"Struggling Right Along With You": Precarity and the Power of Medical Crowdfunding Campaign Narratives

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Abstract

Medical fundraisers—which feature patients or caregivers seeking funds for medical care, procedures, or other needs—are ubiquitous on social media, and US-based GoFundMe.com is one of the most popular platforms. The rise of platforms like GoFundMe as forms of medical care and triage is notoriously intertwined with the failures of the U.S. healthcare system. Medical crowdfunding campaigns in the U.S. span diverse topics, invoke a wide range of moral discourses, and are affected deeply by race, gender, class, religion, and (dis)ability. Drawing on insights from a discourse analysis of ten "trending" campaigns hosted on GoFundMe in 2019, I argue that campaigns are participatory narratives (because organizers, beneficiaries, and donors can interact within the campaign space) that rely upon an individualizing discourse of deservingness to create reciprocal ties within biosocial communities of care. As politico-moral projects, medical crowdfunding campaigns are at once reflective of and responsive to normalized precarity. Crowdfunding narratives are spaces in which idealized neoliberal citizen-subjects are produced and valorized collaboratively through the discursive work of campaign organizers and donors, limiting (and enabling) our imaginaries of community and care.

Keywords: crowdfunding, narrative, precarity, GoFundMe

Introduction

Crowdfunding is a type of digital fundraising that seeks to harness the power of the crowd to raise individually small amounts of money from a large number of people. According to GoFundMe's website, "Crowdfunding harnesses the power of social networks and the internet to give people the means to raise funds, help others overcome hardship, and meet aspirational goals. With crowdfunding, you can help a friend or help an entire community. You can do everything from pay for your own surgery to fulfill a student's dream of attending college—and so much more." Medical fundraising has been the most popular motivation for new crowdfunding campaigns since 2014 (Renwick and Mossialos 50). These campaigns span diverse topics, including: cancer treatment, gender-affirming surgery, substance abuse rehabilitation, and assisted reproductive technology, and invoke a wide range of moral discourses. Their moral framings and the likelihood of their success are influenced by discourses surrounding race, gender, sexuality, class, religion, and (dis)ability. Medical crowdfunding is also notoriously intertwined with the failures of the United States healthcare system, often portrayed in the news media as a last-ditch effort to forestall medical bankruptcy or access health care (Murdoch et al. 8). Lauren Berliner and Nora Kenworthy argue that "U.S. healthcare and social safety-net systems are strongly premised on ideas of deservingness structured by class, race, gender and immigration status; [medical crowdfunding] further legitimizes this logic" (240). Like other forms of philanthropy, crowdfunding is rooted in liberal, humanistic sentiments undergirded by assumptions about neediness, deservingness, and competition. Campaigns compete for donations in a sea of unmet need, and the campaign narrative discursively frames the emergency and the beneficiary as uniquely worthy of potential donors' attention and donations. It is these campaign narratives, these stories of tragic need and the work they do in the world, that I explore in this paper, contributing to a small but growing anthropological literature on medical crowdfunding.

This paper addresses medical crowdfunding campaigns hosted on GoFundMe.com. Founded in 2010, the website provides the digital scaffolding needed for many kinds of crowdfunding campaigns, not just medical fundraisers. GoFundMe regards itself as an "industry leader" in crowdfunding. At the time of this writing, GoFundMe claims that its campaigns have raised over $9 billion USD, indicative of its soaring popularity. Much of the current literature on medical crowdfunding is based on research conducted on GoFundMe's former competitors, GiveForward and YouCaring, which GoFundMe has since acquired. However, GoFundMe's digital toolkit for campaign organizers and donors is distinct and this may have helped make it the premier crowdfunding platform in the US. For example, GoFundMe offers a free mobile app, beneficiary management services, and a team fundraising option, and its website is seamlessly integrated with other social media platforms such as Facebook and Twitter, which facilitates the spread of "viral" campaigns. GoFundMe also continually updates to maintain its relevance and to take advantage of the needs of the moment by harnessing affective power in moments of national crisis; for instance, amid rising infections in 2020, a section of its website was devoted to COVID-19 related campaigns.

In this article, I argue that medical crowdfunding is a political and moral endeavor and that crowdfunding narratives are spaces in which certain kinds of neoliberal citizen-subjects are produced collaboratively through the discursive work of campaign organizers and donors. Although donations to GoFundMe are legally categorized as personal (rather than charitable) giving, campaigns often invoke an ethic of giving that resembles more "traditional" forms of philanthropy. However, whether digital or analog, the ideologies and relationships embedded within philanthropy are always political (see Gomberg; Hanson; Katz; and Liberman). The bureaucratic systems that structure the provision of healthcare in the US, such as the managed care model and the Affordable Care Act, have significantly contributed to the need for medical crowdfunding and are also deeply political (see Boehm; Dao and Mulligan; Horton et al.; Nelson; and Rylko-Bauer and Farmer). Furthermore, in light of the ongoing COVID-19 pandemic, health inequities and costs have become a global topic of concern, while rising unemployment and medical shortages threaten families in the immediate and long-term. As of February 2021, 1 in 3 campaigns can be attributed to COVID-19, making GoFundMe a key indicator of economic and personal suffering (Cadogan).

Medical crowdfunding campaigns reflect the economic inequalities, or precarity, of the current moment, but they are also generative spaces in which worthy citizens are discursively co-produced. Discourse analysis and close reading of ten "trending" campaigns hosted on GoFundMe in 2019 suggests that medical crowdfunding on GoFundMe is a politico-moral project that reproduces offline inequalities but offers limited opportunities for resistance in the form of critique (as narratives underscore the unfairness of the tragedy that has befallen "deserving" beneficiaries, upstanding citizens) or, most importantly, by mobilizing and (re)forming community. As such, it is reflective of the processes of "precarization" and "hypercapitalism" (Karatzogianni and Matthews) that characterize life in the twenty-first century. I argue that campaigns are participatory narratives (because organizers, beneficiaries, and donors can interact within the campaign space) that rely upon an individualizing discourse of deservingness to create reciprocal ties within biosocial communities of care.

Methods

This project required close reading and discourse analysis of ten trending medical crowdfunding campaigns active on GoFundMe in September and October 2019. Navigating to the "medical fundraising" section of GoFundMe's website, these campaigns were at the top of the list thanks to their relative success. Although only 10% of medical crowdfunding campaigns are estimated to meet their fundraising goals (Berliner and Kenworthy 236), I chose to focus only on the ten most successful campaigns. In a context where failure is the norm yet so many still make an attempt, these few successful campaigns are inspirational for many. The narrative strategies employed by these campaigns are thus likely to be used as models by other campaign organizers; indeed, GoFundMe periodically selects successful campaigns to feature on its home page, holding them up as exemplars for others to follow. Moreover, where journalists write on the phenomenon of medical crowdfunding, they are apt to focus on these exemplary campaigns too, rendering the "viral campaign" discursively legible as a prominent figure in public consciousness and debate.

All of the campaigns I studied were based in the US. Four campaigns were related to cancer; three, deadly car crashes; two, rare genetic disorders; and one, a workplace injury that resulted in partial paralysis. Ill or injured children and their parents were the beneficiaries of three campaigns. At the time of data collection, cancer was the single most common motivation for medical crowdfunding (Snyder et al. 365). However, this may have changed since 2019 due to COVID-19 and the rapid rise in COVID-related fundraisers (Cadogan). Nine out of ten beneficiaries were white families, a disparity reflective of the racial bias embedded in medical crowdfunding success (Lukk, Schneiderhan, and Soares 410).

As I manually coded campaign narratives, I attended to any updates posted by organizers, photos or videos of the beneficiary, and the most recent comments left behind by donors (only donors are permitted to leave comments on a GoFundMe campaign web page). For my discourse analysis, I identified major themes such as need, urgency, deservingness (following Berliner and Kenworthy as well as Snyder et al.), gratitude, faithfulness/spirituality, honesty/authenticity, and reciprocity or "giving back." I also attended to the kinds of relationalities that were made explicit by organizers and donors: donors who knew the organizer or beneficiary "in real life," who referenced mutual friends, or whose stated bonds were forged solely through the space of the campaign ("I don't know you, but…"). Finally, I observed how organizers talked politics (if at all). As an analytical category, "politics" is broad and subject to personal interpretation, but I focused especially on critiques or elaborations of health insurance, health disparities, or economic inequality in the United States. My thematic interest in precarity emerged out of this attention to the political and its narrative submersion. Here, I follow Isabell Lorey's theorization of precarity as the management of insecurity and risk amidst rising economic inequality in order to sustain late industrial consumer capitalism (12). Medical crowdfunding is often portrayed as a "stop-gap" measure or last resort for patients who have fallen through the cracks of a fragmented, inadequate healthcare system. In other words, it exists in response to the precariousness of contemporary life, with the idealized successful campaign a means of assuaging precarity for its beneficiaries.

Narrativity: Crafting the Campaign Story

Due to GoFundMe's algorithms, campaign web pages are unsteadily located in time and space. When I began my research, I spent hours deciphering how the algorithms worked, why certain campaigns were boosted to the top of the page while others fell to the bottom of the digital pile. Following Nick Seaver, I treat these algorithms as culture, as fluid objects that are perpetually remade as users (myself included) engage them (4). GoFundMe's algorithms are proprietary, but I deduced several important variables. The campaigns you see on "Campaigns Near You" are determined by the IP address of whatever device you are using to access the site. When I logged in from Mount Holyoke College's campus in western Massachusetts, I was shown a sampling of local campaigns. South Hadley is a small college town, and in just a few minutes of scrolling I could see local campaigns that had not been updated in over six months. By contrast, when I logged in from my hometown in southeast Florida, I saw a different set of "local" campaigns entirely. I experimented with changing my IP address to different regions of the world, and verified that viewers logging in from North America see different campaigns featured on GoFundMe's homepage than viewers from Europe and South America. The speed with which new campaigns are uploaded also matters. Clearly, more campaigns had been posted from southeast Florida than western Massachusetts, meaning that in order for a campaign to stay relevant (i.e., near the top of the digital pile), frequent updates, shares, and donations are a must. In addition to geographic location, GoFundMe's "trending" algorithm also tracks the number of donations and shares, the recency of donations and shares, the recency of updates, funds raised, and progress towards fundraising goals. Campaigns tagged as "trending" have raised considerable funds in a short period of time, feature plenty of updates and donor comments, and have been shared externally via other social media platforms.

Campaigns do not have inherent endpoints. Although a campaign is ostensibly over when it has reached its fundraising goal, in practice this is not always the case. Throughout the course of my research, several campaigns increased their fundraising goals after meeting an initial goal. Moreover, some organizers continued to post updates and interact with donors after their final goal had been reached. GoFundMe does not take down campaign web pages; unless an organizer archives a campaign, it will remain "live" and continue to be indexed by GoFundMe's algorithms, in addition to Google Search. However, given the rapidity with which new campaigns are created, closed and forgotten campaigns can easily fall to the bottom, relegated to less importance by the algorithm.

As narratives, campaigns occupy fluid positions in time and space and represent the discursive efforts of many actors. Other scholars have observed that medical crowdfunding campaigns are most often organized not by the beneficiaries themselves, but by a third party such as a friend or family member. Following their research on medical crowdfunding in China, Kaibin Xu and Xiaoyu Wang suggest that third-party organizing helps to legitimize a beneficiary: someone else who can vouch not only for their illness but also for their status as a worthy community member who deserves assistance (1608). Third parties organized all ten of the campaigns I reviewed and I witnessed similar kinds of legitimacy work, as organizers extolled the virtues of their loved ones and emphasized the unique tragedy now facing them. Organizers sometimes relayed messages on behalf of beneficiaries, thanking donors for their monetary contributions, well-wishes, prayers, and shares, or requesting additional assistance. Donors themselves can also participate directly in campaign narratives by commenting on the campaign web page after leaving a donation; all the campaigns I studied received copious commentary, most of which was supportive and compassionate. For these reasons, I argue that campaign narratives are polyvocal (i.e., multi-voiced) texts.

Although they are polyvocal and participatory texts, campaign narratives are shaped first and foremost by campaign organizers. It is the organizer whose discursive strategies influence a campaign's success, the organizer who sets out to tell the beneficiary's story in a manner legible to an "imagined audience" (Litt 331) of sympathetic yet discerning potential donors. Medical crowdfunding campaigns have been characterized as moral projects that seek to establish beneficiaries as worthy recipients of aid and valued community members. Trena Paulus and Katherine Roberts argue that organizers make "identity claims" about beneficiaries, drawing attention to their positive attributes (e.g., work ethic) and social standing as self-evident reasons why they deserve help now (68). They pinpoint an ethos of individualism that permeates medical crowdfunding narratives in addition to the bureaucratic logics underpinning health insurance and social safety-net politics (Paulus and Roberts 70). In one of the campaigns the organizer writes, "We believe the laborer is worthy of their wage and are not asking for anything for free. We have however exhausted every means to get this done and time is becoming critical." This appeal implies that a less hard-working family would not deserve donations as much as this one. At another point, the organizer writes, "[My wife] and I have been and continue to trust God in this matter but as the Word says *you have not because you ask not*" (emphasis mine). The onus is on the individual to do what is necessary to get what they need to survive.

In a video update, the organizer continues: "I am not a beggar, but I know I have a store in heaven. I have laid up treasure in heaven for years, as a tither, as a giver, as one who has responded to the needs of many other people in 22 years of ministry and 30 years since I have recommitted my life to the Lord I have really sold out to the things of God." He sets up a direct contrast between himself and his wife as worthy with abstracted "beggars" who would presumably be unworthy of your assistance. He emphasizes his valued position within the community as a pastor and reminds the viewer that he and his wife gave generously to others in the past. This identity claim is also an excellent example of what Elizabeth Gerber and Julie Hui have termed "social signaling factors" in crowdfunding. By giving to certain campaigns for beneficiaries who occupy certain social positions, donors can signal their affirmation and affiliation with the values the campaign endorses, performs, or represents (Gerber and Hui 24).

Campaign narratives remain individualized—an individual person in need of help or in a crisis asks for individual support—because they downplay or ignore entirely the economic inequalities that have produced the need for medical crowdfunding in the first place. Paulus and Roberts (70) report that most campaign organizers do not report (inadequate) health insurance coverage as a motivating factor, although medical crowdfunding campaigns originate disproportionately from states that elected not to adopt the Medicaid expansion (Berliner and Kenworthy 240). Moreover, Snyder et al. (366) point out that few organizers directly address the injustice of being forced to rely upon charity for healthcare in the first place. In the aforementioned campaign, the organizer explained that he and his wife did not have health insurance because they could not afford it, but he was quick to clarify that this was only a temporary state of affairs. It was merely unfortunate timing that his wife had fallen ill while he was in the process of moving his congregation to a new ministry. In the US, health insurance is often linked to employment, and "having health insurance" thus becomes a proxy for moral uprightness and a signifier of one's contributions to society.

At the same time that campaigns create the individual as moralized, liberal citizen-subject, they also create the emergency. All ten campaigns told a story that set the beneficiary's experiences in some way apart from that of "normal" life. In "Making Up People" for the *London Review of Books*, Ian Hacking writes that discourse is a way of "making up persons" (i.e., to speak of someone or something in a certain way is to *create* that kind of person or thing), and I argue that medical crowdfunding campaigns can be understood as a way of making up worthy beneficiaries beset by extraordinary tragedies. Organizers create worthy beneficiaries in two main ways: first, by emphasizing the randomness of the illness or injury, which will hopefully facilitate the audience's understanding of the victims as unlucky or tragic figures; second, by discursively positioning their illness experiences as "unthinkable" or "unimaginable," something unknowable to the outsider. In this case, the only way for outsiders to relate is through the medium of the campaign narrative and by showing support in the form of donations or shares. I have characterized campaigns as participatory narratives, and they are, but they also hold the audience at arm's length. The level of participation I observed maintained a clear distinction between the self (the donor) and the other (the tragic beneficiary). This aligns with David Perusek's autoethnography on the experience of cancer diagnoses in the United States, where he argues that the compartmentalization of cancer within our contemporary cultural imagining as something unimaginably horrifying actually isolates patients, discursively placing them beyond the reach of empathy and meaningful social support (488). In a campaign for the victims of a fatal car accident, the organizer opens with, "This morning, July 28, the unthinkable happened." Reflecting on family photos they had taken right before the accident, he writes, "Little did they know it would be the last photos of their precious daughter and family together as they knew it." Although car accidents are all too common, the victims' experience can still be individualized and made to stand out by positioning it as something so horrible that we, the audience, cannot bear to imagine it happening to our own families.

In electing not to engage directly with the social and economic inequalities that brought medical crowdfunding into being, organizers naturalize and normalize these offline hierarchies in favor of liberal humanitarian notions of charity. According to Michael Katz, poverty has historically been treated as a personal failing in the United States (1). Certainly, there is a subtext about failure in the examples I have provided. Paul Gomberg writes, "There is a difference between the ethical obligations imposed on us when we are confronted with an individual in need of emergency rescue and the social problems that arise from pervasive poverty" (40). He adds, "There will always be a residue of exceptional unfortunate events that our foresight has failed to prevent, and the exceptionality of emergencies makes it relatively painless to respond to them with a norm of rescue" (Gomberg 49). By making up emergencies as they make up people, campaign narratives reimagine the mundane suffering caused by the health care system, rewriting them within personal narratives of hardship and individualized catastrophe.

Medical crowdfunding campaigns are rich, multilayered narratives. They invite participation from a theoretically unlimited number of actors, and they move through time and space in ways that elide easy classification. Another campaign from my sample has posted over 300 updates since July 2019. The organizer is the wife of a man who suffered a severe spinal injury at work, and her campaign web page details his medical journey, from the moments immediately after the accident to the family's cross-country move in search of improved therapeutic resources later in his recovery. As they are shared via Facebook and Twitter and converted into hyperlinks, campaigns become cross-platform narratives, (re)interpreted with each share and comment. As moral and discursive endeavors, medical crowdfunding campaigns make identity claims and invite potential donors to come to know beneficiaries as singularly worthy and deserving individuals. They make up the person and the emergency, inviting the formation of certain kinds of relationships while foreclosing others.

Relationality: Giving to Donors and "Giving Back"

Participation in medical crowdfunding campaigns has the potential to create new relationships as well as to strengthen or damage pre-existing ones. My research suggests that the relationship between beneficiaries, organizers, and donors is not merely an economic one but also includes social and emotional dimensions. This validates findings by other scholars. For instance, Gerber and Hui suggest that participating in medical crowdfunding expands donors' social networks and allows them to envision themselves as part of an emerging community (23). Irma Borst, Christine Moser, and Julie Ferguson suggest that a campaign's success is largely determined by its ability (or inability) to reach strangers, those supporters with weak or no pre-existing social ties to beneficiaries (1407). As participatory narratives, medical crowdfunding campaigns invite interaction that goes deeper than a one-time financial gift. The ten successful campaigns I studied can also be understood as nascent digital communities that facilitated aspirational reciprocal bonds between beneficiaries, organizers, and donors. I term this reciprocity "aspirational" because the economic exchange is lopsided and replicates the hierarchical power structures inherent in charity, and because the medium of GoFundMe places significant limits on the kinds of digital communication and interaction that can or should take place. Nevertheless, my research indicates that beneficiaries and campaign organizers do give something back to donors, something donors to these successful campaigns must find valuable given that only 10% of medical crowdfunding campaigns reach their fundraising goals (Berliner and Kenworthy 236).

By repackaging and disseminating technical biomedical knowledge via the campaign narrative, medical crowdfunding creates a biosocial community, and the web page becomes an educational site. In Paul Rabinow's concept of biosociality, new identities are made through both private and collaborative production and regulation, resulting in the creation of biosocial communities, where "individuals sharing certain traits or sets of traits can be grouped together in a way that not only decontextualizes them from their social environment but also is nonsubjective" (100). In the space of the campaign, a shared experience with a terrible disease constitutes one important identity, and this biosocial relationality justifies support. This is most obvious when the beneficiary has a rare genetic disorder or a condition like cancer, but I observed subtler forms of biosociality in every campaign studied, as commenters drew out the parallels between beneficiaries' experiences and their own.

The creation of these biosocial ties hinged in part on the transmission of complex biomedical knowledge between organizers and potential donors. According to Katie Tanaka and Amy Voida, one of the ways that organizers establish their legitimacy is by providing potential donors with high-quality information (4556). In all the campaigns I studied, organizers offered detailed information regarding beneficiaries' diagnoses, treatment regimens, and prognoses.

They made strategic use of medical jargon to inform readers on rare genetic disorders, experimental therapies, and complex surgical procedures. For instance, one organizer provided the following explanation of a beneficiary's upcoming treatment, which would hopefully be financed with campaign donations:

> [My son] goes to the hospital on October 11 (Day -8) to begin his pre-transplant conditioning that will destroy his bone marrow with high-dose chemo and radiation. On October 14, [his brother] will take a pause in his college life to begin daily, outpatient treatments that will boost his stem cell growth. The donation procedure is a long, but non-surgical, blood draw into a machine that separates and collects stem cells before returning the reconstituted blood back into [his] body. On October 18 (Day 0), [my son] will receive [his brother's] freshly collected stem cells by an infusion that typically lasts no more than an hour. This begins a critical time, waiting and watching for [his] transplanted stem cells to make a happy home in [my son's] depleted bone marrow, producing a new and cancer-free immune system.

This example highlights a tension facing organizers: how much detail to provide. Here, the organizer introduces potential donors to complex concepts such as stem cells, but these are also black-boxed as "making a happy home." Despite the black-boxing, the "educated lay person" browsing GoFundMe can potentially come away with a fairly sophisticated grasp of current biomedical approaches to a dizzying array of medical conditions. Harkening back to Paulus and Roberts' concept of crowdfunding as a social signaling factor, this can be framed as establishing organizers as trustworthy, well-educated members of the public who are now doing their part to educate others.

There is evidence to suggest that these kinds of biosocial tactics resonate with donors. In another campaign, parents organized a fundraiser for their newborn twins, who both suffer from Canavan disease, an extremely rare genetic disorder. Despite the rarity of the disease, commenters imagined connections with this family in other biosocial terms: shared identities as mothers, shared baby names, and the uncommon experience of raising twins. After donating to the campaign, one commenter wrote, "In honor of our own daughter Yael, and our daughter Orli who is achieving the same milestones your beautiful children are." Another writes, "I am a mom of twins myself, and my heart goes out to you and your beautiful babies." In a different campaign for a man who eventually died of cancer, one commenter writes, "A very brave man who I understood battled so hard to beat AML… We too celebrate everyday our loving Father & Husband… who fought the AML battle to the very end - [he] made us all that much better."

Not all of the relationships facilitated through crowdfunding are positive. Following interviews with donors, Jennifer Kim et al. argue that family and friends may feel social pressure to donate to campaigns even if they have already provided other, non-monetary forms of support (2005). Similarly, Wesley Durand et al. report that some donors felt obligated to give despite dealing with their own economic hardship (7). I will not dwell on this because my own research did not provide evidence one way or another on the offline interpersonal pressures associated with crowdfunding, but I do want to introduce this tension, as it relates to the idea of precarity that I will discuss in the following section.

In addition to specialized biomedical knowledge, campaign organizers and beneficiaries offer donors profuse displays of gratitude and humility. As donors provide care for beneficiaries in the form of cash and written well-wishes or blessings, so too do organizers display emotional and spiritual care for donors. In an update, one campaign organizer writes, "May each of you experience His love and peace, may you know what is the hope of His call and the riches of His inheritance available to us in Jesus! We love and appreciate you, again, Thank you! We call you loved and blessed!" Publicly expressing gratitude is a form of identity work, assuring donors that they gave to a deserving person. As Katz reminds us, the "undeserving poor" is one who does not receive assistance in their time of need (2). The need to discursively perform deservingness does not end with the campaign solicitation but remains relevant through continued interactions with donors in the form of campaign updates, as organizers address donors specifically. In another campaign, the organizer assures readers that "Gratitude is a core value for this family. With every curve ball, medical twist, and crazy bad piece of luck, this family focuses on the generosity and beauty of their community. They know that it is this tremendous outpouring of love and support that will once again see them through." Community is both online and offline.

Another way that organizers display gratitude is by promising to "share the wealth" if excess funds are raised, or to "pay it forward" at some unspecified future date. One organizer writes that unused donations, "will make a difference in some lives… We know we're not the only ones, but we would like to take pressure off as many as we can as we get to the other side of this." Another organizer pleads, "if any family is deserving and will pay it forward when they are able, it is [this one]." By pledging to act generously in the future—to create future community and reciprocal bonds—beneficiaries reassert their worthiness; they deserve your assistance because they themselves have given and will continue to give to others. By donating to their campaign, you invest not only in the beneficiary but also in their community, which is expected to benefit from their survival and the value they bring through their positive attributes. This is an ongoing relationship that, like the campaign narrative itself, stretches indefinitely into the future.

Public displays of gratitude and humility are coupled with a "peek behind the curtain" into beneficiaries' daily lives. In my case studies, I observed that updates tended to offer much more personal information than the primary campaign solicitation. The most extreme example was a campaign with over 300 updates. Organized by a wife on behalf of her husband, who was partially paralyzed by a spinal injury, these updates chronicle the family's daily hardships and triumphs. She provides detailed biomedical updates and explanations in addition to information on his psychological state, photos and videos taken during physical therapy, and her own reflections. For instance, as she weighs the benefits and challenges of a cross-country move, she admits that "the thought of not moving and that being the wrong decision for [my husband] long term is terrifying. The thought of uprooting my children from their support system is sickening especially my [daughter]. I don't want to do it. I don't want to adult anymore but there is no pause button now. It is forward fast." Given that many people enjoy reading about others' lives for the sake of it, such reflective anecdotes (see Page) should not be discounted as a reciprocal offering in themselves. They also help verify the organizer's trustworthiness and provide additional venues for the kinds of identity claims essential to fundraising success.

I have spent most of this section elucidating what beneficiaries and campaign organizers offer donors in exchange for their donations. However, I also want to draw attention to the emotional and spiritual care that donors can provide in the comments section, as this underscores the participatory nature of the campaign narrative and deepens the relationships and communities formed through medical crowdfunding. Sometimes donors explicitly asked for additional updates, photos, or videos, emphasizing the organizer's perceived responsibilities to their donors and revealing the continuity of the crowdfunding relationship beyond the moment in which a donation is processed. What I observed most often, however, were outpourings of support, compassion, and blessings. Commenters encouraged beneficiaries to "stay strong," "keep fighting," and "not lose hope." Another writes that they are "struggling right along with you," revealing that the participatory nature of the campaign narrative can have deep meaning for donors as well as beneficiaries. One commenter went even further, offering a beneficiary a job: "finally found a bigger building to support the co growth.. move probably after first of new year.. an office will be waiting for you to fill it!! God Bless you and your family." This validates Kim et al.'s findings that medical crowdfunding campaigns can simultaneously help beneficiaries to leverage offline, non-monetary forms of support (2002).

As participatory ventures, medical crowdfunding campaign narratives forge reciprocal relationships between beneficiaries and donors, mediated by organizers' discursive work. These relationships are embedded within digital communities of care (monetary, emotional, and spiritual) with biosocial characteristics, and they collectively reimagine the campaign as a point of intervention into the lives of tragic and deserving individuals. Campaign narratives, however, draw careful distinctions between identity claims on beneficiaries and broader political claims, despite the fact that these narratives also represent a way of writing and resisting precarity amidst late industrial capitalism and the neoliberal structuring of social services.

Precarity: Politics, Insurance, and Market-Based Medicine

As I have mentioned in the preceding sections, campaign organizers rarely criticize the neoliberalization and marketization of health care in the US context, despite these being prime reasons for many of their predicaments. Campaign narratives reflect precarity in multiple ways: what is said, what is left unsaid, whose voices are present, and whose are excluded. Lukk, Schneiderhan, and Soares have found that "visible minorities" (i.e., people of color) are less likely than white individuals to start campaigns; and, when they do, they tend to raise less money (421). All but one of the successful campaigns I analyzed were for white beneficiaries, underscoring the reality that success in medical crowdfunding is racialized. Moreover, this precarity becomes mundane on GoFundMe. Although campaign narratives tended to frame events as sudden, catastrophic crises, the moralization of these discursive performances obscures how everyday life is lived as crisis.

Following Anna Tsing's suggestion that "precarity is the condition of our time" (20), I argue that precarity is the condition and justification of GoFundMe. According to Lorey, precarity is the neoliberal social order that manages insecurity and risk to sustain consumer capitalist market ideologies (12). In the US, the phenomenon of medical crowdfunding emerged in the wake of a devastating economic recession (Paulus and Roberts 65) and is both a social and an economic enterprise. The insecurities and anxieties that drive it are expressions of precarity, with both social and economic consequences. Certainly, the beneficiaries of medical crowdfunding campaigns occupy insecure economic positionings. Campaign narratives are simultaneously individualized and embedded in networks of on- and offline relations. However, these public displays of unmet need have not changed the realities of accessing health care and health insurance in the US. Despite the substantial labor invested in their campaigns, organizers typically did not write about politics. One way of interpreting this is by attending to the ways in which precarization, as a social process and political project, has naturalized and normalized these forms of profound financial and medical instability.

Individuals organize medical crowdfunding campaigns in response to precarity. Although it is statistically unlikely that they will succeed, the choice to invest time, energy, and emotional labor into a campaign is perfectly rational given that access to health care is already a fragmented, uncertain process for many Americans, who have no choice but to move between multiple institutions, services, and providers. While only 10% of medical crowdfunding campaigns reach their goals, as many as 30% do not receive a single donation (Durand et al. 3). When faced with the specter of medical debt or another financial barrier to accessing health care, however, organizers and beneficiaries remark that GoFundMe is often a last resort. In the US, medical debt is the leading cause of personal bankruptcy (Burtch and Chan 1). One organizer explains, “We have however exhausted every means to get this done and time is becoming critical.” Where healthcare is only available on a “pay to play” basis and even relatively affluent households file for bankruptcy due to medical debt, turning to GoFundMe can be understood as a natural extension of privatization and marketization within medicine. Normalized precarity is further amplified for low-income households and those who live with, or care for, someone with a chronic illness.

In the context of clinical encounters, Cheryl Mattingly has described hope as a narrative process: “I will consider dreaming that comes when you might least expect it, the terrifying nightmares that serious illness or tragedy can precipitate. Even more, I will consider what may be done with such nightmares, the work to make them habitable” (4). I argue that campaign narratives are a way of dreaming against precarity, both medical and economic. Organizing or donating to a medical crowdfunding campaign can be a way of showing care amidst, and confronting, precarity: “We are praying for their speedy recovery and they are in dire need of financial support… They strongly need our prayers and financial support to get back to normalcy.” Medical crowdfunding not only reflects precarity: the construction of campaign narratives may represent one avenue through which organizers and beneficiaries rewrite their life stories and reestablish a sense of control. Arthur Frank writes, “The illness narrative presents who the ill person has become and stakes a public claim on this new identity” (42). Can medical crowdfunding campaigns, then, also be understood as narrative projects of becoming among community, however precarious? Arguing that medical narratives constitute a genre unto themselves, Frank suggests that medical narratives reveal and “make real” an ontological shift from “who I was before” to “who I am now” and “who I might become” (46). Where tragedy is portrayed as random and unpredictable, campaign success could be presented to potential donors as a means of restoring a degree of order in beneficiaries’ lives. One organizer writes, “Believe it or not, even during these cancer-filled days, life is good. There is an inexplicable joy that comes with being present during the big and small moments of everyday life and paying attention to the beauty and love that cancer cannot defeat. This joy is possible thanks to you all—to the help provided by the GoFundMe community.”

This narrative process of reordering and remaking a life typically took the shape of the reflective anecdote, as described by Page (234). In order to elicit affective responses from potential donors, campaign narratives tended to emphasize emotional disclosures or personal reflections rather than linear accounts. The public work of writing a reflective anecdote may also be a way for the writer to internally make meaning out of their experiences. In other words, campaign organizers narratively *resist* precarity, insisting on meaning even as they organize in response to the precariousness of contemporary existence. A successful campaign that allows the beneficiary to access care or pay off their medical bills is one concrete way of restoring order to life. Again, because they are individualized, such narratives also foreclose the possibility of collective action, organizing, or activism around issues such as health care access. Frank writes that medical narratives, because of their individualized nature, function as open-ended invitations to “see what happened to me,” rather than warnings that “this will happen to you” (49). “Illness narratives are not illnesses, but they are a significant means for studying the social construction of illness as a rhetorically bounded, discursively formulated phenomenon” (Frank 41).

Perhaps what is most tragic about medical crowdfunding is its scale. In an editorial early this year, GoFundMe CEO Tim Cadogan called on lawmakers to pass more COVID-19 relief, writing that the platform is “a leading indicator of the biggest pandemic-related hardships. Even before the weekly jobless claims, the monthly unemployment numbers and the quarterly gross domestic product reports tell us the state of the economy, we at GoFundMe learn firsthand about the real struggles Americans face” (Cadogan). As the number of COVID-related fundraisers grows, he states, “We are proud of the role that GoFundMe plays in connecting those in need with those who are ready to help. But our platform was never meant to be a source of support for basic needs" (Cadogan). In reality, platforms like GoFundMe had become a last line of support for countless families' basic needs long before the emergence of COVID-19; my data collection on GoFundMe's website wrapped up just months before the pandemic hit North America. It is the normalized, engineered financial structure of the health care system, rather than a sudden event like a pandemic, that gives medical crowdfunding a foothold in a broader ecosystem of care and harm.

The anthropology of risk and insurance has demonstrated the uneven impacts of managed care and market-based medicine on marginalized communities and families in the US. In her critique of Medicaid managed care in New Mexico, Nancy Nelson argues that the decentralization and privatization of health care has obscured the neoliberal power relations that govern access to care in contemporary life (105). She compares Medicaid managed care to foreign aid, arguing that both reaffirm the hierarchical imbalance between a generous benefactor and an impoverished recipient (104). She also points out that insurance can be depoliticized when its bureaucratic problems are met with short-term technological fixes rather than fixed at the source (113). My research suggests that medical crowdfunding is similarly depoliticized when organizers and donors portray it as an inevitability of contemporary life. Furthermore, the practice of medical crowdfunding redistributes cost and risk in a manner not too distant from that of health insurance companies. Rather than challenge these structures, however, crowdfunding narratives tend to reiterate them as simple facts of life.

The following indictment of managed care comes from an update to one campaign. It is the most explicit criticism of the health insurance system that I observed:

> [My husband's] doctor here said that 5-10 years ago patients with [my husband's] other injuries (shoulder and rib fractures) used to come to a rehab facility for a short time, learn how to survive at home, be sent home for a month to a month in a half, and then come back to rehab. Asshole insurance companies started denying people from coming back so they stopped doing that and people like [my husband] have to just power through.

Although the organizer clearly points to the fact that things used to be different and blames insurance companies for changing matters for the worse, there is an element of nihilism in her writing. Nothing can be done save raising the money and carrying on.

"No one ever sorts him or herself out on terms entirely of one's own, but the point of the experiential narrative is to see how far it is possible to make conventional rhetoric 'one's own'" (Frank 48). Precarity has been the thread running through this paper, and precarity is the thread running through medical crowdfunding campaigns on GoFundMe. The explosive popularity of GoFundMe as a venue for medical crowdfunding reflects the precarity of the current moment, but medical crowdfunding does not fundamentally destabilize or level a critique against the forces of neoliberalism that have made it so popular and necessary for accessing health care. None of the crowdfunding campaigns I analyzed mentioned the racial inequalities evidenced through medical crowdfunding. Nevertheless, medical crowdfunding campaign narratives open a limited but meaningful space for imagining alternatives to our precarious neoliberal order. Promises to "pay it forward" or "give back" in the future reiterate the importance of communities of care in the absence of robust social safety nets and offer an implicit critique of the isolating, individualizing effects of market-based medicine. Campaign narratives discursively resist the destructive, isolating impacts of precarity on individual families' lives by reworking their stories into sites of participation and intervention.

Conclusion

The reflective nature of these ten campaign narratives, especially the campaign updates, is shot through with individualizing identity claims, encouraging an interpretation of medical crowdfunding campaigns as political and moral projects. This discursive work is essential for the strategic construction of a beneficiary that stands out from the crowd, worthy of your donations. What makes a certain beneficiary "worthy" is also classed, racialized, and gendered, and reliant on the capitalist pull-yourself-up-by-the-bootstrap narratives that predominate US poverty and social safety-net discourse. This comes into sharp relief given other findings on the unequal nature of "success" within crowdfunding (see Berliner and Kenworthy; Lukk, Schneiderhan, and Soares; Paulus and Roberts; and Snyder et al.).

At the same time, these individualizing narratives are also deeply embedded in social networks that link and co-create digital and offline communities. The narrative facilitates an aspirational reciprocal relationship between donors and beneficiaries in which donors give a financial gift (perhaps accompanied by emotional support in the comments section) and beneficiaries offer biomedical knowledge, gratitude, religious or secular well-wishes, and promises to "pay it forward" or invest in their communities again once they are able. These relationships are circumscribed by the technological limitations of the platform but still allow participants to collectively reimagine what it means to care for another amidst growing economic inequality, medical uncertainty, or personal tragedy. I argue that these participatory narratives and the collective reimaginings they represent are at once reflective of our precarious, late capitalist times and an active, if limited, form of resistance. Dreaming against precarity in community is still political even if organizers typically refrain from explicit critiques of capitalism, neoliberalism, or marketized health systems. However, the forms of dreaming and writing against precarity evidenced in these ten campaigns reinforce other kinds of hierarchies and inequalities; by staking a claim on beneficiaries as worthy, they implicitly (and sometimes explicitly) make claims on unnamed unworthy others. They offer implicit critiques of the political-economic status quo but stop short of calling for active resistance to the systems that create health inequities; instead, a more passive form of resistance unfolds as donors give to individual families in need, caring for some in a way that fails to care for countless others.

Like all research endeavors, this one has its limitations. In particular, the small number of case studies means that generalization is impossible. Focusing on just ten campaigns allowed me to dig deeply into each update, comment, and photo posted to a campaign, making a true "close reading" possible and allowing me to give each narrative space to breathe. In light of the important survey work that has already been done by scholars of medical crowdfunding that addressed campaign narratives in the aggregate, this methodological choice offers a complementary, qualitative perspective. The results presented here are provocations for further research and exploratory suggestions. The whiteness of my case studies reflects the whiteness of GoFundMe's trending campaigns at the time I collected my data. However, the unequal impacts of medical racism on Black and Brown communities in the US means that future research on medical crowdfunding must address the ways that nonwhite organizers and beneficiaries are discursively and algorithmically marginalized on GoFundMe and other platforms.

My decision to analyze the narratives of only the most successful campaigns means that the narratives of the vast majority of campaigns, the unsuccessful or failed campaigns, are outside the bounds of my analysis. Durand et al.'s analysis suggests that there are significant narrative differences between successful and unsuccessful campaigns, such as the use of negative versus optimistic terms (7). Without also attending to unsuccessful campaign narratives, I cannot know if the discursive and relational trends I observed in these highly successful campaigns hold true under other circumstances. I also cannot say if themes of worthiness and precarity take the same shape in non-US contexts, especially given the uniquely precarious health financing situation in the US. Finally, the ongoing COVID-19 pandemic has already greatly impacted GoFundMe and the nature of medical crowdfunding, whose popularity has only continued to grow in the wake of increased precarity, limited governmental assistance, and feared future austerity measures (see Robinson and Wardell for an analysis of COVID-related medical crowdfunding in New Zealand).

Future research could take up the lens of precarity to investigate the preponderance of medical and other forms of crowdfunding within left-aligned political communities, which promote mutual aid and often make use of digital social networks (Kouri-Towe 192). It is also worth asking if Tim Cadogan's entrance into political discourse, coupled with the surging use of GoFundMe in response to the ongoing pandemic, is making medical crowdfunding a more explicitly political undertaking, or if GoFundMe, as a corporate entity, is merely capitalizing on inequality. Longitudinal analyses of the kinds of identity claims being made and remade through campaign narratives could be particularly insightful in this regard. The racialized and classed subtext of "unworthiness" and individualism is perhaps the most important and urgent venue for future study because this is where the possibilities opened within crowdfunding for solidarity in resistance to capitalism and neoliberalism remain bound by the hierarchical, discriminatory social processes that have led to its very existence.

Ultimately, medical crowdfunding is marked by complexity and ambivalence. Its very existence is an indictment of the US healthcare system and a window into immense personal and collective suffering. At the same time, the discourse of the most successful campaigns contributes to the normalization and moralization of certain kinds of liberal subjectivities and sensibilities that place the burden for change on the backs of individuals, rather than communities or governments. Families facing medical bankruptcy are urged to create a campaign of their own, not to march in the streets demanding universal healthcare. This research has validated findings by other scholars about the inequalities perpetuated by medical crowdfunding. However, the potential for the campaign space to become a space of digital community also gestures toward a political horizon. Meaningful relationships are created within the campaign space, if only just for a moment, as organizers and donors collectively imagine a different, better future for beneficiaries. Donors claim connections with beneficiaries through shared experiences of illness or injury and donate in honor of these biosocial relationalities, publicly named and even celebrated. For whatever value dreams may have, they dream together through the campaign narrative.

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