

## **Globalized Food and Pharma: The South Bites Back in Lina Meruane's *Fruta podrida***

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One common denominator of the novels and short stories by Lina Meruane (Chile, b. 1970) is the unconventional representation of illness and disability, and a critique of the connections between illness or disability, medicine and globalization. In this paper, I examine her novel *Fruta podrida* (2007) (rotten fruit) and the challenge it poses to the globalization of food production and pharmacological research as they affect people living in the Global South. This critique is realized obliquely and disturbingly from three distinct subject positions: a Chilean chemist who works for a fruit company in Chile; her half-sister who has diabetes; and a nurse in a New York City hospital. The linguistic and structural complexity of the narrative discourse demands an engagement with the text that places a further demand on its readers to engage with the inequalities and abuses created under globalization.

**Keywords:** Lina Meruane; disability and Spanish-American literature; decolonial theory and literature; globalized medicine

### **Introduction**

Disability studies was constructed as a field of knowledge without reference to the theorists, or the social experience, of the global South. There has been a one-way transfer of ideas and knowledge from the North to the South in this field. This paper argues that contemporary disability studies constitutes a form of scholarly colonialism, and needs to be re-thought taking full account of the 400 million disabled people living in the global South (Meekosha, 2011:668)

[T]he decolonial turn has long existed in different ways, opposing what could be called the colonizing turn in Western thought, by what [sic] I mean the paradigm of discovery and newness that also included the gradual propagation of capitalism, racism, the modern/gender system, and the naturalization of the death ethics of war. [...] Continued Manichean polarities between sectors considered more human than others, the accelerated rhythm of capitalist exploitation of land and human labor--[...] as well as anxieties created by migration and rights claims by populations considered pathological, undesirable, or abnormal [...] make it clear that decolonization will

remain unfinished for some time (Maldonado-Torres, 2011:1)

These passages quoted from two essays published in 2011 gesture toward the ways that disability theory from the global South and decolonial theory and practice, centered in Latin America, are working toward similar goals, but without often intersecting in critical and potentially productive ways. Both Meekosha and Maldonado-Torres, as well as the theorists whose essays the latter is introducing for a special issue of the journal *Transmodernity*, mount a critique of the predominance of Eurocentric thinking in their respective fields and the impact of colonialism, imperialism, and globalization on the global South. They place the experiences, concerns, and knowledge of people living in the global South at the center of their work. Nevertheless, it is fair to say that the specific ideology of ableism, and disability as a constructed category of inferior otherness with a long history in the West, are not generally addressed by decolonial theorists, even when they list other dehumanizing ideologies such as racism and sexism that are deeply implicated in the coloniality of power (Maldonado-Torres, 2011: 1-2). Maldonado-Torres (2011: 3) gestures strongly toward people with disabilities when he refers to 'populations considered pathological, undesirable, or abnormal,' although he does not explicitly name disabled people among those whom coloniality continues to disadvantage. Walter D. Mignolo (2007: 498) also provides an opening to consider disability within decolonialism when he theorizes the concept of 'body-political knowledge' and speaks of an aspiration toward a pluri-verse where 'differences are not cast in terms of plus and minus degree of humanity,' but he does not mention disability as a central manifestation of a 'minus degree of humanity' in the world across many cultures. For their part, while disability studies scholars working from or on the global South frequently position themselves vis-a-vis postcolonial thought, they do not as often refer to the concept of the coloniality of power or decolonial theories, despite their engagement with the 'body-political knowledges' of diverse and stigmatized bodies (Mignolo 2007: 484). Shaun Grech is, of course, one notable exception to this mutual disconnect. He undertakes to further 'decolonize' disability studies in ways that complement Meekosha's work in his essay 'Disability and the Majority World: A Neocolonial Approach' and in the larger project of this journal (*Disability & the Global South*). By criticizing the European and North American dominance of disability studies theories, Grech issues a call to action to create a 'critical global disability studies' that fully engages with theories and knowledge produced in the South. Grech (2012: 66) engages directly with decolonialism, stating that such a move will first require global North thinkers to 'decolonise thought, our own dominant epistemologies, our minds, and to open a space where dialogue transcends disciplinary, geo-political, epistemological and other boundaries.'

Disability studies focused on the global South and on Latin America specifically, and decolonial theories also have in common that they carry out their work primarily in the fields of anthropology, sociology, philosophy, and education and are far less concerned with the study of literature, film, and other cultural productions. Two recent edited volumes begin to

address this lack in the scholarship, albeit each from a location in either disability studies or decolonialism and largely without exploring how the fields might intersect, challenge and enrich each other. *Libre Acceso: Latin American Literature and Film through Disability Studies* co-edited by Susan Antebi and Beth Jörgensen (2016) and *Decolonial Approaches to Latin American Literatures and Cultures* co-edited by Juan G. Ramos and Tara Daly (2016) perform readings of a wide range of written, filmic, and visual texts through the lenses named in their titles. They make important claims for the relevance of disability studies and decolonialism for the study of Latin American literature and film, respectively, but their essays perform only a slight cross over between the two fields in terms of the primary theories employed. Therefore, as a longtime scholar of Spanish-American literature who has more recently undertaken research in disability studies approaches to the field, I find that this special issue of the journal *Disability & the Global South* offers a unique and welcome opportunity to bring together two areas of inquiry into an analysis of *Fruta podrida*, a provocative novel by the Chilean writer and literary scholar Lina Meruane.

*Fruta podrida*, published in 2007, shares with Meruane's other novels and short stories a preoccupation with the representation of illness and disability as central concerns of the literary text, although it was not an easy choice of subject matter for the author initially<sup>1</sup>. In her essay 'Blind Spot: Notes on Reading Blindness,' Meruane (2016: 34) admits that 'Writing about illness was something that I had spent years mulling over. Years putting off.' Nevertheless, in the same essay (2016: 36-37), she states that when she began to write her 2012 novel *Sangre en el ojo*, which is about an experience of temporary blindness brought on as a complication of diabetes, her intention was that 'instead of marginalizing the sick from the scene, place her in the center, disseminate the bodily experience, impose it on others. Cut the distance between the healthy and the sick, between the sighted and the blind, between the valid and the invalid. Do this in the new novel, certainly, but also in a wider sense, add pathology to the social imaginary of the normal: destabilize the certainty that a border exists, depose health as the norm'. These words, which also apply to *Fruta podrida*, clearly resonate with the generalized desire among disability studies scholars to challenge rigid dichotomies of health and illness, and complicate our understanding of the cultural meanings and social functions of disability.

Two theorizations of the uses made of disability in literary narratives help to illuminate fundamental aspects of Lina Meruane's novel. First, David T. Mitchell and Sharon S. Snyder's well-known concept of narrative prosthesis can be understood to operate in the representation of the protagonist Zoila del Campo, and I will return to their work later in my analysis. Second, Michael Bérubé's (2016:2) recent theorizing about how intellectual disabilities are 'deployed' as narrative strategies beyond 'any specific rendering of any disabled character or characters,' provides a way to account for the narrative structure, and in particular the narrative unraveling, that takes place across the four parts of *Fruta podrida*.

In 'Blind Spot,' Lina Meruane says of the protagonist of *Fruta podrida*, who rejects medical treatment for diabetes, that her decision to yield to the natural cycle of life and death stands 'opposed to the capitalist system of incessant production' and the negative impact of the neoliberal economic regime in Chile and other Southern countries (2016: 35-36). Indeed, rather than telling the story of an exclusively private experience of illness and death, the novel addresses and critiques a far more public concern: the nexus of corporatized food production and medical research taking place in the global South. The question that I explore in this essay, then, brings literature to bear on thinking that is central to both disability studies and decolonialism: How might a work of literature that represents chronic illness and disability through the story of a young woman's refusal of treatment and her overt sabotage of others' medical treatment contribute to bringing disability and ableism into the conversation around decoloniality, on the one hand, and also bring decolonial theory more strongly into the debates within a Latin America-inflected disability studies? I propose that a critical reading of Meruane's novel further suggests that the study of literature should rise to greater prominence in both Latin American disability studies and Latin American decolonialism. The specific socio-economic practices targeted in Meruane's narrative are the medicalization of illness as imposed by Western science across the world, the globalization of medical research controlled by 'big Pharma' from the North, the corporatized production of food in the global South for export to the global North, and the gendered nature of labor exploitation and its disabling consequences, all of which have relevance for both fields of inquiry.

*Fruta podrida* tells the story of Zoila del Campo and her older half-sister María, who are residents of Ojo Seco, a Chilean town dominated by 'el Galpón,' an enormous fruit-producing and processing enterprise. María is a chemist, responsible for protecting the fruit from infestations of insects, fungi, microbes, and other plagues that threaten the perfection required of fruit exported to the North. Highly disciplined, analytical, and rational in all aspects of her life, María is single-minded in ensuring the success of her employer's business model. She is equally obsessed with her duty to take care of her younger half-sister, and she holds a rigidly medical-model view of health that causes her to conceive of Zoila's recently diagnosed diabetic condition as a plague, an intimate enemy, metaphorically speaking, that she must eliminate at all costs from her sister's body and from their shared home. The two sisters live alone, having been abandoned long ago by their mother and by the two men who fathered them, including Zoila's father, a Northern businessman.

To summarize briefly, the novel narrates María's work life and her struggle to find, finance, and obtain the best for Zoila, meaning the most modern medical treatment for her illness, in juxtaposition to Zoila's equally tenacious insistence on avoiding and subverting the prescribed medical regimen. The inevitable conflict between the characters as individuals with different value systems is not limited to the family dynamic and the private space of the home, but rather it manifests in outward-facing actions undertaken by both women. For example, at a given moment, the dedicated employee María plots and carries out a

surreptitious rebellion against the capitalist system of food production and export, by poisoning a shipment of fruit with cyanide, causing panic in the North<sup>2</sup>. She is driven to this action after experiencing repeated broken promises made to her by her superiors and the exploitation of her own body, and also after witnessing the harmful effects of toxic conditions in the processing plant on the bodies of the female work force. For her part, Zoila's rebellion against the controlling regime of Western medicine and North-South economic inequality plays out not only when she refuses medical treatment for herself, but when she travels to the North, to a city that could be identified as New York. Here she carries out a campaign of terror by repeatedly entering a hospital and severing the I.V. fluid lines of putatively terminal patients, whose lives she perceives as being cruelly prolonged for the benefit of others. A third character enters the novel in its final section. She is a nurse in the very hospital that Zoila has been terrorizing, and her narration takes the form of a rambling monologue that reveals her obsession with record keeping and the control of information, and the mental breakdown that results when these safeguards of the social and economic order are threatened by the mysterious string of murders.

The novel's provocative themes, complex narrative structure, and unapologetically aggressive language invite multiple readings, and several publications offer suggestive interpretations of *Fruta podrida*'s textual components and its evocation of extra-textual realities. Lina Meruane herself has reflected on the novel in published interviews. In a conversation with Patricio Jara in 2007, Meruane answered a question by stating that the novel explores 'la biopolítica actual' (present-day biopolitics), and it reveals the paradoxical result that the contemporary politics of life and death renders at one and the same time 'la mercantización del cuerpo y su más radical devaluación' (the commodification of the body and its most radical devaluation)<sup>3</sup>. Mónica Barrientos (2009: 122-123) examines the novel's articulation of Foucauldian concepts of biopower and the society of control in 'Sujeto, cuerpo y texto: Una mirada a la producción narrativa de escritoras chilenas de los últimos años'. The article provides an overview of the works of three writers, and therefore her analysis of *Fruta podrida* offers only a brief discussion of the novel's diabetic protagonist. Barrientos shows Zoila to be an object of surveillance and treatment due to the fear of contagion, as well as being a site of resistance, because her non-normative body does not serve the capitalist regime of production. In a more extensive article, Barrientos (2015:91-93) places the novel in the context of Chile's adoption of neoliberal economic policies, and draws again on biopower and biopolitics to interpret the text as an expression of one body's limited resistance to globalized, for-profit medicine. The third article to mention is Mary Lusky Friedman's 'The Commodified Self in Lina Meruane's *Fruta podrida*.' Lusky Friedman (2015:545) carries out a careful and subtle textual and intertextual analysis of the novel as a 'dystopian eye on her [Meruane's] country's conscription into the global economy,' on the way to concluding that the three main characters ultimately merge into one single figure, one 'wounded body' whose unique identity cannot survive in 'a commodified and profit-driven world' (2015:551). My analysis will address the question that I posed earlier concerning the value and knowledge

that might be gained by examining a literary representation and deployment of illness and disability through concepts developed in disability studies and decolonialism. The novel's characterization of the protagonist Zoila del Campo and its four-part structure are the primary foci of my reading of *Fruta podrida* as a site of critique and creativity.

Considering the novel through a focused disability studies perspective, leads me to consider the role of Zoila as both narrative prosthesis and metaphor as defined by Mitchell and Snyder, as well as a subversive figure. In their book *Narrative Prosthesis: Disability and the Dependencies of Discourse* (2000), the scholars study the prevalence of disabled and ill characters in Western literature, and they theorize their presence in the context of the tendency toward devaluation and dehumanization of traditionally stigmatized identities. They begin by observing that what motivates the telling of a story is the existence of a problem to solve or a mystery to explain. The demand for an explanation or a solution inaugurates the act of narrating (Mitchell and Snyder, 2000:47). Addressing Western cultures, they assert that since ancient times, disability and illness have been conceived as mysteries or problems facing human societies, and so they become the ideal 'prostheses' upon which narratives lean to construct their stories. The deviation from the norm that the ill or disabled character embodies may also fulfill an important metaphorical function in narrative. A metaphor based on a physical or cognitive anomaly gives substance to abstract concepts, as, to use the classic example, Richard the Third's hunchback, which signifies his deformed soul in Shakespeare's eponymous drama. To quote from Mitchell and Snyder (2000: 63): 'The passage through a bodily form helps secure a knowledge that would otherwise drift away of its own insubstantiality. The corporeal metaphor offers narrative...an anchor in reality'. The literary attribution of negative cultural meanings to disability is a persistent phenomenon, but Mitchell and Snyder also discuss 'disability counter narratives' that defy norms and destabilize sedimented meanings by refusing to correct, cure, or eliminate the deviation that apparently disturbs the accepted order of things. In their words (2000:8), these counter narratives are usually polysemic works that 'tend to leave the wound of disability undressed...Its presence is enunciated as transgressive in that literary works often leave the disabled body as a troubled or troubling position within culture.'

The diabetic protagonist in *Fruta podrida* is a narrative prosthesis in the conventional sense and also a transgressive figure. That is, Zoila is the mystery and the problem that the narrative seeks to resolve. Early on, María doesn't know what is wrong with her young charge, and she thinks that she is an alcoholic because her breath and her vomit smell like fermented fruit. Once the diagnosis of diabetes is established, the new problem is to find and pay for a cure. Nevertheless, the novel does not celebrate the advances in the medical treatment of diabetes that the North exports to the South, nor does it make the sick girl become well or conveniently disappear from view, as happens in many narratives. Zoila remains central to the story, and she exceeds the supporting role of the narrative prosthesis. Her refusal of the treatments that come from a corrupt medical and economic system is a deliberate decision,

and her vulnerable and weakening body remains centrally on display through detailed descriptions of the most unpleasant symptoms of the disease. Far from being a victim of her illness or of the doctors, Zoila assumes agency by undermining the regimen of blood and urine tests, injections, and a strict diet. She makes a point of secretly eating quantities of fresh fruit, fruit preserves, and other forbidden treats, deliberately worsening her precarious health. Once she arrives in the North, she gives in to a slow process of dying while engaging in an active, criminal subversion of modern medicine. And in the Northern city, she remains a mystery to the nurse who passes her each day in the plaza across from the hospital. Zoila's unknown identity and her disturbing presence on the park bench motivate a large portion of the nurse's monologue.

A less obvious, but equally significant act of disobedience is Zoila's absolute refusal to speak about her condition to others or to answer questions that her sister and her doctors in Chile, and the nurse in the North pose to her. The everyday experience of people with disabilities shows that it is common for them to be asked 'what happened to you?' or 'why are you like that?' Against the demand for her story, Zoila maintains a strict silence, and the novel, a large portion of which she narrates, is also silent about the precise reasons for many of her actions. The ambiguity created by these gaps in understanding is a gesture of respect toward the integrity of Zoila's personality and her desire to control her own fate and achieve freedom, even when understood as the freedom of death.

The protagonist's metaphorical function relies on her illness, and on the idea of elevated blood sugar and festering wounds of the extremities in uncontrolled diabetes. Her 'sweet,' decomposing Southern body, is the material sign of the abstract concept of the threat that the North fears from the movement of people from South to North. Both in the form of 'illegal' immigration and in southern movements toward social and economic justice, the South puts the carefully protected 'health' of the North at risk. As she passes through immigration control on her way to the North, the text draws an equivalence between Zoila and the rotting fruit that her sister poisoned: 'Recuerdas toda esa fruta devuelta en los grandes contenedores, en la fruta detenida en los sucesivos camiones rojos de la empresa. Tú serás la fruta que pase inadvertida' (122-123). (You remember all that fruit returned in the huge containers, the fruit held in the firm's red trucks. You will be the fruit that slips through undetected). However, far more dangerous than María's poisoning of the fruit, which did not ruin the fruit company or reach the North to sicken consumers, Zoila's incursions into the hospital do real damage to vulnerable bodies and cause real panic among 'healthy' Northern citizens. Therefore, her identity as a resisting subject of medical treatment and a medical terrorist, casts in bodily form the novel's criticism of hospitals, medical technologies, the relationship between physician and sick person<sup>4</sup>, the concept of illness as a contamination that must be eradicated at all costs, and, in general, the global North's domination and exploitation of the global South.

In *The Secret Life of Stories*, Michael Bérubé (2016: 41-45) points out some of the limitations for disability studies of the widely applied concepts of narrative prosthesis and the metaphorical function of disabled characters in literature. His critique notwithstanding, I find Mitchell and Snyder's work to have lasting value for our reading of some texts, including *Fruta podrida*. However, Bérubé's own close readings of literary texts in search of 'deployments' of disability and its associated stigmas used as narrative strategies, also offer a way to think about Meruane's novel. In the introduction and in the chapter on 'Motive,' Bérubé develops a number of ideas that are relevant to the structure of *Fruta podrida*. To start, *The Secret Life of Stories* (2016:21) is fundamentally concerned with how literature depicts social relations and 'systems of sociality in part by including characters who are or are presumed by other characters to be constitutively incapable of understanding or abiding by the social systems by which their worlds operate.' The driving force behind the chapter titled 'plan fruta' and all other parts of the narrative that are devoted to María's story and her unremitting conflict with Zoila, is María's frustration that her young half-sister is incapable of abiding by the requirements of maintaining health and avoiding the advance of stigmatizing illness. This requirement is the law undergirding the system by which María's world operates, and Zoila violates the law in the most abject ways by squashing and eating flies, gorging herself on sweet foods, and overdosing on insulin. More than the illness itself, then, it is Zoila's strategic, political decision to refuse treatment, sabotage her own health, and therefore 'adopt' disability, that causes her to function as a 'hermeneutical impasse' (Bérubé, 2016:70) for María. María is never able to figure out her sister, and that impasse disrupts the system of sociality that might otherwise prescribe a positive, mutually supportive bond between the two abandoned half-siblings. Their estrangement is further exacerbated by Zoila's persistent silence, which results in an attribution of low intelligence by María and by others. Later, in the Northern city, Zoila continues to live true to her decision to die sooner rather than later of complications of her illness, and she constitutes a similar hermeneutical impasse for the nurse.

The aesthetics that Meruane employs in *Fruta podrida* is characterized by shifts in narrative points of view, a switching among multiple voices, a hybrid literary discourse, a high degree of ambiguity, and language that often dwells on abject elements such as urine, blood, vomit and the ingestion of nonfood items. It is, in many respects, a 'difficult' text in the sense that Bérubé describes: 'These texts are difficult [...] because some features of narrative have become disabled, such that the text prevents, defers, or eludes readerly comprehension' (2016:58). The narrative transformations at play in *Fruta podrida* follow a trajectory from the normalizing discourse of realism at the start, through explicitly subjective first and second-person narration, and ending in a disabled and disabling discourse structured as a stream-of-consciousness monologue, as I will show.

In the first of four parts titled 'plan fruta' [fruit plan], an omniscient extradiegetic narrator focalizes the story through the character of María. Part two, 'moscas de la fruta' [fruit flies], is

narrated by Zoila in the first-person and framed by selections of her poetry; and part three, 'fruta de exportación' [fruit for export], employs the rather uncommon device of narration in the second-person singular, the informal Spanish 'tú' ('you'), still from Zoila's point of view. The final section of the novel 'pies en la tierra' [feet on the ground], is a fifty-page monologue generated by a hospital nurse and directed to a largely silent interlocutor, who is revealed to the readers to be a dying, homeless Zoila. I trace this progression of narrative voices because it corresponds to changing narrative discourses that Meruane manipulates in order to represent distinct attitudes toward medicine and globalization, and to challenge the prosthetic role of literary characters with illnesses, as well as the interconnected ideologies of modernity, coloniality, and rationality that decolonialism seeks to refute and replace.

In brief, the overall arc of the novel's structure is one that begins grounded in the model of narrative realism, albeit in a uniquely telegraphic style, but then unravels into progressively less 'rational' means of storytelling. The inclusion of poetry, the choice of first- and second-person narrative voice, and stream-of-consciousness monologue serve to unmoor the text from its initial investment in what Lennard Davis (2013:9) calls the normalizing discourse of realism, and its affiliation with the construction of normalcy in the West. Further, this process of unmooring and the representation of multiple, conflicting points of view are manifestations of the 'impurity of literature,' which Horacio Legrás (2016:29) claims is central to literature's value for decolonial theory. That is, Legrás (2016:30) asserts that one quality of literature produced by some global South writers is that it expresses a subject whom they cannot claim as a version of their own self (meaning not that of a socially privileged intellectual usually of European descent), but rather who is representative of the Other- 'the injured subjectivities that decolonial theory makes it its task to understand and vindicate'. *Fruta podrida*, written by a Chilean-born author who studied and now lives, teaches, and writes in the global North, represents three injured, impure subjects, all female, each of whom, in her own way, challenges the hegemony of neoliberalism (María and Zoila) and rationality (the two sisters and the hospital nurse).

'Plan fruta', the shortest of the four parts, narrates María's discovery of her sister lying comatose on the floor of their house, her search for the alcohol that she assumes Zoila has been drinking, the hours spent in a hospital waiting room and speaking with a physician, and María's reaction to the diagnosis of diabetes. Although the narrative style is telegraphic and hermetic at first, many elements of the first chapter bring to mind literary realism. The story's beginning *in medias res*, the omniscient extradiegetic narrator, the focus on things that can be seen, heard, smelled, touched, and tasted by María, and her employment as a lower middle-class professional, all suggest a narrative that will represent the everyday experiences of a character in her social milieu. María's protagonism in the introductory chapter of the novel is significant because, as Lennard Davis (2013:9) concludes from his reading of classic realist novels:

...the very structures on which the novel rests tend to be normative, ideologically emphasizing the universal quality of the central character whose normativity encourages us to identify with him or her. [...] This normativity in narrative will by definition create the abnormal, the Other, the disabled, the native, the colonized subject, and so on.

María is clearly representative of the norms of her society. Good health, educational credentials, employment, obedience within the hierarchy of the food-processing plant, a dutiful although unloving sense of responsibility toward her younger family member, and a preoccupation with order and cleanliness all define upward striving normalcy in neoliberal Chile and encourage the reader initially to identify with her, as Davis says. Her normativity demands and creates 'the abnormal, the Other, the disabled' who is her diabetic sister Zoila, in order to generate conflict and the conditions for story-telling. In this way, the novel begins by privileging the perspective and the authority of the healthy, 'normal' sister, the one whose vigilance defends the domestic order of her home and the economic order of the fruit-processing plant, and who upholds the value of perfect health and perfect fruit. From her position in the realm of the normal, María dehumanizes her sister, as, for example, when she sees her on the floor like 'un bulto' (a piece of luggage) and 'un bicho recién fumigado' (a recently fumigated bug) (15). Throughout 'plan fruta,' it is clear that focalization through the eyes and consciousness of María is central to establishing both the norm and the normative human being's construction of the sick person as an undesirable, potentially dangerous Other. Nevertheless, María's desire for order, control, and perfection, and her fight against human illness and insect-borne plagues are soon shown to be illusory, and the changes in narrative voice and discourse, which imbue the novel with multiple perspectives and create ambiguity, move the text away from the normalizing discourse of realism.

Zoila narrates the second part, 'moscas de la fruta,' which treats her fraught relationship with María from her distinctive point of view. The conflict between the two sisters originates in María's resentment of the unasked-for maternal role she must play, and her extreme aversion to illness, infestations of insects, and anything that carries the risk of contamination or contagion. Zoila is the living embodiment of that risk, which she exacerbates by refusing to try to control her diabetes through diet and medication. This is the longest section of the novel. It is divided into six chapters, each one of which is introduced by a poem copied from Zoila's 'cuaderno de descomposición' (de-composition journal). The presence of poetry, in which flexible syntax and creative associations of images take the place of linear, rational story-telling, begins to challenge the authority of María's world view and disable the discourse of narrative realism. Zoila's poetry and her first-person narration combine to place the sick one in the center of the story, 'disseminating that corporeal experience, imposing it on others,' as Meruane has said. Zoila's narrating 'I' assumes authority, the authority of the body-political knowledge of the disabled Other, and her perspective puts into question the striving toward perfection that María defends. Zoila's version of the developing story shows that the

carefully controlled production of fruit and health serves the interests of the global food and medical industries, and María is a willing accomplice to the very system that exploits her and the other, lower-status female workers in the plant.

By narrating details of Zoila's illness, including an episode of self-induced insulin shock, and by expanding the description of María's work in the plant from Zoila's point of view, 'moscas de la fruta' critiques the impact of neoliberalism on Chile's workers, as well as the negative implications of the globalization of Western medicine and medical research. In this way, it puts into narrative form, concerns that are central to decolonialism. As James Cypher (2010) describes in his article 'Is Chile a Neoliberal Success?,' under the neoliberal economic policies that were instituted in Chile in the 1970s and 80s by the regime of Augusto Pinochet, Chile experienced a level of growth that neoliberal economists such as Milton Friedman called an 'economic miracle'. The export of fresh produce grew rapidly into the 1980s and 90s, as represented in the novel by the orchards surrounding Ojo Seco and the fruit-processing plant where María works. Among many negative consequences of neoliberalism, the obstacles to labor organizing and the poorly regulated use of pesticides in Chilean agriculture during the time period represented in *Fruta podrida*, are thematic elements that come into play in parts two and three of the novel, narrated by Zoila. 'Chile's Bitter Fruit,' a report written by Jimmy Langman and published in the *San Francisco Chronicle* in 2001, documents the consequences for workers' health of exposure to pesticides in Chile since the 1980s. Highly toxic pesticides that are banned in the United States were readily available in Chile, and were heavily used as agricultural experts and plant managers sought to increase the export of fruit, and in particular of grapes to the United States. Skin disease, miscarriage, birth defects, and cancer are among the illnesses suffered by agricultural workers. Additionally, according to the report, 'Only 1 percent of Chile's 400,000 temporary seasonal workers belong to unions'. These workers are represented by the novel's anonymous 'temporeras'.

The novel illustrates how twenty-first century versions of globalization perpetuate the inequalities established under colonial rule, and in particular gender inequality played out on the bodies of women. The plant is staffed by female seasonal workers, and in a key episode, their bodily cycles synchronize, to chaotic effect. In the intensity of the summer heat, 'las temporeras habían empezado a menstruar, de golpe, todas juntas, misteriosamente sincronizadas por las hormonas' (90) (the seasonal workers had begun to menstruate all of a sudden, all at the same time, mysteriously synchronized by their hormones). The plant management threatens to retaliate for their frequent trips to the bathroom and their complaints about the heat and thirst by docking their pay, which triggers long pent-up anger over low wages and poor working conditions. The 'temporeras' declare a strike, and the government sends in the army to end it, but it is María, with her intimate knowledge of the lives of the workers, their needs, and their vulnerabilities, who is able to talk each one into returning to work without so much as a single concession to their demands. As a woman and a Chilean

national, but exaggeratedly loyal to the interests of the foreign-owned fruit company, María is management's most effective weapon against her co-nationals. She is therefore complicit in the coloniality of power, and in what Maldonado-Torres (2011) calls 'the accelerated rhythm of capitalist exploitation of land and human labor--sometimes facilitated as Fanon well put it, by neocolonial elites among the groups of the oppressed themselves'.

María occupies a border space between the 'temporeras' and the elite-class plant managers. Through her education as a chemist, she has acquired skills in applying pesticides that are useful to the fruit company, and therefore she holds a relatively high-status job. However, as a woman and a Chilean, she is subjected to employment discrimination when she is not granted a promised increase in salary or even a written contract. She must also wear a uniform at work, which is a sign of management's control over her body. She experiences a far more severe form of exploitation in her female body itself. In order to pay for Zoila's medical care, María contracts to produce a baby once a year and deliver it to the research arm of the local hospital. Her low salary and the lack of universal health care, make María's contracted labor an involuntary act on her part. Zoila portrays the devastating effects of the repeated pregnancies on her sister's exhausted body in part two of the novel. 'Los torpes dedos de María revuelven la cartera [...] la puerta cede y ella entra transformada: desinflada, envejecida. Tiene un rictus de cansancio y no me saluda' (56). (Her clumsy fingers search through her wallet... the door opens and she enters, transformed: deflated, aged. She grimaces with exhaustion and doesn't greet me). When María finally realizes that she has been exploited over the course of many years, she takes her revenge by poisoning a shipment of fruit destined for export. Her long-delayed consciousness of and rebellion against global North exploitation of the South is forged in part by her uniquely female, corporeal experience of repeated, pregnancies-for-hire, and the gender-based discrimination she suffers in the hierarchy of the workplace.

Beyond the collection of fetuses from local women, Zoila observes and critiques other aspects of the globalization of medicine, and in particular of medical research. Her own chronic illness requires frequent hospital visits, giving her the opportunity to see and unwillingly experience the technologies imported from the North and funded by Northern capital, including experimental organ transplants. In the article 'Ethical and Scientific Implications of the Globalization of Clinical Research,' Seth Glickman and his co-authors (2009:816) observe how:

Pharmaceutical and device companies have embraced globalization as a core component of their business models, especially in the realm of clinical trials. This phenomenon raises important questions about the economics and ethics of clinical research and the translation of trial results to clinical practice: Who benefits from the globalization of clinical trials? What is the potential for exploitation of research subjects?

The authors (2009:816) document the rise since 2002 in the number of clinical trials conducted in 'developing countries'; and they identify scientific and ethical concerns including less rigorous oversight of human subject research, inadequate handling of informed consent, and the disproportionate impact of financial incentives on low-wage earners (2009: 818). From her marginalized position, Zoila eavesdrops on a conversation between María and a nurse and learns that experimental transplants and María's sale of her babies are taking place in the South because they are illegal in the North, where people are more protected from such abuses. The nurse explains to María that the high demand for organs and the increase in transplants at their hospital, are due to the closing down of 'otros mercados por regulaciones proteccionistas, por crisis políticas y hasta revoluciones; que en los países del Norte ha aumentado la vigilancia' (65). (other markets because of protectionist regulations, political crises, and even revolutions; that oversight has increased in the nations of the North). The novel thus closely mirrors the findings summarized in the Glickman article, and this is another way in which it contributes to understanding the abuses and inequalities created by globalization within the framework of a fictional narrative. Additionally, it is precisely the stigmatized identity assigned by others to Zoila (ill, irresponsible, disobedient, slow witted), that marginalizes her from the conversations between the 'adults' and allows her to have access to protected information.

'Fruta de exportación', the shortest section of the novel at a scant sixteen pages, tells the story of Zoila's journey north after María poisons the fruit, and her arrival at the hospital that will become the target of her covert terrorism. The second-person narrative voice takes the novel another step away from traditional realism and narrative 'normalcy'. The consistent use of 'tú' draws in the readers, who are positioned as interlocutors and even accomplices of the action, at the same time that the 'you' is clearly identified as Zoila in the first paragraph where she boards a bus for the Santiago airport: 'Ay, Zoila, tiras con tanta fuerza la maleta negra, te sientas en la primera fila y vas por el camino mirando por la ventana' (117). (Oh, Zoila, you drag the black suitcase with such strength, you sit down in the first row and you ride along looking out the window). The identity of the speaking subject is initially ambiguous, although it quickly seems likely to be Zoila speaking to herself. 'Fruta de exportación' follows Zoila's travel by plane to a large Northern city, her search for the hospital that she identifies as the one on which the Chilean hospital was modeled, her choice of a park bench in a plaza across from the hospital as her place of lodging, and her first incursion into the hospital. While evading surveillance, she finds the room that houses terminal patients hooked up to various kinds of life support, and she cuts their I.V. lines. This act of medical terrorism is not readily or satisfactorily explained by the text, which uses ambiguity and gaps to defer meaning. One has to go back to a single utterance in part two, where Zoila says the following about her resistance to the medical care that her sister insists on providing and monitoring: 'Esa hermana [...] no contempla la posibilidad de que me niegue a sus cuidados, que me niegue a la inmortalidad, que prefiera una libertad a corto plazo' (71). (That sister... doesn't consider the possibility that I might be refusing her care, that I might refuse immortality, that I might

prefer a short-term freedom). Zoila's choice of freedom from her sister's control and freedom from the medical regimen imposed on her is the motive for her noncooperation with treatment; a treatment that is complicit with global North economic and scientific interventions into the global South. Ultimately, she also acts to 'free' others from being subjected to a medical experimentation that she believes does not benefit them, and that she sees as similar to the abuses she witnessed and overheard in the Chilean hospital;

'¿Quiénes son estos niños, con que promesa falsa los han encerrado en la sala, intervenido con mangueras, monitores, y pulseritas blancas? [...] Les han arrebatado la posibilidad de decidir, de ser dueños de su propio destino, y una rabia antigua te posesiona de tí, de tus manos, de tu impaciente tijera' (132) .

(Who are these children, with what false promises did they imprison them, hooked up to hoses, monitors, and white wristbands?...They have robbed them of the chance to decide, to be the masters of their own destiny, and an old rage possesses you, your hands, and your impatient scissors).

Judging the patients to be prisoners of a corrupt, exploitative system, Zoila 'frees' them into death, in a highly problematical move that fails to grant or even acknowledge their potential agency, albeit a move carried out in response to perceived injustices. The novel sidesteps the fraught and controversial topic of assisted suicide for 'terminal' patients, itself a controversial medical status, by portraying Zoila's solitary and unbidden acts of medical terrorism without making reference to that debate. The narrative resists passing judgment on Zoila's actions or labeling her a criminal in two ways. In part three, Zoila herself narrates, and she does not condemn her own behavior. In part four, the nurse, who does condemn the crimes, is more concerned with the disruption of protocol and routine than with the dead patients. Her obsession with order and carefully maintained patient records and visitor logs disqualifies her from representing a higher ethical standard. It is left to the reader to decide whether or not Zoila's surreptitious cutting of the I.V. lines can be seen as the ethical or political equivalent of her rebellious decision to accept an early death from diabetes and her gangrenous foot, injured on the trip North.

Zoila's extreme actions throughout the novel- eating flies, gorging on sweet preserves, abusing her insulin injections, overdosing an old man with her own insulin, sabotaging treatments in the Northern hospital,- and the graphic descriptions of her physical state are shocking in their 'abnormality' and criminality, but they encourage the reader to draw a connection between the character's very limited options for freedom, and the limited options for all vulnerable people who live under the regime of neoliberal economics and medical research. The disobedient desire for freedom is further viewed as pathological by the authorities as when a physician tells María that Zoila's 'desobediencia es provocada por un gen hereditario. La desobediencia es otra enfermedad congénita, también irremediable' (71). (disobedience is caused by an inherited gene. Disobedience is another congenital illness,

equally incurable). The genetically transmitted disease of disobedience in the subaltern must be carefully controlled and if possible 'cured.'

The final section of *Fruta podrida*, shows just how far the novel has traveled toward the kind of 'disabled' textuality theorized by Bérubé (2016:58). In 'pies en la tierra,' the text takes a radical turn away from realism toward the expression of a hallucinatory female subjectivity that is irrationally obsessed with order, discipline, and clear explanations for everything that happens in the speaker's world. Reality- complicated, contradictory, and corrupt- constantly thwarts the speaker's drive toward order, and so she talks on and on, revealing both her own limitations and prejudices (against blacks and immigrants), as well as a series of critical truths about the world and about modern Western medical care and its connection to profit-making enterprises. The fifty-page stream-of-consciousness monologue, set in italics and running without paragraph breaks, belongs to the nurse introduced in part three through Zoila's eyes. The nurse talks to herself as she crosses a park on her way home after her shift. She interrupts her progress to stop and speak with a woman whom the reader knows to be Zoila, although the nurse never learns her identity. She speaks obsessively and repetitively about her job, which consists of identifying, documenting, and tracking patients, and about the mysterious murders in the experimental ward of the hospital, the unsuccessful investigation of those murders, and the consequences for protocol of those acts. She is also insistent in asking her interlocutor to reveal her name, which Zoila never does, although toward the end of 'pies en la tierra', Zoila begins to speak and to utter truths that the nurse is unable to decipher.

The nurse can be seen as a parallel figure to María in her inability to 'read' and understand Zoila, her exaggerated rationality, her unwavering devotion to institutional record-keeping, and her absolute faith in the value of health and the hospital's mission to defy death, all of which seem to have pushed her to the brink of madness. What is notable about this part of the novel is the way it brings the process of dismantling a rational narrative discourse to its culmination. Despite promising a grounded story, in 'pies en la tierra', the novel loses its footing and decomposes into a lengthy, rambling monologue. Part four ends with a desperate and unanswered plea for closure. In the final lines, the nurse examines the body of the now-deceased Zoila, searching for an identity document of some kind. As she probes into the plaster cast that encases one of her legs, she finds the scissors that Zoila used to cut the I.V. lines, and where an ankle and foot should be she finds, disturbingly, nothing, only the decomposed flesh of a gangrenous limb:

[M]is dedos continúan hurgando sin convencerse de que no hay más que sangre coagulada aquí dentro, allá lejos en medio de este espantoso silencio que ahora lleno con mi angustia. [...] Ay, dónde termina ese cuerpo, dónde está el punto final de esta mujer. Que ella o cualquiera me lo diga, y quizá entonces sí pueda por fin callarme... (185).

(My fingers continue groping without being convinced that there is nothing but clotted blood inside here, far away in the middle of this scary silence that I fill with my anguish. [...] Oh, where does this body end, where is the endpoint of this woman. Let her or someone tell me, and maybe then I will be able to stop talking...).

The incoherence of the syntax ('aquí dentro, allá lejos en medio') suggests that nurse will not be able to stop talking. The novel's open-ended closing lines capture the speaker's extreme anxiety at not understanding what has happened to the homeless woman or to her once well-ordered world, although in the course of her monologue she identifies some of the destructive events and forces that have dismantled, or disabled, her former sense of stability and security. There are passing references to 9/11 and the destruction of the twin towers, plagues originating in Africa, defunding of medical treatment for the chronically ill, uncontrolled immigration, communism and its replacement by terrorism as the new boogeyman of the Western imagination, the proliferation of new, poorly regulated medical procedures and other legacies of colonialism and economic imperialism. To choose just one example, her references to Africa as the source of plagues, which appear also in part two when 'African fruit flies' threaten María's perfect fruit, recall the racism that undergirds colonial power and persists today, and, more specifically, theories of the African origins of AIDS. The nurse has a brief moment of insight when she connects economics, international politics, and science as bodies metaphorically 'unidos por cordones umbilicales' (149) (joined by their umbilical cords), but her confused, undifferentiated juxtaposition of distinct crises reflects the unexamined fears of many in the West. The novel thus ends with a return to the mystery of the ill, disabled body. Just as Zoila's illness is the mystery that María must solve, but cannot control, so her dead body is the silent riddle that will drive the nurse further into fear and madness.

In closing, I would like to suggest that a fictional narrative has a particular power to raise questions and identify problems that are of concern to decolonial and disability studies theorists, and it does so in a way that can attract and challenge a wide readership. Works of theory and criticism have an important role in the critique of long-established ideas and in generating new ways to understand the many worlds we live in. Literature has its own valuable role to play by inviting readers, the common reader, into realities that we might never experience directly, but that we can glimpse through reading. An active engagement with a literary text can challenge our sense of self and other, and perhaps push us toward desiring and working for wider, more inclusive horizons of human life and greater degrees of equality, freedom, and justice.

## Notes

<sup>1</sup> *Fruta podrida* and the novel *Sangre en el ojo*, the winner of the 2012 Premio Sor Juana Inés de la Cruz, are Meruane's most sustained engagement with the narrative representation of

disability. The protagonists in both novels have diabetes and experience some of the common complications of that illness. Her scholarly book *Viajes virales: La crisis del contagio global en la escritura del sida*, also from 2012, is a pioneering study of the representation of HIV/Aids in Latin American literature.

<sup>2</sup> Mónica Barrientos (2015:100) reminds us that María's sabotage of the fruit has an historical antecedent in Chile when, in 1989, the United States, Canada and Japan suspended the importation of Chilean grapes due to the suspicion that they had been poisoned with cyanide.

<sup>3</sup> All translations of Spanish passages into English are my own.

<sup>4</sup> In the interview with Pablo Chacón (2012), Meruane speaks about the power of physicians, the potential abuse of that power, and her distaste for the word 'patient'. 'Y hay un supuesto cultural que permite que los enfermos--prefiero llamarlos así--no se sientan autorizados a frenar esas formas de abuso. Nadie tiene por qué ser tan paciente con su médico.' (There is a cultural assumption that allows sick people--I prefer to call them that--not to feel empowered to put a stop to those forms of abuse. No one has any reason to be so patient with their physician).

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