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

Matthew Sparke

University of Washington, Box 353550, Seattle, WA 98195, USA

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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.

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

E-mail address: sparke@uw.edu.

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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, 2016). Indeed, as is explored further here, some revisionists amongst their ranks even connect their faith in the redemptive powers of market forces to financialized visions of expanding access to biomedicine. However, as health researchers have shown in relation to austerity across Europe after the 2008 financial crisis (De Vogli et al., 2013; Labonté and Schrecker, 2016; Schrecker, 2016; Stuckler and Basu, 2013), as well as for many older rounds of structural adjustment across the global south and north (Fort et al., 2004; Farmer, 2004; Keshavjee, 2014; Kim et al., 2000; Mooney, 2012; Rowden, 2009), the embodied experience of austerity repeatedly leads from market discipline to widespread morbidity and mortality. Work to develop a concept of *biological sub-citizenship* is useful precisely because it provides a relational way of theorizing how such embodied outcomes of austerity actively prevent people from becoming fully enfranchised biological citizens. It thereby allows us to re-evaluate ideas about enfranchisement into biological citizenship in relation to dynamics producing *differentials of disenfranchisement*.

As a starting point for conceptualizing biological sub-citizenship it seems vital to elaborate in much more detail two key points already acknowledged by Rose and Novas that "not all have equal citizenship in this new biological age" (Rose and Novas, 2005: 440); and that the "political economy of hope often takes place under conditions of suffering, privation and inequity" (Rose and Novas, 2005: 452). Such inequalities and conditions restrict access by much of the world's population to biomedical innovation, and they have been notably heightened by austerity-induced cutbacks in public medical services and the high costs created by user fees, privatized biomedicine and neoliberal patent protections. Building on such observations, the first section of review and conceptualization offered below is focused on *biological sub-citizenship through exclusion and conditionalization*. More than just addressing the obstacles blocking and postponing personal investment in new biomedical therapies such as pharmacogenetics, this section seeks to show that a theory of biological sub-citizenship must also address the vast problems of premature death and ill-health that emerge more widely as embodied outcomes of implementing and experiencing neoliberalism as austerity. Health service cuts, user fees and privatization plans are the most direct examples of austerity in this sense, and their exclusionary effects all have embodied outcomes. But in the aftermath of austerity, or in its threatening shadow, wider processes of economic neoliberalization, policy neoliberalization, and socio-cultural neoliberalization all also demand attention for the ways in which they conditionalize and thereby co-constitute biological sub-citizenship.

Going still further beyond concepts of unequal incorporation into biological citizenship, the second main section that follows explores the biological sub-citizenship embodied in experiences of biovalue extraction and exploitation that frequently follow in the aftermath of austerity. Due to the global political-economic interdependencies involved, these forms of biological sub-citizenship cannot simply be interpreted as a form of exclusion from regimes of biological enfranchisement. Instead, thanks to the exploitative interdependencies of organ and tissue trading, outsourced and offshored drug trials, and health worker brain drain, the biological citizenship of people in more privileged circumstances has become very directly dependent globally on the biological sub-citizenship of others. By highlighting these connections of dispossession and biological disenfranchisement, this article's second stage of review and conceptualization thereby outlines the emergence of *biological sub-citizenship through extraction and exploitation*.

Finally, in the third stage of the article, the focus turns towards today's newly optimistic attempts to expand global health through initiatives that are commonly imagined in terms of investing in spaces of deprivation and delivering biotechnology to the excluded (Mitchell and Sparke, 2016). Even as it compensates for exclusion and conditionalization, this work remains overshadowed by the financialized-thinking associated with 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 pharmaceutical therapies (Biehl, 2007; Nguyen, 2010); geographies of biological citizenship defined in terms of biosecurity (Fall 2014; Mansfield, 2012), brain science (Pykett, 2016), lethal exclusion