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Cover Photo: Visiting relatives who have migrated to a new economic
zone near Vietnam's Central Highlands, Thanh Hoa
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Max Planck Fellow Group ‘Law, Organisation, Science and Technology’ (LOST)

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On Social and Public Experimentation¹

Richard Rottenburg

The “Therapeutic Domination” Hypothesis

One of the core aims of the Group’s research is to rethink the relation between biomedicine and governance in contemporary African contexts.² One of the leading hypotheses emerging from our ethnographic work is that the boundary between the laboratory and life outside the laboratory is transgressed in specific ways, resulting in the emergence of novel forms of social and public experimentation. Within the rapidly increasing literature on this and closely related issues, there has been one outstanding proposal with deep implications for social theory and contemporary politics related to the Global South, which I refer to as the “therapeutic domination approach”. From this perspective, one can presently observe the formation of a new type of biopolitics and governmentality, or in a different but compatible theoretical language, the formation of a new type of domination (in the Weberian sense of political rule, i.e. *Herrschaft*) with its concomitant specific forms of legitimation, governance, citizenship, and sovereignty.

The new approach identifies an emerging figuration, called *therapeutic domination*, which transforms citizenship into a *therapeutic citizenship*. This is legitimized by a *state of exception* related to health conditions that are unacceptable by universal standards, and implies a shift of *sovereignty* away from the nation state. The empirical form in which we encounter this new figuration is the humanitarian intervention normally carried out by agents of the Global North in the Global South as a response to emergencies and humanitarian crises relating to the human body. The systematic link between states of exception, intervention, sovereignty, capital and global markets implies a particular change in the global entanglements of privatised science, governance, and politics addressed as *experimentality* or *government-by-exception* (McFalls 2010; Nguyen 2009; Pandolfi 2008). The empirical sites where this emerging figuration appears most evident are perhaps the African countries and

¹ A more elaborated version of the argument is published in Rottenburg 2009b.

² This topic constitutes “axis 1” of our research and in June 2009 we had an international conference dealing with related issues. Future conferences in 2010 – 2012 will deal with axes 2 to 4 of our research programme.

regions with long-lasting violent conflicts, countries and regions selected for clinical trials, and the countries selected for intervention by the US President's Emergency Program for AIDS Relief (PEPFAR).

Over several years Adriana Petryna has analysed the mechanisms by which clinical trials are being globalised (Petryna 2009). Before a drug can be legally used it has to be tested, yet the populations of those countries where most drugs are developed (North America and Europe) are increasingly reluctant to participate in clinical trials, except in the case of life-or-death conditions. At the same time, clinical research in the USA and Europe has become increasingly privatised, and the economic viability of those "contracted research organisations" (CRO) that run most clinical trials, and of the entire emerging organisational field surrounding clinical trials, depends on finding suitable and inexpensive trial populations. These are best found in countries with sufficient technical and bureaucratic infrastructure to run a clinical trial, with willing trial subjects motivated by poverty and a poor healthcare system, with motivated local research partners who depend on the income generated by this work, and with a legal system that is predictable and yet not too closely knit and rigid for the interests of research. Petryna calls the *modus operandi* that sustains the global drug market and the concomitant organisational field "experimentality" (Petryna 2009: 30).

Vinh-Kim Nguyen (2009) of the LOST team addresses the same general phenomenon but departing from a different empirical case, namely that of biomedical interventions in the context of the AIDS pandemic, and takes the issue of experimentality a significant step further. PEPFAR is the largest ever international public health programme, spending more money in the twelve African PEPFAR countries than all the other health donors combined. In addition to the large players in this new organisational field of global public health, a whole plethora of other organisations are active, from the Bretton-Woods organisations and various UN organisations to national donor agencies, churches, and a bewildering variety of NGOs and FBOs (faith-based organisations), some of which then build various consortia. Most of these structures and activities are situated more or less outside the local state administration and are hardly under the direct control of any national set-up (Jasanoff 1990). Through these interventions, the sovereign responsibility for public health is underhandedly shifted to a peculiar bricolage of non-state and non-national organisations operating on a global level above national accountability.

According to Nguyen (2009), French university teaching hospitals for infectious diseases have been assigned therapeutic territories corresponding with former French colonies and regions within these countries. The trend is mirrored by American universities, which, within the context of PEPFAR, are now also managing treatment programmes for entire countries. In countries with important extraction industries (oil, bauxite, etc.), international companies have also been dividing the country into therapeutic territories for which they assume the responsibility (unpublished research reports by Virginie Tallio and Maria Hahnekamp).

The most striking feature of humanitarian interventions carried out to rescue people threatened by AIDS is their urgency. They are framed in terms of absolute emergency and unique exceptionality. Like victims of war, famine, earthquakes, and tsunamis, AIDS victims do not have the time to wait for better and tested solutions. Nor can they wait for systematic approaches to broader and more fundamental issues, or for solutions that are more oriented toward the future. Given the unprecedented scale and urgency of both the AIDS pandemic, the attempted response, and the non-availability of well-tried solutions, one can only start with what is available and attempt to proceed in such a way that project implementation becomes a form of experimental variable testing.

This results in the particular figuration of science and politics that is at the core of our research. According to the ideal type, an epistemic kernel is at the centre of, and holds together all the activities, technologies, and theories of laboratory research. This ideal type – by definition – can never correspond with real, everyday laboratory life. A substantial difference, however, remains between the reality of standard laboratory experiments and that of contemporary medical campaigns and humanitarian interventions into situations of human suffering and states of emergency such as the AIDS pandemic. These are experimental enterprises in real time outside the lab where not an epistemic but a technological kernel – like antiretroviral therapy (ART) – holds everything together and unsystematically produces new knowledge that might or might not feed back into the process as “lessons learned”. In comparison not only with the ideal type but also with the daily reality of normal scientific experimentation, the relation between experimentally verified knowledge and its safe usage thus seem to be inverted in humanitarian interventions to save lives.

At the heart of the matter, it is thus argued that there is a contemporary shift from one situation to another. In the first situation, one would first collect sufficient data and much later, after one has acquired enough evidence-based knowledge and when there is need to do so, one would design and implement an intervention based on the verified knowledge available. In the second, due to some emergency, one would first intervene based on whatever foreknowledge is at hand and then generate the relevant data through the intervention itself, with a focus on “lessons learned”.

Another aspect indicating that we are indeed dealing with a novel figuration of science and politics, and thus of legitimacy and sovereignty, is reflected in an emerging territorial pattern. Organisations that run AIDS relief programmes have to adhere to accountability and liability rules in their homelands and in the countries of their activities. In order to do so, their projects must be delimited to specific interventions, populations, and territories. This again requires a complex set of territorial mapping and the identification of individual patients to be included in the accounts. The result is that countries such as Tanzania are divided into spheres of responsibility for AIDS relief among the various organisations active there (unpublished research reports by Babette Müller-Rockstroh).

The territorial delimitation of these experimental interventions has yet another dimension that is emphasised by Wenzel Geissler of the LOST team (Geissler forthcoming). While modernist and, accordingly, developmentalist public health approaches have as their aim uniform standard coverage throughout a whole territory, the spatial configuration that emerges in the context of emergency relief intervention more closely resembles an archipelago pattern. The provision of comparatively sophisticated health services and research facilities is concentrated in areas of economic importance and good access, or in those areas most badly affected by epidemics or other humanitarian disasters. Between these islands of heavily financed and often state-of-the-art facilities, there are vast areas with hardly any service at all. The key characteristic of the archipelago pattern is again that the treatment projects can be employed as experimental set-ups since the intervention effects can be counted, measured, analyzed and, most importantly, compared among the different intervention zones. This provides a unique chance to verify their findings and approaches for the respective research institutions. At the same time, the process as a whole produces both a form of therapeutic citizenship and a new form of fragmented sovereignty.

Foucault saw modern sovereignty as the “governmentalisation” of the state, which rules its citizens by regulating the economy, public life, and, most importantly, the wellbeing, education, and health of the population. The term “biopower” draws attention to the fact that modern sovereign rule is concerned with the improvement of life itself through state regulation. The exercise of biopower, i.e. governmentality, is realised by a range of technologies that describe and regulate specific populations, calling into being ways of life hitherto unknown. Foucauldian governmentality thus refers to how people are formed by the state. In the case of international humanitarian interventions, governmentality – the exercise of biopower as a means of improving life – differs from the Foucauldian concept in two important aspects. Firstly, it transgresses the boundary and jurisdiction of the state, and targets populations not in fact on the basis of national citizenship but on the basis of a universal humanity and on the presupposition of universal human rights. Therapeutic citizenship thus always remains a form of global citizenship. Secondly, international humanitarian interventions, and HIV programmes in particular, are tied to conditions that are classified as exceptional and are run like experiments justified by these exceptional conditions. Programmes are implemented in an experimental way so that lessons can be learned for future interventions. This form of governmentality across sovereign states is described as government-by-exception or experimentality. It frames people as victims to be rescued by foreign agents; it focuses on saving lives and upholding human rights.

In other words, government-by-exception is conceived as a novel form of legitimate domination. It presupposes a state of emergency in humanitarian terms that legitimises exceptional interventions and calls for urgent measures to save lives. One may thus speak of *therapeutic domination*. A therapeutic intervention requires the framing of a standardised population that can be targeted by the deployment of

medical, psychological, and administrative technologies which stabilise this population by transforming bodies and subjectivities. Since all this happens in a state of emergency, there is no evidence that the intervention and its technologies are effective. It is rather the intervention itself that needs to prove that it was effective in a form of post-hoc self-validation.

The government-by-exception hypothesis thus ultimately refers to a newly emerging form of domination and a transformed version of biopolitics. In order to facilitate a sufficiently broad and balanced outlook on these empirical questions, the LOST group keeps an eye on states of emergency that go beyond the immediate context of biomedicine in Africa, including: (1) neoliberal governance; (2) dysfunctional states in postcolonial Africa with fragmented sovereignties and ongoing violent conflicts; (3) the AIDS pandemic and the medical technologies that allow HIV-positive people to live; and (4) the global success of the universal human rights discourse with its new emphasis on health with the support of biomedicine.

In a preliminary conclusion, this raises the straightforward question: Is contemporary humanitarianism caused by emergencies (position a) or, conversely, does Western humanitarianism envision states of emergency in zones of crises in order to legitimise its own logic of intervention (position b)? Position b is indeed the most important – and rather disturbing – point raised by the therapeutic domination approach. From this perspective, the iatrogenic effects of interventions to overcome states of emergency are not unintended consequences or collateral damage but are in fact the true “purpose” of the interventions even if no intentional agency can be identified. Modern societies systematically produce zones of exclusion and states of emergency because they need them to function themselves (McFalls 2010: 12–13).

Our research seems to indicate that both positions (a) and (b), although diametrically opposed, are based on the same flawed assumption. They presuppose that a complex human condition such as an emergency is either (a) something real or (b) something made up, and they assume that one can have a clear-cut concept of “emergency”. A more appropriate assumption seems to be that (a) and (b) stand in a dialectical relation to each other, with the concept itself evolving in this relation. It is certainly impossible to identify an emergency as a category that exists independently of our attempts to describe it. The category “emergency” – in which the rules that constitute normality are suspended – unavoidably takes as much from the ways of life and the conceptual scheme that it is a part of as it does from the outer reality and existential experience that it is supposed to describe. If this is true, the proposition that modernity systematically produces emergencies must be treated according to the same rule.

Thus, we do not see sufficient reason to assume that history has a built-in teleological tendency towards disasters of modernity, which awaits discovery and objective description by philosophers of history and which exists independently of their conceptual schemes and webs of belief. And, taken one step further, we do not see sufficient reason to assume that the systematic production of emergencies is a malady

of modernity only. The expansion of any system of rules (normality) goes hand in hand with the production of critical zones in which these rules are contested, i.e. with the production of zones of exclusion and iatrogenic violence. We can, nevertheless, fully support the hypothesis that humanitarian interventions unavoidably cause damage and iatrogenic violence when they achieve some of their intended aims.

From Experimentation to Experimentality?

The other disputable aspect of the therapeutic domination approach lies in its other key notion: experimentality. As mentioned above, it is argued that therapeutic domination comes along with a particular inversion of the relation between knowledge and practice. In the *modus operandi* of experimentality, practice produces knowledge, rather than knowledge informing practice. In this section I will critically reflect on this hypothesis with reference to STS literature on experiments.

(1) When ethnographers of scientific practice began to study mundane laboratory life, it soon became clear that scientific practice cannot possibly be conceived as something outside of and unaffected by culture and society. The distinction between science as something free of culture, and culture as something beyond science had to be abandoned (Latour and Woolgar 1979, Knorr-Cetina 1981). In a similar move, the interdependencies of science and law were worked out (Jasanoff 1995). At the heart of the ethnographic work on everyday scientific practice since the late 1970s, one finds, in fact, the making of experiments as opposed to the earlier attention placed on the results of experimentation (Gooding, Pinch, and Schaffer 1989).

(2) As the sciences could never be completely purified of society, modern society could never be brought about without recourse to the sciences. More particularly, this means that while laboratory experiments are always situated in socio-political, cultural, juridical, and economic contexts, inversely, most public decisions are legitimised with reference to scientific findings. Experiments are not autonomous forms of theory-testing in the laboratory, but are part of larger assemblages in which theories, scientific practices, epistemic things, boundary objects, standardised packages, normative and ethical orientations, embodied knowledge, cultural patterns, and aspects of political economies come together or resonate with each other. At the same time, public decisions on all sorts of betterment schemes, regulatory regimes, technological innovations, and their practical implementations are themselves (mostly unintentional) political “experimentations” with largely unknown results. Given this continuity and similarity, it is the historical variations and the particular differences that shed light on the co-production of science and society.

The experimentalisation of life goes hand in hand with the victory of modernist meliorism and thus with the conviction that the human fate can be improved steadily by interfering with processes that would otherwise – i.e. naturally – run differently. The reign of the master narrative of progress relates to a political practice based on scientific knowledge and thus on experimentation. In the language of Michel

Foucault this is biopower geared towards the improvement of life itself through state regulation, under the guidance of technocrats who are legitimised by scientific knowledge, and resulting in social experiments. In short, the idea that science was ever a closed world, producing lessons that would be accepted outside of science, is a form of misleading nostalgia (Shapin 1994).

(3) The same point can be made by considering the necessity of “contextual normalisation” of technology and of large technical systems in particular. In his 1988 article “Unruly Technology”, Bryan Wynne approaches the ever problematic distinction between the testing and routine usage of large technical systems, and proposes the notion of technology in the form of a large-scale, real-time (covert) social experiment. In a Wittgensteinian vein, he analyses technologies as extensive, open-ended technical-social systems that depend on contextualisations into “local behaviour”. If technology is to follow rules, local behaviour is unavoidably underdetermined by the overall rationality inscribed into technological devices. He demonstrates this point using several empirical examples, showing how technologies have to undergo contextual normalisation in order to work at all, and that this process sometimes fragments the overall technology and results in accidents. Because one single process, contextual normalisation, is at once the presupposition for the functionality of a technology and a potential cause of accidents, the solution cannot simply be stricter adherence to the inscribed rules. One would rather have to make do with experimental contextual normalisation or *translation*, as I would call it (Rottenburg 2009a).

(4) In contrast with conventional stereotypes, science and its experiments greatly depend on their public presentation and recognition. While the early history of experimental science was marked by “public experiments,” through which scientists aimed to convince the public, and mainly those in power, of their discoveries and their utility (as Otto von Guericke famously did at the 1654 Regensburg Reichstag with his demonstration of force of vacuums), contemporary public recognition depends mainly on trusting the institutions of science and the experts. However, since it is part of science and technology that new and important questions are controversial and since the experts and their institutions enter into uncompromising academic battles over the issues (sometimes with significant financial implications), the public and those in power cannot know whom to trust and, conversely, the experts often depend heavily on public support (Schaffer 2005). As a result, science and experiments must be staged and presented well and one can speak of public experiments in this sense.

Humanitarian interventions into zones of disaster are opportunities nearly as well-suited to this exercise in stagecraft as are astronautics or military interventions. As PEPFAR and the Global Fund for AIDS, Tuberculosis and Malaria run their vast programmes, the whole world watches this massive exercise that demonstrates and impressively proves the superior power of biomedicine and of its technical and institutional support, which “grants life” to an increasing percentage of the HIV-positive

population of Africa. The public presentation of this power also serves to obscure all the other failures related to more mundane medical problems such as fatal dehydration in young children due to diarrhoea and all those even more mundane failures lying behind the medical emergencies, such as the provision of healthy drinking water, urban sewerage systems, healthy and sufficient food, a healthy environment, fresh air, and basic health care for all.

(5) In the wider sense of the term (and following Bryan Wynne), the “laboratory” includes those field sites where untried technologies are tested under semi-controlled circumstances that allow for an optimal handling of the expected and, more importantly, the unexpected and perhaps negative consequences of these trials. Empirically speaking, this problem is often solved by running trials in far-off places.

One of the significant aspects of the age of imperialism was the use of colonies as vast experimental terrains where all kinds of unproven technologies could be tested. The first systematic inventory of population, livestock, crops, and landholdings was in fact conducted by Oliver Cromwell’s adviser William Petty following the conquest of Ireland. Cadastral surveys were instituted by the British in India as a part of administrative routine long before they came to Britain itself, where they threatened the monopoly on information enjoyed by local solicitors. It was in the colonies, too, that identity cards were first designed and issued; and fingerprinting was first used in Bengal, to ensure that only certified pensioners were able to collect their monthly remuneration, and to collect it only once. When these field trials proved successful, the technique could be repackaged and exported back to the metropole. The other significant aspect of the interrelation between colonial dominance and science is the fact that the circulation of ideas between colonial powers and colonised peoples has always been reciprocal; the literature on scientific travels is full of references to this two-way circulation and full of evidence that ideas also moved between and among colonial empires and colonised peoples (MacLeod 2000).

(6) Research is an expensive enterprise with an occasionally uncertain return on capital; the financing of research is thus another source of close links and dependencies between science, politics, and the economy. For our research, one of the most important aspects of neoliberal governance is the emergence of new regimes of knowledge production and the commercialisation of research. This is particularly visible in medical and primarily pharmaceutical research, and the last wave of globalisation since the 1980s has opened up new forms of the commercialisation of research as well, including its subcontracting and offshoring. Adriana Petryna’s work (2009) unveils an unbroken continuity of the tendency to choose trial populations according to criteria that should in fact be avoided by all means, not only for the sake of the trial subjects but also for the sake of the results: Following market rules, trial populations are preferred that have no alternative options for access to treatment, are comparably more ignorant, poor, dependent, and captive in various ways than other populations that could also function well as trial subjects.

Through our research we have identified these six aspects with an influence on the boundary between the laboratory and life outside it, or, in other words, on the kind of experimentalisation of life that results from this boundary definition. The postmodern shift of the authority of science (Ezrahi 1990) has resulted in new forms and practices of science that have in turn led to new types of experimentations and boundary transgressions between science and politics. These are legitimised less by the modernist narrative of progress or the old modernist ideal of finding *one* single universal solution that is binding for all humans, and more by narratives of individual self-fulfilment, universal human rights, and the ideal of attaining an equilibrium by balancing incompatible goals, values, webs of belief, and conceptual schemes. The new forms of legitimation ideally link up with economic interests and privatised forms of research in a globalised economy. The quintessential form of postmodern experimental politics is the humanitarian intervention in the Global South, particularly in the crisis-ridden zones of Africa. On closer examination, humanitarian interventions into emergency scenarios turn out to be social and public experiments legitimised by states of exception and geared more towards survival than towards progress.

In this context, one can observe the emergence of therapeutic domination as the dark side of this downscaled enterprise. As far as we can see, there is as much reason to fear a slide into a catastrophic predicament along these lines as there are reasons to hope for the emergence of civic norms and standards within global networks that would confine the negative implications of therapeutic domination to a tolerable level. Through our ethnographic research we have come to conclude that it is worth following the therapeutic domination hypothesis without, at the same time, buying into teleological prophecies about a “structure of exception” and about the concentration camp as the “biopolitical paradigm of modernity”. We argue that therapeutic domination is a form of legitimate political rule and authority that cannot achieve the same stability as legal rational (bureaucratic) domination, and that is continually paralleled by competing attempts to re-establish the latter.

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