

Medical Anthropology Quarterly

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Homo Economicus and Life Markets

[biotechnology, neoliberalism, biopolitics, survival]

“Death enters into the domain of faith,” Jacques Lacan stated in one of his crowded seminars in Louvain in 1972.¹ “And you do well believing that you will die,” the psychoanalyst continued. “This gives you force. And if you were not to believe this, how could you actually endure the life you live?”

The belief in death enables the subject to endure the times, reasoned Lacan: “If you were not firmly based on the certainty that there is an end, would you by any chance be able to endure this history?”

In the last few decades, biotechnological advancements of all kinds have made this Lacanian truth somewhat relative. The future has broken into the present and we can now literally push life forward. The possibilities of altering the chemical course of pathologies and of technologically intervening in the beginnings and ends of life have remade the clinic and brought the laboratory home, so to speak (Biehl 2005; DelVecchio Good 2007; Fischer 2009). In Ian Hacking’s words: “Instead of knowledge being that which is true, the objects of knowledge become ourselves” (2002:4).

The anthropologists brought together by Sharon Kaufman and S. Lochlann Jain in “After Progress” address the human predicaments of today’s ever-expanding bioscientific market. “The technical has become ethical.” This rich set of articles problematizes the becomings of health professionals and consumers alike in relation to new medical technologies and the ideas of the future and of progress that accompany them. Moving in and out of clinical spaces, Paul Brodwin, Anne Lovell, Sharon Kaufman and Lakshmi Fjord, and Elizabeth Roberts assess the fate of social bonds and care in today’s dominant mode of subjectification at the service of medical science and capitalism. To paraphrase Lacan, they attend to what happens when life (as in life technology) enters into the domain of faith—faith in science, faith in cure, faith in extra time, faith in kinship, faith in economic progress. With their empirical lanterns, they complicate Lacan’s notion that death or mortality is the teacher of how we ought to live.

Enter life markets. In charting contemporary constellations of technology, people, medicine, and governance, these anthropologists also complicate Michel Foucault’s concept of biopower—how natural life has been taken as an object of modern

MEDICAL ANTHROPOLOGY QUARTERLY, Vol. 25, Issue 2, pp. 278–284, ISSN 0745-5194, online ISSN 1548-1387. © 2011 by the American Anthropological Association. All rights reserved. DOI: 10.1111/j.1548-1387.2011.01153.x

politics (1980). The Foucauldian biopolitical maxim “making live and letting die” is here tested against ethnographic realities that speak of an absolutization of neoliberal market principles in health care delivery and access. The question is less about citizens’ rights or population well-being and more about ways in which government facilitates a more direct relationship of atomized free liberal subjects of interests—*homo economicus*—to the biomedical market and the opening up of entrepreneurial futures.

The ethnographic realities described by Brodwin, Lovell, Kaufman and Fjord, and Roberts are in line with Foucault’s own tentative reflections about the limits of biopolitics and the utility or frugality of government where exchange determines the value of things. In his 1978–79 Lectures at the Collège de France, Foucault argued that we can adequately analyze biopolitics only when we understand the economic reason within governmental reason:

Inasmuch as it enables production, need, supply, demand, value, and price, etcetera, to be linked together through exchange, the market constitutes a site of veridiction, I mean a site of veridiction–falsification for governmental practice. Consequently, the market determines that good government is no longer simply government that functions according to justice. [2008:32]

In this reality, the possibility of the collective good as an object of governance or as an interest guiding individual lives is excluded. The imperative to pursue economic self-interest without interference from government means that *h. economicus* cannot become aware of the ways in which he functions to support the advantages of others within a system. This implies a departure from the biopolitical model of governance in which the collective good, defined as population well-being, is the object of administration and regulation. The works of “After Progress” introduce us to contemporary linkages that, somewhat and for some time, hold together the axiomatic of the rights of man and the utilitarian calculus that presumes independent, rational choice-making economic subjects.

Using the case of liver transplant and treatment among the elderly in the United States, Kaufman and Fjord show how the ensemble of evidence, regulation, and moral value opens up the world of “longevity making” for patients and their families. This agonizing reflexive practice is the object of an “apparent” choice. “Apparent” is crucial here, for this choice is key to an ever-expanding clinical market and *experimentality* that we, for better or worse, partake in and whose powerful truth claims remain largely unchallenged in public domains (Petryna 2009). Jain’s own inquiry into the evidentiary base of cancer therapeutics is illuminating. In the chapter “The Mortality Effect” (2010), she rightly questions how much life-prolonging science actually knows and how many dead lives make for its highly uncertain though highly desired and ever more normalized therapeutic interventions. Jain speaks not of an imaginary death but of real deaths at the center of the life-prolonging enterprise. Unearthing these ghosts of the cancer clinical trials might be a way of holding basic science more accountable to its uncertainty.

But meanwhile, Kaufman and Fjord write, “technological reason shapes the transplant subject, and the organization of the clinic guides how to live.” How a health system is structured or reformed ultimately depends on and communicates

fundamental ethical choices and the human values that have currency in a given society. Although debates about health care reform in the United States consistently skirt the question of values in favor of a technocratic rhetoric about efficiency and cost control, Kaufman and Fjord point out that the conjoining of scientific evidence, Medicare policy, and therapeutic imperatives have nonetheless given rise to a makeshift ethical field—"ethicality"—which significantly impacts familial and self-governance. We are faced with *h. economicus's* personal biopolitics in the face of mortality. The anthropologist's attention to this novel sociomedical reality complicates assumptions of technological rule from above and grounds market abstractions in lived realities and relations of care.

Working on the technological manipulation of reproduction (particularly the problem posed by the excess of frozen embryos), Roberts concurs that the ethnographic subjects of the future are not the objects of a top-down and overly normalizing form of biopolitical power. In her Ecuadorean case, the "patients and practitioners who destroy embryos withdraw at least temporarily from life debates and the bioscientific economies that produce them." For many, decisions over embryos are more related to maintaining the boundaries of the family into the future than with their "transcendental value as life." Within the temporary amalgamation of biotechnology, lay theology, and racial confusion, the very idea of the transcendence of life is problematized (as in the circulation of future individuals and the generative potential of stem cells). Moreover, relations are reassessed, and new and reigning figures of the Other are enacted against this problematized transcendence. As Roberts puts it, "They don't want their embryos to interact with strangers."

We can take the rationality of these self-interested consumers of reproductive technologies as an indictment of the impossibility or difficulty of people in this economy to access the future goods of privatized embryo research science. Seen from this perspective, they compose a future-oriented collectivity of resistance. At the same time, as emblematic present-day economic agents they are unwilling to relinquish their own interests in the face of ambiguous ethical terrain. The rationality guiding their egotistic choices becomes evident in their reluctance to consider the collective good of future therapeutics based on stem cells. Either way, we are faced with the mentality in the making and the political ambiguity of people learning to operate as members of therapeutic market segments.

As economist of health systems Uwe Reinhardt argues, efficiency cannot be defined or pursued independently of the social and ethical goals a health system is meant to achieve. For Reinhardt and colleagues, an overemphasis on the cost-benefit and technical aspects of macroeconomic issues—health care expenses in relation to GDP, the role of competition and market forces in determining treatment costs and insurance premiums—masks the reality that health care reform is "an exercise in the political economy of sharing" (2004:23). And it fail to address the microeconomic consequences of policies that consider costs and benefits only at the aggregate level: the increasing impossibility of low-income people to access quality care, for example, or the financial ruin of families without adequate insurance who need expensive life-saving treatments.

The essays assembled here reveal that it is precisely at this microlevel that people are thinking through and trying to make visible the ethics, inequalities, and calculations that underpin health policy decisions. "I know times are tight and cuts are

needed, but you can't cut human lives. You just can't do that," said recently Flor Felix, whose 34-year-old husband Francisco was denied a liver transplant because of state budget cuts to Medicaid benefits in Arizona (see Lacey 2010).

We are left with many difficult questions. How can we facilitate a more informed debate about the uncertainties of the science, effectiveness, and true costs of therapeutic advancements? What are the responsibilities of patient–citizen–consumers, financial and experimental, vis-à-vis therapeutic advancements, if not for us then for the generations to come? What does the democratization of biotechnological consumption do to political subjectivities and to the idea of social responsibility or care for the Other—the subject whose interest is survival?

If for Foucault “the question of the frugality of government is indeed the question of liberalism” (2008:29), then for anthropologists Paul Brodwin and Anne Lovell the question of the “futility” of the biopolitical rehabilitation of surplus poor and diseased subjects is the question of the vanishing of civil society as a viable transactional reality in the contemporary republic of interests of the United States. Both Brodwin and Lovell look to the future from the perspective of remnant biopolitical bodies, that is, individuals who are still considered or who consider themselves to be subjects of biomedical rights (in relation to frugal governments), yet are foremost judged (in the neoliberal rationality of a minimum state) to be nonviable economic actors. Seen from the perspective of undesirable medical populations—as in the practice of community psychiatry in an old U.S. industrial city (Brodwin) and in people's struggles for recovery in post-Katrina New Orleans (Lovell)—biopolitics is an insecure enterprise indeed, more a symptom of the limits of government than a marker of its presence and control. The probing work of these anthropologists also suggests that the subject of rights and the economic subject may actually be included or excluded according to shared or similar logics, practices, technologies, and knowledges and that inclusion in terms of rights may be a key means by which one becomes part of the market.

Paul Brodwin looks at how frontline clinicians in the world of America's urban poor address forms of mental illness that are at once clinical and socioeconomic. Their frustration and despair in the face of human experiences that overflow the objectivity of clinical protocols and the models fostered by a deficient treatment apparatus produce not a pathway to improving patients' situations but rather a sense of “futility” of their work. Against realities that undermine confidence, control, and effectiveness, health professionals utilize psychiatric modes of veridiction and the framework of therapeutic time to sustain both their very routine and the precarious biopolitical apparatus within which they operate: care as paperwork technologies. Thus, rather than directly intervening in the course of biology and the social, the temporality embedded in this therapeutic model serves low-paid case managers to continuously “heal” the sense of the futility of making poor patients into a “healthy population.”

Chronically ill, poor, and with no steady income, people—not surprisingly—find their community treatment plans “unworkable.” Yet, they continue to perform a biopolitical belonging of sorts, coming in and out of stories of symptoms, adherence, improvement, relapse, and dead ends and tinkering with human and material resources available. They are neither governable nor disruptive of the system. This minimum biopolitical belonging is part and parcel of the immanent field people

invent to live in and by as they navigate the vagaries of underground economies and survival in wounded cities.

Here as in postdisaster New Orleans, the city “lets die an essential part of herself,” writes Anne Lovell. Not without a fight though, by an emerging public and the anthropologist herself. For it is the work of critique to bring out of thoughtlessness the symbiotic relationship between bioeconomic urban renewal plans and the ways public institutions, in their frugality or futility, acquiesce with the social and biological death of those too ill or too poor to inhabit the economy. As abandoned as they are by all levels of government, some people still understand themselves as the subjects of history and of present rights, and they try, in the case of New Orleans, to access biopolitical care via the judiciary.

Lovell uses two discordant death and life events in the wake of Katrina—euthanasia for terminally ill patients and the rescue of frozen embryos—to illuminate the controversy over the fate of Charity Hospital, the public hospital in which these events took place and which historically attended to the city’s disenfranchised and socially diverse population. Should it be reopened to the public or be closed and replaced by a new hospital in the future Greater New Orleans Biosciences Economic Development District? Biopolitics is pushed further off by disaster capitalism, but people refuse to accept this reality. For the business community, the “emergency” to be acted on is the interest of saving future lives. For the racialized city population, the emergency is the need for and lack of adequate health care now. In their class action struggle, they reinhabit and reanimate a disappearing civil society to counter developmental logics that would stratify them out of existence.

The struggles of the “Charity Hospital Babies” to defend “their” biopolitics points to one of the central questions these essays raise: How is the subject of rights sustained in the face of the neoliberal political economies that animate so many biotechnological projects today and that create new limits and exclusions from the promise of survival? These limits are articulated not necessarily in the biological terms of pathologies but in the economic reason of the market, the bureaucratic logics of Medicare reform, and the social logics of affiliation, race, and sociality.

Facing a terminal condition and in treatment, Jacques Derrida was adamant in the *Last Interview* that “I have not learned to accept death” (2004:5). Absolutely not, he continued, “If learning to live ought to mean learning to die—to acknowledge, to accept, an absolute mortality—without positive outcome, or resurrection, or redemption, for oneself or for anyone else” (2004:5). Not learning to accept death could be read as a subjective move alongside the therapeutic imperative of our biotechnological age, but I think that there is more to Derrida’s making relative Lacan’s assertion (mentioned at the start of this text) that to be a thinker one has to learn how to die. Derrida’s nonacceptance of death might well have to do with understanding that one is not just an “I”—but, rather, a plural being marked by worldliness (as in Lovell’s class action subjects’ insistence that they are “Charity Hospital Babies”) and by the need for representation in the face of death (his own or of collectivities). What does it mean to be a critical thinker, he seems to ask, when “we are all survivors on deferral in a world that is more inegalitarian than ever,” in which there are “billions of living beings, human and otherwise, who are also denied not only basic human rights . . . but are denied even the right to live a decent life” (idem).

The subject of survival, Derrida adds, is not supplemental to life or death. “It is originary” (2004:6; see also Fassin 2010). Derrida notes that Walter Benjamin carefully distinguished between *überleben*, on the one hand—to live after death, as a book can survive the death of its author or a child the death of its parents—and *fortleben*, on the other hand—living on, to keep on living. “Survival is not simply what remains, it is the most intense life possible” (2004:16).

We must not forget that we hear here a philosopher sublimating his own condition via thought experiments. Nevertheless, his ruminations on survival point us to the heart of these ethnographic essays: how does the intensity of survival and what matters most to people enter into politics and public law in the face of neoliberal technopolitics?

There are two dimensions to survival here. On the one hand, the articles show the resurrection or survival of social forms or collectivities and the challenge these collectivities face in engaging economic logics in the course of their struggles. On the other hand, the quest for survival, for living on, entails other predicaments and even other deaths that, in turn, make other forms of life possible. This collection thus brings to light the ways in which survival is always an originary state, intense because it could be otherwise, and because it is lived at the edge of both biotechnological intervention and economic reason. It is paradoxically by revealing the fragility of biotechnical and biopolitical interventions, showing how they are constantly entangled with and shaped by other (often economic) imperatives, that these essays point to the power of biotechnology to remake human and social worlds, by opening up new spaces of contestation, resistance, and ethical problematization. As these essays show, it is at the intersection of the therapeutic imperative, the biotechnical embrace, and the reason of the market that the intensity of survival becomes visible.

Notes

Acknowledgments. I am deeply grateful to Peter Locke and Ramah McKay for their comments, suggestions, and editorial help. I also want to thank Sharon Kaufman, S. Lochlann Jain, Mark Luborsky, and Andrea Sankar for their editorial guidance.

1. See <http://www.youtube.com/watch?v=CMNRZeJncKg>.

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