional texture. This starts as a criticism towards, what I consider, Foucault's impalpable approach. While he refers extensively to racism, he insists on maintaining a rather obscure and theoretical tone. He does not consider the material dimensions and consequences of racism. According to Foucault's words, racism is a “mechanism”, a “break” that separates people into “subspecies”, some of which are “described as good” and some others as “inferior” (254-55). What about the implications of the notions he uses outside the sphere of philosophizing?[15] Is racism an empty word without content? Does color, migration status or ethnicity play any role? Which races are described “inferior” and who is regarded superior? Foucault's vagueness can hardly been distinguished from colorblindness.

Colorblindness is not the only kind of blindness in Foucault's work. Both he and Mbembe leave gender completely out.[16] They fail to see gender and gendering as a criterion that matters in the hierarchization of bodies and therefore their categorization as disposable. Taking this seriously, I do not intend to just criticize the philosopher's theoretical omissions of race *and* gender as separate categories. With my criticism I rather want to bring to the surface the intersectional filtering that takes place during the biopolitical division of the population into “subspecies” and places regularly the intersectionally oppressed on the side of the disposable lives. Coming from a political/activist background, at the age of 22 I closely followed the arrest, public humiliation and prosecution of alleged[17] HIV positive migrant women during a pre-elections' period in Greece in the name of the Greek family.[18] Their prosecution was in fact the disposal of these people labeled as migrant women in the bio/necropolical deadly machine in the name of the Greek family's wellbeing. These events have formed my intersectional consciousness that enables me to recognize the importance of an intersectional reading of the world. The interviews with Sylvia bring to the surface and show that Foucault's “break” – what separates people in these whose life is valued and these whose life is not valued – is intersectional (and why a “one axis” approach on discrimination is not enough).

I want to close this theoretical section bridging the two analytical approaches I apply, namely intersectionality and bio/necropolitics. Crenshaw writes:

> The struggle[s] over which differences matter and which do not are (…) about more than difference as such; they raise critical issues of *power*. The problem is not simply that women [and others] who dominate the movement are different from women of color, but that they frequently have power to determine , either through material or rhetorical resources, whether the intersectional differences of women of color will be

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[15] As in white (dead) men's philosophy.

[16] Rosi Braidotti has thrown some sharp feminist critique on Foucault's genderblindness. In *Patterns of Dissonance* she writes: “[F]oucault never locates woman's body as the site of one of the most operational internal divisions in our society, and consequently also of the most persistent forms of exclusion. Sexual difference simply does not play a role in the Foucauldian universe, where the technology of subjectivity refers to a desexualized and general 'human' subject” (1991, 87).

[17] Most of them (all apart of one) were actually Greek. Yet the narration that accompanied their prosecution (and made it socially and politically acceptable) was that they were migrant women. This remains the dominant narrative about them in the Greek collective conscious, until today.

[18] About the events in Greece see footnote 6.

> incorporated at all into the basic formulation of policy. Thus, the struggle over incorporating these differences is not a petty of superficial conflict about who gets to sit on the head of the table. (…) it is sometimes a *deadly serious matter of who will survive – and who will not*. (Crenshaw, 1991, 1265 italics mine)

I read this quote as introducing what I want to do with this research: bringing biopolitics in the picture of intersectionality. Crenshaw makes a connection between two aspects. The first is that the differences for women of color are different from the differences among other marginalized subjects that are not intersectionally oppressed. The second is that these intersectional differences of women of color are not likely to be included in the sphere of differences that matter. The inclusion or non-inclusion of their difference in the agenda is a decisive factor determining the survival of these subjects. Intersectionality and biopolitics are then bound intensively. The division between "who will survive – and who will not" depends on the level of marginalization. Intersectionally marginalized groups are likely to fall in the category of those who will not survive because their difference is not incorporated. The "power" that is at stake is a power over life and death that filters out the intersectionally oppressed subjects as unworthy of being included in the policies and therefore as unworthy of living.

1.2. Methodologies

My knowledge of feminist methodologies and research practices is to a large extent informed by the reading of *Feminist Research Practice* (abbreviated as *FRP*) by Sharlene Hesse-Biber and Patricia Leavy (2007). Following the tradition of feminist epistemologies,[19] I have chosen to use qualitative methods for collecting information for my research. This has been a conscious choice in respect to the depth of information I want to explore and the texture of the interpretation I wish to build upon the data – namely an analytical rather than a descriptive one. Additionally, in line with my understanding of Hesse-Biber and Leavy, I believe that qualitative feminist research is the most appropriate method to examine the conditions of discrimination for marginalized social groups (118), in this case HIV positive migrant women. Specifically, with a qualitative approach I aim to provide an open ear for this group, whose voices have hardly reached the academia. More often than not, they remain excluded. I have combined a number of different research methods: in depth interview, oral history and ethnographic research. In the next paragraphs I provide further details on how each one of the above methods has been applied.

Allow me to make a parenthesis to remind you the roots of this project. The starting point for my research about HIV positive migrant women in the Netherlands was my internship in PWW

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[19] Feminists were among the first to question quantitative approaches in knowledge and collection of data.

[Positive Women of the World].

Let me introduce my main method first. It consists of a series of in depth interviews with Sylvia Rugama. To be precise, I locate the method I have used somewhere in between the in-depth interview and oral history practices. Before explaining the location of these methods, I would like to first introduce my interview partner. Sylvia Rugama, co-founder of PWW, is originally from Mexico. She has been HIV positive for more than 20 years and a migrant living in the Netherlands since 2001. She came into the country after being denied permission in the USA due to the exclusionary migration laws regarding HIV status. She started activist action in the asylum seekers' center and co-founded PWW shortly after her arrival, while still in the center. She had to stay in the camps for 3 years, before she could finally receive refugee status and therefore legal permission in the country.[20] Her experiences, both as an HIV positive woman in the Netherlands and as a worker in the field, have made her an ideal interview partner. Not only is she an expert of her own lived experience, but she is additionally someone with broad and close insights in the situation of other migrant women with HIV in the Netherlands. Sylvia has been working for 15 years with other HIV positive migrant women in the country, and has met and helped more than 500 others in the context of the organization. I have had the luck to work closely with her during and after my internship, she has been my tutor and co-worker. During our collaboration we have gained each other's trust, therefore it seemed easy for her to open up to me in the interviews. This has been a valuable factor for the deeply personal and political information Sylvia has shared with me and was one of the reasons why I chose her as the main interview partner.

I have mentioned earlier that I position my main interviewing method in the space between oral story practice and in depth interview. I would like to provide some short descriptions for both. With in depth interviews feminists succeed in reaching and “captur[ing] individuals' lived experiences” (Hesse-Biber and Leavy, 2007, 147) that are usually hidden, and to access and document voices of highly marginalized groups, such as women and people of color (118). The research practice of in-depth interview opens the way for “gaining information and understanding from individuals on a *specific topic”* (125, italics in the original), which means that the focus is narrow and strictly defined. Oral histories, on the other hand, rely “on deep communication and story-telling” (153) and they are different from in-depth interviews “in that they typically last longer and go into a much deeper conversation” (ibid.). Another difference is that in oral history the knowledge is often gained by fewer respondents, or even one respondent in multiple sessions that can take months or even years (ibid.). After this brief theoretical context for these two methods, I will now explain how my

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[20] From my field notes, information from unregistered discussions with Sylvia.

strategy as a researcher crosses both. My research consisted to a large extent of followed-up interviews with Sylvia about her life before and during PWW.[21] The fact that I interviewed one respondent with whom I went deeper into discussion brings the practice closer to oral history. The large areas we have covered about various periods of her life during different interview sessions remind us more the practice of oral history, as well. Nevertheless, in the course of time we did focus on a specific topic as in-depth-interviews do, even though the topic is essentially broader, namely the experience of HIV migrant women in the Netherlands. Eventually, I do not include the whole spectrum of our discussions in this thesis as I have to be selective toward my topic. Mixing the methods has been proven fruitful because it allowed me to get a broader idea as well as a deeper understanding that is reflected in the issues I do include in this text. The interviews with Sylvia took place in March, May and June 2015. They are five in total and the duration of each varies from twenty minutes to one hour and a half. The total duration of the interviews lies between the two methods as well, as it occupies more time than it is usually allotted to in-depth-interviews and less time than oral histories' dialogues usually involve. Having introduced my choices regarding the mix-methods I have used and clarified my interview practice, I would now like to proceed with giving more details regarding the interview itself.

The interview I conducted is a so-called unstructured one (114-115). It had the form of open questions. These were questions that do not have a preset number of answers. The aim has been to leave space for Sylvia to guide me toward what she considers to matter and limit my predetermined ideas. As is common in this kind of interviews, my control over Sylvia's answers was minimum (115). Sylvia had the main lead over the topics she wanted to share. However, I had my own research agenda; it entailed specific ideas and areas that I had wanted to investigate in more depth. I had prepared questions to open the discussion. I would either start with an introductory question, or I would open the discussion from the point we had stopped the time before. When needed, I would navigate the discussion toward topics more relevant to my research interest. There were some topics my interview partner wanted to talk much about, stories that she would bring back again and again, and others that it seemed she wished to avoid, or that were met with silences and some contradictions. These instances caught my interest and I asked for clarifications, asked further questions and tried to read the silences[22] and the unspoken signs during my analysis.

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[21] She extensively talks about her early years, the HIV diagnosis and the period afterwards, when she lived in denial of the illness. We discussed also the reactions of her family and friends, the reasons that lead her to leave Mexico and the States to seek asylum in the Netherlands, her first years in the asylum seeker's center, the difficulties she met, the activism she did during that time and the foundation of PWW. Then, we go through the history of PWW in the Netherlands, the experience of being an HIV migrant women in that country, stories of her and other women, as she was often reflecting on a collective experience, speaking not only on her own part but also communicating other voices.

[22] The importance of silences in the feminist interviews has been noted by feminist scholars. Silence may derive from a number of different reasons and it is a skill of the feminist researcher to become a good listener that listens

Another important element to consider is the position of the interviewer and their relationship with the interviewee (128-29). The hierarchies that are created in the relational and interview contexts are crucial for the dynamics developed in the interview process and, therefore, fundamental for the outcome that the researcher gets. Thus, bringing the relationships between interviewee and researcher under scrutiny is a vital element to (self) reflect and develop awareness on the impact this brings about. Additionally, it offers the necessary information to the reader of this paper to capture the whole context in which this research has been done, and therefore it gives accountability to my thesis.

I am well aware that I had both the status of an insider and an outsider in the interview practice. I am an outsider in that I am HIV negative. Sylvia, on the other hand, is a long term survivor and her status is a central parameter in her life. I have come in the Netherlands to study, originating in a country that is part of the EU, while Sylvia came as and was an asylum seeker for 3 years. Therefore she has a migrant experience that I do not share. Our status characteristics[23] regarding age (we have often been asked if she is my mother), the experience of racism (she is Mexican and I am a white Greek person) and sexual orientation are largely different. Sylvia is my tutor and co-founder of PWW which creates a hierarchy, and I am an interviewer while she is the interviewee, which creates another, diametrically opposed one. I believe that both opposing hierarchies have functioned in maintaining a certain balance during the research process.

On the other hand I am an insider in that I am perceived as a woman (as she is; therefore we share experiences regarding our perceived gender) and we are both non Dutch people living in the Netherlands. We have shared our experiences of being non Dutch in this country in different occasions, and this has created a specific bond. Most importantly, I am a co-worker and a volunteer in PWW. In the time we have worked together, we have shared moments, worries and responsibilities, and this has become the foundation of a stable relationship and eventually a friendship. In my opinion this is the factor that minimizes our differences the most and places me more on the side of an insider. My engagement and work within the organization has also been very important for the trust that has been created between us. This has resulted in her opening-up toward me as a person and a researcher and has finally brought about the material for my thesis in the shape of these very personal interviews. I have come to the conclusion that the interviewing did not only require the time that we have sat at the table recording. More work that is not so visible went into building a connection, so that Sylvia could develop the ease of sharing and I could develop the

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through silences. Read more on the topic in *FRP* (2007, 159).

[23] Some of the most important status characteristics according to *FRP* are mentioned to be race, age, gender and sexual preference (2007, 140.)

ability of close relating. I am convinced that this kind of work is required to overcome the obstacles and smoothen the differences. Differently put, I believe that the differences are always there, but the stronger the connection becomes, the less of a problem they pose.

The analysis of the interviews is the backbone of the paper, so to speak. The reader can find it in chapter 3.

Second, next to the interview methods that I have applied, my other research practice derives from my interaction with the women. By “women”, I mean the HIV positive migrant women that work voluntarily for PWW, that are members of PWW, or that come in the organization for support and I have met during my internship. Chella[24] (an HIV positive woman in the asylum process, leaving in an asylum seeker's center in the Netherlands) is the one that I have interacted with the most. What I have heard and seen during the months that I have been working in PWW is a rich source of knowledge. It can be framed as an ethnographic research practice. According to Hesse-Biber and Leavy: “[Ethnographers] conduct their research by going to the environments or natural settings where social life occurs and becoming immersed in those environments for long periods to gain an understanding of people's cultural practices” (2007, 188). The environment where I chose to participate to gain knowledge about HIV positive migrant women, is, as it might be obvious by now, PWW.

My research field is the NGO, which ramifies into multiple spaces. These spaces are the AMC[25] in Amsterdam, where I worked, official and unofficial events among HIV positive migrant women (e.g. dinners) and the asylum seekers' center in Zeist, where I would meet with Chella and her two children. Fieldwork was not easy, as these environments are emotionally charged with strong feelings of HIV stigma, poverty, incarceration and helplessness, to name but a few. At the same time, I have memories of warm discussions, laughter and feelings of solidarity and community. Sometimes I would return home from work with heaviness and sadness, other times with an overpowering sense of fulfillment; certainly these events had a strong impact on me. Two to three days per week I would spend with Sylvia in her house in Zuidbroek where she lives together with her husband, who is also an HIV positive person. I would work together with Sylvia on our projects there, because her health condition does not allow her to move around the country often. I would have my own space in their house, a room next to their room. During my long visits in Zuidbroek, I used to participate in different activities: working, planning and organizing for PWW, conducting the interviews and sharing everyday routines. Next to our work, we would cook Mexican food, eat

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[24] This is not her real name, I use a pseudonym to keep her anonymity.

[25] Academic Medical Center.

together and watch films (often related to HIV). I would often accompany Sylvia to her appointments with doctors, as she has various health issues as a long term HIV survivor.

Let me address some practicalities of what I have already framed as ethnographic research practice (187-219). The ethnographic research I have conducted has the character of participant observation and specifically I have acted as a complete participant.[26] While I was doing the research, I was a volunteer and co-worker. This means I was already an insider in the organization in this sense, as I have explained earlier. This position facilitated my access to people and data. At the same time, being a complete participant affected my research practices, such as taking field notes. In fact, as I have been involved in a great degree with the organization, I have become rather skeptical to use certain academic terms, like “field notes”.[27] I relate in a way that makes me feel a member and co-worker rather than a scholar. I am cognizant of my location as a researcher and the responsibility it brings. Nevertheless, I prefer to think of the time I spend in PWW as a co-participation in a project rather than conceptualize the time as a research I have conducted on somebody. And that now, in retrospective, I translate the experience I have had into academic terms. To explain this further, I recall my memories in order to bring the lives of migrant women living with HIV in the Netherlands under academic light. This does not mean that I have not applied any academic tools. Faithful to the academic ethics of feminist scholarship, I have asked the consent and have been granted the permission to anonymously (and in Sylvia's case using her actual name) write some of the women's stories. Moreover, I did take field notes after the fieldwork, when I was alone. I kept notes while returning home on the train. I would write down some of my observations by putting down data and by using keywords. These notes are not that nuanced and rich in details but they have served as a reminder. They help me recall details like dates and settings and they activate my memories. Then my memory adds up to the notes taken. All knowledge I have collected enters this paper in one way or another. The ethnographic information takes its place respectively in my thesis as a profound addition to the interview material in the analysis section.

1.3. Limitations

My research practices determine the borderlines of my thesis. They define what information is taken

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[26] This role is informed by “the degree to which the researcher becomes involved in the day-to-day activities of those people and institutions under investigation” (Hesse-Biber and Leavy, 2007, 202) As I was fully involved in the organization, I was a complete participant.

[27] “Field research”, “field notes” and this kind of terminology troubles me for a number of reasons, the most important of which is that I find it derogatory and implicated in maintaining hierarchies that I would rather dissolve or minimize. To my understanding, while one of the most valued potentialities of qualitative research is the blurring between the subject and the object, the word “field” fails in this by implying a separate object with a separate location that needs to be researched by a separate subject outside of it that comes in only as a temporary, researching visitor.

in and what is left out. In this section I would like to discuss the limitations of this thesis to the extent that they affect my analysis and in order to consider possible ways that future research can go beyond them. First, as this research is on HIV positive migrant women and written by an HIV negative individual, a question occurs: How can a white HIV negative person write about HIV positive (mostly black) individuals? I will never feel in the flesh certain things Sylvia or the other women talk about. However, I do believe that there has been enough silence around certain bodies and experiences. I see the task of addressing racism, HIV stigma and other discriminations as a shared one that should not be left to the marginalized groups to cope with alone, more than, by default, they already do. Moreover, I feel that the moral responsibility to address structural racism and ableism burdens specifically the subjects who benefit by them, that is white able-bodied subjects. Monopolizing the feminist agenda with white able-bodied issues equals maintaining white supremacy[28] within academia and feminist scholarship. These are areas where racialized minorities lack visibility. The marginalization escalates when they are further stigmatized through illnesses,[29] such as HIV. I am not in favor of contributing in preserving these exclusions and therefore white-dominated topics in the academia whatsoever. But a difference can be made when not only the agenda is expanded by white researchers like myself, but mainly when the minorities in question, here positive women of color, take up considerable space in the discussions, also within the academia. This is far from being a reality nowadays as I will show further later on in the thesis.

I have explained earlier that my decision to choose only Sylvia as my interviewee has had different reasons: one of them being that she is an expert, a long term survivor involved for almost two decades in HIV activism. In this paragraph I want to discuss the pitfalls embedded in this decision. One pitfall is that the voice that is sometimes heard in the interviews is not a direct voice by the subjects. Sylvia talks from her perspective but also about other positive migrant women in the Netherlands. Most of these women she talks about, and most of the women that have passed from PWW in general, are black, coming from African countries and former Dutch colonies like Suriname and the so-called Dutch Antilles. They have levels of difference in status and experiences with Sylvia, who in comparison to them speaks from a more privileged position regarding race (she is Mexican-Hispanic) and class (she is middle class whereas the vast majority of them are forced to live on benefits). These are critical elements that might create some distance between the women.

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[28] With white supremacy I mean the set of beliefs that regard white people as superior and therefore attribute to them the structural position of ruling over racialized people. A common expression of white supremacy is the privileging of white people over others in the political and social sphere but also in the sphere of knowledge. The white subject is put in the center of the knowledge procedure, both as a producer and a receiver - the knowledge is produced on his interest.

[29] I recall, for example, that in order to be accepted in the Master in Gender Studies, it has been a precondition for all non European, Australian, Canadian, Japanese, New-Zealand, South Korean or US American co-students to take a tuberculosis test in a Dutch medical institution.

Their difference might not allow Sylvia to represent the whole group. The analysis, therefore, that follows in section 3 regarding black HIV positive migrant women, reflects upon Sylvia's close view and interpretations of their experience and not their own narration of their experience. This would have required to have done interviews with them, which I, for reasons that have been elaborated earlier, did not do. Nevertheless, Sylvia's first-hand experience regarding herself and her second level experience and interpretation of the experiences of women around her are of high value. This is especially true because they offer a nuanced picture of HIV positive migrant women in the Netherlands, a far from easily accessible group, while they take into account what I have just demonstrated: the different levels of privilege and therefore the different levels of exclusion within the group. This last aspect suggests the omnipresent existence of intersectional structures within groups. It demonstrates that the need for an intersectional account among and within groups, for which this thesis argues, is pervasive.

After explaining my location and Sylvia's location, it has become evident that the angle of this thesis is limited and partial. Far for admitting its partiality as a weak point, I reclaim it as a strength, in what Donna Haraway (1991) writes in her canonical work “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective” and my teachers in the Gender Program have repeatedly argued for: “feminist objectivity means quite simply *situated knowledges*” (188, italics in the original).[30] My situated and partial perspective allows me to contextualize the knowledge I produce with this thesis in what I consider a responsible and accountable response – opposing the disembodied illusion on knowledge of “seeing everything from nowhere” (189).

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[30] According to Haraway, this is specifically true because “objectivity turns out to be about particular and specific embodiment, and definitely not about the false vision promising transcendence of all limits and responsibility. The moral is simple: only partial perspective promises objective vision” (1991, 190).

2. Debates on the topic and my intervention

In this second chapter I look at the previous debates on the topic and I specify my intervention. First, I present the available literature that examines the intersectional marginalization that HIV positive migrant women experience. I call attention to some important points they make which I take up as grounds for my own arguments. After pointing out what, I think, these articles do not do, I explain what my intervention will add up. In the second section, I move from the academic to the activist side of the spectrum and I engage with material from these spaces, as I notice that theoretical background alone is not enough. I present, analyze and interpret this recent material in a way that sheds light to aspects of the problem of intersectional stigma and marginalization for HIV positive multiply oppressed subjects.

2.1. Past debates in academia

When I conducted library database research for this paper, I discovered certain things around HIV related scholarship. There are many studies on HIV. The vast majority of them are medical. There are also many works concerned with stigma and social exclusion. Some of them study particular minoritarian groups living with HIV/AIDS and their specificities.[31] Disappointingly, when it comes to the lives of HIV positive migrant women and/or women of color there is little research available and intersectional approaches regarding the positioning of affected migrant women are lacking. To be specific, published papers on the topic do exist and are discussed in this section – but they can be counted on the fingers of a single hand. By "papers on the topic", I mean papers that do not only refer incidentally to HIV positive migrant women, but consciously choose to focus on that particular group. I mean research and work that sees something that is worth theorizing in the intersection of HIV, gender and race. In the following section, the existing work that engages with those intersections is mapped out. I present the main elements of those studies and I critically examine them. Then I explain my own contribution and the intervention of my thesis.

Let me introduce the academic articles that I have scrutinized in order to build an understanding of the existing debates: "Challenges in researching life with HIV/AIDS: an intersectional analysis of black African migrants in London" (Doyal, 2009) and "HIV, Gender, Race, Sexual Orientation and Sex Work: A Qualitative Study of Intersectional Stigma Experienced by HIV-Positive Women in

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[31] Among them, the vast majority refers to gay seropositive men, as my experience of research indicates. I met the word gay or MSM (men having sex with men) a lot of times and even not intentionally looking for information about the group. While, on the opposite, I needed to search more carefully and try more keyword search combinations in order to find only a handful of articles on intersectional approaches about seropositive migrant women.

Ontario, Canada" (Logie et al., 2011) study the intersectional experience of HIV by interviewing a large number of HIV positive migrants in UK and Canada respectively and by analyzing the outcome of the interviews. "Stigma, gender and HIV: case studies of inter-sectionality" (Campbell and Gibbs, 2009) explores the intersectional implications of stigma by examining three case studies of HIV intervention projects. "Asylum, Intersectionality, and Aids: Women with HIV as a Persecuted Social Group" (Margulies, 1994) and "Intersectionality: A Challenge for Feminist HIV/AIDS Research?" (Bredström, 2006) keep a mostly theoretical tone. The former adopts a law studies perspective, arguing that migrant women with HIV should be granted asylum in the USA,[32] as they fall in the legal category "refugee" due to their intersectional location. The latter pinpoints the pitfalls of previous HIV/AIDS feminist research that focuses solely on gender and sexuality and underlines the need for an intersectional perspective. Last but not least, I have been through *Workable Sisterhood* (Berger, 2004). In *Workable Sisterhood*, Berger examines the question "what makes the experience of women of color with HIV different from the experience of other PLWHIV" based on her qualitative research on 16 women (1-36). All these studies have definitely deepened my knowledge on HIV positive migrant women and they have informed the content of my thesis. At the same time, they have helped me understand what is still missing and hence refined my new approach on this matter.

An epistemological observation I have made is that the majority of the articles (Doyal, 2009; Logie et al., 2011; Campbell and Gibbs, 2009; Berger, 2004) is based on one or another form of qualitative case study: mostly interviews taken from HIV positive individuals in certain areas. The material of these qualitative sources constitutes the core of the research and/or is used as the foundational information for the argument. This indicates that knowledge on intersectional groups cannot be produced by simply accumulating theories on intersectionality. Rather it works the other way around because the intersections are present in the everyday lives of the interviewed women, that is: the material dimensions of their lives need to inform theory. I have adopted an epistemological perspective with respect to this qualitative aspect in theorizing intersectionality that has broadly been discussed earlier in my methodology chapter (*1.2.*).

The above-mentioned articles offer theoretical premises and information that I adopt, and which support the stance of my paper. For starters, HIV is recognized as having discriminatory load and stigma on its own. According to the researches it is considered devaluing for people who have it (Logie et al., 2011, 2*)*. HIV is already charged with negative perceptions connecting it with stigmatized groups, such as drug users and prostitutes (Berger, 2004, 24), as well as with gay men

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[32] The article was written when the HIV exclusion was still the case in the US immigration law.

(Berger, 2004, 32; Margulies, 1994, 529). It is also connected with irresponsibility, (sexual) deviance, death, punishment, crime, horror, and other similarly negative notions (Berger, 2004, 28). Nevertheless, the articles focus on underlining the effect of other axes of discrimination, such as gender and race, on HIV stigma. It is argued that these axes exacerbate HIV-related stigma and inequalities. A term that is very prevalent within the papers is “intersecting stigma”. This is a very useful term as it refers exactly to the complex intersecting ways in which HIV positive migrants and/or people of color who are identified as women are stigmatized. I have used the notion of intersecting or intersectional stigma throughout my thesis to refer to this form of stigma experience.[33]

Most of the articles showcase that white gay men are on the top of the visibility hierarchies of PLWHIV.[34] While white gay men have without doubts faced a lot of discrimination and stigma and the AIDS epidemic has been marked by a striking raise in homophobia, the white gay male community was structurally in a better position to respond to the crisis than other groups who suffered from the epidemics (Berger, 2004, 32). Thus, the researchers argue, the visibility happens on the one hand because of the equation of AIDS with gay men that has been a dominant representation/stereotype of the illness for years (Bredström, 2006, 231). But on the other hand, their high visibility amongst PLWHIV is due to the focus and attention that seropostitive white gay men have achieved through researches, documentation and individual testimonies (Doyal, 2009, 174). Because of their white male identity, the group has in general more power and resources to build a community, advocate, reach doctors and medical scientists (Berger, 2004, 32-33; Margulies, 1994, 52). This is especially true if the group of white gay men is compared to other marginalized groups such as migrant women. An indicator for the power difference between the two groups and the respective (in)visibility is the following: the prevalent imaginary on the HIV positive body is still that of a (white) male body (Lawless, Kippax, and Crawford in Berger, 2004, 30). White gay activists who advocate on HIV/AIDS issues do not include immigration issues because of language barriers, distance from the HIV positive migrant subjects and racism (Margulies, 1994, 542). From the immigrants' side, their position – fear of deportation and the fact that they have to fight against the national sentiment constantly – often restricts them from action (ibid.). At the same time, HIV struggle and advocacy is regarded as having achieved the top of possible progress for the group of white gay men (Berger, 2004, 6). This may lead to the wrong conclusion that HIV positive people – imagined as mostly being white men – do not suffer anymore in these days.

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[33] In Workable Sisterhood intersectional stigma is defined as “a theoretical framework composed of the recognition of and attention to *intersectionality (*or acknowledgment of race, class, and gender subordination as interlocking forms of oppression) and *stigma* (or the ways in which people become socially defined as “other”).” (Berger, 2004, 4, italics in the original).

[34] It stands for People Leaving with HIV.

But while the popular stories and figures of HIV positive white men attract most of the attention, these articles stress the need for attention towards HIV positive migrant women and HIV positive women of color. Land argues that minority women with HIV “are the most isolated and least supported group with HIV and often experience considerable social stigma” (Land in Berger, 2004, 25). All the mentioned articles underline the need for specifically examining the intersections of stigma in regard to gender and race.[35]

Despite the epistemological premises and theoretical tools I share with these articles, and despite the fact that I adopt the information they offer, I think that their analysis is restrained within certain limits. Most of them adopt a social sciences' or social psychology's approach and despite their will to follow a qualitative approach, the latter remains at a basic level. The extensive use of social science's terminologies and statistical tools restrains the analytical potentiality of their research. Prefixed interviews that apply to all the participants or focus groups and numeric information are used extensively. To illustrate my point, words such as “sample”, “data tables” and “charts” are prevalent. As a result, I argue that the qualitative research fails to go in depth. The articles remain often on a descriptive level, sticking to the categorical divisions for the strictly defined “parts of the population”. I understand the crucial need to do research with scientifically recognized value, and to document the fact that HIV positive migrant women experience intense intersectional stigma; I highly appreciate these works without which my research would not have theoretical grounds. But I also believe that the attachment to a schematic description as the goal of research risks oversimplifying, and limits the possibilities of diving into the nature of the intersectional stigma and related exclusions. This lacuna is what my research addresses. To do so I want to take all this knowledge that the above-mentioned articles by Doyal (2009), Logie et al. (2011), Campbell and Gibbs (2009), Margulies (1994), Bredström (2006), and Berger (2004) have provided me with and to add to it the deep qualitative insights that the interviews with one person, Sylvia,[36] have to offer, together with my interpretations of them.

Before delving into the analysis of the interviews, I would like to make a final remark. The interviews and articles concern USA, UK, Canada and Sweden. There are no articles referring to experiences in the Dutch context. Therefore my thesis is the first look on HIV migrant women in the Dutch reality from an intersectional feminist perspective. With this intervention, I wish to shed light on details of the reality of HIV positive women in the Netherlands. That is, I wish to illustrate in detail the ways and modalities of their exclusions from the inside by the HIV community – and

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[35] In all of these papers there was therefore an explicit explanation of what intersectionality is, including and presenting the theories of intersectional theorists.

[36] I have introduced Sylvia Rugama, the co-founder of Positive Women of the World and my interview partner in the methodologies' section *1.2.*.

from the outside – by the state administration – and how the women are affected. When I analyze the positions of HIV positive migrant women, I have in mind all the ways in which exclusions take place in communities I belong to,[37] exclusions that also take place in the HIV community. Exclusion stems from a mindset that by default places the most privileged members in the center of allegedly common fights. It often happens that the most privileged people within a marginalized group decide what is worth fighting for (Crenshaw, 1991, 1242 1299). As HIV positive white men are in the center of the fight for HIV rights, it is in a similar way that the white working class man has occupied the place of the struggling subject in working class struggles or the white cis woman encompasses the in virtue subject in feminism (Crenshaw, 1989, 154 166). In this way, as we know from experience and history, further splits have been created through exclusions in the interior of communities and freedom struggles. Precisely because these exclusions happen within marginalized groups, *intra muros*, they are not always illustrated adequately in papers or it takes time until they reach the academia. For this reason I have found it useful to reach for other sources coming directly from or closer to the subjects. Next to the academic papers, I have collected my background information on the topic from activist sources, found mostly on the Internet. In the next section, I present the knowledge I have gathered through these means. I consider it of equal importance to the academic texts.

2.2. The struggle against HIV and intersections that matter

Despite the fact that most articles I have found on HIV positive migrant women stop somewhere around 2010, the problems that migrant women and women of color face have anything but stopped. Additionally, the issue does not only concern women, but goes further by also affecting strongly trans and queer people. Moreover, migrants and especially people living in prison, detention, and asylum seeker's camps still face the worst side of the HIV "healthcare" (Gosset, 2014, 44).[38]

Stigma around HIV is neither past, nor history, but the present. Let me give an example. In June 2015 queer rapper of color Mykki Blanco came out as HIV positive through her facebook page: "Ive been HIV Positive since 2011, my entire career. fuck stigma and hiding in the dark, this is my real life. I'm healthy I've toured the world 3 times but ive been living in the dark, its time to actually be as punk as i say I am"(sic).[39] The act of coming out and stop hiding is characterized by Blanco as

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[37] My experience stems from my queer feminist community in Utrecht, Netherlands and from the queer feminist communities and communities for anti-fascist and anti-racist political action in Athens, Greece.

[38] The word healthcare is put in inverted commas to declare irony as the conditions in the centers are neither healthy nor demonstrate care towards the immigrants and asylum seekers.

[39] http://www.thebody.com/content/75945/queer-rapper-mykki-blanco-reveals-hiv-positive-sta.html.

“punk”, out of the expected order and attitude.

Let us move to another example, of a context other than the HIV community, that of the LGBTQ community in the USA. I use the example of the LGBTQ community because the dynamics and exclusions in these spaces, I argue, are similar to those of the HIV community (especially for the parts that overlap). Therefore they may provide insights useful for my research. The US context has been chosen because of the availability of information on my topic due to a larger and stronger minoritarian scene and to the spoken language (English). All the insights nevertheless, apply equally to the Netherlands, I later argue.

Last year's (2015) monthly pride celebration was marked by actions against the exclusions that many groups of people have been experiencing within the community in the US. Queers of color, women, women of color, trans women and especially trans women of color remain invisible in the Pride as white LGBTQ, and especially white cis men tend to be the center of the celebrations. Underlying racism, sexism and transmisogyny[40] that are present in the community are forming the agenda by placing the needs and subjectivities of white gay men in the forefront.[41] LGBTQ of color have been celebrating alternative prides and running a lot of campaigns to speak out that the same sex marriage legislations that passed in June 2015 - seen by a lot of white gay people as the ultimate goal of the gay liberation movement - not only do not signify the end of the fight, but they are moreover a controversial achievement. As many activists have noted, not only is marriage a civil right with heteronormative affiliations integrated into the nationalistic and capitalist premises (building a (nuclear) family, the productive cell of the nation-state). But even more, other paramount issues, such as police abuse against people of color, everyday racism, white supremacy, sexism and transmisogyny, LGBTQ undocumented immigrants and other minorities' issues, have gone unnoticed under the prioritization of the struggle over marriage.[42]

Among the campaigns that criticize the white mens' dominated Pride, I have found one[43] in which

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[40] Transmisogyny, a term coined to Julia Serano (2007) refers to the explicit or implicit hate against trans women, an intersection of misogyny and transphobia.

[41] While I am writing this section, discussion has been heating up around the topic of the new movie on Stonewall riots for example. In short, the movie depicts white gay men as starting the riots. This representation apart from being ahistorical, totally erases the struggles of trans women of color, like Sylvia Riviera and Marsha P. Johnson (who was also a member of ACT UP, another organization whose activism is often depicted as a white men's struggle) and of other minorities that took part in the riots. http://qz.com/473860/the-stonewall-movie-continues-a-proud-american-tradition-of-erasing-minorities-from-hollywood/.

[42] The topic of gay marriage is too broad for elaboration here. I suggest the reader to seek for some of the critiques I draw about gay marriage at http://www.againstequality.org/about/marriage/. A text indicative of the material you can find in this online archive is “Marriage will never set us free” by Dean Spade and Craig Willse (http://www.organizingupgrade.com/index.php/modules-menu/beyond-capitalism/item/1002-marriage-will-never-set-us-free).

[43] http://mic.com/articles/121353/17-photos-reveal-why-lgbtq-people-of-color-of-are-not-too-proud-to-fight-during-

LGBTQ people of color take selfies with a message about why the Pride does not represent them, with the hashtag #NotTooProudToFight. Two of the pictures concern HIV related needs and concerns for LGBTQ people of color. I include the pictures here:

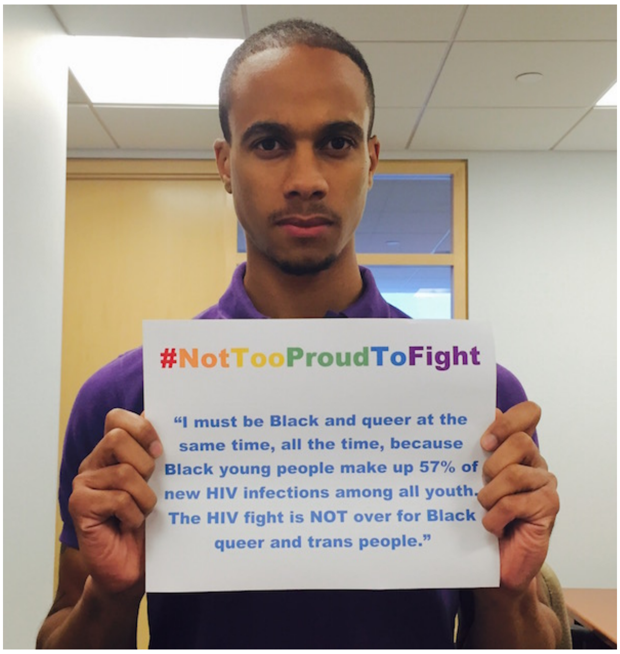

Image 1. "The HIV fight is NOT over for Black, queer, and trans people"

Image 2. "Health/HIV Justice for LGBT people of color NOW!"

In *Image 1* we read: "I must be Black and queer at the same time, all the time, because Black young people make up 57% of new HIV infections among all youth. The HIV fight is NOT over for Black queer and trans people". In *Image 2* we read: "Health/HIV Justice for LGBT people of color NOW!".

Both statements put the focus on the particularity of the intersection regarding the HIV fight together with Black LGBTQ fight. The reason they are put together, and not under a general HIV slogan for all positive people is implied in the first statement: by writing "The HIV fight is NOT over for Black queer and trans people", the banner makes clear that for other people, who are white the HIV fight *is* over, or it might be seen as it is over, as it is not an important issue nowadays.

Overall, both examples I have used so far – Mikky Blanco's public coming out and the banners of the campaign – make visible that there is something particular in being an HIV positive queer person of color. The examples feature certain elements that I interpret as different facets of the problem, coming from the intersectional location of the subjects. A first element is the subject's vulnerability to the illness, as HIV positive people of color "make up the 57% of new HIV

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pride-month.

infections among all youth" (*Image 1*). The intersectional particularity makes also the coming out difficult, and keeps oneself "in the dark" (Blanco's post) for years (even if one is a well known artist like Mikky Blanco). I want to suggest that what makes people unwilling to be associated with HIV at all, as it happens often with HIV positive migrant women in the Netherlands (see chapter *3*), is that HIV is connected with blackness and queerness or womanness in negative terms. Coming out means that people are going to think/say again that HIV is a problem of "Africa"/ black people and of sexual perverts. Or, in the case of black women, that it is a result of their sexual promiscuity.

Additionally, the images designate HIV positive LGBTQ POC as a particular case in regard to the harm and stigma that HIV comes with, as well as in regard to the health and institutional care that many LGBTQ POC lack (as *Image 2* proposes). The persistence of the examples in saying that HIV is *still* being a very important issue concerning the suffering the illness inflicts when intersecting with race and gender is an indicator for the particularity and severity of HIV for subjects located on this intersection. First, it shows that many POC are struggling heavily with HIV and the stigma attached. This stands in opposition to popular claims, which some white people implicitly or explicitly make that HIV is now a solved problem. The dominance of such misleading claims is featured in the two banners in the pictures, which state the urgency for fight, because HIV health care and justice for HIV minorities of color is not a given situation, but has yet to take place. These white (gay men's) voices may often make it appear as if HIV is a problem belonging to the past for everybody because it might be for them. Remember the privileges regarding treatment and power of advocacy that white gay men have as argued by the researches I have presented in the previous section (Berger, 2004, 32-33; Margulies, 1994, 52). Accessibility in health care and advocacy structures have long been achieved by white gay men, who hold an overall advantaged position due to their race and gender that reflects also on their class status and, therefore, the power they have and the treatment they can afford.

I have taken these examples from the USA but I want to argue that the matter is not less relevant for the context of the Netherlands, event though less represented. I suggest that the reason why such pictures cannot be found easily in the Dutch media is not because racism, queerphobia, transmisogyny, and HIV intersectional stigma against minorities do not exist in the Dutch society. An explanation could be that the POC queer movements in the Netherlands do not yet have the size, maturity, and power that the ones in the USA have gained over time and struggles, as indicated by the fact that Prides of Color, which are numerous in the USA, do not exist in the Netherlands. Another explanation might be that the movements of POC in the Netherlands are during the last years struggling over the topic of racism embedded in the white Dutch culture and the abolition of

Zwarte Piet and blackface.[44] The blatantly racist figure of Zwarte Piet, which has the support of the vast majority of the white Dutch population,[45] is still argued over. As a result, considerate energy of the organized communities of color, queer and feminist communities of color, goes to anti-Zwarte Piet struggle and the dissolution of such primary forms of racist representation and oppression.[46] Voices from minoritarian groups of HIV positive people do exist in the Netherlands, and one is PWW,[47] with which I have conducted my research; but their voices rarely reach a broader public. *Image 3* reflects such a voice from the margins in the Netherlands. The image was taken by activists at Amsterdam Schiphol Detention Center and has not become public.[48]

Image 3. "I have HIV". Amsterdam Schiphol Detention Center

The image depicts a window of the detention center behind the security walls. A message on a paper

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[44] Zwarte Piet is a Dutch tradition during which people put on blackface and perform the helpers of Santa Claus. Read more on Zwarte Piet here: "The Dutch don't think it's racist for Santa to have black slaves". http://qz.com/307305/the-dutch-dont-think-its-racist-for-santa-to-have-black-slaves/

[45] "According to polls, 92% of Dutch people think this [Zwarte Piet and blackface] is just fine", in the article that I have linked in the previous footnote.

[46] An indicator of the difficulty of their struggle and the strength it requires is the violent responses they have received: POC have reported to receive death threads for their anti-Zwarte Piet activism, Quinsy Gario was arrested for wearing a "Zwarte Piet is racism" t-shirt" and 90 people were arrested after a peaceful anti-Zwarte Piet demonstration in Gouda. http://medievalpoc.tumblr.com/post/65152911902/on-white-dutch-peoples-feelings-blackface, https://www.rt.com/news/205935-dutch-christmas-festival-arrests/.

[47] I have referred to Positive Women of the World, the place where I also conducted my internship earlier in *1.2.*.

[48] The photo was originally taken on the 5th of May 2013 during a demonstration against the detention centers system in the Netherlands and in solidarity with the detainees. For security reasons the activist who took the picture wants to stay anonymous. The original demonstration event can be found here: https://no-border.nl/update-soli-tours-5-mei/#more-4181.

is put on the window glass by a detainee, who tries to communicate something to the demonstrators. Only a few words are written: “I have HIV”. Despite the fact that there is no explicit content about the intersectional HIV stigma or the fight that is still to be fought as it is done in the messages of the photos earlier, there is an implicit one: it is the choice of the detainee to address this specific message in the extremely limited space and medium they had to communicate with the outside. The message, the space and the context (of the demonstration) signify a call for help or a communication of a difficult situation that is attached with both the situations of the detention (migrant status) and HIV seropositivity. We can further assume that the implicit help asked by the detainee concerns their situation as an HIV positive migrant in detention, facing the distressing conditions of the detention center, of the poor “healthcare” they receive, of the multiple stigma. Indeed, in *Queer Necropolitics* (2014) Che Gosset, a genderqueer writer and activist, writes:

> For HIV-positive people held under the policies of mass detention and mass deportation, medications are often irregular, destabilizing ‘health’ and ‘care’. As the Human Rights Watch reported in its 2007 report *Chronic Indifference*, when detained HIV-positive people do not regularly receive medications, it increases the possibility for drug resistance. (44)

For the HIV positive detainee of the picture (and for other seropositive detainees worldwide) the Dutch detention system (and detention camps elsewhere) causes suffering and is life threatening. To my knowledge, there are no articles written about HIV positive intersectional minorities in the Netherlands nor activist interventions like the ones from the USA. But this photo indicates that this is not due to lack of HIV positive suffering minorities. Start scratching the polished surface and stories come up.

This is what I will do next: scratch the surface. With my intervention I start exploring the group of HIV positive migrant women in the Netherlands and the experiences of intersectional stigma and exclusion inside the mainly white male HIV positive community and outside of it. Yet, as I have already shown, this is not the only HIV positive group that suffers invisibility and exclusion in their communities. Trans women,[49] POC, and LGBTQ of color (groups that are of course not mutually exclusive) are not to be overlooked. Although they lie outside the scope of this thesis, keeping their exclusions in the mind of the reader is among this thesis goals. I hope that my research of HIV+ migrant women in the Netherlands, a group that I have worked and made friends with, will mark a start to the further interest for other minorities within the communities concerned.

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[49] According to researches trans women and especially trans women of color are the group under the highest risk and experience the strongest stigma regarding HIV. See articles “Transgender Women Living With HIV: New Study on Relationships Reflects Widespread Challenges, Reinforces Why Policies Must Change” (http://www.thebody.com/content/74962/transgender-women-living-with-hiv-new-study-on-rel.html) and “Trans Women Less Likely to Have HIV Under Control” (http://www.poz.com/articles/trans_women_761_27363.shtml).

3. HIV positive migrant women in the Netherlands

In the third part of my thesis I look closely on the experience of HIV positive migrant women in the Netherlands as collected by the interviews I have done with Sylvia Rugama and the field research in PWW. Their experience protests that a kind of bio/necropolitical power (as discussed in section *1.1.)* operates upon them by the State and its apparatuses, as well as by HIV NGOs. This necropower places them constantly on the side of the disposable lives, which occurs due to their intersectional location as my research and interviews have shown. My third chapter consists of three sections. The sections are divided based on three distinct periods or thematic areas in the life of HIV positive migrant women in the Netherlands that I have discerned following the collection of the information. The first section concerns the period succeeding their entrance in the country and in the detention center. The second section is about their life in the Netherlands after the detention center, focusing on their administration by the State. Last in my third section, I enter the space of the HIV community and I attempt to demonstrate the distance in the experience between the groups that are part of it , focusing on the distance between white men and migrant women.

3.1. Life in the detention center meets death

> “I came in June 2002, there was a lot of refugees, they didn't have any place to put them, so we were in tents, in the side of the highways.”
>
> – Rugama, 30.05.2015 –
>
> “Immigrants with HIV exist at the intersection of blame, pity, and abdication.”
>
> – Margulies, 1994, 521 –

Coming to the Netherlands signifies to some (but certainly not all) of the immigrants the first time they feel discriminated against to such a systematic extent. They had probably not experienced racism in their countries of origin nor expected such treatment. “I never felt discriminated until I came to this country, I never felt discriminated until I came here. And that's the feeling, that's a terrible feeling. (…) the first thing that happens to me is that I am been treated as the worst criminal”, Sylvia Rugama says (30.05.2015). The feeling they get is shocking, they are the “uninvited” and “unwanted” ones. The action that schematically signals their arrival to the country is the crossing of borders, both materially and symbolically. Sylvia describes how migrating is natural while the borders are not (Rugama, 30.05.2015).[50] Regardless of what made them cross these borders, after crossing them they meet hostility, suffering, indifference, pity at best, detention.

Most of the women in PWW started their lives in the Netherlands in detention. Some of them are still in one of the country's detention centers. All who have been through this traumatic experience will probably never be able to get over it completely. I visited Chella, and her two children in Kamp Zeist, located outside of Utrecht. Chella, a Nigerian woman in her early 30s passed the last years of her life in the camps – first in Italy and then in the Netherlands. Both her children, aged 5 and 2 have never lived life outside of the center. At the moment I write these lines Chella still awaits a response to her asylum request. The odds that she will get a positive one are not good and she will probably be deported despite all these years of detention, misery and patience.

Even as a visitor, I found the experience of the camp heavy. One immediately has the feeling of isolation as it is located in a remote area outside the city where the access without a car is difficult. In the "reception" I gave my ID card and the full name of Chella. They requested that she comes in the reception to meet us. This means that finding and meeting with a person whose full name you do not know or that does not have a mobile phone for you to inform them that you are there, is barely possible. Chella and her two children stay in a tiny, 2X2 room. Her single bed is stuck next to two small cribs. Her oldest child, whom I will call Doris, not fitting in the baby bed anymore, sleeps with her in the too-small-even-for-one-person single bed. A square tiny table is sandwiched between the crib and the wall. A TV screen is attached on the corner over the table. The television is always open on MTV and sounds from video clips and advertisements are coming out of the black box. The contradiction between the images of beautiful beaches, big houses, people moving a lot and the sense of confinement and gloom that the inside of the room gives is depressing. I could imagine the days pass in the small room and the TV be always open, as there is not much to do in the camp. The camp is supposed to provide teachers who deliver Dutch classes to the children. Yet, Doris barely speaks at all despite being 5 and having stayed for at least a year there. It is obvious that the detention and conditions in the center take a toll on his physical and social development and health. The same goes for Chella, who had lost weight and looked weaker than the previous time I had visited her.

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[50] "I grew up close to the border [the USA-Mexican border] , and I see kids just run across the * of the US you know, just to tease the border guard and come back to Mexico and say "hahahahmouhah" So, I 've seen people crossing the boarder in so many ways, you know? (...)go somewhere, you can make it. I think it's natural. What happened with Europe is that, they are the ones who are going everywhere, they are the ones that were colonizing and taking *[the gold] of *the entire world*, you know? But now they have to pay back, and they don't like it, they just don't like it. And they put *borders*, you know? And they open borders, (…) they open and they close and they, they are very confused." (Rugama, 30.05.2015).

What is more, I noticed that Chella and her children experience (also) discrimination from other detainees (apart from the systematic one and the detainers'). They are isolated from the rest of the asylum seekers. For example, while there were some children playing in the corridors they would not include Doris in their game. Chella said that they would barely get out of the room, because "it is not good outside". She did not explain why, however we can suspect. One possible reason is her HIV status. More likely than not Chella does not (intend to) disclose her status to the inmates. I am assuming this because she does not mention her HIV status – not even when she is around other HIV positive women, like Sylvia. However, we should consider the possibility that fear of them finding out somehow might keep her in the room. Being a woman and specifically a mother with two small children in a predominantly male space might also be an element of her being excluded. Another reason of her exclusion that I would like to discuss is racism. Black detainees very often face racism from other inmates in the European detention camps as it has already been reported.[51] Anti-blackness has been mainly exercised by white western people, but it is also prevalent amongst others, like Eastern Europeans, Arabs and other non-Black POC, who are usually incarcerated in the centers. Despite knowing that, the Dutch system places them together, which of course leads to tensions. This indicates that internal racism among the inmates is not their concern. They (the State and the guards in the camps) after all already regard all of the detainees as uncivilized and violent,[52] and therefore they carry racist stereotypes towards them as a total. As a result, Chella and other black people at the camps have no place where they can find peace, they are the marginalized within the marginalized, or in a Foucauldian terminology the "inferior" "subspecies" within the "inferior" "subspecies" (Foucault, 2003, 255).

Our common visit at Kamp Zeist opened a new circle of discussions between Sylvia and me about her memories of detention starting from the affect that being there created in her. I asked Sylvia to share her feelings with me. Sadness, frustration, guilt.[53] The visit triggered Sylvia's old memories. She characterized it as "a very difficult trip, like a sentimental journey" (Rugama, 01.06.2015). For the rest of the day and the day after she was less energetic than usual, her voice sounded less vivid and she looked vulnerable. She explained how she was affected:

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[51] For example in this article: https://discontentjournal.wordpress.com/2015/08/31/empathy-for-refugees/.

[52] Information from my discussions with Sylvia Rugama. See more about racist perceptions that regard immigrants in the camps as uncivilized in the next page. (Rugama, 30.05.2015).

[53] "Well I feel sad, frustrated, guilty. Sad because its sad... To see a young mum with two kids living in a little space with no social life isolated from the rest of the world. sad because I see the little boy going backwards, underdeveloped (...)I feel sad because you can tell, she is actually physically losing weight and strength and I feel impotent because there is nothing more I can do. Frustrated because for many years I have been waited for a change, for a wake-up call from the system. To know that it is just an inhumane, irresponsible and unfair to treat people this way. And guilty because I come (...) and and I have plenty of space and she didn't [Chella]. and of course there is also the the the flashbacks, the memories of having lived through the same but the difference is I was alone, I didn't have two little kids. Sooo it was easier. She got it very hard. So for me it was very very very very heavy. It is always heavy to see it." (Rugama, 01.06.2015).

> When all those feelings start coming back to you. (..) because yeah you can never forget. Yes of course (louder) how can you forget if it's still happening to people. To fellow human beings and especially women (...).

She had not visited a camp in years.

> [T]he first time was (…) one year ago, when I went (…) to see Mario[54] at the processing camp in Ter Apel[55], and the place was just exactly the same, the same kind of chair, the same kind of bed. And, it was very, very difficult for me. I just want to come home and go to bed. (…) I can never get over that. (…) I don't think so (…) (Rugama, 01.06.2015)

In these lines Sylvia recognizes her trauma, which is the trauma of the detention center. These moments were rare exceptions, as more often than not she repels this part of her past. This time our talk was oriented towards the years she was in detention.

The way the Dutch system regards the immigrants reflects on the treatment they receive in the camps. Let me add an extract from my interviews that exposes it:

> I, you know, I was so insulted when I was in the camps. And you go into the toilet, there was a sign, you know, of a person on the top of the toilet like this [she stands up and mimics the sign] and says 'No' with a cross, and then there is another sign with the person sitting like that. [she mimics the 'normal' way we sit on the toilet] You go to the shower, and like [you see a sign showing] 'shit on the shower' they say 'No', and [on] the other one [sign is depicted someone that] only uses the shower. So, imagine these people really, these people really, what the fuck you know, they [think] people that are coming here they don't even know how to use the toilet. That's how *naive* they are! (...) Those people don't know toilet, those people don't know how to, don't know technology. [what the Dutch think about the refugees] So, so, so kind of cannibals are coming here, it's like. *True, really*? I mean, who is these people. And then, when I went to do my interview with the immigration people (…) there, also, the center of information for the interviewees it was like a collection of national geographic. So that was the knowledge [that they have about the immigrants] (laugher). (Rugama, 30.05.2015)

Sylvia's descriptions expose that the immigrants in the camps of the Netherlands are seen as uncivilized, primitive others by the state and its apparatuses. They fall into numbers and countries of origin. Their background becomes pictures on national geographic. The complexity of the immigrants’ experiences and the differences amongst them are unified and minimized, they do not count for the state. What they are is defined by what they are not. They are not white western people. They are therefore the “other”,[56] the “less” (to the white Dutch citizen). In this way immigrants in the detention centers already fall out of the category of population as Foucault has defined it (2003, 142) – this group of white Dutch citizens whose life matters and the perpetuation and amelioration of its conditions consist the overriding concern of the governing. It is common to

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[54] I have not kept the real name.

[55] Refugee center at the north of Holland.

[56] I have explained the concept of the Other earlier, see footnote 10.

be treated in this way as long as one falls out of the population. It is acceptable to be detained and ridiculed, to live lives that no white Dutch citizen would even imagine living. The anger in Sylvia's tone is imbued with this violence the refugees as non-citizens experience in various ways that impose their systematic degradation by the mechanisms of detention.

How is it for a migrant woman specifically to be in detention? Sylvia remarks earlier that she cannot forget the detention center because it still happens to other people and *especially women*. While she does not explain her experience as a woman in detention further, this remark expresses that there is a certain burden that women in the camps bear. Being perceived as a woman makes life in the detention center less livable. Yet it is not the same for every woman – I have discussed earlier, with Chella's example, how anti-blackness creates different levels of oppression in the camp, which positions black women at the bottom of the ladder.

Sylvia gave contradictory answers regarding her own experience as HIV positive in the camps, which I think reflects on an inside clash and the heaviness of trauma. The different moments and interview frames should also be taken into account. They played an important role, as for example she opened up more about the hardship of her detention after Kamp Zeist when the memories were awakened.

When we first discussed her time in the centers, she suggested that she had used her seropositivity in a positive way, without caring about stigma, which gave her benefits in the camp.[57] However she added that when she offered to volunteer with kids, the camp called the doctors to ask whether it was safe for kids to be with a seropositive person.[58] The contradiction is that while in the first sentence she proposes that stigma was not an issue for her (“I didn't care about stigma”), right away she describes an incident when she experienced stigma from the personnel of COA[59] in the camp. Still she does not use the word stigma. She feels the need to share the story and attribute it to ignorance but not name it. Yet, what she experienced sounds like a common form of stigma. The body of the HIV positive individual is regarded dangerous and a possible source of pollution for the surroundings. The transmission is imagined to happen in whimsical ways (Sontag, 1989, 27),[60] like casual contact in this case.

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[57] “For me I used that as a protection because I was able to get my room you know and I get like I am HIV positive I need to be close to my hospital, things like that, I used it for my benefit you know, and I didn't care about stigma or whatever” (Rugama, 23.03.2015).

[58] “But they were so ignorant you know, that I say I can help to take care of some of the kids once in a while, and they called the medical office and they asked if HIV positive people can work with children. And they were Dutch, and how ignorant they were” (Rugama, 23.03.2015).

[59] COA (stands for Centraal Orgaan opvang Asielzoekers in Dutch) is translated as the Central Agency for the Reception of Asylum Seekers and it is the central organ that administrates everything that has to do with the people that seek asylum in the Netherlands. https://www.coa.nl/en

[60] The stereotype about the pollutive nature of HIV is described by Sontag in the following words: “Infectious diseases to which sexual fault is attached always inspire fears of easy contagion and bizarre fantasies of transmission by non-venereal means in public places” (1989, 27).

The living conditions of the detention centers affect a lot the HIV positive detainees in particular. Sylvia remembers:

> [I] was in and out of the hospital all the time. Stress is really bad for HIV. Depression is very bad. You cannot have a good nutrition in a place like that. It's it's, the hygiene is not good either, it's a lot of bacteria and diseases (...) it is really bad for the health of somebody with HIV. (…) But I guess that's not relevant for the decision makers. (Rugama 01.06.2015)

The detention conditions take a toll on HIV positive people's health. Despite this, there is not a law or specific regulation for the HIV positive people in the detention centers. Neither has there been any action taken by the HIV NGOs for their protection and support, according to Sylvia. The reason, according to her, is the lack of interest for the migrant HIV positive inmates by the HIV organizations and the state.[61]

What is more, Sylvia was among the "privileged" people in the center, regarding access to HIV care. As happens with Chella, the vast majority do not disclose their status,[62] probably due to fear for further discrimination and suffering, and therefore they do not even receive the necessary support and treatment. Apart from the positive women in the camps, there is a number of "undocumented" ones who are not in the asylum procedure, but leave in "illegality".[63] These are in the worst position and risk. The problems they face are severe, often concerning their health and housing conditions.[64]

So far I have presented what life is for positive migrant women when they first enter the Netherlands: the camp, dreadful living and health conditions, racism, humiliation, isolation, depression, in short, a life very close to death. Death is meant in the sense of my earlier definition: it includes political death, rejection and expulsion. We have also seen that there are differences amongst them, various elements to take into account. Comparing her situation to Chella's, Sylvia acknowledged that she was in a better position than her. Not only because she was on her own, and she did not have the responsibility of two more people. She also knew the law (she has studied law in the past), and she therefore knew that she was going to receive the asylum status and get out, which made her stronger. Sylvia's financial situation allowed her to eat healthier and live under better conditions (Rugama, 01.06.2015). I have also argued earlier that black people in the camps, confront the worst face of detention, isolated and discriminated against by everyone. And, in the last

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[61] "(…)Remember the most of it, the HIV organizations who are having the funding, are mainly funded by the government. So, of course not. They are [HIV positive people in detention centers and their rights],* in the very bottom of the list, you know? (…)" (Rugama, 01.06.2015).

[62] - "Most of them, were not disclosing their status in the center then?"
- "None of them, none of them, none of them..." (Rugama, 29.05.2015).

[63] These are problematic terminologies t hat the state uses to characterize people who are not refugees. Nevertheless they reflect the dangers that the group is under.

[64] "They were sleeping on a kitchen floor, they were pregnant, you know, a lot of struggle (...)" (Rugama, 29.05.2015).

paragraph I referred to the deadlocks that "undocumented" migrants meet. Maternity, class status, color/ethnicity and legal status (refugee vs immigrant) emerge as matters that make life for positive migrant women easier or harder. They are measures that affect their chances to be included into the legal, the citizens, and therefore the living. Each one of the parameters brings them closer or alienates them from the life they aspire to. Differently put, these are elements that intersectionally cross the lines of their survival and set the proximity with death for each one of them – the extent to which necropolitics will be exercised upon their bodies (Mbembe 2003).

The differences among them is a fact. No homogeneity should be imagined. However, another fact is what positive migrant women have in common. Upon their arrival in the Netherlands, life in the camps, the particularities that were described earlier and the ones that will be discussed later, form their experience as unique among the experiences of other HIV positive people. I have talked earlier, in the chapter *1.1.*, about the double bind of identities. As totalizing categories, their use bears the danger of essentializing. Not using them, on the other hand, might signify hiding the oppressions they produce. I have reached a compromise by acknowledging the pitfalls they fall in, while keeping using them instrumentally. In this case the persistence on typologies such as "HIV positive migrant women", allows to talk about these experiences. While the typology "black" allows to recognize difference among the experiences. The need to talk from the position of HIV positive migrant women lead originally to the foundation of PWW while Sylvia and some other founders were still in the detention centers.

Initially PWW was part of a bigger HIV Foundation. Later, the HIV Foundation asked for reports with the patients' information. Despite the difficulties they faced in continuing an organization without having the citizen status themselves and without any support of the big foundation,[65] Sylvia with two other HIV positive women from Venezuela and Aruba walked out and ran PWW as an independent organization.[66] They left the HIV Foundation for two reasons: first because they did not want to violate the confidentiality of the information. This information belonged to women who are in a vulnerable position and often their legal status and permanent residence in the country is at stake. Exposing their information could put them in additional dangers that the HIV Foundation could not estimate and would not take into consideration. Second, it follows, because they realized in this disagreement that the concerns and needs the HIV Foundation prioritizes address mainly white Dutch positive people and have little to do with the needs and struggles of migrant positive women. In the third section of this part I will discuss the distance between the HIV organizations

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[65] "And then the HIV Foundation wanted us to report to them, and to give them then the information that was given to us by the patients. And that was not allowed because the hospital's information is confidential, so we start having problems and I said, then I walk away. And they said you will not be able to make it because you are not even legal in this country, you re still waiting for your papers, you know. I was still in the procedure and there is no way you can get out yourself, a foundation" (Rugama, 23.03.2015).

[66] Information from Sylvia's interview (Rugama, 23.03.2015).

and the HIV positive migrant women in the Netherlands further.

3.2. “They got a talent for it” - The systematic insertion of their bodies on the side of the disposable lives

> “This biopower was without question an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes”
>
> – Foucault, 1998, 140-141 –

Life in the detention and asylum seekers' center is unbearable, as I have unfolded in the previous section. What happens when – luckily – some of the women leave the centers to enter Dutch society? Particularly, what is the experience for the HIV positive women of the organization? “They just live *a little bit better*”, Sylvia says. “They are going to a house, where the kids receive benefits, they need to take an integration course, one year. And they're... Almost none of them, *ever*, managed to go to school, or get a job”. (Rugama, 01.05.2015) The common future for most of the women (black in their majority) often after many years of awaiting in the Dutch centers is neither a coincidence, nor a choice. On the contrary, Sylvia explains that is the result of a systematic process:

> Actually, they, *all* [the women], *coincidentally*, they are oriented by a social worker who tells them that the best thing they can do is to study in a technical career, which is basically how to take care of older people, how to change a diaper, how to serve coffee so, it 's an * industry of cheap labor. Because they [the Dutch] have an aging population and a job that nobody wants to do, so that's such a coincidence, that everybody (laugher) finishing the integration course, they get recommended that that's what they're good for it. Yeah, they got a talent for it! (Rugama, 01.06.2015)

Therefore, regardless of the job they had in their country, regardless of their skills and knowledge, the place the migrant women take in the working scene of the Netherlands, is at the unwanted, underpaid professions. Located at the bottom of the scale, these works are regarded as inferior and shameful, and that is why the white Dutch society wants someone else to do the (literally) dirty job for them. A related point to consider is that these jobs constitute care work, a historically feminized and therefore devalued category of work (Bakker, 2007). Caring labor has been mainly performed by women in law wages. The systematic insertion of migrant women to these professions in the Netherlands confirms that next to gendered, these are also racialized positions for migrant women of color in a predominantly white patriarchal society. Sylvia's ironical tone regarding the "coincidence" of the job orientation they take, denotes that far from a coincidence, it constitutes a repetition with consistency, a repeated norm. The migrant women, do not simply end up there. It is more sophisticated and complex and it happens under the guidance of the state and its mechanisms. After the integration course, as she explains, they undertake tests. "And the test is always that they should go and take care of other people" (Rugama, 01.06.2015). So the way the women are separated from the rest of the population is through an administrative function integral to and applied by the Dutch state. It is within the state's goals to collect them, test them and guide them towards the unwanted jobs.

The state is then a manager on default: and the administrative plan, the repetitive action performed by its mechanisms is to classify (HIV+) migrant women of color to the bottom, and maintain them there. More often than not, the women follow the "advice". Sylvia explains why:

> Either they want to have income, another want to be independent and not ** of living on their social benefits, ** they do it, because they don't have another option. (…) It is very sad, it's a systematic way to racism and segregation, I mean come on they designed the Apartheid [the Dutch][67] (…) (Rugama 01.06.2015)

At this point, Sylvia traces and names what lies in the core of this mechanism that manages lives and careers. This is the separation of the population into categories with racism being the categorical criterion. The segregation, which was applied par excellence during the Apartheid, Sylvia argues, exists in a different form empowered by the Dutch state apparatuses. It is a form that puts and restricts migrant women (and men) of color in the lower layers of the working class and the respective social status. The quote by Foucault, which opens this section, signifies for me the arranged placement of migrant bodies in the machinery of capitalism and in a certain impenetrable area (the lowest class) with a double function: their restriction and exploitation in the same time. When one falls in the category of migrant woman of color the path that she will be guided to follow is that of a certain (cleaning) career, with the respective money and quality of life. What is at stake is which kind of work the (white Dutch) population will not have to do, what others will do for them, so they can enjoy their prestigious works and quality of life. The happiness, the joy of life, the wealth and well-being of the population. Therefore, it is no coincidence either that the vast majority of white Dutch citizens enjoy a high quality of living in economic terms or that the women of PWW belong to the lower classes. They are poor because they live on benefits or low salaries, which

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[67] The reference goes to the central role that the Boers and Afrikaners, decedents of white Dutch settlers in South Africa, played in the legislation, development and establishment of the Apartheid.

follows their placement in the position by the state and its mechanisms in the first place. HIV positive migrant black women and women of color in general will still constitute the poorest part of the population as long as they are kept apart from the (white privileged) population that deserves life, money and pleasure. A question could be: how can their shared necro-future as described in this paragraph be interpreted starting from their location? There is some distance to cover between the identity "HIV positive migrant women" and the status of livings without life, and I will explore it next.

HIV positive migrant women naturally fall into more intersecting discriminations. Racism, sexism, HIV status come together with poverty and interdependent difficulties that feed and reinforce even more difficulties and discrimination. The class status of the women that I have already talked about cannot be examined separately, for example. Neither can one examine separately the break between those who deserve life and the others who are let to die that the state reinforces, from the intersections that cross this biopolitical break. The classification of people into categories, some of which deserve a well paid job, a wealthy and joyful life (and the state takes up the role of the player who will manage the enhancement of their lives) while others are to be left out and to be guided towards unwanted jobs, poor lives and more difficulties, is neither colorblind, nor genderblind, as we saw. Necropolitics are not exercised, therefore, over random populations. They traverse the very painful and murderous barricades of ethnicity, gender, HIV status and whatever else categorizes people in the bad, inferior side of the living existence. And if Foucault, keeping it philosophical and abstract, neglects to give content to the break that categorizes lives as worthy or unworthy of living,[68] this is for me a very important omission that cannot stay unnoticed. Even more than naming the matter (that is, this that matters), it is crucial to look at the break through the intersectional perspective that women of color first suggested to explain their positions. And consider that the bio/necro power can be exercised on more layers and different levels, for example within (already) marginalized groups, to create further exclusions. After all, these words are written in the context of HIV positive migrant women in the Netherlands with the HIV community as the starting background point from where the former are excluded in various ways. I have showed here how these women confront a different face of the state and its apparatuses through the jobs they are directed towards and the mechanisms used to put them in the margins of society. It becomes clear that white cis men that might be HIV positive as well, do not experience problems of such nature and therefore there is a handful of issues attached to HIV positive migrant women specifically, that need to be addressed. Still, they are left out from the general HIV agenda. This is neither the only

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[68] Foucault names it "racism", but the term remains empty of content and takes a symbolic form as it lacks materiality. I have discussed my criticisms on Foucault's use of the words "racism" and "break" in the context of a biopolitical approach earlier, in chapter *1.1.*.

contradiction, nor the most striking one. I will show in the next paragraph how the Dutch state is benevolent and destructive at once.

After many years and experiences, Sylvia is not confident that possibilities for change exist, despite how blatantly unfair the situation for HIV positive migrant women is. Furthermore, she talks about the system of benefits that does not encourage the women to move on, but coerce them into stillness and criminalization[69] sometimes:

> They just, got, they just stuck. They just stuck with surviving. There is no big accomplishments. (…) They, sometimes, the *, the way that they give the social benefits, I even think that there is a way to not let them move on. I can say it? Like a systematic racism and classification of a social group, that they want them in *that* situation. (Rugama, 30.05.2015)

The social benefits sustain the women who take them within the limits of the transparent borders I have described earlier. They make sure to keep them alive but not let them move forward, while showing the benevolent character of the Dutch state. But what they, in reality, do, is to maintain them in the status of the living dead (Mbembe, 2003, 40). Foucault says that there is no need to bring death into play, while power can "qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor" (1998, 144). Once, on the geographical space known today as European states, people would be executed following an order by the sovereign - the so called right of the sword (ibid., 136). Our societies have undergone a political shift that is demonstrated in various ways. One way is that in the place where I am, Europe and the Netherlands, there is a turn from literal killing to *mainly* (but not only) metaphorical killing. (I narrow down the space to "the place where I am" because if we examined the consequences of European or Dutch politics "elsewhere", a whole new discussion would open). Additionally, both literal death and metaphorical death, as in expulsion, exhaustion and political death, nowadays take another, rather complex, subtle, hardly detectable form that makes it difficult to disclose the crime and to reveal the generated oppressions that also exist[70] but are sophisticatedly incorporated in the virtues of contemporary societies, I argue. Especially when these happen under a benevolent state like the

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[69] With her own words "that's the only way you can get an extra money (…) so they traffic the drugs, you know, they would stealing, they go into prostitution." and "they are to live in a system that gives all kinds of social benefits, so they don't have to work, they can eat, they can pay the bills, you know, and when they want extra, then they go for the other option which is [laugher]. So that's really, this is, this is coercion, you know?" (Rugama, 01.06.2015)

[70] The argument that death and oppression are no smaller in the western society of the 3rd millennium in relation to the past or to other non western societies that I have argued might sound as a bulldozing description to some people. While recognizing the shifts that have been made and the small victories struggles against oppression have gained, I oppose a linear reading of history. The idea of progress, rooted in the Enlightenment in Europe is, to my view, a scientified illusion of western superiority that reinforces colonialist reproductions of notions such as "forwards" and "backwards" used to describe other ethnicities, cultures or periods in history. I am therefore not interested in quantifying and comparing whether oppression is "more" or "less" nowadays, but I rather look on the ways that oppressions and taking life are being practiced throughout the paradigm shifts, focusing on the contemporary society where I live.

Dutch one, it becomes even more difficult to detect, because killing happens in the name of life and death aligns itself with life-administration (ibid., 136-37). At the same time, the contemporary benevolent state succeeds in the same imperatives as the sovereign state would through tremendous measures: obedience of the population and continuity of control through disposing of the unruly bodies. Reconsidering Foucault's remark (ibid., 144): indeed, why would the state kill, ruin its reputation and spend money murdering while they can use the people they administrate by placing them in the "machinery of production" (ibid., 141) and hold them in the space of livings without lives for its own benefit?

How the system of benefits and career orientation that the state offers coexists with the exploitation of the HIV positive migrant women has been sufficiently shown. Looking at the Dutch particularity, another correlated element is brought out: the Dutch state has created an overall positive self image internationally in regard to its minorities and human rights while *these* things happen here. Philomena Essed (1991) points out some of the expressions the narrative takes. One is that there has never been racism in the Netherlands and another is that the Netherlands is a tolerant and multicultural society (6). This is the well-known story of Dutch tolerance. She calls this (Dutch) phenomenon "the denial of racism" in the Netherlands (5).[71] Sylvia expresses a similar opinion when, after speaking about dark sides of the Dutch history,[72] she says:

> So, they [the Dutch] have a history of betraying and using people. And then, I don't know *how this* happened, out of the sudden the Dutch became the godfather of the good, and the human rights and everything in the world! And they were *the worst*! (…) It's like they have the court in the Hague, (...) but I don't know how a country that has a history and a record of so *horrible* inhuman rights can tell the rest of the world, can host the Hague, you know? (…) And I am always wondering why is it and the Netherlands wants to be everywhere and they always, the Dutch, has to tell

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[71] Essed also detects "denial of racism" in the United States. I am deliberately only talking about the Dutch side here because this thesis is located in and investigates the Dutch reality.

[72] In her own words: "The Gestapo founded the Dutch police. When the Nazis came,the Dutch surrended, you know? The Dutch to keep the movement of control of their official institutions, you know, They deliver all the Jewish to them. They have the history of the Moluccans, you know? Using them to be against the independence of Indonesia ***(when the American was helping the independence in Indonesia) And they say to the Moluccans, "if you help us out, you know? you ll be in better position in Indonesia, you know? And if we lose don't worry, we ll take you as dutch citizens". What do they do? They lose, Indonesia becomes independent, you know? And they brought the Moluccans, and because the dutch that were living there they were putting them in camps in Indonesia. then they got **(indicted) and the Mollucans they have helped them during the independence of Indonesia, *were put in camps, in the same camps that the Jewish were, (pause)before Auschwitz* [before they were sent from the Dutch Camps to the extermination camp of Auschwitz] So, and this, I am talking about the 70's, not too long ago, you know?" (Rugama, 30.01.2015) See http://www.nytimes.com/1989/06/09/world/vught-journal-remember-the-moluccans-is-this-a-last-stand.html. For more information about the history of the Moluccans in the Netherlands see the site of Muma, the Moluccan History Museum (the museum closed in 2012): http://www.museum-maluku.nl/.

> the people what to do. (Rugama, 30.05.2015)

Sylvia describes an apparent paradox. The Dutch have been “the worst” while they have become “the godfather of the good”. She sees the same paradox that Essed portrays when she talks about the denial of racism and Dutch tolerance, from another angle.

What Sylvia observes unwraps another important element for my analysis. What appears as a paradox, is an intimate relating. Tolerance discourse and racism go hand in hand. Furthermore, I contend that the former helps the latter to exist. Philomena Essed argues that “Dutch racism operates through the discourse of tolerance” (1991, 6). For me the discourse of tolerance constitutes a legitimate child of the biopolitical state. It is an integral part of biopower because, as happens with all bio-mechanisms, it concentrates its attention to the positive qualities that the state and its society offer and allegedly lead to the enhancement of life. Following Essed, I argue that the discourse of tolerance facilitates racism by making noise over the voices from the margins and therefore allowing exclusions and marginalization to go uncriticized, if not unnoticed. It facilitates the continuation of metaphorical and literal killing. Allow me to remark then that the discourse of tolerance serves as an upgraded, sophisticated mechanism of necropower. The court in the Hague is presented as noise of the kind. The image that the Netherlands holds overshadows the exclusions that minoritarian groups experience. The difficulty for groups like HIV positive migrant women to speak and be heard becomes bigger because there is no space for doubt towards the politics of the Dutch state and society. Doing so equals going against the national narrative. No few times have I heard “Dutch tolerance” to be used as an argument against minorities' accusations of mistreatment and discrimination. It is hard to believe that such truth lies behind the laurel crowns on human rights that the Netherlands hold. Such unpleasant stories are hidden under the carpet of tolerance. Few of the ones who step on it want to look under.

3.3. White (gay) men

It might have become clear so far that there is a wide gap between HIV positive migrant women and HIV positive white Dutch people on multiple levels. In this section I will focus on the “category” of white (Dutch) men. This is because the dominant representation for the HIV positive subject when it is described with positive terms, meaning someone who deserves life, is a white man. That is both something I have deduced through my research and an element extracted from the texts I have presented earlier as my theoretical background, namely Berger (2004), Margulies (1994) and Doyal (2009). The gap between the groups has to do with experiences that I have extensively discussed in the two previous sections (i.e.: coming in the Netherlands, life in the refugee center) and is widening because of the administration that the state and the NGOs that work with seropositivity have been performing.

I will attempt to illustrate the caesura between the groups of migrant women and white men with some examples regarding the position of each group in relation to official economic support. Sylvia records the difficulties that they faced in order to receive funding as positive migrant women:

> I would say from the people who are the decision makers and the ones to decide and we get the funding, we always struggle and fight with them, you know. Now it's easy and we have better relations. But at the beginning... They really didn't, they didn't pay attention to us, you know. For example, it took us years for them to cover the pay for the undocumented women for the formula for the babies. (Rugama, 29.05.2015)

“They didn't pay attention to us” and “we always struggle and fight with them” indicate that the migrant “undocumented” positive women were not considered as equal members of the HIV community that deserve equal care and funding. The care and attention was not for granted to them, not even for the treatment of their children, a group that usually attracts people's sensitivity. At the same time,

> they were giving botox, swimming lessons, gym classes to people living with HIV but they won't allow, they won't grant... 'No' for babies that were born from HIV positive mother, so it was very very difficult, the priorities were totally nothing to ['undocumented'] women and children at all. (Rugama, 29.05.2015)

The difference of terms between the “people living with HIV” that enjoy facilities like the ones referred, and the migrant women with HIV that struggle over the basics is striking. What is more, the phrasing above leads to an odd admission: migrant women with HIV are not “people living with HIV”. The vague term “people living with HIV” represents a certain dominant group where migrant women are not included. This brings the question of bio/necropolitics directly in: what is considered people, meaning people worth living? The criteria of exclusion from this category of people appear to intersectionally marginalize racialized and gendered Others like HIV positive migrant women. Second short example: Sylvia, as everyone else in the group, has never had a salary for her work in PWW. The NGOs for “people living with HIV” are usually run by (and for) white Dutch people and especially men, who, on the other hand, “have a salary, and a good salary”, according to Sylvia. (Rugama, 30.05.2015)

The decision for where the money goes and where the money does not go is not merely an economic one. It is a decision that demonstrates who deserves health care and who does not. Whose work and effort matters and is credited and who is to work voluntarily. Who deserves joy and happiness and who does not. Who deserves quality of life and who does not. And finally, considering that HIV/AIDS without treatment might be fatal, who deserves life and who is let to die. The decision is always tipping the balance. For one side to be up, the other needs to be down. The question of who is going to be sacrificed is always present when a decision is made. But the act of deciding in all these situations goes unnoticed, as if there is not an actual deciding procedure. Because the category "people living with HIV" has already been overtaken by white men mainly,[73] leaving out migrant women with HIV, the inequality appears to come naturally. The revealing of the non-naturalness and of the deciding procedure itself can be achieved by exposing the active part that the privileged HIV parties take in maintaining their own status that keep overshadowing and oppressing migrant women (and others) with HIV.

White Dutch women are not in the same boat with the migrant ones either. Sylvia says:

> The HIV positive [white] women in the Netherlands are either very open and very outspoken, and then there is a great majority also of HIV positive Dutch women that just live their lives like nothing has happened, they don't want to get involved with anything and they don't wanna know nothing about it. (Rugama, 29.05.2015)

Contrary to the migrant women, who are in the most vulnerable position, they have the choice "to live their lives like nothing has happened" because, Sylvia explains "they are Dutch, they don't have problems with housing or income, nothing like that, you know. So, I would say they didn't know the reality of these [migrant] women and they didn't wanna know because also it has political implications." (Rugama, 29.05.2015) According to Sylvia's description, being a white Dutch citizen comes together with a certain class privilege. It keeps Dutch women at a distance from the migrant women, more than their "womanness" brings them together. The fact that they "didn't know the reality", and they "didn't wanna know" demonstrates that like the rest of the "people living with HIV", they have been active agents of their ignorance and they consciously remain indifferent.

Contrary to the "very outspoken" white Dutch women, Sylvia says that the women of PWW often "don't want to be identified as women living with HIV because it gets really ugly […] for them" (Rugama, 30.05.2015) This is something that herself does not experience anymore – she has disclosed her status to her entire family and friends. But the life circumstances for a lot of migrant positive women are such that they do not allow them to disclose their status. Those of them that have kids are often worried about their children being discriminated, "and it *does* happen, they are right", Sylvia says. (Rugama, 30.05.2015) The impediment that keeps them silent (apart from their

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[73] "[T]he HIV – positive body is more often than not assumed to be male." as expressed by Lawless, Kippax, and Crawford in Berger, 2004, 30)

“silencing” by the HIV NGOs) is fear. Fear comes in different forms and I will tell a small story that illustrates one.

Binah[74] is a woman from Ghana that I met several times. Some months ago she gave birth to a baby, which made her very happy, as she had wanted to become a mother for a long time. Binah, has not disclosed her status to her husband and father of the child.[75] She has been hiding her medication from him, as well as the visits to the hospital and the post-natal health care tests for the infant. She also came up with an excuse for not breastfeeding and she does not plan to tell him. Binah is scared that her British boyfriend would react badly if he discovered. She is afraid that he will abandon her and the child and that he will abuse them. Her fears are justified as men frequently leave HIV positive wives (Margulies, 1994, 551). A disclosure then could possibly have terrible consequences in her life.

Binah's fears are justified by the collective memory of PWW as well. Sylvia remembers: “one [of the women] was thrown from the seventh floor of the flat by the husband you know, there has been people that have been set on fire in Bijlmer[76] [because their HIV status was found out]” (Rugama, 30.05.2015). Taking into account the danger of physical harm, they are very scared of others knowing their status. But one does not need to imagine the worst case scenario to consider that a possible disclosure would probably cause more harm than good. The intersectional stigma that crosses their (seropositive, gendered, racialized) existence makes them the ideal Other for the Dutch society and state, a fit scapegoat. They are the most vulnerable category of HIV positive people, because the disclosure would not bring them a warm response, but would probably culminate their problems and discrimination.

In the course of our interviews Sylvia described and specified the “white men” as being at the top of the scale within the HIV communities: “[M]ainly white gay men are making the decisions regarding HIV policies and they (...) take the wrong course, you know, so a very elitistic, egoistic policies that they have”. (Rugama, 24.03.2015) She further explains what she considers to be egoistic policies:

> [T]hey are, they just don't care. They consider HIV as male you know, that it is something wrong they have, HIV and hepatitis C (...) and they just don't care because the treatment is there. So, I was being very outspoken when they start lobby for PREP,[77] and they want the insurance to put PREP, PREP is the pre-exposure

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[74] I do not use her real name.

[75] I do not imply that she should have disclosed her status. I believe that the disclosure or not is a personal choice, that affects PLWH's lives in various ways in both options.

[76] Neighborhood in Amsterdam, around the train station Amsterdam Bijlmer ArenA.

[77] Pre - Exposure prophylaxis.

> treatment, so they would give you HIV medication even if you don't need it, even if you 're not HIV positive, so that you can have sex without a condom. (Rugama, 29.05.2015)

Sylvia describes white gay men in the HIV community as non-caring, privileged in the treatment they receive and selfish in their demands of insurance covering PREP for people who are not ill. In the beginning I was very skeptical about the connotations and impact that writing critically about seropositive white gay men in particular could have. AIDS stigma has been historically attached to the gay men's community since the beginning of the epidemics and it has reinforced homophobia resulting in a lot of suffering (Berger, 2004, 32; Bredström, 2006, 231). I was particularly skeptical because I come from a background where homophobia and HIV/AIDS stigma are very prevalent towards white positive gay men, who, as a result, often hide both of their status from friends and family. My former approach was that supporting unconditionally (white) gay (seropositive and not) men and their demands is liberating, as supporting every minority is. My interaction with PWW and our discussions made me reconsider. What made me change my mind has been the stories, arguments and insights I have got – especially listening to Sylvia's points has had a great impact on my awareness. Reality is more complex, and the ways a certain group follows toward emancipation might have as a consequence the greater suppression of other groups. People who are intersectionally oppressed, and therefore lower in the scale of privileges, are not affected only by the whole society and its stigma. They are affected also by HIV positive people who are on the upper levels of this scale. The latter can affect them even stronger because they are materially located closer to them as they share common spaces like in the HIV or LGBTQ communities. White gay men are on the top of both communities as we have seen so far. As they often monopolize the representations for all HIV positive people, agendas made and decisions taken for their benefit might influence negatively and prove harmful for other Others.[78] This is the case with funding, which Sylvia talks about, and with other moments of biopolitical concern in the Netherlands.

Let me continue by drawing a vital contextualization. Rather than look at the climate around white gay politics in the first years of the epidemics, or at the conditions in my country of origin, I instead take into account the socio-political background of the contemporary Netherlands. I refer to the phenomenon that Jasbir Puar has called homonationalism (2007). Puar, in *Terrorist Assemblages: Homonationalism in Queer Times,* associates homosexual rights' with nationalist discourse in the USA in the context of the War on Terror after 9/11. There is hardly a country to illustrate homonationalism better than the Netherlands, I argue. Jivraj and de Jong (2011) give an elaborate

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[78] For a brief history of the “Other” see footnote 10.

insight of homonationalism in the Netherlands. As a society where homosexuality has been "normalized" (Mepschen et al. in Jivraj and de Jong 146), incorporated in the state policies and gained ground in legal equality through the introduction of gay marriage since 2001, the "tolerance of homosexuality" is well embedded in the national Dutch values. (145-46). Opposite to the tolerant Dutch is juxtaposed the homophobic, oppressive and intolerant migrant (and especially Muslim) (146). The nationalistic discourse of homosexuality tolerance places migrants and Muslims as threats for the Dutch gays and lesbians (146) and as enemies to the Dutch values. The authors highlight the so called homo-emancipation policies in the Netherlands, unique worldwide (143) to the moment that the article was written, to expose how under the guise of gay emancipation lies the targeting and silencing of (racialized) people coming from ethnic and religious minorities. The Dutch gay agenda becomes then a medium to promote nationalist superiority and racism.

One of the main demands of the HIV positive, predominately white gay, advocacy in Holland has been according to Sylvia the inclusion of PREP in the insurance. This is for her a "homo-emancipatory" demand with an HIV facet because "mainly white gay men are making the decisions regarding HIV policies" and they do not consider other groups in their decision making. But what is PREP and how can be used? As Sylvia has said earlier PREP is the pre-exposure prophylaxis – it allows prescription drugs to people who do not have HIV/AIDS, as a prevention strategy. PREP is used by a number of people as a replacement for condoms and protection against HIV transmission. It is also popular among bareback parties[79] in the Netherlands.[80] Initially the PREP inclusion in the insurance policies sounds like a demand that will bring positive change, regardless of the intentions for its use. In an ideal world, with unlimited resources, where people's problems would be equally addressed and resolved, that would be the case. But as I have shown earlier, there is always the question of who is left out of the sphere of life when actions to improve life are taken, in the mode of biopolitics. A state that gives money for PREP can be considered caring. A state that, as part of HIV policies, gives money for people who are not positive, while "Other" HIV positive people within the same state have vital problems, raises concern about the way it prioritizes some lives over other lives.

When HIV positive migrant women raise these questions, they risk to be confronted as religious, moralistic, conservative Others against liberating (white gay) demands. In this mode, Sylvia's response that these policies are selfish and not considerate might be accused as homophobic, especially because it might remind us of the old stereotype for gay men according to which they are self-centered and care only about sex. When talking about white gay men in general, the line that

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[79] Parties of unprotected sex between gay men.

[80] Information collected during my field research.

separates the homophobic stereotype of the selfish faggot from the critical response towards white male privilege that locates all white men in the center of this world can be easily blurred. However, when talking from a critical perspective, coming from an intersectionally oppressed subgroup as migrant women are for the HIV community, such an accusation is a decontextualized attempt at derailing. An attempt that fits in well with the homonationalist portrait of the Netherlands that rejects and silences migrant voices as hostile to the homo-emancipation and Dutch liberating values. This response aims to assimilate the “Other” with the national values and demands that PREP advocacy represents or to silence different needs and values.

In my attempt to understand more about some of the many (white) gay men's subcultures in relation to HIV I turn to a theoretical insight on the topic that specifically refers to the subculture of deliberate HIV transmission amongst gay men. Using this very small subgroup as an example neither aims to generalize it to a common gay practice nor to ethically preach against unprotected sex and deliberate HIV transmission. I look at the philosophies behind the practices that the article examines in order to bring to light what I consider to be a privileged approach, which might come from a one-axis oppression group as HIV positive white men in the times of homonationalism are. In this way I want to demonstrate the distance from the intersectionally oppressed groups. In his article “Breeding Culture: Barebacking, Bugchasing, Giftgiving” (2008) Tim Dean talks about deliberate HIV transmission among gay men as an act of resistance (81). According to the author, the culture of “conversion parties”[81] forms an alternative way of kinship based on “blood ties” that “affirms a community of outlaws” (82). In this bareback[82] subculture then, the transmission is regarded a creative rather than a destructive act and the HIV positive gay man becomes highly desirable (84), almost fetishized.

I do not doubt that conversion parties offer empowerment to the participants and bond them into an unusual fraternal kinship (82). Even more, I believe that they challenge dominant representations that demonize HIV, and they reclaim it as a status with positive connotations. Nevertheless, I can not ignore the fact that the “outlaws” that are created have most of the times a safety blanket: white cis male privilege and therefore a likely access to care, medication and support. The participants seem to seek out some risk, adventure and excitement as it is explained. Across the lines of the article there is the feeling of nostalgia for the “outlawness” that the cis white gay community had in the past. In the same time they see in HIV diagnosis a sense of belonging, an entry ticket to a community which makes the transmission desirable (86). These are elements that demonstrate in

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[81] Parties of unprotected gay sex where the participants choose who will infect them

[82] Barebacking is a sexual practice developed within the gay culture. It refers to sexual intercourse and particularly (anal) penetration without the use of a condom.

my opinion that in relation to the stories of migrant HIV positive women, this is a privileged position and approach in many ways.

I do not claim that everyone should have the same stories and narratives. Different experiences are valuable. But it is problematic when the dominant privileged narrations reign over all the other narrations for the lives of PLWH [People Living with HIV]. It is empowering that there is a group that has succeeded living happily with HIV, being accepted by the peers and can celebrate their “outlawness”. But we need space for other stories, we need to fight the universality that the stories of the privileged ones within the different groups enforce. We need, additionally, space for expressing other feelings than the accepted “positive” ones of celebration or resistance even – feelings like vulnerability, despair and shame. HIV positive migrant women are often outlaws, but not by choice. The diagnosis tends to exclude them more from their different communities and drive them to fear, isolation and violence against them as I have shown. We need to remember these stories because the administration of our narratives does not exist in a vacuum. A subgroup's story might often be perceived as the truth for the whole group, especially when the distribution of power between the different subgroups is so uneven. This however, leads to further neglect and escalation of the oppression for the intersectionally marginalized, HIV positive migrant women here. Which stories reach out and which not, is a question of life and death, I have argued. The distance between life and death can be equal to the distance between one-oppression fights and intersecting oppression situations. Because in countries like the Netherlands, HIV stigma might be experienced by HIV positive people altogether, but the anti-discrimination and human rights' policies on play respond to the needs and cover the visible layers of people that are oppressed on the basis of one axis alone , leaving the rest exposed.

The article on barebacking and deliberate transmission and PREP advocacy aim on quite opposite directions as the former defends the conscious HIV infection as an act of resistance while the latter promotes the preventive medication against HIV. But I believe that both examples have illustrated philosophies and needs that reveal the same thing: the distance of experience, realities and struggles between groups that give a one-axis fight and intersectionally oppressed groups. PREP discussion also illustrates that the pleasure of white men is hierarchized as more important to the needs of migrant women. I have acknowledged that my argument risks to sound moralistic against the right to pleasure that gay men have so much fought for. I have argued that this is a common silencing counterargument with homonationalist roots. I have tried to put things into perspective, which means to ask another kind of questions. Who is entitled to pleasure and who is not thought of deserving it? What about the pleasure of other groups of people apart from white men – straight or gay? Additionally, we need to acknowledge that the pleasure of the one might bring displeasure to the other. I explain: Sylvia argues that PREP is something for the white societies and people who have money to pay. She further argues that after so many millions spent in prevention and condom campaigns, spending 800 euros per month per person on PREP, while HIV positive migrant women do not have a place to stay, is unfair.[83] The argument then does not intend to be moralizing. As earlier, when she says “they just don't care”, she makes a comment that exposes the asymmetric attention that the two groups attract. The one deserves to get pleasure and “adventure” while the other is deprived of basic needs, like housing. There is therefore a bio/necropolitical break between white gay men and migrant women. When I ask Sylvia, why this asymmetric attention occurs, she locates the break on intersectional criteria by answering: “Because, first of all it's a men's world here. (laughter) (…) [A]nd then I am a woman and not Dutch” (Rugama, 30.05.2015).

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[83] Information from Sylvia's interview (Rugama, 29.05.2015).

Conclusion

HIV might have in the future, when effective treatment is widely available and the disease does not appear so dreaded, the impact of any mundane illness in the “first world”. Then, many years from now, HIV stigmatizing effects might have evaporated for everyone. People will be reading about them in history books. It will be pushed in the past much more than it is now. It is almost certain that by that time, HIV will have been replaced with other, new illnesses that will take its place in spreading panic and bringing stigma – and replacing intersections in regard to gender and race that will serve similar functions, in excluding and discriminating. Until then, as long as HIV is still an issue for many in the west, such as HIV positive migrant women, it should be recognized as such by the totality of the HIV organizations. This thesis has challenged positions that regard HIV as “not a problem anymore”. Silencing the stories of the intersectional marginalized groups means diminishing the impact of its violent splendor. Silence equals exclusion I have argued. As it has been written on banners and been shouted by HIV activists in an earlier time, during the epidemics in the USA: “silence=death”. I argue that the experiences and needs of HIV positive migrant women being erased under the advocacy of HIV organizations that say “People living with HIV” but mean “white men” means perpetuating the death condition for them.

An objective of this thesis has been to record the experience of HIV positive migrant women who live in the Netherlands. It constitutes the first attempt to transfer the voices of these women from the Dutch context into the feminist scholarship. I have argued that the only way to explore the intersectional marginalization and exclusions that they encounter in the HIV community and beyond is through their lived experience. My research was thus based on information coming directly from some of them, via interviews and ethnographic research. I have collected the information during the time of my work in PWW, and especially the period March 2015 – June 2015, which was the time my Master Internship took place.

Furthermore, I have argued that the death condition of these women is a result of the necropower that is exercised upon them and it is bound with their intersectional location. Starting from criticizing Foucauldian biopolitics for neglecting to name the categories of gender and race as decisive factors in the break that is put between lives that are deemed worth living and lives that are driven to metaphorical and literal death, I go one step further. I suggest that the division between life and death and the intensity of necropower are closely related to the intersectional location of the subject. Crenshaw bridges the two – necropower and intersectional location – by saying that “the struggle over which differences matter and which do not (…) is sometimes a deadly serious matter of who will survive – and who will not" (Crenshaw, 1991, 1265). I explore this position for the group of HIV positive migrant women in the Netherlands based on the outcome of my research.

HIV is a disability and HIV positive people, as happens with disabled people are often depicted as having had a regular life interrupted by an illness/disability. This depiction lacks inclusivity because it fits only to the story of the most socially privileged people. Indeed, the prevalent narration for HIV in positive terms, meaning when it concerns a patient entitled to treatment care is referred to the group with the most privilege: the HIV positive body is a white male body in the dominant imaginary. Having white male privilege, the group of white (gay) men has succeeded resources and power to advocate for treatment, rights and fight on stigma. Researches and studies have been conducted focusing on this particular group that occupies the center of HIV community. In the same time that the situation is deemed satisfactory for seropositive white men and the progress is considered to have reached the highest level, non-white and non-male people have been left outside of the agenda because of distance from these groups and racism. HIV positive migrant women, which are the most isolated group with the least support, are in this way erased, with alarming consequences.

To show that seropositive migrant women in the Netherlands are systematically subjected to embody the unworthy of living, I present the "deathworlds" that they inhabit. The detention center is the place where most of the HIV positive migrant women start their life in the Netherlands. In the camps, they experience isolation, humiliation and discrimination while most of them do not feel safe to disclose their status. In the case of Sylvia, who had her status disclosed, stigmatizing attitudes by the personnel of the camps has been registered. The health conditions, including hygiene, treatment adherence and psychological elements are distressing. Depression that is usual in HIV and poor nutrition are abundant in the camp. They are deteriorating factors for the health of HIV positive people and they escalate the feeling of suffering, making life in the camps threatening and unbearable. Different elements of the inmates, among which HIV status, class, and gender ("especially women") are factors that make the life in the camp more or less livable accordingly, and measure the possibilities for survival. This shows that necropower intensifies with respect to the intersectional oppressions of the subject.

After being granted asylum, the majority of HIV positive migrant women of PWW face a common experience. They are consulted and guided by the mechanisms of the State towards underpaid and undervalued jobs. Them entering a gendered and racialized caring career is not an option but a segregating task of the State, I have been arguing. It signifies the systematic insertion of these women to the side of the unbearable lives by performing the unwanted jobs, meaning to the side that is not worth money and joy. The benefits that some of the women in PWW receive is also a way to systematically keep them to a certain position, unable to progress. Necropolitics confine them into deathworlds, while the state is being presented as accepting and helping. Being on the bio/necropolitical mode, the Dutch state is "benevolent" and destructive at once. The Dutch particularity is fittingly reflected on the coexistence of the discourse of tolerance with racism (Essed). I argue that the Dutch tolerance discourse is an upgraded mechanism of bio/necropolitics because it facilitates killing while guising respect to life. In this way it silences the voices from the margins because speaking out racism and intersectional discrimination would equal going against the national narrative. The inclusion in the HIV agendas of these issues that HIV positive migrant women in the Netherlands face broadly would be necessary. The omission to address these problems from a platform that they could be heard drives their existence further to erasure.

Apart from the needs of HIV positive migrant women that are not included in the general HIV advocacy, there is another direct inequality that takes place among the HIV organizations. HIV positive migrant women do not receive financial, health and psychological support as other people living with HIV do. The category people with HIV I argue is used to mean the privileged ones and to exclude the racialized and gendered others. Indeed, the NGOs for PLWHIV are usually run by white (gay) men who make all the decisions. The question of who is included in the decision processes affects the advocacy and policies and it is a matter of life and death, as Crenshaw has suggested. The constant prioritarization of the needs of seropositive white gay men is an aspect of the problem. The PreP advocacy for their inclusion in the insurance is an example of such prioritization because it illustrates the needs of HIV positive migrant women as secondary, if not completely non existent. Without diminishing the murderous impact of HIV on homophobia, I suggest that HIV positive white gay men, being the most privileged group in the HIV community, erase further the experience of other intersectionally oppressed groups, which has deadly results. Speaking out the inequality might bring accusations for homophobia. In the context of homonationalism, accusing racialized people from the margins for being against Dutch gay emancipation is commonplace and silences their voices.

We live in an era when human rights advocacy has won critical grounds. LGBT, HIV, and women's organizations exist and receive funding, have power to negotiate and propagate their agenda and in general to advocate for better conditions. This is not to suggest that homophobia, HIV stigma, and sexism have come to an end in what we broadly call the west but that indeed some of the central struggles that these movements have put forward have advanced - the health treatment rights for

HIV and gay marriage have progressed in many countries, while gender studies have been rising in academia. But the apparent progress, the victories of these groups are one dimensional as they represent only the people on the first layer of visibility, the ones highest in the hierarchy within the marginalized groups. I have argued in my thesis that this drives the Others within the groups in further marginalization and exclusion that can even lead to deadly consequences while a false image of emancipation for the whole group is reproduced.

In the bio/necropolitical decision of which life has value and which does not have, HIV positive migrant women in the Netherlands are placed on the side of the disposable lives. My central argument is that their intersectional location dictates the placement of their bodies on the disposable side. Differently put, I argue throughout the thesis that the bio/necropolitical break that is put to divide people between worthy and unworthy of living follows intersectional criteria of segregation. That is because the majority of advocacy and organizations on anti-discrimination, including HIV ones, follow a one-axis approach to fight discrimination, that usually leaves out the intersectionally oppressed people like HIV positive migrant women. As a result, HIV positive migrant women in the Netherlands fall out of the spectrum of those whose life is taken into account constantly.

This reality demands for a sensitive, responsible and contextualized administration of all the stories, and especially the ones coming from the most vulnerable groups. I thus argue for an intersectional account that takes into consideration the interwoven relations of different oppressions in bio/necropolitical processes.

I close with a remark that Crenshaw makes, referring to the goal of inclusion for the intersectionally marginalized groups:
“When they enter, we all enter” (1989, 167).
This is a – most relevant than ever – call for a promising shift in the way we think within groups.

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