

Dead Language

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There is a place in the South of Brazil called Vita. Vita was founded in 1987 by Zé das Drogas, a former street kid and drug dealer. After having converted to Pentecostalism, Zé had a vision in which the Spirit told him to open a place where people like him could find God and regenerate. Zé and his religious friends squatted private property near downtown Porto Alegre, a comparatively well-off city of some two million people, and started to run a precarious rehabilitation center for drug addicts and alcoholics. Soon Vita's mission enlarged. An increasing number of homeless, mentally ill, and dying persons began to be dumped there by the police, by the psychiatric and general hospitals, by families and neighbors. Vita's team then opened an infirmary, where these human beings—most of them without documents or without names—were waiting *with* death.

In March 1995, photographer Torben Eskerod (1997) joined me in an ethnographic journey to document the experience of marginal and poor people afflicted by AIDS in several regions of Brazil. Since 1992, I had been charting the new institutions and cultural processes that were emerging through the World Bank-funded management of AIDS (Biehl with Blatt 1995; Biehl 1999, 2000, 2001a). By 1992, the World Bank had approved an unusual loan of 250 million dollars for the creation of a new national program that was supposed to control what many international health experts were calling "the africanization of AIDS in Brazil" ("O sexo inseguro" 1991, 52). I was interested in how new technical, political, and medical strategies were impacting processes of social and biological change among the poorest in urban centers. Gerson Winkler, then coordinator of the AIDS program of the city of Porto Alegre, was very critical of the new AIDS management (which he was also a part of): "It's a big lie. What is really at stake is the making of a clear division between the ones who have access to the financial and medical provisions of the AIDS world and the ones who don't. Poor people are lost in the fight for access. The machine does not absorb the demand. It is a fictional government." Gerson insisted that Torben and I visit Vita, the real place to understand the forms governance and humanness were taking in Brazil: "You must go there. It's the deposit of life's leftovers.

You will see what being human in this land is becoming, what men do to men."

We found Vita situated on a hill of absolute misery, overcrowded, with tents, a wooden chapel, and an inadequate kitchen, and no hot water or bathroom facilities. Some 200 men were living in the "recovery area"; there were some 150 people in the infirmary. The infirmary was separated from the recovery area by a gate, policed by volunteers who made sure that the sickest would not freely move around the hill. The sickest of Vita wandered around the dust of their lot, rolled on the ground, crouched over and under their beds—when they had beds. Each one was alone; most were silent. There was a stillness there, a kind of relinquishment that comes with waiting, waiting for nothing, a nothingness that is stronger than death.

Many of the men who had already passed through the recovery area had taken over a nearby spot of land and built their shacks. A slum, known as "village," formed around Vita, as if it were radiating outward. The street economy continued there. In spite of Vita's facade as a rehabilitation center, drugs moved freely between Vita and the village. And there was a consensus among city officials and medical professionals that nobody actually recovered at Vita—how could they? *Vita means life in a dead language*—and that Zé das Drogas and his assistants were embezzling donations. There were even widespread rumors of a clandestine cemetery in the woods. For Zé, Vita, despite its disarray, was "a work of love . . . as precarious as necessary." Family, city, and state institutions were complicit with that precarious existence, and they kept bringing diseased, criminal, and abandoned bodies to die in Vita.

Some of Vita's tragedies were in fact heard by millions of households. Much of the charity that kept Vita functioning over the years was channeled through the work of a state representative and famous radio talk show host, Jandir Luchesi. In his morning show, he would actually bring some of the *abandonados* in, pleading with and scolding his radio audience: "Does anyone know this person? Who on earth could have done this to him?" He voiced moral indignation over their fate and attracted food and clothing donations while also carrying out his own political campaigning. Yet in spite of Luchesi's impressive campaigns, Vita was mostly visited by *crentes* (believers), poor volunteers from nearby Pentecostal churches who brought gifts and preached and tried to convert the *abandonados* to God. Vita was sporadically visited also by a few health professionals, such as Dr. Eriberto, who spent two hours per week there administering donated (and all too often expired) medications. Zé's rhetoric was filled with outrage. He repeated biblical verses and made a prophetic case for himself: "While we are struggling, others are sleeping, are not doing anything. One sees so much injustice that there are no words to express it."



“Untitled” by Torben Eskerod

Scratching bugs and scabs away, spitting, coughing, only a few even looked at us in the infirmary. There was no apparent aggression. Still, we thought, they must plan to leave. But when some do manage to escape, they beg, humiliated, to return. There is no other place for them to go. Who will hear their stories on the radio and “recognize that that is me?” And they belong to Vita, as do many in Brazil: simple people, some of whom still recollect being grandparents, fathers, mothers, sons, daughters, uncles, aunts—unclaimed lives in terminal desolation. If anthropologist Robert Hertz is right that the deceased is not only a biological entity but also a “social being grafted upon the physical individual” (1960, 77), one wonders what kind of social order could allow such a disposal of the Other in Vita without indicting itself.

In this essay, I describe the “animalization” of human beings in Vita and examine some of the bureaucratic procedures and moral actions that

help to make these people socially invisible as they are abandoned to this most extreme misfortune. While bringing to light the bodily decrepitude and the forms of wakefulness and waiting that accompany this experience of social death, anthropology also attempts to fashion ethical responsiveness.

Animalized

The first day that Torben and I went to Vita, we came upon a middle-aged woman sitting on the infirmary's ground; she crouched over a stream of urine, her genitals matted with dust. As we got closer, we could see that her head was full of small holes. "Millions of *bichinhos* [little animals], generated from her own flesh and dirt," said Jorge, one of the volunteers. "We tried to clean it." Torben could not bear to take her photograph—the impossibility of truly portraying what is left of the human in Vita. The reality of Vita had engulfed prior photographic automatism and our thinking. As a citizen of that land, it was distressing to realize how well I had learned to be overly familiar with such silent agony in front of me. This is a socially authorized death, mundane and unaccounted for, and we partook of it in our foreign and native gazing, in our blend of learned indifference, sense of intolerability, and failed witnessing. That woman's fate would remain unassimilated to us. To give death the place in reality and in our thoughts that is its due—that's what this work is ultimately about.

Where did this woman come from? The police found her on the streets and took her to a hospital, which refused to take her in or even to clean her. So the police brought her to Vita. Before living in the street, she had legal residence in the São Pedro Psychiatric Hospital but was evicted as "cured," that is, overmedicated and no longer violent. And before that? Nobody knew. This woman passed through the police, through the hospital, through psychiatric confinement and medication, through the streets of Porto Alegre—and in the end she was putrefying even before death. It is clear that dying such as hers is constituted in the interaction of modern human institutions. These institutions and Vita are in fact symbiotic: they make death's job easier. I use the impersonal expression "death's job" to highlight the fact that there is no direct legal accountability to the dying in Vita. Here the notion of a perpetrator or killer has also been suspended.

The nameless woman was not unique. In a corner, hunched over the bed in the women's room, was Sida, perhaps eighteen years old. She was left there by the social workers of the Conceição Hospital in early 1995. She was diagnosed with AIDS. As she came to Vita without a name, the

volunteers began to call her Sida, which is "AIDS" in Spanish. I was surprised that the volunteers believed that Sida and a young man were the only AIDS cases there. Too many of the wasted bodies I saw in Vita also presented skin lesions and TB symptoms, but were simply described as *velinhos* (old people) or *loucos* (mad). I began to think of them as part of a hidden and uncharted local AIDS reality. No one ever came to visit Sida. I was told that she does not speak to anyone and that sometimes she does not eat for three or four days straight. "We have to leave the food in a bowl in the corridor, and sometimes when nobody is watching she comes down from her bed and eats." Like most people there, Sida does not receive any other treatment than a domestic animal would.

Vita is the word for a life that is socially dead, a destiny of death that is collective. Vita is a microcosm of Brazil. To say it is a microcosm is to understate, for the poorest one-fifth of humanity now lives in this most extreme misery (World Health Organization 1995).

Death, so many deaths, numberless deaths on deaths, no end—Thebes is dying, look, her children stripped of pity . . . generations strewn on the ground unburied, unwept, the dead spreading death . . . Thebes, city of death, one long cortege, and the suffering rises, wails for mercy rise, and the wild hymn for the Healer blazes out, clashing with our sobs our cries of mourning. (Sophocles 1984, 169).

Sida and the nameless woman did not simply bring their own flesh to sacrifice. They were condemned in advance as Oedipus's fate was tied to the decay of Thebes. Their tragedy is both personal and social. Ethnography is challenged to identify the "political economic order that reproduces sickness and death at its very base," and to listen to, collect, and inscribe the histories of lives "whom the state hardly thinks worth counting at all" (Scheper-Hughes 1992, 30).

Zé once told me: "If the hospitals kept these people they would be mad, in the streets they would be beggars or zombies. Society lets them rot because they don't give anything in return anymore. Here they are persons." He was right on many counts: disciplinary sites of confinement, including the family and psychiatry, are breaking apart; society operates through market dynamics; and the logic of the market is such that if one is no longer useful one is worth nothing. Yes, treating the *abandonados* as "dying matter" might release individuals and institutions from the obligation of some sort of responsiveness and care. But I was also intrigued by the paradox voiced by Zé: that these creatures—with apparently no ancestors, no name, no goods of their own—actually acquire personhood in their dying. The fact that personhood, according to Zé, is to be equated

with having a place to die in abandonment and in public exemplifies the machinery of social death in Brazil today.

Letting Die

In Vita we are not just looking at isolated individuals who, on their own, lost symbolic supports for their existence. The *abandonados* in Vita are the carriers and witnesses of the ways in which social destinies of the poorest and the sickest are ordered. The experience of these who live in such a dead space/language is traversed by the country's structural readjustment, unemployment, malfunctioning public health system, and infamously unequal distribution of wealth and technology. Brazil's welfare system has been historically structured in such a way that the state's intervention varies according to the population segment claiming social protection. Citizenship has been conceived as universal for the minority rich, regulated according to market inception for the working class and middle class, and denied to the majority of poor and marginal populations. According to Sônia Fleury, these "non-citizens" might be entitled to some minimum form of social assistance and charity as long as they renounce political rights—this is their "inverted citizenship" (cited by Escorel 1993, 35). Those occupying the upper strata of society not only live longer; their right to live longer is bureaucratically decreed or biomedically ensured through the mechanisms of the market.

"A man is no longer a man confined but a man in debt," wrote Gilles Deleuze (1995). "One thing, it's true, hasn't changed—capitalism still keeps three quarters of humanity in extreme poverty, too poor to have debts and too numerous to be confined: control will have to deal not only with vanishing frontiers, but with mushrooming shantytowns and ghettos" (181). As a reflection and extension of what has become of family, city, and the state, Vita does not guarantee the survival of these *abandonados*; it makes their regeneration impossible and their dying imminent. In Vita, the moral economy of Brazilian society is made visible. "You shall be a person there, where the market needs you" (Beck and Ziegler 1997, 5). Like the woman of the size of a child, completely curled up in a cradle, and blind. People say that once she couldn't give anything to the family anymore—"and worse," said a volunteer, "she was still eating the family's food"—relatives hid her in a basement for years. "She is my baby," said Angela, a former intravenous drug user who long ago lost custody of her two children and now spends her days caring for the old woman. "Till today I have not discovered her name . . . She screams things I don't understand." The utter desolation and animalization of these *abandonados* is

met by rote and sporadic response. Just so is Vita's overall precariousness maintained by intermittent pastoral acts and a distant media-voiced indignation.

Consider the old man, eyes cast downward, hands shaking, a skeletal body. Family members had left him at Vita's gate. I asked his name, even though the volunteers told me he had no name. He muttered: "Pedro." And smiled. He also knew where he once lived: "Charqueadas." He then grabbed his throat. "Grrrahaaa . . . hhhrrraaahhgrrrrss . . . ahrgaaah-grqaa . . ." I couldn't understand: not the absence of words, but *no-words*. The volunteers told me that Pedro probably had throat cancer, but they did not know for sure. When they brought him to the University Hospital, the doctors would not see him; they told him to return in three months. The clinic will not refuse to see him, but they will postpone seeing him, put him in line, make him return for scheduling appointments. When there will finally be time for Pedro, it will probably be too late. Then the clinic can claim, as with too many of these *abandonados*, that there is nothing to be done.

In his essay "The Physical Effect on the Individual of the Idea of Death Suggested by the Collectivity," Marcel Mauss showed that in many supposedly lower civilizations, a death social in origin, without any other factors, was capable of ravaging the mind and body of a person. Once removed from society, people were left to think that they were in fact inexorably in a state close to death, and many died for this reason. Mauss argued that these facts are uncommon or nonexistent in our own civilization, for they are dependent on institutions and beliefs such as witchcraft, prohibitions, and taboos that "have disappeared from the ranks of our society" (1979, 38). However, as we see it in Vita, there is a continuous place for death in the contemporary polis. In the face of increasing economic and biomedical inequality and the family's breakdown, human bodies are routinely separated from their normal political status and abandoned to the most extreme misfortunes. As philosopher Renato Janine Ribeiro (2000, 21) has put it, "In Brazil it is actually possible to imagine a discourse that aims at the end of the social in order to emancipate society. . . . The social is the domain of the needy, and society refers to the efficient ones."

Social death and selective life extension coexist in Brazil. As I traveled throughout the country, I could see signs of Vita everywhere: death and dying in the midst of the cities, Vita as a social destiny. I also saw how in Brazil's highly publicized biotechnological management of AIDS (Rosenberg 2001) some circumscribed afflicted populations are being newly addressed by the state. Indeed, this technical and political management of AIDS is representative of the novel ways in which the restructuring state is

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experimenting with governmentality and rewriting the social contract. Here selective “marketable” groups are addressed as “the society” and reorganized in terms of individual “improvement” (through prevention campaigns and access to antiretroviral treatments), while the poorest and “useless,” so to speak, are actually made absent from epidemiology, policy, and health care (Biehl 1999, 2000, 2001a). In my larger research project, I show how pastoral organizations help some of the *abandonados* with AIDS to change their lifestyles so that they can access welfare and the coveted antiretrovirals now “universally” available by the government. This community-mediated triage process engenders a selective form of biomedical citizenship, and these AIDS citizens participate and give form to a novel pharmaceutical market (either as drug consumers, as activists demanding drug supplies, or as participants in clinical trials). I understand Vita as a kind of “negative” of this biopolitical paradigm that is increasingly familiar in late modern settings wherein the state, the market, and science meet: there is a contradiction between a generalized culture of human rights and emergent exclusive structures through which these rights are realized, biologically speaking, but only on a selective basis—who, for how long, and at what cost? In this context, “letting die” is a political action, continuous with the biomedical and political power that “makes live.”

The Politics of Death

The beginnings of such modern matrixes of governance can be traced to the management of death during the plague in seventeenth-century Europe. There was a strict partitioning of the plagued town; each quarter was governed by a superintendent, each street surveyed by an inspector. No one was allowed to leave the town, stray animals were slaughtered, families had to have their own provisions for the time to come. A whole new reality principle came into existence: each individual was located, examined, and categorized as living, sick, or dead. “Everyone locked up in his cage, everyone at his window, answering to his name and showing himself when asked—it is the great review of the living and the dead” (Foucault 1979, 196). The plague also witnessed the free movement of those abject people known as “crows” who were allowed to move freely through the cities, now and then helping to carry the sick and bury the abandoned dead until they too died in their wanderings.

Once death was integrated into the apparatuses of government, then politics began to determine not just how one should live but who should be let to die. The development of functional discriminations (the “good”

and “bad” poor, the idle, the unemployed, those who can do some work and those who cannot) sharpened the focus of charity, directed the redistribution of welfare provisions, and provided a moral ground for the systems of social exclusion and inclusion. As Foucault (1980, 143) wrote, politics has been increasingly played out in modern humanity’s physiology: “what might be called a society’s ‘threshold of modernity’ has been reached when the life of the species is wagered on its own political strategies . . . modern man is an animal whose politics places his existence as a living being in question.”

Governments use biopolitics to provide populational stability, to enforce who they want to see as their citizens, and to allocate access to economic and social benefits. Modern societies operate with implicit systems of limits and exclusion that “exacerbate biological disorders” among the poorest (Farmer 1999, 4), at the same time that they consolidate self, citizenry, and economy for some. The function of death within the economy of biopower is guided by a biological and not a warlike principle, argues Foucault: “The more the Other dies, the purer I am” (1992, 184). That is, the Other’s death is equivalent to the biological reinforcement of myself as a member of a population or race or as an element of a coherent and living plurality.

Today, in the democratically and economically readjusting environment of Brazil, sick and impoverished groups are not directly killed by the state (even though police violence is still frequent) or made politically dead (that is, excluded from political life). As I see it in Vita and throughout the experience of AIDS in Brazil: *the ones incapable of living up to the new requirements of market competitiveness and profitability are socially included through their dying in abandonment.*

Following Hannah Arendt and Michel Foucault, philosopher Giorgio Agamben argues that the original political element of sovereign power in Western democracies is “not simple natural life, but life exposed to death” (1998, 24; see also 1999). In *The Human Condition* (1958), Arendt argued that in the postwar era political action was replaced by a primary focus on the control of natural life, of biological processes. The *homo faber* gave way to the *homo laborans*, the being concerned with physiological existence. Science has played a key role in this transformation: “In other words, the process which, as we saw, invaded the natural sciences through the experiment, through the attempt to imitate under artificial conditions the process of ‘making’ by which a natural thing came into existence, serves as well or even better as the principle for doing in the realm of human affairs” (299). This happens within the fabric of a Christian society; and it is so because the fundamental belief in the sacredness of life has survived. “The only thing that could now be potentially immor-

tal, as immortal as the body politic in Antiquity and as individual life during the Middle Ages, was life itself, that is, the possibly everlasting life process of the species mankind" (321). As Arendt concludes: "The loss of human experience involved in this development is extraordinarily striking [. . .] it is quite conceivable that the modern age—which began with such an unprecedented and promising outburst of human activity—may end in the deadliest, most sterile passivity history has ever known" (321, 322).

Giorgio Agamben (1998) locates the beginnings of the structures of sovereign administration of bare life in ancient Roman law, particularly in the figure of the *homo sacer*. The "sacred man" was the one convicted as a criminal, with the capacity to be killed (without legal charge of homicide) but not sacrificed. This particular form of life was caught in a double exception. "Just as the law, in the sovereign exception, applies to the exceptional case in no longer applying and in withdrawing from it, so *homo sacer* belongs to God in the form of unsacrificeability and is included in the community in the form of being able to be killed. Life that cannot be sacrificed and yet may be killed is sacred life" (82). Agamben argues that such an embodied violence, subtracted from human and divine law, opened up a new sphere of legitimate action. This action is a human extension of the state of exception, that proper political space of the West: "The sovereign is the one with respect to whom all men are potentially *homines sacri*, and *homo sacer* is the one with respect to whom all men act as sovereigns" (84; see also Taussig 1986).

Agamben points out that the determinant structure of our modern ways of ordering public spaces and political relations is in relation to a ban. "The ban is essentially the power of delivering something over to itself, which is to say, the power of maintaining itself in relation to something presupposed as nonrelational. What has been banned is delivered over to its own separateness and, at the same time, consigned to the mercy of the one who abandons it—at once excluded and included, removed and at the same time captured" (109–10). In the body of the *homo sacer*, political and social forms of life (and thereby intersubjectivity) have entered into a symbiosis with death without it belonging to the world of the deceased. *Vita*.

Agamben (1998, 3) quotes Foucault as saying that the entry of life in the epicenter of the modern polis was in fact followed by "a kind of bestialization of man, achieved through the most sophisticated political techniques. For the first time in history, the possibilities of the social sciences are made known, and at once it becomes possible both to protect life and to authorize a holocaust." I understand this "bestialization of man" literally: of the "living animals" who have their physiologies protected by the

known biopolitical principles and selective interventions and of those not considered worth living and so are massively put to die—animalized.

Consider these facts. In 1998 some twenty homeless persons, including children, invaded an abandoned zoological garden in the city of Pelotas, 150 miles away from Porto Alegre. The squatters made their rooms in the cages. “Luiz Carlos Apio is one of the new residents of the Zoo,” wrote the Brazilian *Journal da ciência* (SBPC 1998). “He is handicapped and an unemployed auto worker. Luiz made his house in the place formerly destined to the rabbits. In order to enter, he has to go through a small door no more than half a meter high.” On 2 July 1999, a fifty-eight-year-old man was bitten to death by dogs in a geriatric house in Porto Alegre. “Bits of skin were all over the ground,” reported the state’s human rights commission (Assembléia Legislativa do Estado do Rio Grande do Sul, 2000, 108). Following Vita’s model but charging for care, precarious geriatric “homes” are spreading in the region at an ever accelerated pace. Elderly and the mentally ill live together in “inhuman conditions” in these sites, says a local activist: “People are confined and have no medical care. Some of these businesses are surrounded by barbed wire like camps.”

Ethics

As I mentioned before, in Vita we see that marginal and diseased groups are included in the social order through their dying as if it had been self-generated. By self-generated, I mean that these noncitizens only become partially visible in the health system when they are dying; they are traced as “drug addicts,” “thieves,” “whores,” labels in which their personhood is cast and which allow them to be socially blamed for their dying. They have erased their origins as well as the complex social causes that seem to exacerbate infections and immune depressions. Moreover, Vita’s environment is so precarious that the sickest are constantly exchanging diseases with the mad, so to speak, and they have no other possibility but “to die each other.” I don’t know precisely what I mean when I say “die each other”—but I have seen the complexity of what happens in Vita, humanly and institutionally, and I am struggling to understand what makes life and death so intimate with each other.

Recently, Clifford Geertz (2001) provided some chilling reflections on the Yanomami’s technically and politically engineered demise as well as on our own blindness to this modern form of life/disappearance: “Now that their values as control group, a (supposedly) ‘natural,’ genetically ‘ancestral population’—the ‘last major primitive tribe . . . anywhere on

earth,' is diminished or disappeared and the experiments upon them have ceased and the experimenters departed, what sort of presence in our minds, what sort of whatness, are they now to have? What sort of place in the world does an 'ex-primitive' have?" (21, 22).

Vita is a place in the world for populations of "ex-humans." Nobody mourns them. Cast away into oblivion, these beings for death are also the threshold of a new ethics, a form of life that begins where dignity ends as social reason proceeds enveloped in blindness (Kleinman 1999). Here, I am thinking of culture as that reality that is being lost, a loss that is socially, politically and technologically mediated, and the human being as a "remnant" (Agamben 1999), that experimented with and negated thing that ultimately informs the positivity of science and society, and the course of self-governance and morality in the city.

Loud, so that everybody can hear, a young man screams, "Sou capado" ("I am castrated"), as domestic animals are. As I approach, he shows his left arm and injects himself with the right hand. "Perhaps he was hospitalized before, or used drugs," says a volunteer. And he keeps screaming, "Sou capado, sou capado."

No money circulates in Vita; there is nothing to be bought or sold. Many inhabitants cradle something—a plastic bag, an empty bottle, a piece of sugar cane, an old magazine, a doll, a broken radio, a thread, a blanket. Some nurse a wound, some repeat a word or sentence like "Devil, eat shit," some simply count their fingers. There is a man who walks with garbage bags the whole day long. They are his sole property. He bites people who try to take the trash away from him. "Sometimes there is food rotting in the bags," says the caretaker, "then we give him a tranquilizer, put him to sleep, and replace the things in the bag."

These things they carry sustain a wakefulness, the sense of a possible search, the last attachment to their wandering in abandonment. The objects mark the singularity of these *abandonados* as beings for death. The objects are a defense against that which institutes them as dead in life and the gifts that will not be given away. "The love of anthropology," writes Veena Das, "I allow the knowledge of the Other to mark me" (1988, 193).

Every society, argues Agamben, sets the limits, decides who its *homo sacer*—the new living dead—will be; extratemporal and extraterritorial thresholds are created in which the human body is separated from its normal political status and abandoned, in a state of exception, to the most extreme misfortunes. How to account for the ever-accelerated experimentation (political, biomedical, and social) with the conditions for being alive or living dead? To bring this ever-renewed paradigm out of concealment, to expose its machinery, its mediations, and its accompanying moral blindness, and to account for the human dying and life making within it, is at the same to "return thought to its practical calling" (Agamben 1998, 5).

I returned to Vita in 1997, two years after the first visit. This time I could also see in Vita the coexistence of social death with an incipient selective citizenship generated by a kind of biosocial rebirth. People in the infirmary continued to live in utter abandonment, *waiting with death*. In the recovery area, however, people were being disciplined and regenerated as a drug-free and productive labor force—a few of them even had access to state-funded AIDS disability pensions and new therapies. In the previous year, November of 1996, Zé das Drogas was removed from the establishment by a philanthropic coalition called Amigos do Vita headed by Representative Luchesi. Vita began to be administered by a chief of police, Captain Osvaldo. He is also in charge of Luchesi's personal security and studies law at night. Captain Osvaldo proudly considers himself the "mayor" of Vita, now a kind of "model" of the human regeneration and citizenship that is possible within the Brazilian *raison d'état*.

Under Captain Osvaldo, Vita has become an entity of public utility—part of its funding now comes from the state of Rio Grande do Sul. Monthly contributions from Vita's Friends and industry donations provide for daily living. Vita also raises money through its bakery. Vita is undergoing impressive structural changes: "an environmental transformation," says the captain. There is much construction going on in the recovery area, although not in the infirmary: lodging houses and shacks are replacing the tents, and there are new administration offices, rooms for a pharmacy, a medical and dental clinic, and a large building for job-training workshops. As the captain sees it: "I don't believe that people recover in hospitals with more medication. Throwing the person in here and filling him with religious doctrine does not solve the problem either. The most important thing is food, work, and housing. If these three things coexist then there is a 'why' for the person to live. We will rescue their citizenship."

Several of the inhabitants of the recovery area refer to what is going on as a "modernizing change." As Luis put it: "Now we eat as human beings. Before we used to get a big bowl and ate with our hands. Now we have trays." A former drug addict, Luis first came to Vita in 1987, when he was just eighteen. "See these scars. I injected wherever there was a vein." And he pointed to his arms, legs, and forehead: "Even in my head. See my throat, I pierced it. I was so mad." Luis ran many times away from Vita and then returned because his family in the nearby town of Canoas does not want to know him: "I began when I was twelve years old. I did not respect my mother anymore. I robbed the family, I lost my character,

I became garbage. Then they brought me here.” Luis said that under Zé’s administration there was “too much liberty,” no control at all: “We were allowed to come back even if we were drunk or high. Now it is much more rigorous. For us who are addicted and sick this is very good.” The residents also “never saw the donations. Now everything changed for the better, we see the building going on . . . the tents were rotten, filled with roaches and rats.”

When out of Vita, Luis was a petty thief. In 1990 he was caught shoplifting and sentenced to two years in the Porto Alegre Central Prison. “I saw the worst. But I was cool, and endured it. Once they stuck a broom in a guy’s ass, up to the mouth. I was quiet, and survived.” In 1992 Luis decided to take the HIV test. Three of his friends from the drug circle had already died of AIDS. Testing positive, he was “hit hard with the news” but decided to face it as a man. “If I was man enough to do it to myself, I had to be man enough to face it.” In 1993 he met his wife, Nair, then fifteen but already the mother of a little girl, at Luchesi’s Radio Program. Zé das Drogas allowed them to live together in a tent in Vita. Soon they had two more kids, all HIV-positive: “It was natural, and welcome.” Luis says that there are many people who are HIV-positive in the recovery area, “but they don’t want to admit it.” Because of his good behavior, Luis has been able to guarantee Vita’s support for his efforts to ensure access to medical and welfare provisions. Vita is his family and working place; he is proud of who he is becoming: “I am weak, I like being dependent here. I feel safe in Vita. I work in here, I am learning to make chairs. The social worker will register me to get an AIDS pension. I hope I can stay here the rest of my life.”

During Zé das Drogas’s administration, daily life in the recovery area was structured around worship and Bible studies; now the emphasis is on personal hygiene, civic values, eating well, total abstinence from smoking and drinking, work therapy, group self-reflection. After dinner there is a collective meeting, where the log of daily occurrences is read. According to the captain:

This is the time of justice. To call someone by his name rescues personhood, makes that person feel important, part of something. We mention the working shifts for the next days, as well as internal promotions. When there are faults and wrongdoings, we report them and punish them harsh. Three strikes out for good, no return. That’s the platform of our work: they are useful, they are important. They must rescue themselves.

Now there is a deadline for that: “We expect them to recover in six to eight months. We will help them to be placed in the market; it is there that they belong. Then afterwards, it is their life.”

What about the infirmary?

It is very difficult. It represents the putrefaction of the street. They don't exist as a juridical fact. They have AIDS, tuberculosis, all these things which don't exist in statistics. There is where the mentally ill are, the aged ones, the abandoned; they don't have anything to give anymore. What does one expect from them? Nothing. Simply put, they will be that which they are now. It is a deposit of human beings. We cannot bring them back to society. As horrible as it is, here one sees a truth.

After many visits, I also saw that the *abandonados* are not kept alive in vain, with their daily rations of bread and bean soup and hot water. In their dying in Vita, they still have a last social function. Men who are rehabilitating have to take care of the abandoned, clean their shit, move their bodies back and forth. The infirmary is useful as "a platform of information for the ones down here," said one of the administrators: "It is useful for the addict to fall into reality, for if they don't change, that's their end."

In their alleged incapacity to produce nothing else but bodily infections, parasites, and silent suffering lies the new role of these abandoned men and women as negative citizens. Their social death is the *imago* of the future. In the end, the negative ones educate potential citizens—or, better, provide ground for the appearance of a distinct concept of citizenship. I say "concept" of citizenship because the state is not guaranteeing the means for this regenerated citizenship to become a structural possibility and because pastoral sites like Vita make the marginal's personal regeneration as citizen possible and livable only as a fiction for a certain limited time period. Once these citizens get into the real world, that is, the market (Brazil's currency is called *real*), it is up to them to govern themselves, to be their own state. As they are being healed in that "militarized" and philanthropic setting, they wake up next to those who are socially dead, blind, without name, without origin, without tie, neither pardoned nor buried, simply living dead, like "Sida," the nameless young woman with AIDS who, according to volunteers, "now and then asks us to tie her on her bed. She does that when she feels like killing herself. . . . Then a few hours later she mumbles to be untied. . . . How do you understand such a person?"

A Society of Bodies

"People remember me, but they don't miss me," said Catarina, probably in her mid-thirties, riding an old exercise bicycle and holding a doll.

Where on earth does she think that she is going? I thought. Suspended in that zone of abandonment, I then heard that woman of kind manners and a piercing gaze attempting to reconstitute a life:

I am here because I have problems with my feet. In order to be able to return home, I must go to a clinic first. It is very complicated for me to get to a clinic. I will not like it, and besides, I am already used to being here. Since I arrived here I have not seen my children. I have a daughter called Adriana. Her father gave her away to his boss. My brothers brought me here. I exercise. No. Now I can no longer go. I must wait for some time. I take medicine. I began a treatment a long time ago. Sometimes a doctor comes here. One is always dependent on the caretakers here. One gets dependent. Then many times one does not want to return home. It is not that one does not want to return home. I, in my thinking, see that people forgot me.

She included the anthropologist: "I think of us."

I asked the caretakers if they knew something about Catarina's life history. They knew nothing about her life outside Vita. They said she was "mad." We are left with her account. And linked with Catarina's pronoun "I" are the innumerable social and intersubjective transactions that codetermine her suffering. She knowingly brings them forth in the figures of the doctor, the caretakers, the lover, the brothers, the given-away daughter. The truth of Catarina's condition as a "leftover" is located in the split between her own mortified body and a social body that vanishes from her. The abandoned subject is not originally so. Catarina's condition has a genealogy and medical, social, and tragic points of inception into Vita. "One gets dependent," Catarina says.

Throughout my time at Vita, I learned to think with the inarticulate *theoria* of people like Catarina, whose voices are excluded by their diagnosis. In voices coming from such extreme places, I understand how the physical, psychological, and ethical are directly linked and how carefully the human is institutionally and relationally manufactured to the point of Catarina's expulsion from reality and symbolic immobility, despite her efforts to go somewhere else, in her "madness," away from Vita. She cycles endlessly on a stationary bicycle, never leaving Vita. She holds a doll instead of her child. The only way back to her actual child is through the clinic. Catarina knows that this is fantasy and that she is trapped in the machinery of Vita. She voices a desire for reconstitution: "It is not that one does not want to return home." But she recognizes that "now I can no longer go."

On another occasion in 1999, I asked Catarina why she thought families and doctors sent people to Vita: "They say that it's better to place us here so that we don't have to be left alone at home, in solitude, that there

are more people like us here. . . . And all of us together, we form a society, a *society of bodies*.”

Catarina refused to be placed out of history. She showed me a notebook she keeps in her suitcase. “It’s my dictionary. I write so that I don’t forget the words. I write all the illnesses I have now, and the illnesses I had as a child.”¹

Her handwriting was uneven and betrayed a minimal literacy. I was amazed by what I read:

Discipline Diagnostics
Operation
Reality
To apply an injection
To get a spasm
In the body
A Cerebral spasm

Before leaving that day, I stopped to bid Catarina farewell. This is the word she was writing: *Contact*.

Notes

I am very thankful to the inhabitants of Vita and to Vita’s administrators and volunteers for letting me participate in their everyday life and work (their names have been changed here). The materials presented in this essay are mostly representative of my initial work in Vita in 1995, and I want to reiterate that since 1997 Vita has been undergoing major restructuring under the coordination of the Sociedade de Amigos do Vita. Thank you also to Gerson Winkler, Torben Eskerød, Noemia Biehl, Fausto Biehl, Robert Kimball, Adriana Petryna, Arthur Kleinman, Michael M. J. Fischer, Byron Good, Nancy Scheper-Hughes, Paul Rabinow, Luis Guilherme Streb, Burton Singer, Stanley Holwitz, and Amélie Rorty for their engagement in one form or another with this work. I am grateful for the support of the Committee on Research in the Humanities and Social Sciences of Princeton University.

1. This was the beginning of a very powerful working-through process that we are still in the midst of. I have recently elaborated on Catarina’s “dictionary” in a paper entitled “Social Psychosis/Society of Bodies” (2001b).

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