**THE EMPIRE OF LOVE** (2006)
**TOWARD A THEORY OF INTIMACY, GENEALOGY, & CARNALITY**
by Elizabeth Povinelli

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## CHAPTER 1: ROTTEN WORLDS

Montreal, 6 August 2000. I am quite sick; definitely sicker than I was in the Sydney airport last week, more nauseous in the day, and then there are these night sweats. I am sitting in a conference on globalization and multiple modernities, but I cannot concentrate on the conversation. I am too busy monitoring my body, waiting to see if these new antibiotics kick in and hoping the diarrhea set off by the previous antibiotics abates. As I sit here, I wonder if this entire medical fiasco is the result of my following too assiduously medical instructions or religiously ignoring them over the last sixteen years, placing too much trust in the local knowledge of my indigenous friends and family in Australia.

Yesterday I went to a Montreal clinic on instructions from the physician I saw in the University of Chicago Hospital emergency room, where I had gone right after landing in the United States. "Have a doctor in Montreal change the dressing I've put on your shoulder," he said. And so I did. But along with changing the dressing, the Montreal physician switched my medication from Septrim (co-trimoxazole: Septrim, Bactrim) to Novopen, a semi-synthetic penicillin with a host of other popular brand names: Pen-vee K, Beepen-K, V-Cillin K, Nadopen-V. As a result, I can no longer tell if the infection or the antibiotic cocktail is causing my nausea and night sweats. As my body erupts, I wonder whether I have placed too much trust in people whom I have known longer and more intimately than almost anyone else in my life. In wondering, an affective separation emerges, if only as a slight fissure, between them and me.

When the Montreal physician pressed me for more details about the origin of the sore, I told him the somewhat incoherent medical narrative about "sores" that I had standardized during the sixteen years I had been



working, on and off, year after year, in northern Australia. I gave a similar narrative to the Chicago doctor when he asked me where and how I had acquired this sore. It went something like this: I am an anrothropologist. The sores are endemic in the indigenous communities I visit. They seem to appear and disappear with the seasons, more when it is hot, humid, and wet, less in the cool dry season. They are not obviously related to any previously existing cut or abrasion. This sore on my shoulder, for instance, did not seem to have been caused by any previous cut. Sores just "bubble up" like volcanoes from under the skin, or, using the language of my Emiyenggal-speaking friends in northwest Australia, like *pumanim*, fresh water springs that bubble up from the ground. Sometimes they stay hidden inside you, growing and growing. We call those blind boilers, or just "boilers" in creole and *tenmi* in Emiyenggal. Adults get both kinds. Kids get them, too. Babies can be covered with them, as if the sore were a bad case of chicken pox.

Some boilers grow so large and hang on so tenaciously that they require a hospital stay, invasive surgery, and skin grafts. My indigenous friends are pretty cavalier about them. But so are most of the non-indigenous nurses and doctors whom I have met in various indigenous communities. Over the years, they have told me that the sores are "just" streptococcus or "just" staphylococcus. One doctor, many years ago, told me he thought the sores were a strain of leishmaniasis, caused by sand fly bites, but not to worry about it. Worry has its own social distribution – it might be needed elsewhere.

> *New York Times*: Hundreds of American troops in Iraq have been infected with a parasite spread by biting sand flies, and the long-term consequences are still unknown, Army doctors said Friday. The resulting disease, leishmaniasis, has been diagnosed in about 150 military personnel so far, but that is sure to climb in the coming months, the doctors said. All have only the skin form of the disease, which creates ugly "volcano crater" lesions that may last for months, but usually clear up by themselves. None have developed the visceral form that attacks the liver and spleen and is fatal if untreated.

The Montreal physician was quite curious about the sore on my left shoulder. And he became as cautious after seeing it, asking me a series of questions. "Where did you get this sore?" "Who cut into your shoulder like this?" "Why are you on Septrim?" "Is it helping?" Answering the last question was easy enough, and I was brief in my reply. "No. The sore is unchanged and I am desperately ill." The questions of why I was on Septrim, how my shoulder came to look like this, and the origins of the sore would take more time. I described the carnival scene in the Chicago emergency clinic when the bandage I had placed over the sore in Australia was removed. I described how the physician recoiled from me, literally, and shouted to the nurses to bring protective goggles, gowns, and a pair of forceps – as if I were about to give birth to the Andromeda strain.

Or perhaps the up-to-date reference for this young physician would be Ebola, as if I were about to dissolve in my own bloody juices from a virus picked up in a remote part of the world. I told the Montreal doctor, "I couldn't tell if he was freaked out because the flesh was necrotic or because I seemed so blasé about that fact." "He didn't seem to believe me that these sores are commonplace where I work, though I labored hard to convince him that they were no big deal and could be cured with a few shots of penicillin." To be honest, I had told the Chicago emergency room physician, "I *think* I just need a few shots of penicillin, I *think* it's penicillin, or in the tablet form, *maybe* something called amoxa-something. I know it rhymes with Bob Dylan."

The imprecision of my pharmacological language was one index of the deep recess of everyday life in which these sores fester for many indigenous and non-indigenous residents in northern Australia. Familiarity breeds this nervous system. "You think," the Chicago doctor repeated, nonplussed. Not surprisingly, he did not give me penicillin or amoxicillin. Instead, he cut into my shoulder for what felt like an hour, took a culture from the core, and packed the hole with a "wick" to allow the fluids to drain out. (As he put it, he "packed it like a gunshot wound." As the assisting nurses put it outside his earshot, he packed it "like a ghetto wrap.") He then gave me a prescription for Septrim. He had wanted me to stay in Chicago until the culture came back, but I insisted I had a plane to catch.



Do you always take antibiotics that rhyme with Dylan, the Montreal physician asked. "Yes, why is that?" He didn't answer me, asking instead whether I had ever been given Septrim before – in Australia. "No. Why?" He answered me this time. "Because Septrim doesn't kill subcutaneous anthrax." It was his hunch that anthrax was dispersed throughout pastoral northern Australia and that anthrax spores were the cause of the sore on my shoulder. If the Chicago doctor had no immediate referent for this sore, the Montreal doctor did. Opening one of his textbooks, he explained to me that he had heard about these kinds of sores on people working in the cattle and sheep industry.

I have to admit that in the beginning I thought it was cool to have anthrax, to have had anthrax all along without knowing it. I told everyone, including, later that same week on a phone in a Montreal airport terminal, my older sister, who is a microbiologist. She wisely cautioned me not to shout this information too loudly before passing through customs. This was a year before my girlfriend and I had watched the Twin Towers collapse from my studio in Williamsburg, Brooklyn; before anthrax was mailed to media offices along the East Coast and to members of Congress; and, in the shadow cast by these attacks, before international terrorism became an articulation point between the medical and legal subject of anthrax. Anthrax Man was just a comic figure, Judge Dredd, spun from the heavy metal band, Anthrax.

In August 2000, my Chicago doctor would have been hard-pressed legally to constrain my movements, not knowing what it was that I had. The Montreal doctor, believing I had anthrax, did not have "international terrorism" as an immediate or self-evident referent. I appeared before them, and was treated by them, as a woman making perhaps a foolish but nevertheless a sovereign choice about how to treat her own body and its health. It was my body, my health, as long as it was not a public menace.