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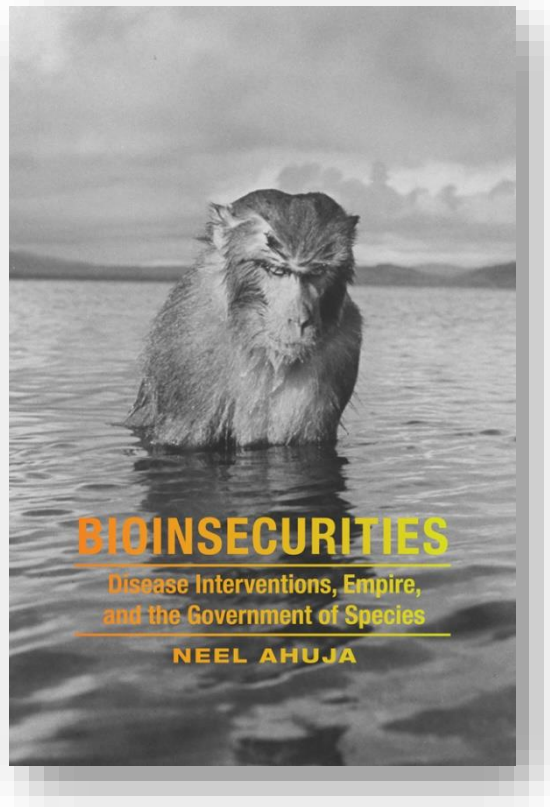
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Bioinsecurities: Disease Interventions, Empire, and the Government of Species

By Neel Ahuja



AHUJA, NEEL. *Bioinsecurities: Disease Interventions, Empire, and the Government of Species*. Duke University, 2016. ISBN 9780822360636, 288 pages.

There is no better way to preface this review of Neel Ahuja's rich analysis of the "government of species" in his book, *Bioinsecurities: Disease interventions, Empire, and the Government of Species* than to dive right into the heart of the ongoing interconnected infectious disease crisis. The coronavirus pandemic has exposed the Janus-faced nature of neoliberal capitalism without adequately advocating for repara-

tions that sustain it in the first place. Neoliberal capitalism has been a hegemonic tool championed by the global North for the *longue durée* of the last half-century. Nothing comforts bourgeois piety more than an unequivocal belief in the power of free-market capitalism, but what such endorsement effectively glosses over is the tightly braided dyadic nature of capitalism's systematic reinforcements: life making versus capital making (Bhattacharya, 2020). A week before the declaration of emergency in New York State mid-March of 2020, when schools and universities were still unprepared for a fully online semester—one of the first rhetorical inflections that tacitly muscled its way into common parlance was the issue of essential labor. This was hardly surprising: after all, even in a virtual world, people maintain material structures to ensure the smooth functioning of a system that replicates itself on a day-to-day basis, insofar there is continued access to a set of stable relations perpetuating its systematic reproduction. Amidst a global pandemic, it only makes sense that healthcare operations emerged as the *sine qua non* of the current affliction. But a surface examination of the complete list of essential workers (NBC, 2020) marks sectors historically inflected by discussions around the working-class struggle — grocery store workers,

power supply factory workers, warehouse workers, and hospitality sector workers. The pandemic finally visibilized working-class struggle within the public imaginary; even naysayers against public government schemes acknowledged the importance of ‘essential’ services for the smooth functioning and circulation of neoliberal capital. Soon, many surveys rendered visible the overwhelming classed and racial substratum underscoring the category of essential workers (*Buzzfeed*, 2020). What strikingly emerged to the fore as robust economies dwindled into shambles was capitalism’s disinterested engagement with life-making activities or social reproduction practices sustaining its profiteering in the first place. Specific to the United States, the conversations surrounding public health, especially in the polarized debates surrounding Medicare for all in the months leading up to the 2020 presidential elections, revealed the historically specific systemic exclusions and invisibilization of race and class issues, even as official data about the pandemic revealed that more people of color have died from the virus in America.

It is necessary to visit Neel Ahuja’s intensive 2016 interrogation of public health discourses against the backdrop of the coronavirus pandemic for a number of reasons: first, he retroactively charts the United States as an ongoing imperial state in terms of its machinist maneuvers to control every aspect of public health discourses in the global south, especially in Asia and the Americas; second, he traces the complex historical connections, participations, debates, and uneven entanglements of power dynamics surrounding existing public health imaginaries. Ahuja of-

fers a rich analysis of the gaps, evidentiary potentialities, in terms of resistance, and decolonial options concomitant in putatively concrete structures of imperial capital; third, he renders visible the over-determination of racial affect and class in every event of imperial expansion in terms of the activation of a pre-planned ‘structure of feelings’ designed to mobilize specific outcomes related to health economics: such as through immunization drives, solidification of extractivist tendencies of pharmaceutical companies, and ways of managing contagion and containment strategies. Ahuja interprets the imperialist state as a collaborative constellation of discrete stakeholders, something akin to the base and superstructure differentiation in Marxian terms. Referencing a broad array of archives from governmental records, filmic representations, and pulp fiction to tactical military strategies, scientific research, and public health policies across a linear historical timeline, this book offers an incisive analysis of the various paratexts surrounding five case studies of infectious diseases—namely, Hansen disease, venereal diseases, AIDS, polio, and smallpox. Ahuja further unpacks the processual dissemination of fear rhetoric engaging the imagined terror of interspecies contact studying its affective translation and naturalization in public consciousness. Taking his analysis a step further, Ahuja relates this strategic affective transmission to the justification of ongoing biomedical militarized interventions and extractivism in Hawaii, Panama, Puerto Rico, Iraq, and Guantanamo Bay. The government of species— a phrase extensively mobilized by Ahuja refers to the world-making endeavors of the United States as an ongoing imperial project invested in the management

of specific iterations of “dread life,” which includes human, non-human interactions, natural habitats, and microbial communities.

Ahuja’s investment in biosocial forms of interspecies exchange fundamentally recognizes the affective potential and meaning-making capacity of bodies in motion. The political is then displaced onto a field of power where bodies, at once immanent and transcendent, are always translated to an agential subjectivity, even when forces of oppression are dominant. Take, for instance, the opening image of a half-submerged rhesus macaque— appearing distant, vulnerable, and simultaneously fierce, while generating a wide range of immediate affective responses. Ahuja insists that such an affective translation enables instrumental access to different layers of meaning embedded within the representation of the macaque, ultimately rendering visible fragile blind spots in its very conceptualization. For instance, Ahuja records how scientists in the United States agonize over the arrogance and bad behavior of the primates transported from India, complaining about the elite treatment meted out to monkeys in India since they are affectively imbued in aspects of sacred religiosity. That a perceived religious symbol in the far east could be seamlessly translated into an object of medical research in the global north— that this symbol could be endlessly vivisected with the express purpose of generating expansive premeditated biopolitical ends is, perhaps, one of the many enduring legacies of an ongoing imperialistic extractivist project. Such a project owes its affective authority to knowledge and graft so thoroughly nat-

uralized that it warrants no exposition, but Ahuja’s attentive examination vivisects this logic, outlining the entanglements and contradictions contained within a composite understanding of power structures. This is the most salient feature of this book: an insistent reminder that objects and subjects of medical research dovetail into a complex interplay of colonial machinations, sites of resistance, the play of human-nonhuman actors, and instrumental storytelling to generate consensus for a highly stylized brand of management, in Ahuja’s reference— the “government of species,”; and that this logic is visible in any iteration of a medical emergency, notwithstanding its variances.

The five case studies serve as an effective heuristic device to situate the socio-political context, underline the critical actors in the existing networks, map the nature of affective deployment and subversive resistance from down below. In the first chapter, Ahuja focuses on the circulation of racial affect: he studies how sensational representations of native Hawaiian (Kānaka Maoli) susceptibility to the Hansen’s disease mobilized pre-existing racial fears of colonial labor processes, commodity handlings, migrations, and settlement patterns ultimately devolving into coerced governance reliant on the segregation of vulnerable bodies afflicted by Hansen disease. This governance technique through quarantine regulations doubly interpellated an overdetermined advertisement of native Hawaiian’s inevitable biopolitical dependency on the settler institutions of US occupancy. Similar to the immediate kneejerk reactions depicting China as a primitive civilization following the

onset of the present pandemic, Ahuja extensively documents how public fears and prescriptions were channelized in literary, photographic, and epidemiological depictions of the Hansen's disease settlements on the island of Moloka'i. Ahuja observes how the systematic exclusion of Hansen's patients from legal discourses were compounded by their containment within a biopolitical entanglement of state-mandated quarantine restrictions and medical speak, which progressively ousted them from discourses of liberal American individualism. Such deliberate ousting occasioned public demonstrations of resistance which located Hansen's patients in anticolonial struggles across expanding borders of colonial control. Foregrounding accounts of patient activism rallying for expanded forms of medical and legal citizenship, Ahuja suggests that the case of Hansen's disease quarantine offers a reevaluation of necropolitical theories, which simplistically imagine Hansen's patients as docile bodies and designate the medical camp as a privileged reinforcement of the state's instrumental power and capacity to kill, maim and subjugate. Instead, Ahuja is committed to uncovering the affective affordances of state and subject, while simultaneously tracing how the spatial form of Hansen's disease quarantine contains a manifest potential for liberal reform.

In the second chapter, Ahuja focuses on venereal diseases tracking how public discourses on sexuality were controlled during the world wars at the borders of the Panama canal zones. Through the foregrounding of histories of incarceration of suspected sex workers, he unpacks how a medicalized state of war building on anti-

malarial campaigns resulted in government-mandated coercive techniques to control the sexual behaviors of soldiers. Such a mandate necessitated the categorization of women, especially Panamanian women, as embodiments of amorous behavior and treachery— symbolically identifying women's bodies as containers of venereal diseases like syphilis and gonorrhea. However, such victimization was quickly stymied by business elites, who interpreted the new measures as a threat to urban consumption practices, even as they supported the violent suppression of women protests by police. Ahuja develops a literary historiography of this moment, while attending to the manifest fraught anxieties of various stakeholders related to the women's protests. Reading the Panamanian cities in light of these contestations, Ahuja focuses on literary constructions and subsequent resistance to public policing, carefully delineating emergent spaces of activism in the everyday lived experiences of Panamanians under military occupation.

In the following chapters, Ahuja focuses on the post-World War II expansion of pharmaceutical companies tracing its connection to state infrastructures invested in marshaling research materials from the global south for new drug developments. National research infrastructures intensified during the cold war period to combat the rapid technological advancements made by the Soviets. This precipitated the antibiotic revolution combining rapid, uneven development with different levels of risk: on the one hand, there was expanded recruitment of human subjects for clinical trials under vastly compromised conditions; and on the other, transnational

poaching and containment of animals, especially from the global south. Chapter 3 tracks these shifts by recording public fears of polio and its attendant consequences on the emerging circulation of the biomedical primate trade. Within this specific imaginary, time and space became privileged receptors of intervention leading to new developments in discourses of immunity and quarantine regulations. Similar to current controversies surrounding the production of coronavirus vaccines, medical research surrounding the production of polio vaccines relied on extensive extraction of biomedical resources from the global south. This included intensified harvesting of research primates from the colonies to serve as stand-in surrogates for testing and modeling of new diseases and drugs. This can be related to contemporary debates surrounding gain in function research (especially in terms of its relation to the origin of the coronavirus pandemic) which is a branch of medical research that participates in the targeted genetic alteration of an organism to enhance genetic mutations. Likewise, Ahuja raises pertinent questions related to historically situated xenophobic assumptions that foreign biomedical registers serve as a breeding ground for new infection. Often, it is the other way round; foreign sites become privileged spaces to carry out exploratory biomedical research that might not even pass government-mandated safety regulations in the global north. As the particular context of Ahuja's object of inquiry in this chapter attests, foreign materials are crucial, often the most significant component of a new imagined medical modernity that will potentially eradicate pernicious infectious diseases like polio. Ahuja's specific

object of study, in this chapter, is a research colony at Cayo Santiago, Puerto Rico— a highly controlled, updated research site merging biopolitical logic of material extraction, importation schemes, and controlled appropriation of primate bodies. Ahuja additionally registers the sociocultural inflection of this temporal moment, particularly focusing on the conjunctions and disjunctions between biopolitical entanglements of state power and sensational depictions of primate invasions in Hollywood films against the backdrop of growing public fears engendered by intensified processes of biomedical interventions. Particularly relevant in the pandemic context, this chapter could be related to ongoing intense cultural debates surrounding immunization and quarantine regulations amidst tremendous economic precarity.

Philosophically tethered to a critical exploration of scale, the final two chapters telescopes into an intense assessment of popular biomedical events from the recent past ranging from the smallpox vaccination program during the Iraq war of 2003 and the AIDS epidemic. Here, Ahuja concentrates on uncovering the material structures and racial prefigurations of a security state apparatus, tracing its interconnectedness to current medical discourses surrounding emergent diseases and hyper-technical biosecurity resonances. In the fourth chapter, activating a multidisciplinary and multimodal approach, Ahuja presents a deep analysis of diverse iterative factors, such as fictional accounts, journalistic pieces, and personal opinions of government officials engaged in the re-animation of smallpox as a legitimate justi-

fication for the incitement of an ongoing war. Ahuja suggests that the specter of smallpox looms large, existing in suspended animation in laboratory cultures, even though by far it is the only infectious disease successfully eradicated. The spectral imagination of smallpox continues to haunt, repeatedly appearing at various temporal junctures, structured around high anxiety and crisis de-escalation, as the perfect foil to stage military intervention with the intent of manufacturing public anxiety, and subsequent consent for strategic war mongering. This chapter thus presents a rich analysis of different formats and genres spanning defense novels, controversial opinion pieces, defense policy briefs from the 1990s to the lead up to the 2003 Iraq invasion. Ahuja masterfully delineates the preplanned subtext and racial logic germane to smallpox's strategic staging and instrumental reanimation of its deadly disfiguring tendencies. He is further invested in tracing the affective deployment of the perception of deadly contagion continually magnetizing smallpox's spectral durability, which he analyzes—finds culmination in the twinned phantasmic monstrosity of the rogue and terrorist, and then conveniently transposed on pre-selected viable bodies. All of these steps, Ahuja states, are key components underlying contemporary existing imperial logic of the government of species. For instance, Ahuja demonstrates how the terror manifest within deadly breakouts of smallpox disease was invariably connected with Asian figures of bodily excess, the specter of American Indian genocide, and the “the infected bodies of rhesus monkeys confined in secret government laboratories (22).” Ahuja states that the security state, in conjunction with its many detractors,

participates in the processual production of military logic disguised as crisis governance based on the expansive ambiguous delineation of risk speculations.

Mainly focused on race, chapter five analyzes the many components of expanded health interventions in terms of space, time, and scale of disease control in the first US national response to AIDS when categorized under the emerging disease rubric. Invariably, disease preparedness was indicative of heavily militarized re-routing to camp and containment logic transposed onto HIV-positive Haitian refugees through emergency incarcerations carried out by US coast guards at Guantanamo Bay, Cuba beginning in 1991. The Haitian refugee body became a battleground host for biopolitical threats leading to the resettlement of HIV-positive Haitian refugees fleeing political persecution in US-run concentration camps. In response, the refugees initiated different degrees of resistance, such as hunger strikes accelerating the virus's progression, ultimately forcing the security state into a deterministic categorization of acceptable terms of livable life. Finally, the resistance occasioned by individuated immunocompromised bodies defied standard legal and political procedures. Ahuja reminds us that this moment serves as a potent reminder of how the Haitian case demonstrates the processual rendering and actualization of imperialist logic as activated “through uneven formations of sovereignty that produce visions of health and humane care through the targeted dissemination of precarity and death (23).”

All the chapters lead up to Ahuja's final admission regarding the control of time

and space, scaling up of biopolitical machinations, and the militarization of biomedical interventions into animal and viral life. He suggests that such a multipronged critical inquiry reframes our understanding of the resilience of the US empire in the 21st century despite clear growing limits on its extractivist tendencies. An essential contribution in the field of medical humanities, and particularly relevant in the present context, Neel Ahuja's monograph is a timely engagement detailing the material contours of a security state apparatus against the backdrop of infectious diseases. There is much to learn from Ahuja's sustained usage of rich theoretical language to underline key concepts, thematic continuities, and sites of resistance, for as the long history of biopolitical entanglements detailed in this book tells us—all accounts of infectious diseases, notwithstanding the specific parameters of its contagious capacity can be broken down into the imperial logic of the government of species. This book can serve as a gateway theoretical formulation to think about the specifics of the ongoing pandemic world, especially in context of racial politics, global north-south interactions, circulation of neoliberal capital, and the logic of biopolitical extractivism as related to the production and dissemination of vaccines.

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