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Editorial

The articles assembled for this new issue of *Sexuality, Health and Society* explore, from multiple perspectives and using different methods, the field delineated by the complex implications of the concepts of biopolitics and thanatopolitics. In other words, they focus on the unsettling centrality of death (or of letting die) within the framework of a device designed to increase life (or, at least, certain lives). This analytical movement (re)places the discussion of sexuality in broader landscape, related to the management of other life processes (birth, illness, death).

This field of reflection addresses a social and political space where religious, legal, and biomedical norms establish a differential distribution of risks and vulnerabilities. In terms of those norms, certain lives and bodies are consecrated as the target of promotion and protection, only to the extent that others are left “out in the cold.” Thus, teenage women are “at risk” of pregnancy—and therefore abortion. Women in labor face the “risk” of abusive obstetric practices. By the end of their life course, individuals are “at risk” of being submitted to “forced medical care.” Disabled gays and lesbians are in permanent “risk” of double discrimination. Lesbians in the 1960’s and 1970’s, in the context of a “sexual revolution,” faced the “risk” of mandatory heterosexuality. Trans persons, despite the legal recognition of their self-determined gender identity, face the “risk” to be (re)presented within interpretive frameworks that render them vulnerable.

The articles in this issue show some repercussions of the complexities and ambiguities inherent to those challenges. For example, lesbian feminists in Buenos Aires in the 60’s and 70’s did not “come out” as gay activists. While they looked down on homosexual activism as factionalist, they understood feminism as a critique involving every dimension of social life, so they dismissed gay activism as partial and fragmentary. Likewise, there are plenty of nuances in the confrontations regarding the legalization of abortion involving some evangelical churches, as in the voices of catholic authorities somehow favorable to orthotanasia.

The articles in this issue also outline varied and variable forms of resistance to different ways of rendering subjects vulnerable. A common thread among them seems involve modalities of engagement

based on the politicization of pain and suffering. Such politics are at play in a variety of processes, from change in obstetric care protocols, to the struggle for legal reform regarding gender identity in Argentina. Such processes introduce a new repertoire of collective action, usually expressed in the language of human rights, so embedded in Latin American democratic transitions. Such forms of resistance—whose hard core is the search, claim, and demand for the recognition of the rights of the victims of different forms of violence—are far from the ones from the the 1960's, rooted on the experiment of non-normative pleasures, instead of the suffering produced by their denial.

The political and social effects, in Latin America, of the debates about euthanasia, abortion, “teenage pregnancy,” “humanized childbirth,” the recognition of different gender identities, and the sexuality of people with disabilities are unfathomable. However, the texts included in this issue show the potential for alliances between political and religious actors regarded as each other's antithesis. Likewise, they show approaches to human rights that represent different understandings from the ones dominant until recently. While they recognize new subjects, practices, and subjectivities, the versions they generate may—perhaps inevitably—produce new subjections.