



Doctor Omar Durán-García's research includes the first sex reassignment surgery in the Western Hemisphere, the use of hormones by trans sex workers and the artistic representation of condoms during the HIV-AIDS crisis in Mexico. By examining the intersection of homosexuality, medical technologies and subjective expression during second half of the twentieth century, he shows how hegemonic discourses and practices were re-shaped and re-appropriated by marginalized subjects to express their gender, sexuality and desire in ways that challenged the disciplinary regimes that contained them. Durán-García is a recent graduate of the Latin American and Iberian Cultures department at Columbia University; below he discusses some findings of his doctoral dissertation.

**Synapsis:** Can you explain your use of “homosexualities” as analytical device to explore sexual and gender expressions and identities in Mexico, as opposed to more contemporary approaches like queerness?

**Durán-García:** I thought a lot about what language and therefore what framework, discourse or theoretical position I'm taking by using certain terminology versus another. When studying Mexico, language specificity and translation are important to me, especially what is lost and left out due to translation practices. In the US, the idea of homosexuality emerged as a pathological construction, and the gay liberation movements rejected its oppressive nature. In the context of Mexico, that connotation of medicalization is not as embodied in the term. For example, the phrase “my homosexual friend” in Spanish could be a more acceptable statement than in English since it does not come across as a term or expression that carries a larger, charged meaning. So the very specific, nuanced nature of that terminology was important to me.



Cover of *Mujercitos*, Vargas, Susana (Editorial RM: 2014).

I also made that decision when thinking about the subjects that I was examining. They could have been perceived as queer subjects, precisely because they occupy certain spaces of gender and sexual expression that challenges conventional forms of gender performance or expression. However, when I was thinking about them, especially what would be their own forms of self identification, I struggled with the framework of queerness as an appropriate theoretical concept to the social, sexual, and political realities of my subjects of analysis.

For instance, art historian Susana Vargas Cervantes has spoken about the racial and class dimensions embodied by concept “queer” in Mexico. If you are able to identify yourself as a queer person, it suggests that you occupy certain spaces (college, activism) that has

allowed you to be introduced to this language from the North American academia and activist circles. There are a lot of subjects who express their own identities in the working class, and in more racialized communities for whom this language would be foreign and incomprehensible. As counter-intuitive as it may seem, the term “homosexualities”, in the Mexican context is broader than “queer”, since it also includes the non-normative gender and sexual practices that I study and were commonly grouped under the same social, political, and medical category of ‘homosexuality.’

**How did you approach the fact that you had indirect access to your subjects, because of your historical period? Methodologically, what did you do to access perspectives and subjectivities that have actively been silenced?**

As you said, I was engaging with subjects whose voices were often actively ignored, and therefore inaccessible to me as a researcher. I often analyze the things that are missing, and how that impacts or presents alternative ways of interpreting possible positions of their subjectivities. For instance, I study visual representations the first sex reassignment surgery in Mexico, performed on Marta Olmos in the 1950s. Her surgeon published an account of the process that included many photographs, and I rely on the device of the pose to analyze it. Olmos’ pose and gestures were indeed anti-clinical, and they reinforced or suggested a type of agency that wasn’t acknowledged in the publication. In a different photo-essay, she was photographed alone in her house and in her kitchen without any male presence. She was presented as an independent woman, integrated into the modern urban society, while simultaneously described as a gender non conforming subject (“travesti”, transsexual, transgender) therefore occupying a particular subject position.

**How do you approach the tension between medicalization as a tool to control the homosexual body, and medical technologies and practices as opportunities for re-appropriation in terms of self expression and even empowerment?**

It makes me think about the role that the birth control pill had for heterosexual relationships in the construction of pregnancy, and how it became a symbol of liberation. Among many other meanings, it impacted the ways in which sexual desire, and sexuality overall was constructed since this pharmaceutical tool became an effective treatment to prevent unplanned pregnancies. So something similar has happened in the last ten years with the arrival of pre-exposure or post-exposure prophylaxis for HIV. These treatments consist of taking a pharmaceutical pill every day, as a way to prevent HIV contraction. The arrival of this technology has also shaped the way that the mainstream gay community in the US has been understanding their sexuality and explore sexual desires with an extra level of protection through treatments that are more accessible and normalized. At the same time, the success of these treatments and the role of the pharmaceutical industry must be examined while remaining critical of their objectives to maximize profit and monopolize the production of certain life-saving drugs through patents. As a result, although these treatments are meant to be implemented among 'at risk' communities, they often leave behind some of the most vulnerable communities like sex workers and people of color who are disproportionately affected by the HIV virus.

**How does your research challenges the idea of nations and borders, especially between Mexico and the US, but also the concept of center and periphery?**

I rely on Paul B. Preciado and his concept of pharmacopornography. He talks about the second half of the 20th century, a period in which desire and different elements of identity were capable of being produced in laboratories. This is relevant for my work when thinking about sex hormones, psychotropic and psychiatric drugs, especially as they relate to the construction of homosexuality as a pathology. Latin American scholars have pointed out that many of the assertions that Preciado makes through this analytical tool are not applicable to their context, and that this theoretical intervention in fact perpetuates an oppressive dichotomy of North versus South, and center and periphery. In the case of my research, I was interested in challenging the geopolitical constructions of nations and borders as it related to the consolidation of medical knowledge, by demonstrating the circulation of knowledge and technologies that is inherent to the pharmacopornographic regime. Since the mid 20th century, people and scientific and medical knowledge were circulating from Spain, Germany and other European countries to Mexico and Latin America.

Throughout the second half of the 20th century, the US prioritized establishing political relations with Latin American countries, among other things by supporting medical and scientific research and training. Additionally, Mexico's stability during the period was particularly attractive to foreign investors and researchers, as a country where research could be conducted, but also where natural resources that were used for the development of the birth control pill could be found. Besides Mexico's particular position as a neighbor of the US that allowed for transnational circulation of knowledge and technologies, it was also a country where European entrepreneurs decided to

emigrate to and start their businesses after the first and second World Wars. In this context, the critique of the Eurocentrist nature of the pharmacopornographic regime ignores the importance of Mexico for its conception. As I pointed out, the first sex reassignment surgery also happened there. In this context, the narrative of center and periphery doesn't make a lot of sense, and a transnational approach is instead warranted.