

THE UNIVERSITY OF CHICAGO

Biopolitical Revival: Love, Care,
and Subject (Re)formation Inside
the Chicago Recovery Alliance

By

Keshav Kundassery

July 2022

A paper submitted in partial fulfillment of the requirements for the
Master of Arts degree in the
Master of Arts Program in the Social Sciences

Faculty Advisor: E. Summerson Carr

Preceptor: Ella Wilhoit

Six days a week, members of the Chicago Recovery Alliance gather at one of the organization's two dilapidated warehouse-offices as part of the organization's mission to reduce the harm associated with drug use in urban Chicago. They sit around a table for two hours, each member performing one of a set of repetitive tasks, which together constitute the safe drug-use kit packing process.

During a relatively quiet and low-attendance Saturday morning session, Joseph, Richard, and I sat around the table packing safe-smoking kits. To make conversation, I asked Joseph about the sweater he was wearing, distinguished by the words "Chicago Drug Users' Union." Joseph explained that the union was formed by a handful of CRA members and other harm reductionist allies who wanted to "just take care of each other." He handed me a business card with more information. The organization's motto was prominently etched in the center of the card – "A Revolutionary Coalition for the People."

This card raised a question for me that has guided the direction of my research with the CRA. How or why would an informal organization of friends, trying their best to take care of each other, also understand themselves to be engaging in revolution? Answering this question will require taking a close look at the day-to-day practice of harm reduction. By documenting the labor, relationships, and life trajectories of CRA members, I will draw out what Joseph and his friends mean by revolution and what the CRA's work can tell us about the terrain of the political today.

I. Harm Reduction and Biopolitical Revival

The drug harm reduction movement in the United States began with the grassroots provision of clean needles during the AIDS epidemic in the 1980s. Early harm reductionists

sought to reduce the transmission of HIV facilitated by the shared use of dirty needles (Greig and Kershner 2002; McLean 2011; Roe 2005). In the four decades since, harm reduction has blossomed beyond needle exchange into a gambit of practices, responding productively to emerging trends on the ground. These practices have come to include the distribution of other materials such as safe-use kits for crack cocaine and of naloxone, the wonder drug used to reverse opioid overdoses. Harm reduction also consists of providing wraparound services to active drug users, such as affordable housing, drug purity testing, and new strategies for addiction therapy that incorporate or are influenced by the ethos of harm reduction.

Zigon (2019) writes that harm reduction's ethos essentially boils down to "non-judgment" (110). Harm reductionists reject mainstream approaches to drug use that are grounded on the assumption that individuals can be extricated from the context that precipitated their drug use and "cured" in a sustainable way. People use drugs due to various structural factors and will continue to do so unless those structural conditions are confronted head-on. Instead, they insist on meeting people where they are at and working with them to make their drug use safer in any possible way. This may eventually lead to sobriety, but that is not the overarching objective.

Given that harm reduction originated during the height of the War on Drugs and its associated forms of reactionary repression from the state, harm reductionists found themselves operating in a legal gray area, often at odds with the police (Smith 2011). Many municipalities introduced outright bans against needle exchange, which increased the political stakes for those who remained persistent in their efforts. Greig and Kershner (2002) argue that the War on Drugs should be understood as a civil war prosecuted via the figuration of the drug user/dealer as an internal enemy who posed a profound threat to the security of the body politic and needed to be eliminated. Harm reductionists were either active drug users or were inserting themselves into

the company of this internal enemy and the crosshairs of state ideology and violence built to neutralize the threat.

In the 1990s, harm reduction evolved into an unholy alliance between doctors who wanted to reduce the spread of HIV and the original radical activists who rejected the prevailing treatment of drug users (Roe 2006). It increasingly came to be embraced by the medical establishment and even earned significant funding from some states, municipalities, and private foundations.

The CRA is one such drug harm reduction organization carrying on the torch. The organization is funded by an assortment of grants from both public and private sources. They got off the ground in 1992 thanks to a \$300,000 gift from a private foundation. They are sustained today by grants from the Chicago Department of Public Health (CDPH), private foundations like the Coleman Foundation, corporations like Gilead Sciences, and a stream of individual donations.

Scholars writing about government-funded harm reduction programs often invoke Foucault's writings on biopower. Biopower is the term Foucault coined to describe the modality of power pursued by liberal democratic welfare states from the 19th century to the late 20th century (Foucault 1990). Biopower was preceded by sovereign power. Sovereign power was characterized by a relationship of governance between a unitary sovereign and his people. He could either *let his subjects live or make them die* via spectacular displays of strength such as public executions.

In contrast, with the emergence of liberal democratic states and industrial capitalism in the 19th century, governance was increasingly characterized by biopower, the authority to *make subjects live or let them die*. Foucault describes biopower as operating between the opposite but

intricately linked poles of anatamo-politics and biopolitics. While anatamo-politics refers to the conditioning and disciplining of individual bodies via spaces such as the school, the medical clinic, and the prison, biopolitics refers to the use of statistics and public health interventions by governments to measure and intervene into population-wide trends such as birth rates, death rates, and reproduction.

Some scholars argue that government-funded and medical establishment-authorized harm reduction organizations like the CRA were and continue to be mere co-optations of a radical movement by the state for its biopolitical ends (Bourgois 2000, 2018; McLean 2011; Niculescu 2012; Roe 2006; Zigon 2013). They hold that the campaign to encourage safe administration of drugs and practice non-judgment is a discursive sleight of hand, shifting the blame for drug-related harm from the socioeconomic context that overdetermines the prevalence of drug use to the highly personal habits of the individual drug user.

In my view, these deployments of biopolitics tend to obscure more than they reveal. Although the application of the concept here is accurate, I insist that it is insufficient to invoke Foucault's ghost and stop there. The original demands of harm reduction's radical founders were premised on "the preservation of the biological integrity of injecting drug users," which could only be described as quintessentially biopolitical (McLean 2011). What if biopolitics is what marginalized drug users want? If so, what does this say about the world to which harm reductionists are responding and what it means to act politically in that world? Moreover, what does the mundane labor of organizing towards making live look like on the ground?

This paper explores these questions through ethnographic research conducted primarily with the Chicago Recovery Alliance.¹ I take for granted the well-worn critique that harm reductionists are caught up in biopolitics. At the same time, I also take seriously Joseph's claim that he and his friends are engaged in revolution. I will refer to the harm reductionist project as that of *biopolitical revival*, an endeavor that is revolutionary because it intervenes against a sustained decline in the American state's interest in biopolitics.

It is important to flag here that this is not the kind of revolution that aims for grand Leninist upheaval or prefigurative spectacles like Occupy Wall Street. Instead, as will become apparent in the coming sections, harm reductionists embrace an approach to revolution that is slow and gradual. Zigon (2019) theorizes "worldbuilding" as a revolutionary project which works to change individuals in and through their participation in changing the world. This entails bringing concrete individuals together, working through and across difference, and embracing the new forms of subjectivity that may emerge from this coming together. Such a project is revolutionary not because it changes everything all at once but because it changes people, places, and life chances in a way that lasts.

In Section II, I set the stage for the rest of the paper by mapping out the contours of the harm reduction movement and situating the Chicago Recovery Alliance on that map. In Sections III and IV, I describe the organization's day-to-day operations, invoking the concept of radical care to properly account for this work. In Sections V and VI, I ask what relationships and modes of relating are produced through the labor of radical care. I introduce bell hooks's theorization of

¹ The research was carried out over a ten-month period from September 2021 to June 2022. I performed ten hours of participant observation per week with the organization and its affiliates. The participant observation was supplemented with eleven-hour-long interviews with CRA members and participant drug users.

love to help explain how radical care laborers bridge individual activity with the horizon of broader social change. In Sections VII and VIII, I attend to the fraught politics within the CRA and the harm reduction movement, which reflect and refract the messy reality of the world to which biopolitical revival seeks to respond.

II. The Topography of Harm Reduction

Harm reduction began as a decentralized collection of practices before it was labeled “harm reduction.” Since its inception, there have been contentious disagreements about what does and does not fall under its banner. The federal government is slowly warming up to funding harm reduction, which has added a financial incentive for organizations to claim that they are doing it. For example, an abstinence-only therapist tried to persuade me that her detox clinic practices harm reduction. When I pushed back, insisting that harm reductionists have historically been agnostic as to whether drug users eventually quit, the therapist quipped, “well I just think that we’re ‘reducing harm’ as well as anybody.”

Nevertheless, there are genuine imbrications between the harm reduction community and mainstream substance-use treatment programs. For example, abstinence-only therapists may also be regular volunteers at a harm reduction organization. One of my interlocutors calls such people “refugees,” in reference to the fact that many of them see the harm reduction community as a place of solace from the therapeutic techniques they were trained in, which they increasingly understand to be violent.

Thus, the community is still highly dispersed and networked in the present day, which conditions the way the material resources needed for safe drug use are produced and distributed. The dispersed and networked nature of harm reduction also influences the way harm

reductionists relate to each other and to the people they serve. This transnational community has figured out how to stitch together long-standing relationships across distance and duration.

The Chicago Recovery Alliance is a historically important node in this transnational network. The organization was founded by Dan Bigg in 1992. It is impossible to overstate Bigg's singular importance – logistical, political, and spiritual – as a leader. I have yet to conduct an interview with a CRA member in which he was not brought up and discussed for a significant period. Executive Director John Werning described him to me as “one of those larger-than-life figures.” Bigg chose “Any Positive Change” as the CRA's founding motto, alluding to their commitment to trust in individual drug users' ability to define what positive change looks like in their situations.

This motto and associated ethos may be the only true constant throughout the thirty-year history of the CRA. They are continuously evolving as an organization in response to new trends in drug-use, budgetary constraints, and leadership changes. The CRA developed during the original needle-exchange upsurge in the midst of the AIDS epidemic, procuring clean needles through legally circumspect channels and distributing them across the West Side from the back of Dan's station wagon. Unlike most harm reduction organizations at the time, the CRA rejected the principle of one-to-one exchange. They instead chose to give out as many needles as their participants requested, regardless of their ability to present dirty needles in recompense. They did this in part because they realized that people who came to the CRA to pick up supplies were running informal satellite programs of their own. Many drug users were too scared or ashamed to show up and collect their own needles. This decision was an early sign that they were going to be pushing the envelope, even by the standards of an already oppositional movement.

The most striking example of the CRA's unique politics is their historical role in the spread of distributable naloxone (Campbell 2020; Szalavitz 2021). In the mid-1990s, naloxone's miraculous overdose-reversing properties were widely understood, but it was still only used inside hospitals and ambulances. Campbell (2020) tells the story of how Bigg and some "crazy" doctors came up with the idea to start handing out naloxone en masse to drug users. They negotiated with industry providers to buy the compound in bulk and the CRA became a hub of naloxone distribution nationally and globally.

In the mid-2010s, the CRA began packing safe drug-use kits for crack cocaine users, including both safe smoking kits and safe snorting kits. The process of packing these kits is very labor intensive and dramatically increased the demand for volunteer labor. However, a series of community engagement meetings on the South Side had revealed that the organization's focus on injecting drug-use was leaving the predominantly black crack-using population out of the picture, something they wished to remedy. Although the organization publicly narrates their history as continuously enacting "any positive change" in the community since 1992, they have, thus, done this in ways that are attuned to both the needs of individual participants and to those of the moment.

Despite some significant organizational issues since Bigg's death, the CRA remains relatively well-funded by the city and the state because of its central role and historical reputation. People affiliated with other harm reduction organizations move in and out of the CRA to collect supplies and volunteer their time. The CRA's position within the dispersed and networked harm reduction community informed my methodological decision to spend significant time in the CRA packing room. I was able to establish a broad network of contacts across the Chicago harm reduction community by volunteering with the organization.

There are three distinct modalities of labor required to power the CRA: administration, packing, and outreach. Each category of labor is performed by a particular mix of volunteers and paid employees. Administration involves finding and writing grants, managing payroll, securing shipments of raw materials, and paying operational bills. This work is primarily done by paid employees and would be an ideal object of study for questions surrounding nonprofit organizational dynamics, funding, and professionalization. The CRA's interactions with its drug-using participants and the broader harm reduction community take place through the other two modalities of labor – packing and outreach. Hence, these constitute the bulk of my ethnography. Having introduced the history of the organization, I will now turn to their present-day operations.

III. Packing: Social Production and Radical Care Labor

Packing safe drug-use kits comprises most of the labor-time required to sustain the CRA, especially since the introduction of safe crack-use kits in the last decade. This labor is mostly performed by volunteers, with paid employees chipping in when they can in the middle of administrative responsibilities. As a result, the organization simply could not function without volunteer labor. This reality is acknowledged through frequent verbal and material displays of gratitude towards the volunteers and was manifest in the organization's near collapse during the peak of COVID-19 social distancing.

Volunteers traverse a wide range of personal histories and trajectories before they find their way into the packing room. They include founding CRA members, substance-abuse counselors agnostic about harm reduction, “hardcore” volunteers who have been there since the start, curious medical students in need of volunteer hours, an ethnographer interested in the movement, and so on.

The CRA operates out of two vast warehouse-offices, one each in the heart of the South and West Sides. In the West Side office, packing happens in a small room that takes up only a fraction of the total square footage in the warehouse. In the South Side office, the packing is done on a long dinner table on the warehouse floor.

By simply entering a warehouse-office, it is hard not to feel the suffusion of openness and non-judgment that Zigon (2019) argues is characteristic of the global harm reduction movement. All sorts of photographs and newspaper clippings cover the walls. There are pictures of long-standing CRA members, interactions between CRA outreach workers and participants, and newspaper clippings that document the history of harm reduction. Also scattered throughout the rooms are word signs that I would denote as optimistic – “Grateful,” “Prejudice-Free Zone,” “Love.”

When it is not being used for packing, the West Side volunteer room serves as a “living room” for those in the community that need a place to gather. Here is how one member explained its social-historical role:

It was really set up as a space for local trans people to come and feel comfortable, like put on a fashion show. You know, do stuff that would not have been acceptable in the local community, probably. Or have them be accepted. So [Dan] made welcoming spaces, not just for drug users, but for a lot of different marginalized communities at the CRA.

As alluded to earlier, packing safe drug-use kits entails a significant degree of labor intensity. A nontrivial amount of labor-time is required to put together each individual kit. The three principal types of kits are those used for smoking, snorting, and naloxone administration. Each kit contains three or more unique components. For example, a safe-smoking kit includes four components: a wooden stick, a rolled-up ball of Chore Boy (the copper scouring pads used to clean dishes), two glass pipes, and two alcoholic wipes. The wooden sticks are made by

cutting in half chopsticks you may otherwise find at a sit-down Chinese restaurant. The process of rolling up Chore Boy is much more complicated, involving three distinct steps. First, the scouring pad is torn, opened up correctly, and elongated into a long cylindrical band of copper wire. Second, this elongated band is cut up into inch-long pieces. Third, these pieces are rolled into balls that can be inserted into crack pipes. Their purpose is to serve as a clean barrier between crack crystals and the smoker's lips to avoid having flaming-hot crystals sucked into their mouth. Only after many months of volunteering and observation could I ask one of the more experienced volunteers to teach me how to roll Chore Boy properly.

Towards the end of one South Side packing session, someone noticed dried blood on many of the chopsticks being placed inside smoking kits. Everyone immediately dropped what they were doing, put fresh gloves on, and sifted through every single kit packed that day to throw out any with traces of blood. Although we could not locate the source of the blood, our best guess was that someone rolling Chore Boy or cutting chopsticks had inadvertently cut themselves in the process.

It would be an overstatement to suggest that either one of these tasks is physically arduous. Nonetheless, I want to insist that there is value in attending to the nontrivial amount of bodily exertion required, especially when extended over two hours. Philip can no longer cut chopsticks because his relatively mild arthritis makes it prohibitively painful to repeatedly exert the force necessary to make the cut. In my experience, each cut chopstick requires a significant amount of focus and wrist-muscle exertion, and I would have to switch hands when one would get worn down periodically. When rolling up Chore Boy, most people must wear gloves to avoid getting injured by the copper wires. Some people no longer need gloves, though, having hardened their skin over years of packing. Even with gloves on, there is a mild amount of

discomfort involved for beginners. It is openly acknowledged that female volunteers are not expected to roll Chore Boy. Thus, although this may occur on the margins, packers are engaged in actively volunteering their bodies during the labor of packing.

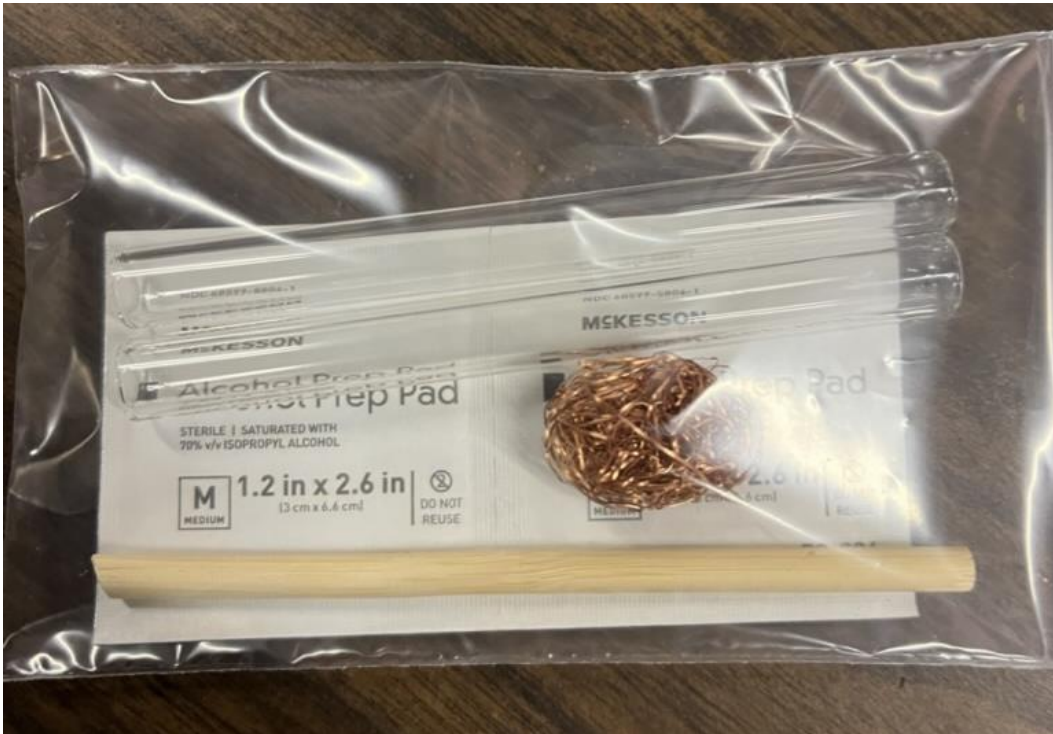


Figure 1: A completed smoking kit with the four parts: a wooden stick, a rolled-up ball of Chore Boy, two glass pipes, and two alcoholic wipes.

A division of labor spontaneously takes shape at a typical packing session, with people gravitating towards the various tasks that most need to be completed. At each session, one person is usually tasked with cutting up hundreds of the chopsticks, another rolls up the Chore Boy, and someone else cuts up straws for snorting kits. The rest of the volunteers are meant to pack the individual components into a Ziploc bag and then throw the bags into a large plastic container. Each packing session typically also has a staff supervisor. When I asked Philip, the primary

supervisor on the South Side, about his role, he replied, “I’m feeding them, hydrating them, making them laugh...”

As Philip’s comment suggests, a given packing session is simultaneously a factory line and a social space. One volunteer described them to me as “parties.” Music is always playing on someone’s portable speaker, typically some classic soul music or jazz. (“That’s some *real* black music, not that R&B shit”). The music is kept at a level that allows people sitting on opposite ends of the table to hear each other and converse. During smaller sessions with three or four people, there is usually a single conversation in which everyone participates. However, the topic of discussion constantly stalls, shifts to something completely unrelated, and then shifts back when someone has a loose thought to add. During larger sessions, some with ten people or more, there are usually multiple smaller ongoing conversations between pairs or triplets of people sitting next to each other. When a particularly poignant topic arises in one of these smaller groups, the entire room may become momentarily gripped by a collective discussion with contributions emerging from all over the room. If that topic eventually tides over, conversation will naturally redirect back into smaller groups.

Thus, the modality of labor involved in the packing process pushes against and beyond the prevailing capitalist conceptions of exchange-value and wage-labor. No metrics are used to track whether the packing is being done at a sufficient rate or whether enough kits have been packed by the end of a session. Different people pack at different rates. Experience is undoubtedly an overarching factor, but brand-new volunteers often pace seasoned veterans. These differences are noted and sometimes casually acknowledged, but there are no formal reprimands or rewards for differential productivity. Different sessions are also more or less productive than other ones. Some especially productive sessions may end early. Or, if the

conversation turns a particularly emotional corner, packing may pause indefinitely to focus attention on the person talking.

How do we theorize a mode of production that is not only in tension with the strictures of capitalist wage-labor but also seems to be fun? The concept of *radical care* is a useful framework to begin thinking through these questions. Hobart and Kneese (2020) theorize the stakes and potentials of radical care in their introduction to a special issue of *Social Text* dedicated to this concept. They use the global proliferation of self-care discourse over the past decade as a point of departure. For them, self-care discourse is a necessary but insufficient response to the material conditions of the present moment. While self-care discourse does foreground the need to develop strategies to care for and defend ourselves from an increasingly ecocidal and precarious world, it does this in a way that redoubles the neoliberal turn towards analyzing the self – abstracted from social, political, and economic context (Hobart and Kneese 2020: 5). Radical care instead approaches the self as “a situated self engaged in a complex set of relations” (5). Through the praxis of radical care, the line between self-care and collective care becomes blurred. The two must be thought and pursued together in the same actions and movements.

For many packers – volunteers and paid employees alike – the packing room also becomes a space for therapeutic revitalization. One informant compared it to attending a weekly church service. Discussion topics range from mundane quibbles about Comcast customer service to intense emotional meditations on potential evictions, family illness, and depression. The diversity of acceptable conversation topics makes it easier for people not to worry that they are oversharing.

Here is Joseph, a self-described “hardcore” volunteer, describing the therapeutic benefits of sustained participation in the packing process:

I really appreciate people who are committed to the long haul. Who like what we're doing and just keep coming back whether they have to or not. It's a real, it's a nice little community of people. And if people give it a chance, they'll find that *doing repetitive tasks for the good of the community can really make your mental health, can really improve your mental health, I think. It can be a little zen-like at times.* And understanding what you are doing.

During one mid-January session, we had a prolonged conversation about COVID-19 and its steep death toll in the United States. One volunteer, Lloyd, shared that he had a friend who died from it at eighty. He added that although his friend’s death may register as a statistical inevitability given his age, Lloyd would always associate COVID with what he understood to be the tragic loss of his friend. Others followed on with their own COVID-related losses. I shared that my father’s brother died from it, which was when I realized that COVID was a mass tragedy and not just a vector for social disruption. That launched a discussion about the role of collective acknowledgments of death, such as funerals, and how we have been uniquely robbed of them during the pandemic, making it difficult for us to process vast amounts of death. This packing session served the role, albeit inadequate, of such a collective acknowledgment for those present.

Many of the volunteers at the CRA are active drug users who also receive supplies from the organization. They are not obligated to volunteer their labor in exchange for materials, but they choose to do so anyway. Ryan and Cole, two such participant-volunteers, conveyed to me different versions of the idea that they come in to try and prove to the world that not all drug users are scary or bad people. Ryan says, “we can contribute to making our lives and the world better.” Roland, another participant-volunteer, told me he comes in to have something to do and be with other people. When he is alone and bored, he will almost instinctually start smoking

crack. For him, packing safe drug-use kits and being in community with others is coterminous with using crack less and more safely.

Thus, the packing room is a space where two distinct processes merge into a single set of movements. On the one hand, the quintessential labor of packing takes place, without which the CRA's life-saving care would not be possible. On the other hand, a particular social collectivity is forged, which serves as a potent site for collective care in a manner that exceeds individualized neoliberal self-care. This takes place not in spite of the work at hand but in and through the nature of that work and the choice made by individual volunteers to enter into the relational space of the packing room.

IV: Outreach: Venturing into the Underworld

The organization regularly serves tens of thousands of unique individuals, and a conservative estimate would find that upwards of half a million kits get packed yearly. For so many people to use these kits, they must also be distributed across the expanse of urban Chicago.

This process of distribution happens in two ways. First, the CRA supplies kits in bulk to a constellation of organizations across Chicago and the surrounding suburbs. Carlos Rodrigues, Program Director at the WestCare Foundation, told me that his organization gets its kits almost exclusively from the CRA and would not be able to serve its participants without the CRA's beneficence.

Second, the organization carries out concerted weekly outreach efforts. Although packing is the form of labor that requires the most labor time at the CRA, outreach is the one that requires the most experience and specialization. Thus, outreach is primarily performed by paid employees. In the remainder of this section, I will survey the landscape of CRA outreach.

There are two broad types of outreach, which I will call van outreach and street outreach. Both types rely on each other, and their logics overlap in significant ways. Harvey (1976) has famously written about the importance of considering the limitations and potentials of “the built environment” when thinking about urban geography and politics. The CRA’s van outreach program should be understood as an intervention into a hostile built environment with a gross level of transportation inequality (Whitehead 2021). The organization operates a fleet of four vans, each decked out from floor to ceiling with cabinets, counter space, and a sink. The vans are stocked with packed safe drug-use kits and other materials that may be helpful to people experiencing poverty or homelessness. The vans are parked at twenty-two distinct locations across Chicago weekly, with each session lasting two hours. During a typical outreach session, thirty to fifty people will come in to collect supplies. Each location is only serviced once a week, so each participant needs to gather enough kits for the entire week.



Figure 2: One of the CRA’s four iconic silver vans. Each van is parked at one of the twenty-two locations across Chicago for blocks of two hours. Each location is serviced once per week. (Credits: Chicago Recovery Alliance Website)

Many participants collect supplies in bulk from a CRA van and then further disperse the materials throughout their own networks, constituting an army of mid-level distributors. The

vans make it possible for the organization’s outreach services to reach Esman’s (1978) “hard to reach populations” who may otherwise find it prohibitive to make the trek down to one of the two warehouses.

Safe drug-use kits are exclusively given away for free to participants during outreach sessions, along with a menu of other materials stocked on the van – condoms, lube, masks, soup, plastic bags, water, etc. The overriding distributive logic during these sessions is not driven by scarcity but rather by an ethos of care and abundance – even though materials are not actually abundant. Materials do run out though, in which case outreach workers may have to limit the scope of what they distribute or sessions may have to shut down early.

For example, Philip always makes it a point to ask participants whether they are forgetting to ask for something or whether they need more of something than they originally



Figure 3: A medium-sized box containing about fifty smoking kits. Three or more such boxes may go from filled to the brim to empty during a typical two-hour outreach session.

asked for. If he recognizes someone he knows to “work the streets,” he will tack on a box of condoms in addition to the requested kits. Or, if someone has visible frostbite from the cold, he will immediately pull out an ointment wipe and assure them that it will help. Across contexts, harm reductionists display a radically nonjudgemental opening-up-to-others, an opening that invites the possibility of being taken advantage of.

When I asked Philip about his approach to outreach, he responded with a broader point about the purpose of harm reduction. He told me that his role is to ensure his participants have everything they need to *stay alive*. Maintaining contact with the organization may be the trigger that gets them to enter treatment one day. But also maybe not. Philip insists that he will be there for them whatever they choose to do.

While brief van outreach encounters are ill-suited for extended conversation, outreach workers still develop emotional attachments to long-standing participants. Alexa, one such outreach worker, teared up while telling me about a particular lady that used to come all the time at her outreach van but has not been showing up anymore. What struck me about this anecdote is that Alexa formed a somewhat personal relationship with this person, to the point where she noticed when she stopped coming in. She found out later that the police had razed the homeless encampment that lady used to sleep at, so she had to move to a different part of the city.

Even with participants who don't come regularly or once and never again, outreach workers still develop emotional identifications. One Sunday afternoon, as I was helping Cheryl, one of the most senior board members and outreach workers, she told me she saw herself in a young black woman who had just left the outreach van after gathering what she needed. I asked Cheryl if she knew her name, and she replied that she had never seen her before. She added with an air of heaviness, “But I used to be just like her.”

Since outreach workers cannot logistically get to know each participant, they instead cultivate a generalized care for the aggregate population of drug users they serve. This generalization resonates with Foucault's theorization of biopolitics as acting on the level of the population without regard for individual particularities. During a lull in the middle of that same outreach session, Cheryl took a short walk around the van to examine the trash piling up near the outreach location. There were heaps of trash extending for multiple blocks. When Cheryl returned to the van, she exclaimed, "How could they *do* this? Somebody *do* something! "My people live here!"

I was struck by Cheryl referring to her participants as "my people." In classic biopolitical fashion, she coheres a diverse mass of individuals into a single bucket with whom she has minimal intimate contact but whose health she has dedicated her working life to improving. At the same time, her emotions belie a deep sense of care for her "people," in contrast with the cold and level-headed calculations governments make in their quest to optimize the health of the polity.

This emotional investment that harm reductionists have in their work may partially explain why outreach workers like Alexa have turned down jobs with potentially steadier pay to continue their work with the CRA. Throughout my interviews with paid employees, I heard stories that they had made similar professional decisions at multiple points. Over their careers as harm reductionists, CRA employees develop skills as phlebotomists, drug purity-testers, HIV screeners, and such, which big pharmaceutical companies value. Three of the full-time employees I interviewed – Philip, John, and Savannah – received and turned down offers from Gilead that would have paid them nearly double their CRA salaries.

In contrast with van outreach, street outreach entails walking directly into drug-use hotspots such as parks, bridges, and viaducts and represents a logical continuation of its van counterpart. Street outreach workers are essentially trying to reach people who cannot or will not come out to the vans for reasons that are different in degree and not in kind from those that prohibit people who make it to CRA vans from making it out to a CRA office. Outreach workers try to spread the word and convince people to start coming to their nearest van locations, but this is only partially effective. Some van outreach sessions may spontaneously turn into street outreach missions if an outreach worker receives a text from a participant needing supplies. Street outreach is performed by volunteers and paid employees, although typically outside of paid work hours.

Lloyd DeGrane is a photographer, journalist, and street outreach specialist who has been conducting street outreach with the CRA for almost a decade. For the last seven years, he has been engaged in a project of understanding and documenting Chicago's growing homeless population. To this end, he has spent two to three days weekly walking around Chicago's downtown area to distribute safe drug-use supplies and speak to interlocutors. He estimates that about 80% of the homeless people he has met either lost their homes because of drug addiction or now have an addiction that prevents them from getting off the streets. He is the only CRA volunteer who conducts regular street outreach to the downtown homeless population. Before he went on vacation for a week in February, he came with Cole on a Saturday and picked up enough supplies for Lower Wacker for the entire week.

Many of the downtown homeless live on Lower Wacker Drive, a two-mile-long underground street that lies directly below Wacker Drive. Lloyd calls this space "the underworld." As demeaning as that sounded initially, I soon realized there is no other way to

describe it accurately. To get there by foot, one must cross a pedestrian walkway on an aboveground street intersecting Wacker Drive, take an illegal rightward turn at the center of that walkway, and then go down the car ramp that descends into Lower Wacker, sprinting with perfect timing to avoid getting hit by a car.

A slight hint of sunlight breaks through to the tents pitched near the ramp entrance. However, the rest of the two-mile-long stretch is essentially devoid of sunlight, lit only by characteristic orange-yellow tinted streetlights. The lack of sunlight disrupts the diurnal light-dark cycles that structure life in the world above. Otto, who has been living here for eight years, explained that the lack of light combined with his heroin use completely throw off the passage of time, leaving him without any memory of entire years of his life. He added that because he does not have memorable days at the movies, going to the beach, or things of that nature, he does not have significant landmarks to tether more mundane memories around.

Wacker Drive borders the Chicago River and is one of the most financially lucrative locations in the entire city, lined by high-end restaurants and hotels. There is a superficial irony in that such unrestrained wealth can co-exist with marginalized precarity, separated only by concrete road. However, the juxtaposition between Wacker Drive and the underworld directly beneath it extends beyond the symbolic. The city and the police, emboldened by mandates from Chicago's wealthy residents and tourists, actively work to remove the homeless from sight, to create and enforce a separation between the underworld and the world above. Lower Wacker residents repeatedly conveyed to me the belief that they were safer down there – safer from police brutality, civilian abuse, and the natural elements. To drive home the perversity of this socially constructed separation, the restaurants and hotels that residents and tourists frequent send their exhaust fumes into Lower Wacker, concentrating the air with deadly pollutants.

Lloyd's wife, a public health professor at UIC, is conducting an air quality study on the Lower Wacker air, which she suspects is uniquely lethal, even for a large urban city. In more ways than one then, the towering heights of urban capitalism relegate its excesses to the underworld.

Love and Care in the Underworld

An atmosphere of quotidian non-lethal violence pervades the underworld, mostly emerging from drug-related disputes. Most residents carry some sort of weapon to defend



Figure 4: Delivering supplies to Otto and Kendall in the so-called “underworld.”

themselves and their property from encroachment. Residents form quasi-family units to share love and look out for one another in such an environment filled with fear and violence. Otto lives in an encampment with three tents – one that he shares with his girlfriend Kendall (one thing that he tells me he *does* remember from his time unhoused is spending quality time with her), another that houses Greg and Stacy (a couple that met on the streets), and the third tent with Cole, the volunteer from the CRA packing room. Cole is a twenty-something young man whom the others recently embraced as a member of their family unit. They all work together to procure food, drugs, and harm reduction supplies.

While they and others in similar family units tell me that making life on Lower Wacker would be next to impossible without such groups, the line between love and violence is very fraught down here. For example, Kristie, another resident, alleged that Otto is an abusive boyfriend and friend. She indicated that he steals drugs and money from Kendall, especially when he is out of heroin in the mornings. One experiences a painful withdrawal if one uses it right before bed, wakes up, and does not shoot up immediately. Kristie says Otto will often choose to avoid this pain by indirectly inflicting it on Kendall, stealing from her even when she only has one bag of heroin left. According to Kristie, Otto has also punched Cole before over some dispute. She suggested that this behavior could be attributed to the long-term psychic stress of being homeless and living on Lower Wacker and noted that similar behaviors abound between members of other family units.

People often end up on the streets because of breakdowns in previously existing bonds of love, as I learned by listening to “downfall stories.” Homeless people often have these concise stories prepared to deliver to outreach workers, journalists, ethnographers, and the like, explaining who they are and how they got there. A common “downfall” story includes someone

who started using drugs for some reason, got addicted, but was initially able to live with their parents or siblings as they continued to use or tried to quit. It may be hard to believe that people would let their kids or siblings end up on the streets, but circumstances often force them to do so. For example, habitual drug users may begin to display behaviors that endanger the family. Or, they may begin stealing from parents who already do not have enough money for themselves. Eventually, things get to a breaking point, and families are forced to make the gut-wrenching decision to kick their kids or siblings out of the house.

Homeless people with similar downfall stories typically still have ties to their families, however complicated those may be at present. Jacob, who has been living under Wacker Driver for just over a year, told me that he got clean last winter and was able to live with his parents for a brief period. Here is how he narrated his situation up to the present:

"I was clean for a while, but then I messed up, and my parents kicked me out. I was in the Men's Hotel for two months, but then I fell behind on rent and so now I'm out here. I'm trying to go back home. My parents want me to do a program, and then they say they'll let me back in."

Another common downfall story involves an intense love affair that unexpectedly fizzles out. For example, Cole ended up in Otto's family unit as a result of romantic betrayal. Cole was an army medic and deployed in Iraq for two years. When he returned to Chicago, he became engaged to his high school sweetheart and moved in with her. He enrolled at UIC to train to become a nurse to pay for their wedding. His "downfall," as he put it, came shortly after that. One day, he came home early from school and heard his fiancée having sex with another man. He claimed that he instinctively got his gun and was about to kill both of them, when his dad called him for an unrelated reason and inadvertently stopped him from doing the unthinkable.

The subsequent breakup sent Cole into a deep depression. He had used cocaine before he joined the army, but he now started using again regularly. His uncle would provide him with crack crystals cooked up from pure powder rather than getting impure crack from a dealer, which he still argues is the best way to get high. After his uncle stopped supplying him, he researched where to buy crack in Chicago and learned that he could get some at a particular CTA station. He came to know some of the crack dealers in the downtown area this way.

He dropped out of UIC, which meant that the \$2000 the army was sending him as an educational stipend stopped. He was working part-time, but he also lost this job shortly after that. He said he had about \$30,000 saved up but blew right through all of it on living expenses and crack. He had to then start sleeping on friends' couches and eventually on the streets. He met Stacy and Greg, who took him under their wing and began to look after him. He often could not sleep after using crack, so they got him onto heroin to help him come down from his highs. He remains addicted to both drugs. When he first told me this story, he added unprompted that “this was not a forever thing.” He plans to eventually quit and find his way back into a job and a home.

While Lloyd uses the term “underworld” to refer to the very specific life-world that is confined to Lower Wacker Drive, I want to use this term in a more expansive way. What if the underworld, a space in which love is essential yet fraught, and violence is in the air, is neither unique to Lower Wacker nor fully self-enclosed? What if Lower Wacker Drive is an ideal-type image of the ailing world above from which it emerges and remains inextricably linked? If that is the case, we can then theorize multiple “underworlds” existing on different scales, each with varying amounts of interchange with their respective “worlds above.”

Chicago's broader homeless population constitutes the next degree of this scale. They exist in an always-already hostile relationship with the city, its civilian inhabitants, and its police, who work to render them imperceptible. The following degree is Chicago's wider habitual drug-using population, many of whom are not homeless and never will be. However, they still occupy the position of underworld vis a vis the broader city, which treats drug users as second-class citizens.

Case and Deaton (2020) write about the recent spike in so-called "deaths of despair" across the United States, caused mainly by suicide, alcohol poisoning, and drug overdose. They argue that a spiritual breakdown has been taking place across the country as familial and other social ties unravel for various reasons, accelerated by macroscopic trends generated by global capitalism. In this light, the underworld is not just a particular place in downtown Chicago that undergirds the high-risers and Michelin star restaurants above it. It is a dimly lit alternative dimension that exists alongside the fragile social fabric of American life, ready to catch people when they fall.

Reacting to Case and Deaton's grim portrait of the state of the nation, Bourgois (2018) wonders whether we are "nearing the end of the post-enlightenment era of biopower" (395). Could something *worse* than biopolitics arrive to take its place? Has this displacement already occurred? Perhaps we have reached a point at which recovering a lost biopolitics constitutes the limited horizon of political engagement. At the very least, the underworld appears to be a space in which specific populations are *let to die*, in Foucault's formulation. And this generalized underworld continues to catch an ever-increasing number of Americans.

Unlike in Bourgois's (2000) canonical biopolitical critique of methadone maintenance therapy in the United States, the CRA's participants do not need to be policed or otherwise

coerced into practicing harm reduction. Many homeless drug users I met are genuinely convinced that using clean needles, pipes, and straws or staying prepared with naloxone are things they should be doing to safeguard their health. As Cole put it to me, this isn't a forever thing. Lloyd was helping him get a driver's license, and they both hoped he would be out of here soon. He stressed that until then, he needs to stay alive. That is, he wants to *make live*. Indeed, as discussed earlier, many participants take active roles in the project of harm reduction by regularly volunteering in the packing room, complicating a clear-cut distinction between the biopower-wielding harm reductionist and the coerced participant.

I contend that harm reductionists are engaged in biopolitical revival – a revolutionary effort to revitalize biopolitics at a moment in which the world is forgetting how to make live. They deploy radical care labor to bridge the constructed gap between the underworld and the world above and make daily inroads towards this end by cultivating deep, long-standing relationships of love and care.

V: The relationships and formations of love that scaffold the practice of harm reduction

Pictured below, an image board in the CRA's West Side packing room displays photos of CRA members – former and current, deceased and living. When I walked into the room for my first volunteer shift, this board was the first thing I noticed. It conveys a sense of community, love, and collective care that I understand as deeply important to the organization's ethos. I read this board and its associated affects as interventions into the prevailing popular understanding of drug users, which too hastily classifies them as lazy, dangerous, and reckless. Zigon (2019) goes as far as to say that drug users have been violently excluded from the category of the human as a

consequence of the stigma produced by the War on Drugs. This image board contends that drug users and those who care for them are people, too – people with their own particular entanglements in webs of social relations. That is, people with “friends” and “family.”



Figure 5: The friends and family image board inside the West Side packing room.

With this organizational ethos in mind, the CRA can essentially be understood as a constitutionally open community that is always open to accepting new members. Some members have been there since 1992, while others periodically join, leave, and perhaps join again. Here is how Joseph, a self-described “hardcore volunteer” who has been volunteering twice a week since the CRA was founded, describes the community:

“Each of us needs communities that support us. Each of need communities for connection... So yeah, I find that the community of volunteers is something special. And it's something that's open. It's not a closed group. It's a welcoming space that other people can come and take advantage of that community. Or just come with your partner from med school and just talk with her the whole time. Right? And pack cotton kits and just talk with her about school. It's great, I love being connected with it for so long. Because people will drift in and out of my life there. I will see someone, I saw Cherin one day months and months and months ago. And I hadn't seen her in years and years and years. And she shows up just to pack, just to volunteer one day. One of my old patients, in fact, at the methadone program. And it was great. It seems they realize that I'm an anchor. I'll be there. I'm easy to find. If they themselves are adrift, you know, and wandering, they can come back. CRA can be a place for them to moor their ship for a while. We're a safe port. So we do see people return out of the shadows. And then, go back into the shadows. It's...I know it's a safe place, because people keep using it as such.

In Joseph's words, I read a resolute openness to expanding the organization and an invitation to diverse relationship structures. If someone wants to volunteer multiple times a week, become a recurring member of the organization, and receive/give the love that such membership entails, that is welcomed. Or, if someone wants to use the organization as a temporary “safe port,” attend packing sessions for its therapeutic circulation of love, and then disappear once they have worked through what they needed to work through, that is welcomed as well with just as much generosity and vigor.

This openness became clear to me during the packing session right before Christmas, which felt unmistakably like an extended family holiday gathering. People got people gifts, and while I was not told that this was happening, some of them pitched in to get me something as

well. As we said goodbye after the session, I was struck by how many people were saying that they loved each other. Some of them said it to me as well (“I *love* you, K!”), but I was only able to mumble it back without a lot of conviction.

What *is* this love that circulates within the CRA? bell hooks (2006) offers the seed to an answer in her essay, “Love as the Practice of Freedom” She echoes M. Scott Peck’s theorization of love as “the will to extend one’s self for the purpose of nurturing one’s own or another’s spiritual growth” (246). She urges her readers to reconsider the place of love in political struggles for liberation. Rather than addressing a specific movement or political persuasion, she writes to an undifferentiated assemblage of activists and theorists who are invested in confronting interlocking forms of domination such as imperialism, sexism, racism, and classism. Without the extension of the self made possible by love, individual political actors are unconsciously led to delimit the scope of their politics to those issues which immediately affect them. Adnan (2011) describes this expansive theorization of love as ultimately stemming from a “fundamental unity:”

“By that it is meant that although we differentiate the diverse expressions of love, we feel that they all come from a single source: like electric energy that branches out into different (and contradictory) manifestations, love applies itself to Nature, to sexual impulse, to family ties, to science, and so on” (5).

Political movements that are structured by love can tap into the power unleashed by cultivating the dispositional ability to extend the self, love, and be loved.

hooks argues that the 21st century United States is enveloped by a “culture of domination” that is decidedly anti-love. She references Thomas Merton, who argues that capitalism has taught Americans that love and relationships are economic transactions like any other. One gives and receives love in a manner that is theoretically commensurable and perhaps

even practically calculable if one has the right measurements. hooks argues that the US is experiencing a spiritual crisis because of its increasing aversion to love, a diagnosis that starkly resonates with Case and Deaton's. In a moment that is particularly anti-love, hooks reminds us that love is not always-already there for us to tap into but must instead be forged through the messy processes of service and struggle.

I believe harm reductionists at the CRA are answering hooks's call to build a (bio)politics infused with love. Given that I had only been volunteering for three months at the time of the pre-Christmas packing session, their ability to already feel and express love for me is noteworthy. They had loosened the boundaries of their selves in a way that had been foreign to me heretofore. Fast-forward seven months later, it was time for me to say my goodbyes to everyone. Glen nostalgically reminded me that I am "family" to them now and that I need to come back and visit in the future. I nodded in acknowledgment and promised them that I would. Here is Joseph again, reflecting on the relations and affects that the CRA makes possible:

"It keeps people connected to the program. It gives people a connection, that's so important. I mean people are worried...I mean not so worried, but I don't know, they want to know what else they're getting. "Is that all you're doing, you're just giving people syringes?" And the answer would be, well that's enough. But people want more than that, a lot of times. And we provide them with a connection that they just don't have, you know? We're not just giving away paraphernalia, it's not what we do. We give away warmth, we give away connections, we give away tolerance and acceptance, which they don't get from many other places. But you know, that really keeps people coming back. And the more often they come back, the more often they're gonna realize that this chaos is part of their life, and they don't want it, maybe we can help reduce their chaos in some way. Just to be here, someone to talk, someone to listen to."

The ability and willingness to love are intensely cultivated within the organization and between its members, many of whom are also participants. This love is also redirected outward toward those people struggling to make live in the underworld.

VI: Doing the work and living the life: Sacrifice and incommensurability in harm reductionist relations of care

While taking breaks during our downtown walks, Lloyd would show me pictures and tell associated stories about the people he delivers supplies to and has become close friends with. He has an incredible amount of admiration for their ability to persist through their circumstances. During these conversations, I would always be caught off guard when he added details such as “I actually saved her life a couple years ago” or “this man actually died last month.”

I was struck by how casually Lloyd transitioned from talking about his long-standing friendships with his participants to saying that he saved one of their lives or that one of them had passed recently. Here is a text message from Lloyd: “Another overdose death under the viaduct at Harrison 2 days ago. I know him well. Lots of dead people recently.” He would tell me in person later that that man died of sepsis and had laid on the ground dead for over five days until Lloyd found him. How do harm reductionists negotiate the interplay between the deeply intimate relationships they form with their participants on the one hand and the fact that those relationships periodically and unpredictably unravel on the other? How do they reckon with the fact that their project to make live will often fail?

As part of my fieldwork, I attended a conference hosted by the Heartland Alliance, an organization that, like the CRA, played a foundational role in the spread of harm reduction practices in Chicago. The keynote speech was given by Tom Kinley, a stalwart in the Chicago harm reduction community. Tom spoke about the collective trauma and grief experienced by the harm reduction community over the past two years due to the COVID-19 pandemic and the associated spike in overdose deaths. He emphasized that we cannot successfully care for others if we do not also care for ourselves. This talk, and the conference in general, seeks to contribute to

what he calls “collective care,” in which the community comes together to recharge and replenish itself before going back out to do the work of harm reduction.

Tom dedicated his talk to “the people who do the work and live the life.” This phrase stood out to me because it frames harm reduction not just as a particular response to drug-use but as a way of life. If one chooses to become a harm reductionist, the emotional and physical demands of the movement must be woven into the very fabric of daily living. Tom advocated for extending the philosophy of trauma-centered care to thinking about the trauma experienced by harm reductionists during their work. They, too, experience daily trauma through the people and situations they encounter in their work. He emphasized that trauma is not necessarily something that occurs at discrete moments in time in a jarring way but can also be the result of structural violence. Trauma can thus accrue slowly but invisibly over the course of one’s life or career.

Notably, Tom takes trauma-centered care, a therapeutic framework widely adopted by the harm reduction community and turns its gaze inwards. By cultivating their skills as trauma-centered therapists, harm reductionist counselors also get better at taking care of themselves. In turn, they also become more resilient and helpful therapists. This circular move exemplifies how harm reductionists fold self-care, collective care, and care-for-others together in their practice, which deeply resonates with Hobart and Kneese’s call to practice radical care.

Moreover, Tom’s formulation hints toward the fact that participation in harm reduction entails a certain incommensurability. The compensation, financial or otherwise, that harm reductionists receive for their work will never fully justify all that they do. As mentioned earlier, many harm reductionists turn down higher-paying jobs they may qualify for with their skills. Moreover, this incommensurability informs how paid employees negotiate between working for pay and volunteering additional time. On the one hand, some volunteers may get offered

positions as Community Health Educators or CHEs. This allows them to start getting paid for some of their packing time if they also start helping out with outreach. On the other hand, most, if not all, salaried employees go beyond their employment requirements and also volunteer their time during packing sessions. Thus, the line between paid employees and volunteers gets blurred.

Harm reductionists must cultivate a particular subjectivity that allows them to look beyond monetary reward and find fulfillment in being with their friends, doing the work, and living the life. bell hooks's theorization of love gives us a way to think through this process. Harm reductionists are invested in extending the self so as to nourish themselves and help others in one simultaneous practice. These investments are coeval with forming relations of radical care with participants and other harm reductionists. In the following section, I will track how this dynamic conditions how individuals become harm reductionists.

VII: Subject (Re)formation

"When you open to the pain of the world you move, you act. But that weapon is not enough. It can burn you out, so you need the other – you need insight into the radical interdependence of all phenomena. With that wisdom you know that it is not a battle between good guys and bad guys, but that the line between good and evil runs through the landscape of every human heart."

– Joanna Macy (2021)

When I explained my research to the group during a packing session, Joseph suggested I look at the struggles faced by harm reduction organizations like the CRA, given that these organizations are primarily staffed by “former criminals.” According to him, harm reductionists' tumultuous pasts give them intimate knowledge about how to *survive* while also introducing a set of complications into organizational management. Joseph's suggestion alerted me to the fact that

there is a profound interplay between *who* runs the CRA, the various struggles it faces as an organization, and its overarching mission of helping drug users survive.

How do so-called “former criminals” become the kinds of subjects that are interested in and capable of running a harm reduction organization? How do some harm reductionists negotiate between the work they do for the organization and their past/present drug use? In this section, I will show that harm reductionist subjectivities are forged in and through a process of subject (re)formation that the material practice of harm reduction makes possible. I will flesh out some of the characters that populate the CRA and trace their life trajectories. I place “Re” in parenthesis to emphasize that not all harm reductionists are interested in reforming themselves or atoning for past mistakes. Many are engaged in concretizing critical aspects of their pasts and identities through harm reduction work – aspects that may have been rendered illegitimate or oppositional by mainstream society. Moreover, many use the CRA as a so-called “safe port” as they find new directions to take their lives. In the final section, I will draw connections between these biographical trajectories and the broader organizational politics that Joseph was referencing.

CRA members with a history of drug use can be divided into two categories: First, those that formerly used, quit, and have stayed sober. Second, those that still actively use and try to manage their use with their harm reduction work and other responsibilities.

Members falling into the first category narrate their lives as having two distinct phases – before and after treatment. Glen told me he has “lived multiple lives.” Cheryl often says that she used to be “cuckoo” before her mother convinced her to get clean. Philip says he used to be “me, me, me” until he joined the CRA shortly after overcoming his addiction. As will become apparent in Section VIII, Philip admits that he still carries echoes of this past self with him today.

Eleanor is a new CRA volunteer who recently stopped using heroin and is trying to ensure she stays sober. Her example brings into sharp relief the stakes of the CRA's subject (re)formation function. She started college in 2007 but finished in 2020. She says she took a bit of "a detour" in the middle, taking time off to do heroin and strip. She is currently engaged and plans to find her way into law school at some point. In her words, she joined the CRA to try and re-enter "society." I was struck here by Eleanor's choice of words. For her, the CRA is a space in which she is trying to work through the chaos of her past and find a bridge back into society, where she feels safer relative to the social space she occupied while addicted to heroin.

Foucault (2003) first introduced his theory of biopolitics in a series of lectures entitled "Society Must Be Defended." With this title, he was not urging his readers to rise up in arms to defend society. Instead, he was hinting at the constitutive fragility and unfinishedness of society, which he later shows is defended and refined via biopolitics. Foucault's "society" can be contrasted with the underworld – a barren space in which biopolitics has faded. This is the society that Eleanor now seeks to re-enter via her work with the CRA, leaving behind the underworld in which she "had no one to lean on but [herself]."

On the other hand, members who still use drugs see the CRA as an affirmational space for qualities and behaviors they already had. However, multiple interlocutors did make a point to distinguish between "chaotic use" and "controlled use." Chaotic use refers to a mode of drug use in which the user feels like the drug is in the driver's seat, making decisions about when and where they will use. Joseph tells me he was a chaotic user until he met Dan Bigg in the 1990s and joined the CRA. Since then, he has worked his way into controlled use. For him, this refers to being able to use heroin on his own terms while leading a relatively normal life with a steady job and time with his wife.

Matthew, one of the CRA's board members, was born into a middle-class family and is now in his mid-twenties. He went to Reed College for two years but dropped out after developing a heroin addiction. He continues to use heroin regularly while trying to fulfill his duties as a board member. He has tried to stay with a few other part-time jobs but keeps getting fired when his bosses realize he uses drugs. Unlike Joseph, Matthew cannot "control" his heroin use and delimit it to a specific sphere of his life. Working at the CRA allows him to earn a small salary while trying to move on from his chaotic use and become a more reliable employee. Meanwhile, he enjoys being able to give back to the organization while taking advantage of its safe drug-use supplies.

Richard, a retired Marine, is one of the CRA's most dedicated volunteers, clocking in an average of fourteen hours per week. When I asked him how he got started with the organization, he replied that when he "got out the joint" two years ago, he had to find something to keep himself busy and avoid going back to smoking crack. He had just finished serving a ten-year sentence for armed robbery. He started volunteering with the CRA so he could also help people whom he understood to be going through what he was going through before he went to prison.

Glen is a volunteer in his mid-seventies who has been with the CRA for nearly thirty years. Although the organization does not employ him, he is retired and married to Cheryl, so he was as present as any full-time employee during my fieldwork. During one especially memorable Wednesday packing session, it was only Glen and me in the packing room. At first, we just traded small talk. After twenty minutes of light banter, Glen revealed that today was his brother's death anniversary. His brother died a year ago due to complications from COVID-19. He sounded as if he were at peace with his brother's passing but was understandably affected by it on this day.

He explained that his brother had “saved [his] life.” When Glen was about forty, he was addicted to crack and actively involved in the street drug trade. His brother was using the drug as well. His brother got himself clean first and then forced Glen into rehabilitation. Glen stayed at a recovery home in the country for a while and has been clean ever since. Once he finished his story, he started crying and thanking God for his brother, praying that he made it to heaven and promising he would stay clean. Glen had already achieved the (re)formation he wanted to achieve before joining the CRA. For him, at least on days like this one, the packing room is a space in which to reflect on his past, express gratitude for his brother, and redouble his commitment to his sobriety.

VIII: Intra-Organizational Politics

Sai, a volunteer who had been with the CRA for just a few months, kindly agreed to drive Richard and me to our bus stop after a Saturday afternoon packing session. I sat in the passenger seat in the car and chatted with Sai about their background. When they said they majored in Women and Gender Studies because they wanted to explore their non-binary identity, Richard chimed in that “LBG people are very aggressive.” Understandably, Sai took offense and replied that Richard should not generalize an entire population like that, especially after they just talked to us about their identification with the LGBTQ community. When I asked Richard about this incident on the bus, he replied that he was “still learning how to think the correct things.”

The different characters at the CRA do not understand themselves to be saints or perfect people – quite the contrary. Many, including Richard, are working to forge new identities, which

entails embracing difference and perceived imperfection, which can be difficult and often a point of vocal disagreement.

While Richard can use the CRA as a space in which to learn about these topics, Sai never returned to the CRA. After Richard's comments, Sai likely felt insufficiently welcome in the packing room. I never got to speak to them again, but I would guess that they felt marginal relative to Richard in the eyes of the other members, given that Richard has been volunteering for much longer.

This incident belies the fact that there are internal hierarchies within the CRA and associated intra-organizational politics that must be reckoned with. In my earlier theorization of multiple underworlds, one distinct underworld scale I identified was that of the drug users in Chicago vis a vis the broader population of the city. On this scale, the CRA and the harm reduction movement can be considered analogous to the family units Lower Wacker Drive residents form spontaneously. In this section, I suggest that the bonds of love that hold the CRA together are just as fraught as those found within family units on Lower Wacker, given that they too emerge organically from and are conditioned by an underworld replete with premature death and suffering. The CRA has emerged to serve and shield both its participants and members, many of whom understand themselves to be just one step removed from falling into a financial or substance-use spiral, ending with them out on the streets.

There have been contrasting moments in which Richard has found himself on the other end of an intra-organizational hierarchy. For example, Richard has not entirely escaped the weight of his past as a convicted felon. When some materials and tools were found missing from the West Side Office, some staff members quickly pointed the finger at him, making veiled references to his history. While many members came to his defense and the true culprit was

identified, Richard was barred from being present in the warehouse without supervision. While he remains an avid volunteer, this incident still colors Richard's relationship with the CRA. He periodically muses that he is the victim of racial discrimination by the organizational leadership.

Aside from cases of individual conflict, the CRA also faces periodic organizational crises, manifesting as quotidian tensions and alleged injustices. During my fieldwork, the CRA was still reeling from Dan Bigg's death in 2018. His death left a leadership vacuum which was filled by a rotating cast of Executive Directors (ED), each of whom was initially unwilling to take on the job.

During a packing session in late January, the heater was not working, and the temperature in the room was in the fifties. This led Joseph to complain about the state of the CRA. He talked about how there were no snacks or water in the pantry, and the volunteer room was unbearably cold. He blamed the problems on the lack of a stable Executive Director. "There's no one at the helm!" He compared the organization's free-wheeling lack of direction to himself but joked that although that may work for him as a person, it does not work for an organization.

In a conversation with Travis, a board member and drug purity tester, I learned about some of the concrete problems the staff faced without a stable ED. Travis was trying to expand the drug testing program to try and reach more people. He wants the CRA to be the first organization that comes to mind when drug users across Chicago consider testing their stuff. He feels that doing so is the only way the CRA can continue to stay "relevant." When I asked him what he meant by "relevant," he answered that many CRA members, him included, have a "CRA-First" mindset akin to Trump's America-First rhetoric. Given the CRA's historical role in pioneering harm reduction in Chicago, many members feel prideful about that legacy. They want to continue to see themselves at the vanguard of the movement.

The acting ED missed the deadline to apply for a specific Chicago Department of Public Health (CDPH) grant, while other organizations interested in drug-checking had. Travis predicts that his program will have no demand when some of those organizations get drug-checking machines with the grant money.

Travis perceives the CRA's relevance as deriving from the salience of their services relative to other competing providers, as assessed by government funding agencies. Thus, the intra-CRA politics undergird a more general spirit of competition between harm reduction organizations across the city. This competitive and self-interested impulse is in tension with the harm reductionist ethos of love, care, and making live that I have attempted to capture so far.

Similarly, Savannah, a senior board member and HIV tester, complained that the city does not let her test Chicago residents for HIV anymore. HIV prevalence in the city is very low now, partly because of the efforts of harm reductionists like herself. Savannah still sees this as a problem for the CRA, in any case. While this rule has been in place for almost a decade, Savannah brought it up during a March packing session because she was scrambling to find a new grant to apply to. Her thought patterns reveal that resource shortages tend to shift harm reductionists' attention away from extending the self, compounding the impulse towards self-preservation. This is especially true given that many paid employees in leadership positions rely on their jobs as primary sources of income.

During the final packing session of each month, Community Health Educators (CHE) are handed a check for the time they clocked in. On last March's payday, Shantrese, the South Side CHE program administrator, handed checks to the three CHEs present – Richard, Tracy, and Alexa – and then left with her kids. After she left, Tracy and Alexa were livid. They complained that they had not gotten paid for all the hours that they had worked. Alexa kept repeating, “God

is good, God is magnificent,” to try and calm herself down. Although Richard did not feel as if he had gotten shortchanged, he noted that he had similar experiences with Shantrese in the past. All three depend on the money they get from the CRA to make ends meet. For example, Alexa is a single mother with two kids who depend financially on her income.

When I asked Shantrese about this incident during an interview, she told me that one of the CDPH grants the CHE program had relied on for the past two years had been canceled. I pushed back, asking whether that justified having her CHEs work hours for which she knew they would not be compensated. She replied that if they did not make enough contacts with homeless drug users, they would not be able to report to the CDPH that they had done sufficient work, jeopardizing future grant applications.

In the months after the grant was canceled, Shantrese began to exert significantly more control over the CHEs working under her. I did not see Tracy or Alexa for almost two months during my weekly visits to the South Side warehouse. I asked Philip about this, and he informed me that Shantrese had inexplicably told Tracy and Alexa not to come on Wednesday evenings anymore and that she would find another time for them to pack. When I saw them unexpectedly in the middle of May, I asked whether they knew when they would be back. Tracy replied that they did not and only show up when Shantrese asked them to. In my estimation, Shantrese’s actions resonate more with hooks’ description of the American “culture of domination” than with the ideal-type version of harm reductionist love and radical care.

When I asked Philip about these grant politics, he compared individual grants to “fiefdoms,” highlighting how people tend to get possessive over the money awarded to them. They may then use that authority to exert power over other people by arbitrarily making them do things their way.

Philip himself is not immune to acting out of a similarly possessive impulse. Later in our interview, Philip bemoaned that he missed the good old days. When I asked him when those days were, he replied that 2020 was the year he felt the most supported by the CRA administration, with the ED at the time giving him what he and the South Side office needed. In his view, the current ED ousted the previous one illegitimately. He feels the current administration cares more about the West Side office than Philip and the South Side. He cannot even secure funding for a new table, which would allow him to administer vaccinations and test people for Hepatitis C. He also complained that Shantrese and her CHEs should not be taking the supplies that Philip's volunteers packed when they do their outreach. If they want supplies for *their* outreach, they should pack for *themselves*. Philip talks about these struggles as if he were an independent entrepreneur, trying to secure a foundation for a small business.

Philip then launched into a diatribe about the organization and the specific characters within it whom he takes issue with. Of note were his comments about Nadia, an outreach worker who has been working with the organization for less than two years. Philip complained that Nadia does not treat some of her participants well. A group of women complained to him that she drove off on them when it was 2:59pm, and her outreach van shift ended at 3:00pm. In Philip's view, even if it was 3:00pm already, why would Nadia not serve the participants she is there to serve? Moreover, the women were sex workers, leading Philip to insist that they would be willing to beat Nadia up if they caught up to her and that she should not disrespect them. He chalked Nadia's indifference up to the fact that she was never homeless while she was addicted to crack because her mother had taken her in until she got clean. In contrast, Philip had lived on "the other side of the fence," in his words, and was acutely aware of the dangers posed by the people they were dealing with.

It is remarkable how seamlessly Philip transitions back and forth between a rather judgmental fear of these participants and a feeling of care. On the one hand, he is genuinely appalled that Nadia could refuse materials to a group of women just because they were late. On the other hand, he quickly slides into talking about how Nadia does not have the appropriate level of fear towards sex workers, conditioned by the fact that she has had a relatively smoother life trajectory on her way to working at the CRA.

There is a productive interplay between the spontaneous composition of relations of love/care and the experiences a given CRA member has had on “the other side of the fence.” In line with bell hooks’ theorization of love, relations of care do not exist a priori but must instead be built in and through extending the self via struggle and service to others. Just as was the case on Lower Wacker, the dynamics of love and care within the CRA are highly fraught and are conditioned by the environment from which those relations emerge.

Conclusion: Biopolitics or Else

McKinnon (2014) writes that acting politically entails acting against what one perceives to be the most likely outcome. She situates her definition within the politics of climate change, urging activists and intellectuals not to give in to despair in the face of large-scale government inaction. She reminds us that organizing movements to reverse such inaction is *strictu sensu* the work of politics. Citing McKinnon, Malm (2021) quips that while the terrain of climate politics may seem bad already, it is always liable to get worse. Each tenth of a degree of warming we can stave off will save millions of lives and stop unthinkable suffering.

While many scholars have labeled harm reduction as biopolitical and ended the analysis there, I wanted to see what else was going on. What do harm reductionists understand

themselves to be doing? What broader horizon are they working towards? Or, to put it more bleakly, what horizons are they trying to stave off? How do they develop commitments to their work, and how are these commitments conditioned by the context and politics of the movement?

My contention throughout this paper has been that harm reductionists are not just co-opted puppets of the biopolitical state but are individual political actors with concrete motives. They are intervening into a status quo where drug users are dying at increasing rates, both inside homes and on the streets. They are also concerned about the quotidian violence faced by homeless drug users from the police, the public, and others on the streets.

On the one hand, harm reductionist motives are indeed biopolitical. They aim to save as many drug users' lives as possible by building effective organizations that outlast individual political actors. Moreover, my encounters with outreach workers like Cheryl demonstrate that harm reductionists tend to view their participants as target populations rather than as concrete individuals. But, on the other hand, the work of harm reduction is starkly dissimilar to the cold and calculated moves undertaken by the governmental bureaucracies from which Foucault draws empirical inspiration (Foucault 1990).

For many, being a harm reductionist is a job. But it is not just any job. Alexa, Richard, Tracy, and other paid outreach workers are thought to be doing more than is required or even recommended to forge connections with the underworld. In both cases, these people are sustained in their endeavors by a commitment to opening the CRA's embrace to more people in need of care, who may otherwise remain forgotten and neglected. Many workers at the bottom of the CRA hierarchy have also learned to put up with repeated wage theft. More experienced workers like Philip, John, and Savannah have turned down significantly higher-paying jobs at

pharmaceutical companies to instead give their working life over to the CRA. Thus, even paid employees are “volunteering” their time in some sense.

There is much overlap between the organization’s members and participants. Many members are active drug users and current participants, like Cole, Ryan, Joseph, and Matthew. Many others are former drug users who may have been CRA participants or were helped by other harm reduction organizations while they were using. Some members may have immediate family who are actively using and getting their supplies from the CRA.

The concept of radical care most accurately captures the interplay between self and other that coheres harm reductionist care practices. Harm reductionists engage themselves in the concrete work of care-for-others in a manner that simultaneously functions as self-care. They are doing this for themselves *and* others.

Harm reductionists learn to genuinely feel care-for-others as personally rejuvenating through love, as bell hooks conceptualizes the term. She writes that love entails extending the self and its attendant capacities to feel, think, and act, to help bring about one’s own growth, as well as that of the other. It is such a love that circulates within the CRA and is then used to power the work of the organization for its participants. The same love gives outreach workers the strength to venture into spaces like Lower Wacker Drive, where they feel unsafe but nonetheless compelled to go. This smooth flow between safeguarding participants’ health and doing work that individual members find personally transformative constitutes a shining instantiation of Hobart and Kneese’s radical care.

I use the term biopolitical revival to insist that the CRA’s radical care is directed towards recovering a fading biopolitics. This revolutionary project, pace Zigon’s theory of revolution via worldbuilding, centrally includes a multivalent process of slow and gradual subject

(re)formation. The individuals who staff these organizations are not born harm reductionists. They carry their life histories into the packing room. For some, this relational space allows them to work through and beyond their pasts and get to the point where they, too, can say they have lived multiple lives. For others, this is an affirmational space, where they find that personal qualities such as their sexuality or drug use are more openly accepted.

However, as the example of Richard/Sai illustrated, this process of bridging difference is fraught and does not always turn out well. Thus, the work of biopolitical revival is messy. Moreover, given that harm reduction emerges out of a neoliberal economic order that has been trying to ruthlessly defund public services for forty years (Harvey 2005), the resources required to carry out this work are often hard to come by. Resource shortages reverberate through organizations like the CRA, make their work more challenging, and manifest as quotidian intra-organizational politics. These self-interested impulses are supercharged by periods of organizational tumult, such as that which the CRA experienced in the wake of Dan Bigg's passing.

Just as family units spontaneously arise in the underworld as necessary but fraught shields against violence and precarity, the CRA and similar harm reduction organizations are contingent reactions to a fraying social fabric. Biopolitical revival involves bridging work between the underworld and the world above – what Foucault and Eleanor call “society.” For harm reductionists at the Chicago Recovery Alliance, opening oneself to love and be loved occupies a central role in cohering diverse groups of people into the singular mission of *keeping drug users alive*. Their protracted efforts lay bare the lack of love and associated willingness to let die that increasingly pervades the United States, as noted in various ways by multiple

commentators (Bourgois 2018; Case and Deaton 2020; hooks 2006). The CRA emerges out of and responds to this very particular social context.

Case and Deaton draw out the stakes of this enterprise, attending to the sharp rise in so-called deaths of despair among poor Americans and the associated spiritual crisis producing these deaths. Bourgois responds to Case and Deaton's work with the suggestion that perhaps 20th-century biopolitics is coming to an end.

Harm reductionists are working within and against a world in which biopolitics seems to be on its way out. In line with McKinnon's advice to climate activists, harm reductionists are acutely aware that something worse than biopolitics could come to take its place – a world in which social solidarity has disappeared, governmental support is gutted, and people continue dying at accelerating rates. As Grove (2019) puts it, “there is no normative guardrail to prevent reality from being *too* catastrophic.” Harm reductionists, at the CRA and elsewhere, carry out quotidian acts of love and care in a potentially futile attempt to reverse this fall from an already partial grace.

References

- Adnan, Etel. *The Cost for Love We Are Not Willing to Pay*. S.l., 2011.
- Bourgois, Philippe. “Decolonising Drug Studies in an Era of Predatory Accumulation.” *Third World Quarterly* 39, no. 2 (February 2018): 385–98.
<https://doi.org/10.1080/01436597.2017.1411187>.
- . “Disciplining Addictions: The Bio-Politics of Methadone and Heroin in the United States.” *Culture, Medicine and Psychiatry* 24, no. 2 (2000): 165–95.
<https://doi.org/10.1023/A:1005574918294>.
- Campbell, Nancy D. *OD: Naloxone and the Politics of Overdose*. Inside Technology. Cambridge, MA: The MIT Press, 2020.
- Case, Anne, and Angus Deaton. *Deaths of Despair and the Future of Capitalism*. Princeton: Princeton University Press, 2020.
- Esman, Milton J. “Development Administration and Constituency Organization.” *Public Administration Review*, 1978, 166–72.
- Foucault, Michel. *Society Must Be Defended: Lectures at the Collège de France, 1975-76*. Translated by David Macey. 1st Picador pbk. ed. New York: Picador, 2003.
- . *The History of Sexuality. Volume 1: An Introduction*. New York: Vintage Books, 1990.
- Greig, Alan, and Sara Kershner. “Harm Reduction in the USA: A Movement toward Social Justice.” In *From ACT UP to the WTO*, 361–70. Verso, 2002.
- Grove, Jairus Victor. *Savage Ecology: War and Geopolitics at the End of the World*. Durham: Duke University Press, 2019.
- Harvey, David. *A Brief History of Neoliberalism*. 1. publ. in paperback, Reprint. (twice). Oxford: Oxford Univ. Press, 2011.
- . “Labor, Capital, and Class Struggle around the Built Environment in Advanced Capitalist Societies.” *Politics & Society* 6, no. 3 (September 1976): 265–95.
<https://doi.org/10.1177/003232927600600301>.
- Hobart, Hi ‘ilei Julia Kawehipuaakahaopulani, and Tamara Kneese. “Radical Care: Survival Strategies for Uncertain Times.” *Social Text* 38, no. 1 (2020): 1–16.
- hooks, bell. *Outlaw Culture: Resisting Representations*. Routledge Classics. New York: Routledge, 2006.

- Macy, Joanna. *World as Lover, World as Self: Courage for Global Justice and Planetary Awakening*. Third edition. Berkeley, California: Parallax Press, 2021.
- Malm, Andreas. *How to Blow up a Pipeline: Learning to Fight in a World on Fire*. First edition paperback. London ; New York: Verso, 2021.
- McKinnon, Catriona. "Climate Change: Against Despair." *Ethics and the Environment*, Project MUSE, 19, no. 1 (2014): 31–48.
- McLean, Katherine. "The Biopolitics of Needle Exchange in the United States." *Critical Public Health* 21, no. 1 (March 2011): 71–79. <https://doi.org/10.1080/09581591003653124>.
- Merton, Thomas. "Love and Need: Is Love a Package or a Message?" *Personal Archive*, 1966.
- Niculescu, Alex. "Harm Reduction, Biopower, and Micropolitical Resistance at the Syringe Exchange Program of Prevention Point Philadelphia." *University of Pennsylvania*, 2012, 1–114.
- Roe, Gordon. "Harm Reduction as Paradigm: Is Better than Bad Good Enough? The Origins of Harm Reduction." *Critical Public Health* 15, no. 3 (September 2005): 243–50. <https://doi.org/10.1080/09581590500372188>.
- Smith, Christopher B.R. "Harm Reduction as Anarchist Practice: A User's Guide to Capitalism and Addiction in North America." *Critical Public Health* 22, no. 2 (June 2012): 209–21. <https://doi.org/10.1080/09581596.2011.611487>.
- Szalavitz, Maia. *Undoing Drugs: The Untold Story of Harm Reduction and the Future of Addiction*. Hachette Go, 2021.
- Whitehead, Kyle. "New Analysis Highlights Racial Disparities in Chicago Area Transit Access." *Active Transportation Alliance* (blog), June 17, 2021. <https://activetrans.org/blog/new-analysis-highlights-racial-disparities-in-chicago-area-transit-access>.
- Zigon, Jarrett. *A War on People: Drug User Politics and a New Ethics of Community*. Oakland, California: University of California Press, 2019.
- . "Human Rights as Moral Progress? A Critique." *Cultural Anthropology* 28, no. 4 (November 2013): 716–36. <https://doi.org/10.1111/cuan.12034>.