Austerity and the embodiment of neoliberalism as ill-health: Towards a theory of biological sub-citizenship

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ABSTRACT
This article charts the diverse pathways through which austerity and other policy shifts associated with neoliberalism have come to be embodied globally in ill-health. It combines a review of research on these processes of embodiment with the development of a theory of the resulting forms of biological sub-citizenship. This theory builds on other studies that have already sought to complement and complicate the concept of biological citizenship with attention to the globally uneven experience and embodiment of bioinequalities. Focused on the unevenly embodied sequelae of austerity, the proceeding theorization of biological sub-citizenship is developed in three stages of review and conceptualization: 1) Biological sub-citizenship through exclusion and conditionalization; 2) Biological sub-citizenship through extraction and exploitation; and 3) Biological sub-citizenship through financialized experimentation. In conclusion the paper argues that the analysis of biological sub-citizenship needs to remain open-ended and relational in order to contribute to socially-searching work on the social determinants of health.

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1. Introduction

Austerity, meaning severe restraint, is also now a common name globally for neoliberal policies of public-service cut-backs and pro-market discipline. It has long had embodied implications, originally coming from the Greek word austeros describing a bitter taste that makes the tongue dry. Shifting from its etymology to its epidemiology in Greece today, the impact of the harsh budget-cutting austerity imposed by the country’s European creditors has led from bitter tastes and dried mouths to a whole set of much more damaging embodied impacts. In 2014 rates of HIV infection, malaria, stillbirths and suicide were all reported as rising, while access to medicines, clinics, and mental health services was falling fast (Kentikelenis et al., 2014). Then, in 2015, symptomatic snapshots from the beaches of Greece revealed how the government was left without resources to cope with the sudden influx of refugees, creating a void in which the curtailments of care in the age of austerity became all the more pronounced. The lack of medicines for refugees reflected wider cutbacks in the health system caused by crushing debt discipline. Adding insulting assertions of privilege to the injury, British tourists said that they would choose other destinations if the authorities failed to get rid of the refugees. And, meanwhile, well-meaning volunteers went around wearing stethoscopes without any regulatory oversight, offering everything from acupuncture to psychological counseling to desperate people climbing out of life rafts.

The starting point for this article is that the developments in Greece hold some more general lessons about austeros turned neoliberal austerity turned embodied ill-health. They include lessons about how the political-economic violence of austerity is commonly co-determined by other kinds of violence, such as the violence of the war in Syria; about how austerity leads to radically unequal health risks and health risk management options; and about how, as the following pages further seek to argue, austerity’s damaging embodied outcomes also thereby demand a theory of biological sub-citizenship. The theory of biological sub-citizenship that is offered here in response highlights how ill-health embodies changing conditions of political-economic subordination. The ‘sub’ in sub-citizenship is used thus to elucidate power relations and processes of subordination that simple binary accounts of citizenship and its others tend to foreclose. Instead, attention to the power relations and processes producing sub-citizenship opens up questions about differential degrees and dynamics of health rights disenfranchisement, their various incarnations in adverse incorporation as well as exclusion, and their uneven impacts on actual health outcomes. Moreover, it is further argued here that articulating these analytical questions about disenfranchisement in
relation to austerity and neoliberalism can also thereby contribute to interdisciplinary efforts to complement and complicate the influential theory of biological citizenship advanced in 2005 by Nicolas Rose and Carlos Novas (Rose and Novas, 2005).

Focused on new norms of active health management by individuals and patient groups using advances in biomedicine, Rose and Novas suggested that biological citizenship in the 21st century is also characterized by new post-national possibilities for forging community or ‘biosociality’ beyond the borders of nation-states. Yet now, over a decade later, the ‘political economy of hope’ that they thereby linked to biological citizenship has become eclipsed for many people around the world by the political economy of austerity. Like holiday beaches turned transnational disaster zones, this has led to what political philosophers reflecting on the Greek situation have characterized as a border-crossing biosocial embodiment of dispossession (Butler and Athanasiou, 2013). In response, austerity still has its hopeful adherents who assert upbeat arguments about market solutions amidst the economic devastation (Konings, 2010). Indeed, as is explored further here, some revisionists amongst their ranks even connect their faith in community or is also characterized by new post-national possibilities for forging and Novas suggested that biological citizenship in the 21st century and that the differentials of disenfranchisement producing biological citizenship in the 21st century and conditionalization, this work remains overshadowed by the political economy of austerity because it also involves a whole set of economic calculations about scarcity, productivity, cost-effectiveness and return on investment to set priorities for global health intervention. These calculations lead to what Rose has recently analyzed with Ayo Wahlberg as a global ‘governmentalization of living’ in which global health investment priorities are shaped by “their transformation into the language of numbers and their implications for economic productivity” (Wahlberg and Rose, 2015: 86). As a result, real resources are invested that save lives, but so many places and political-economic pathologies are left unaddressed, and so many health systems are left undermined by austerity, that too many people find themselves un-enfranchised or only partially and fleetingly enfranchised by the experiments in targeted investment. In the terms of the title of this article’s final stage of review and conceptualization, this approach leads thus to biological sub-citizenship through financialized experimentation.

Together with the exclusionary and exploitative formations of biological sub-citizenship explored in the first two sections, the financialized formation of biological sub-citizens left incompletely enfranchised by the cost-effectiveness calculus of global health represents an ongoing failure to honor the biomedical oath and ethics of first doing no harm. In response, the concept of biological sub-citizenship helps to bring into focus the processes producing such harm and all the divergent differentials of disenfranchisement from global health rights and personal biological citizenship. After an initial literature review of research that has already suggested a method for bringing such biological sub-citizenship into view, this is what the rest of the article seeks to elaborate.

2. Bioinequality research as a method for studying sub-citizenship

Variously complementing and complicating the account offered by Rose and Novas, the extant literatures on biological citizenship have already turned biocitizenship into a kind of watchword that brings into focus diverse relations of subordination and experiences of bioinequality (Cooter, 2008). These studies are both heterogeneous in their empirical foci and heterodox in terms of the disciplinary concerns and modes of explanation. They include ethnographies of biological citizenship articulated in terms of unequal claims on both bodily damage (Petryna, 2002) and pharma-ceutical therapies (Biehl, 2007; Nguyen, 2010); geographies of biological citizenship defined in terms of biosecurity (Fall 2014; Mansfield, 2012), brain science (Pykett, 2016), lethal exclusion.
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