

Steve Hinchliffe, Nick Bingham, John Allen and Simon Carter, *Pathological Lives: Disease, Space, and Biopolitics*, Oxford: Wiley-Blackwell, 2017. ISBN: 978-1-118-99759-8 (cloth); ISBN: 978-1-118-99760-4 (paper); ISBN: 978-1-118-99762-8 (ebook)

To understand the novelty and ingenuity of Hinchliffe et al.'s new book, *Pathological Lives*, a little context may be helpful.

“Fear and the flu” – that was the main headline of *Newsweek* magazine during the early stages of the H1N1 pandemic in 2009, also known as “swine flu”. In general, epidemics and newly emerging diseases such as Avian Influenza, Foot and Mouth Disease, Ebola and others are often interpreted in the light of fear and anxiety. It’s a game of magnitude and numbers. Infectious diseases spread across the globe. Millions will die – be very afraid. And yet, there is something peculiar unfitting within this image of catastrophe and ultimate disaster. As far as we know, human beings have lived with diseases for as long as they exist. If anything, we have become less vulnerable to diseases than at any other point in history. Notwithstanding the stark contrasts between and within nation states, many live longer and healthier lives than ever before. So why all this fear?

In the 1980s, HIV/AIDS was the first disease to spread rapidly worldwide and ended the optimistic era of the 1960s and 1970s, when the eradication of smallpox fuelled high hopes of ultimately mastering all infectious diseases. The advent of HIV/AIDS shattered the modernist dream of a disease-free world to pieces. As this new reality began to sink into the minds of experts and the lay public alike, new ideas were needed. Out top of competing ideas came the “emerging infectious diseases” worldview. In a nutshell, this paradigm suggests that novel pathogens are always in the making somewhere and it is only a matter of time until they acquire enough strength to start the next deadly epidemic. Following from this, the sensible thing to do is to be always prepared, alert, and on the lookout for the next new “killer” virus or bacteria.

Since its inception in the late 1980s, the emerging diseases worldview has been the subject of considerable debate and criticism within the social sciences (critical geography having a fair share in the discussion). Although the critique covers wide areas of public health discourse, management, and expertise, much of it boils down to the overtly negative

conception of global interconnectivity or globalisation within the emerging diseases worldview (Füller 2016; Ingram 2008; King 2002; Lakoff 2010). It is criticised for its narrow focus on “the South” or Third World, Africa, Asia, “the jungle”, and so on as the alleged main sources of emerging new pathogens. Public health practices are criticised for establishing double standards whereby “the West” seeks to protect itself and its citizens with ever more sophisticated treatment and technology from the rest of the world. The “majority world” (Gibson-Graham 2008) is left to its own devices, deprived of the means to acquire enough medicine and not able to treat the sick after neoliberal “structural adjustment“ (that brutal euphemism) dismantled public administrations and health services to the point of being virtually non-existent.

Since medieval times, *cordon sanitaires* have been in use to contain contagious diseases within a given locality. Today, ideas of a global *cordon sanitaire* has become an obsession within the geopolitics of public health. Echoing Foucault’s (2009:18) observations of 18th century France on facilitating, managing, and prohibiting the circulations of people and goods, the recent phantasm of global public health is that of enjoying economic globalisation without the infectious touch of the global workforce. However, the image that haunts the media and public health officials alike is the killer disease that is “only a plane ride away” (Ungar 1998). At the heart of this lie deep-seated fears surrounding uncontrollable connections to what is foreign, distant, and far. The resulting calls for more security in global public health echo the securitisation of other aspects of globalisation such as migration. The emerging diseases worldview may have helped to do away with a complacent and dangerously wrong assumption of the dynamic relation between humans and pathogens. However, it has replaced the old discourse with a new discourse of fear and anxiety that triggers nationalist and isolationist responses whenever it looks as if the next pandemic is around the corner.

While the problems emanating from the emerging diseases worldview have been discussed since its first formulation, there has been a curious lack of scientifically-sound and widely-acknowledged counter narratives or alternative explanations. How can we talk about disease without worrying about border controls? How can we manage public health on a global scale without exclusion? How can we deal with disease without blaming the victims?

As is so often the case, the solution is maybe not finding the answers to these questions but posing them differently. That is precisely what Steve Hinchliffe, Nick Bingham, John Allen and Simon Carter do in their new book, *Pathological Lives. Disease, Space, and Biopolitics*. The vexed problem of the emerging diseases worldview and attempts to create counter ideas are certainly not new for the authors (e.g. Hinchliffe and Bingham 2008). However, this book length account is to date the most thorough, detailed, and accessible treatment of the whole issue. As indicated above, the book asks new questions. In particular: “how various matters (including not only microbes) combine with other conditions to produce disease” (p.6). However, it goes much further than this. The very notions of health and disease are being challenged, as are terms such as pathogens, infection, and immunity.

But let’s start from the beginning. The book takes Foucault’s notion of pathological lives (p.17; Foucault 2003:188) to emphasize the openness and possibility of all life to become and be pathological. What is more, pathology is a mode of being which is implicated in the very existence of life itself. To a certain degree, thus, all life is pathological. The book falls into two broad sections. The first section, “Framing Pathological Lives”, details conceptual arguments. The second section, “Disease Situations”, consists of a series of five empirical case studies that are arranged and developed accordingly to the conceptual argument.

Within the conceptual section, Hinchliffe et al. offer us what I would like to call their relational disease ontology. The most important concepts hereby are disease diagrams and disease situations. The term diagram is taken mainly from Deleuze (1999), and denotes a “style of bringing the world into being, a bringing forth that, it should go without saying, involves people, architectures, non-human actors, and so on” (p.27). Disease diagrams then are the multiple ways in which diseases are imagined and enacted. In referring to Thacker (2009), diagrams are explained as modes of dealing with disease (intellectually as much as in practice). In reference to Foucault’s examples of leprosy, plague, and smallpox, the dominant disease diagrams were exclusion, inclusion, and normalisation respectively (p.30). Hinchliffe et al. are careful in not conceptualising diagrams as neat little boxes but stress that these are ongoing, open, contested, and multiple processes. There is, furthermore, not one diagram for one disease but there are overlapping and competing diagrams in relation to multiple diseases.

The discourses and practices of the emerging diseases worldview with its inherent logic of marking a safe inside and dangerous outside is an example of a contemporary disease diagram.

Disease situations are in turn the specific geographies and trajectories of any given disease. With a nod towards Barry's (2012) conceptualisation of "political situations", Hinchliffe et al. call disease situations the "meeting places where various actors, bodies, species, business pressures, microbes, technologies, and so on are organised, brought together, or held apart and worked upon" (p.54). These situations "are constituted from and constitutive of a mix of disease diagrams" (ibid.). In principle, the idea of the disease situation conforms to Hinchliffe et al.'s relational and topological approach. Very much like in disease ecology, (infectious) disease here is not viewed as the simple outcome of pathogens trespassing into healthy bodies. Instead, it is acknowledged that all organisms live communal lives with a host of microbes which are as such neither good nor bad *per se* for the organism. However, when certain conditions appear, when a number of factors connect or collide, a situation arises within which disease becomes a possibility. To give a simple example: too little sleep and stress makes most organisms prone to diseases such as the common cold or flu.

With these concepts (and others) in mind, Hinchliffe et al. set out on a journey through barns, farms, slaughterhouses, restaurant kitchens, households, and wildfowl reserves. In the book we find five meticulously executed case studies that rely on data mainly gathered through participant observation, interviews, and focus groups in the respective locations. Unlike previous research by the authors, the book contains only research conducted within the British context. This is a bit of a limitation in terms of generalising the insights gained from each case study. However, the sound conceptual work makes up for this and bridges the gaps between the British and other experiences of disease diagrams and situations.

In terms of content, Hinchliffe et al. inform us first about the short life of industrially produced chickens and how the specific mode of production produces diseases such as diarrhoea and sickness from *Campylobacter* bacteria (Chapter 4). Practices aimed at cost efficiency and higher gains (e.g. "thinning", that is, the removal of roughly a quarter of the stock after 35 days) cause severe stress for the chickens and makes them prone to

Campylobacter infections. Hinchliffe et al conclude that “[p]athogenicity is borne then of the situation” (p.104).

Next comes the hog industry (Chapter 5). In a reversal to what we just learned about chickens, pigs are healthier when infected with various microbes. Against the wisdom of biosecurity (here: protocols and practices that are designed to keep pathogens out of agricultural facilities), farmers know that their pigs need to be exposed to the farm-specific ecologies including viruses and bacteria. New animals are deliberately exposed to the microbial life on site to boost their immune system. In considering the “immanence of immunity” through Esposito’s (2011) discussion of the intricate relation between community and immunity and Haraway’s (1992) of borderlands, Hinchliffe et al. note that “microbes seem not so much as outsiders but as co-constituting the borderlands that make any life possible” (p.135).

By way of killing, slicing, and portioning, chickens and pigs turn into meat fit for human consumption. Raw meat is another major source of disease. Around that issue, societies have built over centuries complex systems of assessment to make sure meat is safe to consume. Professional meat inspection through slaughterhouse and kitchen visits is the traditional practice of food safety (Chapter 6). However, the practice as such is under pressure from neoliberal and austerity politics. Inspectors feel they and their work has become increasingly “stretched” (p.163). Fewer inspectors have to cover ever wider geographical areas. New demands for record-keeping have become a bureaucratic nightmare, leaving less and less time to do the actual inspecting of animals and food. Conflicting political messages urge inspectors to do more and, at the same time, less strict inspections. Overall, the number of food inspections and related prosecutions decreases. The traditional practice of inspection is replaced by the (much cheaper) practice of risk calculation. Just as with nuclear disaster, disease is willingly and knowingly accepted as a statistical possibility. Hinchliffe et al. conclude that food “safety is a relational issue” (p.166), just like disease, and needs relational work to be maintained. Therefore, the current lack of political and financial support for inspections is irresponsible and creates risky disease situations.

Being concerned with animal health is strongly related to attending to human health. In their fourth empirical chapter (Chapter 7), Hinchliffe et al. turn to human beings as

recipients of public health discourse. The chapter challenges the widespread assumption that people need to be more and better informed to make sure they behave appropriately during a public health crisis such as an emerging epidemic. Based on focus group interviews, Hinchliffe et al. find a public already burdened with a heavy overload of information. They establish that not knowing is not so much about not being informed or, worse, not being able to inform oneself, but represents an openly justified and conscious strategy to deal with alarming and otherwise disturbing messages, to ensure that everyday life can go on. In the words of the authors: “the surfeit of information about risk led to a willed and strategic ignorance as a coping strategy” (p.187).

As human beings, we do not live in isolation, neither from other human beings nor from the rest of the world, including its organisms, elements, and objects. In the last empirically informed chapter (Chapter 8), Hinchliffe et al. return to animals (swans in particular) and viruses. In comparing birdwatching to the practice of Ancient Roman Soothsayers and Aruspices (an aruspex would practice a form of divination, inspecting the entrails of sacrificed animals), its implications for surveying microbial travel have turned watching birds from being a mere hobby once again into a serious and nationally important task. Ancient aruspicy (or extispicy) has also been transformed into the collection of swabbing samples which are brought into laboratories for testing. The results need equally creative and daring interpretation as its ancient predecessor.

There is no real knowing or not knowing. We try to read signs. The sufferings caused by disease are real. There are no simple answers as to where and how diseases arise, spread, transform, and vanish. In Hinchliffe et al.’s words: “poison and cure can amount to the same thing, the trick is to find means of learning by engaging with, and being exposed to difference” (p.200). In conclusion we need a “livlier, noisier politics”; one that “challenges” the means and ends of government; a politics that involves humans and non-humans; a “different kind of biopolis”; and an “opening, however hesitant, onto the powers of life and of living together” (p.211).

All that being said, does Hinchliffe et al.’s book have the potential to provide an alternative account to the dominant emerging diseases worldview? First of all, Hinchliffe et al. are not alone in opposing the simplified geopolitical visions that dominate global public

health. Ideas about disease ecologies are likewise neither new nor unknown (e.g. Wallace 2016). However, Hinchliffe et al. provide us, over the course of five different case studies, a coherent narrative about how organisms such as microbes, animals, and human beings “intra-act” in the real world tainted by business pressures, economic ideologies, and political rationalities. As a result, disease and health – very much as the subject in Foucault – become decentred and redistributed as relational effects emerging within specific disease situations. Without belittling the achievements of vaccination programmes and other global public health efforts, we can learn from Hinchliffe et al. that contact with “the other” and “the outside” is not the source of disease, but both the poison *and* the cure, depending on the context.

Whenever the logics of profit-making, austerity, and intensified agricultural practices meet, pathogenicity is on the rise. The situation becomes critical when contacts with other beings and organisms are severely reduced to the point of creating isolated ecologies. Being deprived of the possibility of learning and engaging with difference, these ecologies are highly unstable and prone to collapse. In reading Hinchliffe et al.’s book, we may need to re-evaluate which circulations and movements we should allow and foster and which need to be controlled and kept in check. Reversing the current dominant logic of pathological geopolitics, we may need less economic and more social globalisation.

References

- Barry A (2012) Political situations: Knowledge controversies in transnational governance. *Critical Policy Studies* 6(3):324-336
- Deleuze G (1999 [1986]) *Foucault*. London: Continuum
- Esposito R (2011 [2002]) *Immunitas: The Protection and Negation of Life*. Cambridge: Polity
- Foucault M (2003 [1963]) *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Routledge
- Foucault M (2009) *Security, Territory, Population: Lectures at the Collège de France, 1977-1978*. Basingstoke: Palgrave Macmillan
- Füller H (2016) Pandemic cities: Biopolitical effects of changing infection control in post-SARS Hong Kong. *The Geographical Journal* 182(4):342-352

- Gibson-Graham J K (2008) Diverse economies: Performative practices for “other worlds”.
Progress in Human Geography 32(5):613-632
- Haraway D (1992) The promises of monsters: A regenerative politics for inappropriate/d
others. In L Grossberg, C Nelson and P Treichler (eds) *Cultural Studies* (pp295-337).
New York: Routledge
- Hinchliffe S and Bingham N (2008) Securing life: The emerging practices of biosecurity.
Environment and Planning A 40(7):1534-1551
- Ingram A (2008) Pandemic anxiety and global health security. In R Pain and S Smith (eds)
Fear: Critical Geopolitics and Everyday Life (pp75-86). Aldershot: Ashgate
- King N (2002) Security, disease, commerce: Ideologies of postcolonial global health. *Social
Studies of Science* 32(5/6):763-789
- Lakoff A (2010) Two regimes of global health. *Humanity* 1(1):59-79
- Thacker E (2009) The shadows of atheology: Epidemics, power, and life after Foucault.
Theory, Culture & Society 26(6):134-152
- Ungar S (1998) Hot crises and media reassurance: A comparison of emerging diseases and
Ebola Zaire. *British Journal of Sociology* 49(1):36-56
- Wallace R (2016) *Big Farms Make Big Flu: Dispatches on Infectious Disease, Agribusiness,
and the Nature of Science*. New York: Monthly Review Press

Jonathan Everts
Geographisches Institut
Universität Bonn
jevorts@uni-bonn.de

October 2017