

COMMENTARY ON “PUBLIC HEALTH AS URBAN POLITICS, URBAN
GEOGRAPHY: VENEREAL BIOPOWER IN SEATTLE, 1943-1983”

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I begin with an observation I made in winter of 2007. On the bus going to downtown Minneapolis, I heard a young African American man talking about having been in jail because a minor offence became a major one in conjunction with something else he had done. He was warning his friend about how the racial economy of imprisonment works. On the trip home, I overheard a middle aged African American woman tell her friend about how her doctor had suggested she lose weight and what she was doing to try. She was not apparently overweight, it seemed, but she had taken the advice very much to heart. Another conversation occurred between a black and a white man who were discussing what different homeless shelters offer. The African American man said, ‘it’s not right that a man can’t get a place to live’.

The ways that the state and the institutions of society make live and let die include the technologies of threat and carceral violence, the discipline of homeless shelters and the mechanisms to manage a population’s weight, in addition to ways of counting those who do not survive. “In modernity, violence is sublimated...” through the biological embodiment of inequality in higher morbidity and mortality rates of certain people (Nguyen and Peschard, 2003, p. 457). Michel Foucault (1997), in the final chapter of *Society Must Be Defended*, suggests that racism is a process by which some are allowed to die in order that another group is regenerated or can live better. In multiple ways, biopower promotes the life of a white middle class population in this country at the biological level. Globally, biopower requires the division between the living and those “for whom even simple survival would require too much effort and too many precautions” (Bazzicalupo, 2006, p. 113).

Michael Brown’s brilliant paper and his larger project with Larry Knopp will significantly enhance medical, urban and political geography. With careful and elaborate detail, he shows the ways in which the episteme, techne, visibilities, identities, and ethos of venereal biopower knit together and unravel. Tracing the emergence of the public health and societal response to HIV/AIDS through the history of venereal disease preceding the epidemic is surely novel. The paper makes an important call—to study public health because it is a central part of urban geographies and to use the concepts associated with biopolitics to explain the workings of the local state. I do not doubt that Michael has already thought about some of the questions I raise and I recognize that the study is a work in

progress. I will now go through a few points that I've grouped into four categories. These will be a series of questions that offer not critique, but potentially fruitful directions for the study as it continues.

BIOPOWER

Like the discipline and regulation evident in the conversations on the bus with which I began, the disciplinary power to forcibly quarantine people with venereal disease (VD) coexisted with educational techniques to convince people to get tested. Foucault wrote that the sovereign's ancient right to take life and let live was not *replaced* by the 19th century, modern liberal-democratic state's right to make live and to let die. Instead, this new right complemented, "penetrated and permeated" the old one gradually over the course of the 17th and especially the 18th centuries (1997, p. 241). In the second half of the 18th century, Foucault finds a new technology of power emerging: biopower. The disciplinary technique which separated bodies, putting certain ones in prisons or asylums, is also not done away with, but it has a different focus (the species or population) and uses different instruments. Importantly for Michael's paper, as I'm sure he knows, is that "[s]exuality exists at the point where body [the focus of the anatomo-politics of discipline] and population [the focus of regulatory biopower] meet. And so it is a matter for discipline, but also a matter for regularization" (Foucault, 1997, p. 251-252). Thus it is not a paradox that the heavy hand of public health should co-exist with more subtle and rational forms of VD management. This point leads directly to my next claim.

The paper considers several dualities or paradoxes in venereal biopolitics—for instance conservatism and progressivism in public health officials' response to VD. Michael points out that he wants to show tension, confusion and possibility. He recognizes that by revealing dualities he risks separating what was actually simultaneous and overlapping in the ethos, techne, episteme and so on of VD management. His paper succeeds at this, but I nonetheless want to state the initial hesitancy that I felt about this argument.

The idea of poles or dualisms is not given in the way I understand biopower. I would say instead that what Michael calls conservative and progressive are only different faces of venereal biopower. In his analysis of the modern state, Foucault does not make normative distinctions like 'conservative'. Further, public health efforts to reframe venereal disease outside the confines of morality as part of an educational strategy could be interpreted as progressive, but one could also argue that education can direct attention away from inequalities or enrol people in regimes that will at some point discipline them and will surely regulate them. Thus these multiple framings of VD, from the point of view of the state, are not paradoxical, but instead how power works through the state and institutions of society at the scale of the body and the population. Rather than

invoke dualism to describe this process, one could draw on Foucault's notion that resistance and domination arise from the same ontological place and transform themselves endlessly. Equally, the complexity of power is not just its inventiveness or capillary extensiveness, but also its "density", "inertia" and "viscosity" (Foucault, 1989, p. 258), all of which can be brought to bear in an argument about biopolitical regulation. Similarly, to avoid a discussion of paradox, one could also frame these public health practices of enumerating the afflicted and mapping their locations as evidence of the pleasure found in what Foucault described as "our newest sexual activity" of "putting truth into sex" (Grosz, 2005, p. 204).

An important aspect of this paper is its aim to highlight the diffuseness of power and the proliferation of forces at work over time in this particular context. While the paper provides us with excellent examples of public health officials' frightening letters and eerie posters as well as some mention of the people at risk, I was left wondering, where the other parts of the entangled network were—the nurses, the scientists, companies, policymakers, partners, churches, youth groups, NGOs, activists, advocates and the bodies that get these STIs? Perhaps later in the research process more of the confusion of practices, things, imaginaries and bodies might be part of the story. Finally, Foucault understood power as always "impotent", as having a "congenital inefficacy" (1997, p. 280). How does venereal biopolitics '*not work*' in Seattle and then how does power maneuver out of impasse?

The city is another important part of the relationship between the state and biology. In essence, this paper is extending Foucault's work on biopower into an area about which Foucault did not write much—the city. It does so by showing the centrality of the city to (venereal) biopower and therefore its importance to urban geography. Foucault suggested that the urban problem is a domain of biopolitics because of the need to deal with the issues that arise from population densities. He proposed that the regulation of workers, for instance, was carried out through the layout of the town and the design of the houses (1997, p. 251). A strength of the paper is, no doubt, its analysis of the public health response to VD in the context of Seattle's economy, history and migration, but the research might investigate if there were perhaps additional aspects of the city's economic, environmental and cultural geography that shaped its venereal biopolitics.

THE VD SUBJECT

As Michael points out, in the matter of VD, the enemy was woman. There is a lot of work on prostitution, venereal disease and heterosexual gender relations— which is why this project concerning VD as the backdrop to the author's (1997) earlier work on the HIV/AIDS epidemic among gay men is so interesting. But it begs the question of what the enemy being woman brings to the analysis? Perhaps

a more sustained consideration in the theoretical framework about women, sex and gender in relation to the questions at the heart of the study might direct the project in interesting ways. Veena Das (2006) wonders whether diseases that appear (and reappear) in different times and spaces bring new ways of perceiving threats to the imagined social body? Michael seems interested in that question in a complex way because he is pursuing the venereal biopolitics temporally and spatially toward the biopolitics of HIV/AIDS in the 1980s. What does it mean for our understanding of biopower and identity that the venereal disease threat to the imagined social body is first woman, then youth and then queer?

A very interesting discovery Michael made is the silence in the public health documents he studied about 'homosexuals'. With biopower so much about those techniques of counting and otherwise managing existing bodies, it will be a valuable contribution to discuss *absent* bodies or populations. Here, of interest might be a return to Foucault's *History of Sexuality* in which the focus, moreso than in other texts of his, is on individual bodies, sex, power and pleasure. I wondered, further, if there might be a discussion of gay masculinities in the context of this project. Paul Kramer who studies the military prostitution complex in the context of the US occupation of the Philippines suggests that the name "Rough Riders" was an appellation that turned the emasculation of VD into a marker for virile heterosexual masculinity and may have legitimated aggressive sex in empire building (2006, p. 397). The aspect of sexual intercourse, for instance, could be brought more explicitly into future work.

Finally, I would like to mention Vinh-Kim Nguyen's research in West Africa on therapeutic citizenship and the power to manage misfortune (Nguyen, 2005). In his study, he describes the use of confessional technologies, a curious implant from the US, in which HIV-positive people were encouraged to speak about living with the virus. How are VD and HIV subjectivities transported? Similarly, how do technologies of venereal biopower move from other places (via army inspections in the 'colonies' as Kramer (2006) found) to Seattle or from King County to other cities. How were these technologies taken up and transformed?

INEQUALITY

A significant collection of work in medical anthropology, sociology and geography concerns health inequalities. Such inequalities have been theorized as being the consequence of the physical and psychological vulnerability produced by social hierarchies. Diagnostic categories and medicine, it has been found, perform best in groups that hold some power in society. Michael points out that in the management of VD, there were benefits to being white, male and heterosexual. Inequalities also arise from being made the subject of interest. Part of making an argument that a group is at risk requires singling it out for special treatment or attention. In the case of epidemics, this is a useful strategy, but in other cases, it

has served to make fine divisions that distinguish among social groups and within populations (Nguyen and Peschard, 2003, p. 458). Revealing the microprocesses involved in making subjects of interest to the state, as Michael's paper does, is crucial to understanding the macroprocesses of social inequality.

Foucault argued that rebellion and domination exist in "perpetual agitation" (1997, p. 280). Nguyen (2005) suggests that illness claims carry more weight in a neoliberal world than those claims based on poverty, injustice, or structural violence. In Nguyen's study, people actively sought treatment for themselves but also for others and coalitions arose in response to the management of misfortune—that is, the availability (or lack thereof) of drugs. Michael alludes to a coalition of public health officials, sex educators, doctors and activists emerging around VD, but it would be interesting to hear more about 'rebellion' in the context of venereal biopolitics.

NATURE, THE SOCIAL AND THE BODY

Veena Das (2006) cautions against a tendency she has noticed to connect science and the state in the form of public health as if they operate in unison, when they may have different stakes in diagnosis and treatment. Writing about a cholera outbreak, she distinguishes between public health officials and microbiologists' interest in disease events, given the different temporalities that concerned them. Michael suggests that in Seattle, the power of scientific explanation was mobilized by public health agencies to augment budgets. I was intrigued about the relationship between falling VD rates and rising expenses. What was the money being used for? But the larger question is whether biomedical science and the state were moving in tandem on the issue of VD. On a deeper level, the science studies critique, which is evident in many analyses using biopolitics as a framework, has become so second nature that I wonder if we might step back and examine it. Donna Haraway (2007) in her latest book *When Species Meet*, hints at this idea, saying that the critique blinded her in certain ways. She recalls,

When I wrote *Primate Visions*,...I was so intent on the consequences of the Western philosophical, literary and political heritage for writing about animals...that I missed the radical practice of many biologists and anthropologists...to engage with these diverse animals as rigorous scientific practice and not a romantic fantasy...I...often mistook the conventional idioms of the philosophy and history of science as spoken by most of 'my' scientists for a description of what they did (2007, p. 312 n29).

Since venereal biopower concerns several organisms, as Michael points out, as well as social norms and practices, pursuing the question of how nature and

society are related is of great interest. Das suggests that, “[n]ot all factors behind the emergence and disappearance of diseases are social in nature, so...one needs to show how the social and the natural intersect” (2006, p. 28). Nguyen (2005) proposes the concept of biosocial change as a means to join the social relations involved in the spread of the epidemic and access to treatment with the biological, that is, the disease and the effects of drugs (2005, p. 143). Although the ways in which people respond physically to a disease is very much due to social factors, speaking about biological aspects should not immediately be dismissed as determinism (Das 2006). Instead, scholars need to think about the ways in which the social and the natural work together and to acknowledge the utility and the limits of the constructivist approach to the history of disease. Nigel Clark (2007), for instance, has written on the give and take, or embodied generosity, that comes from the body’s openness to beneficial or threatening encounters with other living things. As part of this discussion, he cites a case in which an artist carrying Hepatitis C refused to seek treatment, describing her relationship with the virus in terms of deep intimacy with another living thing.

A paper concerning VD seems an appropriate place for an embodied analysis as well as a discussion of the scale of the body. Public health, for instance, can be analyzed as embodied. Alison Mountz (2004), provides such an account of the Canadian state that reveals its personal, conflicted and less powerful layers. A focus on bodies brings not only connections between inequality and disease into clearer focus, but also the other lives or possibilities of bodies (see e.g. Longhurst 2001). Pheng Cheah makes an important point about readings of Foucault that suggest he was only interested in signification delineating the surfaces of bodies. Instead, Foucault was thinking about the “microphysics of power, a level mediating between the state and the materiality of bodies and their forces, constituting the very physicality of bodies by penetrating their pores...” (Cheah 1996, p. 125). It is an interest in the bodily forces of pleasure and desire that inspires Elizabeth Grosz (2005) to wonder what such proliferating and transforming forces could mean for politics. It would be interesting to see how this study might connect venereal biopower, Foucault’s (1980) understanding of the relationship between pleasure and power and Grosz’s politics of bodily practices.

With this paper, Michael makes an exceptional contribution to many areas of the discipline. I look forward to reading the publications that result from this project.

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