

**Nadine Ehlers and Shiloh Krupar**, *Deadly Biocultures: The Ethics of Life-Making*, Minneapolis: University of Minnesota Press, 2019. ISBN 978-1-5179-0507-1 (paper); ISBN 978-1-5179-0506-4 (cloth)

Something like this book had to be written sooner or later. The first term of Foucault's famous shorthand formula for the logic of biopower, the couplet of "making live" and "letting die", has spawned a rich critical literature investigating the proactive cultivation of populations and individuals from a range of angles. The second term, "letting die", has of course not been utterly forgotten. Indeed, connections between biopolitics and thanatopolitics have – as the authors note – figured prominently in the highly influential work of Esposito, Agamben and Mbembe, all of whom cite Foucault (p.14-15). It is arguable, however, that these grander, "ontological" perspectives linking the cultivation of populations with deadly sovereign power have obscured the continued lack of a more "Foucauldian", a more mundane and micrological, investigation of forms of "letting die" closely tied to making live. The temporary eclipse of recognition of the need for this latter kind of analysis may be attributable in part to the geohistorical events and context of the early 21<sup>st</sup> century that initially provoked the turn to death in critical theory (the attacks of September 11<sup>th</sup>, 2001 and the "Global War on Terror", followed by a series of other human-made or natural catastrophes).

In the research for this book, Nadine Ehlers and Shiloh Krupar have clearly posed the questions long waiting in the wings: What forms does "letting die" take? In what ways, exactly, does "making live" depend upon "letting die" and upon the effacement of the connections between the two? Even more fundamentally, what does "death" mean in biopolitical practice? One of the important conceptual advances this book makes is in breaking down "letting die" into three subcategories or modes: "obscuring death" or rendering forms and occurrences of death invisible; "creating deathly conditions" for

particular individuals or groups of people; and “producing death and/or death effects” (p.4-5).

These three modes of letting die are investigated in relation to five important “biocultures” (multiscalar *dispositifs* of affects, institutions, actors, discourses, and practices) prominent in neoliberal life in the early 21<sup>st</sup> century United States. Each of these biocultures is organized around a particular kind of “making live”, a particular “affirmation” of life tying together heterogeneous elements, and each of the affirmations anchors one of the five core chapters of the book. The affirmations are “hope” (the bioculture around cancer), “target” (the emerging field of “race-based health”), “thrive” (fat, fatness, and their health-economies), “secure” (ageing and its psycho-social and institutional management), and “green” (an emerging *dispositif* around the post-death fate of bodies).

For each of the five affirmations, Ehlers and Krupar take the reader through a specific field fascinating in its own right. Little-known histories such as that of the Women’s Field Army (WFA) formed in 1936 to fight cancer (p.24-25), or the role of the US Civil War in initiating the century-long dominance of embalming in the death industry (p.138-139), alongside discussions of recent innovations such as “fat banks” (p.87) or the pink “Hope Edition” handgun introduced during Breast Cancer Awareness Month in 2011 (p.26), make for a lively read. Yet, in line with the overarching point of the book, such head-shakers are always contextualized within a focus on death-effects and constructions of disadvantaged, excluded, or abandoned others. The chapters all touch as well upon more progressive or emancipatory alternative practices and constellations around the biocultures under discussion, which exemplify “ways that seek to refashion the normative terms of existence” (p.17).

### **A Partially Obscured Politics of Obscuring**

Overall the book works very well, and, as discussed further below, provides a range of very useful critical tools for thinking about a range of other phenomena.

However, it must be noted that some of the most compelling analyses in the book actually concern forms of “life-making” that are not in any obvious sense “deadly”. Especially the affirmations “hope” and “thrive”, but the others to some extent as well, are realized in practices and discourses of affective discipline. For example, cancer subjectivities are constructed in the dominant bioculture by an imperative to hope in a certain way compatible with biomedical narratives of progress toward a cure, and of course with the profitability of the biomedical industry. More generally, in all five biocultures (including that surrounding the period after death), “life-making” involves an underlying injunction to live more or to live on. This pattern is very well brought out, and constitutes one of the main contributions the book makes to our understanding of the modalities of biopolitics. Well beyond the realm of the bioculture of cancer, for example, it is very helpful to recognize that “hope is conventionalized in particular ways that circumscribe what meanings or articulations of hope can exist and how hope is employed and experienced” (p.22). Ehlers and Krupar in effect give an excellent account of what could be termed, taking a cue from Foucault, “neoliberal affective responsabilization”.

In terms of the three modes of “deadliness” identified above, however, these forms of affective responsabilization neither “create deadly conditions” nor “produce death or death-effects”. Thus more of the weight of the argument than is at first apparent rests upon the first of the three forms of “deadliness”, namely “obscuring” death. Indeed, the book is peppered throughout with visualistic terms (obscuring, rendering invisible, eclipsing, overshadowing...) that together attest to the heavy burden borne by this strand of argument. A good deal of what is “deadly” about contemporary forms of “life-

making”, it seems, is their power to divert or distract our attention from, or to cover over, forms of abandonment, neglect, and discrimination (uneven exposure to health hazards, historical legacies of exploitation or unequal treatment, unequal access to “life-affirming” resources, and related matters).

How does this obscuring or distracting work? And how does it unfold its deadly effects? Who, exactly, has their gaze obscured or distracted? And how exactly does the “critical foregrounding” of the previously “backgrounded” (Plumwood 1993: 21) lead to emancipatory or progressive changes in the practices of relevant actors? The examples given in the book of alternative ways of constructing or dealing with cancer, socially variable incidence of disease, body weight, ageing, and dead bodies obliquely illustrate the importance of some of these issues but do not directly address them.

Underlying the questions posed above is an issue that subtends much critical scholarship but is rarely acknowledged: that our critical engagement with the world – at both the individual and the collective level – is always circumscribed by a more fundamental political economy of directed attention and practice (Hannah 2019). Thus, calls for critical engagement with any issue (such as the “deadly” politics of life-making) are always implicitly calls to *re-direct* our engagements, to turn towards some matters of concern *and therefore to turn away from others*.

Ehlers and Krupar do deal with the politics of attention in Chapter 2, where they define targeting as “the will to attend to minority health” (p.49). Here, however, attention is analysed in a circumscribed way as an invasive and essentializing technique of government, not as a broader issue running through their entire argument. To be fair, the authors cannot be held responsible for clarifying questions left unexplored by thousands of colleagues across all areas of critical scholarship. However, since they characterize processes of obscuring as “deadly”, some additional explanation of how distraction and

obscuring concretely lead to “death effects”, and of how critical foregrounding is actually supposed to lead to emancipatory or progressive change, would be welcome.

### **Affirmations in the Pandemic Age**

*Deadly Biocultures* appeared just months before the coronavirus that leads to Covid-19 spread across the world. The refined conceptual instrumentarium Ehlers and Krupar provide for thinking about issues of life and death under these new circumstances is extremely helpful. At the same time the pandemic and the range of responses to it not only foreground but also shed new light upon the arguments in the book. Generally speaking, the challenges the pandemic has posed to health systems (or non-systems, as in the US) have foregrounded the connection between making live and letting die. A point made only obliquely in the book but highlighted by the pandemic is that the connection between making live and letting die is crystallized at the most basic level in the practice of triage. Triage, in which the dependency of some lives upon the abandonment of others is immediately apparent and *cannot be obscured*, has functioned in many countries as the terrible spectre to be avoided as far as possible, or only to be implemented as a last resort. This connection comes out very strongly, for example, in a statement of the German Ethics Council (Deutscher Ethikrat 2020; see also Kirkpatrick and Mueller 2020). Lockdowns have generally been justified by the need not to overwhelm hospitals and clinics, with the understanding that “being overwhelmed” expresses itself ultimately in the need to do triage.

Indirectly, then, perhaps the pandemic begins to answer some of the critical questions I raised above about exactly how “obscuring” is deadly. It is striking how anxious government leaders and public health officials have been to keep the connections between making live and letting die “obscured”, that is, mediated and collectively diffused rather than immediate and focused on the direct weighing of “competing”

individual lives within a single emergency ward. Thousands of individuals have died since the pandemic began *because* broad categories of “essential workers” have been more intensely exposed to the virus in ways that have enabled those less-exposed to go on living (often in great comfort). This too is an example of “deadly life-making”, but it is diffused and collectivized enough not to be considered scandalous. The anxiety around triage as “naked” deadly life-making thus points to an affective dimension of processes of obscuring that only strengthens Ehlers and Krupar’s argument.

Many of the five specific “affirmations” Ehlers and Krupar discuss illuminate, and are themselves further explicated by, aspects of the pandemic. Two of the more obvious of these are “target” and “secure”. In *Deadly Biocultures*, racially targeted medicine is exemplified at the individual level by a “race-specific” drug (BiDil) developed for marketing to African Americans who have experienced heart failure, and at the collective level by the emergence of “medical hot-spotting”, which uses GIS and Big Data to pinpoint areas in the US whose residents have the most serious and costly health problems per capita. In both cases, Ehlers and Krupar argue, targeting reinforces the essentialization and stigmatization of race as a characteristic of individuals or particular geographical spaces rather than as contingent outcomes of racialization via histories of structural violence, discrimination, and segregation. Especially the practice of “hot-spotting” has been prominent in dealing with Covid-19, starting with the city of Wuhan in China and extending over the intervening months to regions and places at all scales all over the world. In some cases, hot-spot lockdowns have been linked by protestors to historic forms of discrimination such as anti-semitism (Deliso 2020). But it is perhaps more telling to observe that communities of otherwise relatively privileged populations have responded with indignation to regionally targeted travel bans, curfews, or other measures (Höhn and Walther 2020). Although such measures have been temporary and

have largely not been tied to long histories of stigmatization, they have provoked militant insistence on the internal heterogeneity of risk within the targeted communities.

The injunction to “secure” ageing seems to have undergone a shift that exposes a potential tension or contradiction within it. Under normal circumstances the affirmation of life for the elderly can unite the imperatives to live as *long* as possible and as *well* as possible. Under Covid-19 policies, however, the two imperatives are more likely to come into conflict: longevity is constructed as dependent upon a (hopefully temporary) dessication of the quality of life. “Live longer” has been given clear priority over the injunction to “age well” (Armitage and Nellums 2020). Residents of senior homes can thus be seen as subjected to an inverted version of Agamben’s (1998) “bare life”: under a state of exception, their “inclusive exclusion” exposes them not to being killed with impunity but rather to being made to live on (as *zoon*) but deprived of the social dimensions of *bios*.

Especially in lockdown conditions, this trade-off between mere continuation and quality of life has been forced periodically upon all age-groups, placing a new premium upon the temporal virtue of patience, and constructing the affirmation of “hope” in new ways. At the time of this writing, the vaccines for Covid-19 are just beginning to be distributed in Europe and North America. In a manner similar in some ways to the prospect of a “cure” for cancer so subtly analysed by Ehlers and Krupar, “the vaccine” has been cultivated by governments and health experts all over the world as an overarching focus for hope (e.g. World Health Organization 2020). In both cases, hope is seen not only as an affect or attitude but as a material factor in conquering the disease. For cancer patients, hope has been constructed as a positive psychological or psychosomatic factor in making treatments successful. The positive effects of hope for a vaccine against Covid-19 are more indirect, mediated by patience and solidarity: the stronger our hope for a vaccine and the return to normalcy it promises, the longer we are

likely to continue acquiescing to the exceptional disciplinary and biopolitical measures despite the hardships they bring (Hannah, Hutta and Schemann 2020). The more conscientiously we follow the exceptional measures, the more quickly the disease will be brought under control.

The picture is complicated, however, by a shorter-term dynamic of hope. As the first “wave” of Covid-19 infections ebbed in many countries in the late Spring of 2020 under lockdown policies, governments sought to supplement the rather abstract long-term hopes placed in a vaccine by generating shorter-term hopes for an at least partial return to normalcy. Since that initial loosening, many countries have lived through continuous experimentation in search of a balance between the reintroduction of elements of normal social life and the retention of sufficient restrictions to keep the spread of the virus within manageable proportions. In practice this experimentation has taken the form of phases of new restrictions following waves of climbing infection rates resulting from earlier phases of loosening. The increasingly obvious danger is that shorter-term hopes for normalcy can only be dashed so many times before they cease to motivate patience and solidarity (Harlan et al. 2020). The repeated waves of lockdown are making it increasingly clear as well that hope is an important factor in the planning and investment decisions of economic actors. Small businesses dependent upon physical human mobility (especially restaurants, bars, and hotels) have in many countries invested in outdoor seating, or refurbished other settings of co-presence, in order to be able to continue operating under higher levels of restriction, only to have these investments rendered useless in subsequent lockdowns (e.g. Flynn 2020). Fading hopes of more lasting and predictable revivals of circulation will have increasingly drastic effects upon local economies.



### Closing Remarks

These brief comments about the Covid-19 pandemic have been intended to illustrate just how timely *Deadly Biocultures* has proven to be. The subtle conceptual framework it offers allows us not only to confirm *that* forms of biopower have taken on a more central and obvious importance at all scales in all parts of the planet since early 2020 (see Hannah et al. 2020), but also to dig more deeply into the question of exactly *how* they have done so. It is plausible to suggest, following Ehlers and Krupar, that the coronavirus and Covid-19 have become the anchors of a new “deadly bioculture”. Like the others they survey, this one is fundamentally shaped by the injunction to live more or to live on. However, it is so large and complex that identifying a single “affirmation” that organizes it is probably impossible. Four of the five affirmations highlighted in the book, “hope”, “target”, “thrive”, and “secure”, all play important and intertwined roles. Whether the fifth affirmation, “green”, ultimately becomes central after the “death” of the virus (as a potent disruptor of human social life) remains to be seen. In any case, one implicit lesson of *Deadly Biocultures* is that we should neither underestimate nor neglect the role of affective constructions in biopolitics.

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