Immune Communities, Common Immunities

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> The choice of explanations in medicine is always a choice of values.
> —Lawrence Kirmayer, "Mind and Body as Metaphors: Hidden Values in Biomedicince"
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> When biomedicine speaks the truth it also speaks morals.
> —Didier Fassin, *When Bodies Remember*

For the last seven years, the government of South Africa has been relentlessly condemned, reviled, excoriated, chastised, denounced, and ridiculed for its failure to endorse and implement a nationwide distribution of antiretroviral therapy (ART) for people with HIV/AIDS. At the most recent International AIDS Conference, held in Toronto in August 2006, the South African president, Thabo Mbeki, and health minister, Manto Tshabalala-Msimang, were regularly personified as recalcitrant and ignorant, if not pernicious and murderous, for their apparent reluctance to unambiguously affirm the doctrine: "HIV causes AIDS. Antiretrovirals are the only medications currently available that alleviate the consequences of HIV infection" (so read the open letter to Mbeki calling for Tshabalala-Msimang's dismissal, signed by more than eighty of the world's leading AIDS experts).[1] The outgoing UN special envoy for HIV/AIDS in Africa, Stephen Lewis, made his moral outrage explicit: "The government has a lot to atone for. I'm of the opinion that they can never achieve redemption. . . . I know that what it is doing is wrong, immoral, indefensible."[2] Though the South African government has altered its position over the past several years and now does offer ART, as well as

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postnatal drug protocols to infants born to mothers with HIV/AIDS, its coverage is far from universal. This unevenness of availability (compared to Brazil, which is often held up as a model for national ART programs) leads many critics of Mbeki and Tshabalala-Msimang, both within South Africa and around the world, to insist that this insufficiency betrays their continuing refusal to acknowledge a basic, universal, incontrovertible, scientifically affirmed fact: that HIV is the singular "cause" of AIDS.

It may seem obvious to those of us in the developed North, and to many activists and scientists in South Africa as well, that Mbeki's and Tshabalala-Msimang's pronouncements about HIV/AIDS are indeed lunacy, and conversely that those who speak in the name of science are objective, reasonable, and sane. However, this opposition belies the complex challenges that arise when we attempt to bring knowledge to bear upon as difficult and tragic a human situation as the AIDS pandemic. If the efficacy of antiretroviral treatments seems incontrovertible to those who espouse the universality of bioscientific paradigms, the contradictory manifestations both of these specific treatments, and of biomedicine more generally, in the context and the history of South Africa raise some uncertainty as to how absolute these claims actually are. In his brilliant analysis of this troubling nexus of politics, histories, and people, *When Bodies Remember: Experiences and Politics of AIDS in South Africa*, Didier Fassin undertakes to explicate the "social logics" that underlie the controversial and much reviled positions taken by Mbeki with respect to HIV/AIDS. Indeed, he argues that Mbeki's perspective is not so idiosyncratic or anomalous as many non–South African commentators might like to contend, but rather falls within a range of credible local interpretations that do not automatically accord truth status to all biomedical claims.

Fassin, a physician, sociologist, and anthropologist, was until 2003 vice president of Médecins sans Frontières (Doctors without Borders), so his concerns and experience place him both intellectually and pragmatically within a dense node of different knowledges about HIV/AIDS. Locating the South African experience of HIV/AIDS within the history of apartheid, and especially within the history of the role that biomedicine and social medicine strategically played in shoring up the apartheid regime, Fassin argues that some South African skepticism about the biomedical framing of the epidemic might not be entirely unwarranted. Moreover, given the country's difficult if not precarious economic and social conditions, where unemployment, inadequate food and housing, and violence regularly impinge dramatically on people's lives, and indeed cause more deaths each year than AIDS, questions of health and illness might not be immediately comprehensible solely in terms of biochemical causality and treatment. Hence, the assertion made by the scientists who signed the open letter to President Mbeki that "antiretrovirals are the only medications

currently available that alleviate the consequences of HIV infection" may precisely miss the point that all the consequences of HIV infection do not take place solely at the cellular or molecular levels and that these cells and molecules themselves also necessarily exist within a larger biosocial world where causes are not only viral.

Biomedicine limits knowledge about how HIV/AIDS inhabits this world and the human organisms who exist within it by affirming that individuals constitute the central, if not exclusive, locus of concern. Since the middle of the nineteenth century, when experimental physiologist Claude Bernard first provided the epistemological justification for using data gathered in laboratories in order to explain how organisms live (still the theoretical foundation for all current laboratory-based research protocols, including those of immunology and virology), biomedical thought and practice have been increasingly informed by Bernard's overtly political corollary:

> Medicine must act on individuals. It is not destined to act on collectivities or people. . . . In reality, one only acts on individuals. Collectives are entrained in currents upon which we can have no effect. These are general actions which are beyond us. It is the same with epidemics and epizootics. One can act on the individual who presents oidium, plague or cholera; but one cannot act on the general cause of plague, cholera, etc., etc.[3]

With this opposition of the individual to the general, Bernard bifurcates the living world into an inner and an outer milieu whose causes are distinct, with only the former being subject to medical intervention.[4] Subsequent to this epistemological justification, over the last century or so biochemical reductionism, especially as it has been developed and capitalized upon in North America, has more and more reduced the locus of medical and health concerns to the isolated body of the singular individual, as the eminent medical anthropologist Margaret Lock has succinctly noted:

> Efforts to reduce suffering have habitually focused on the control and repair of individual bodies. The social origins of suffering and distress, including poverty and discrimination, even if fleetingly recognized, are set aside, while effort is expended in controlling disease and averting death through biomedical manipulations.[5]

Furthermore, Lock continues:

> It is now apparent in most corners of the world, except perhaps in the heart of the Leviathan, that science, and in particular biomedicine, has come to be thought of by many as one form of neo-imperialism. In an era of struggles to create and recreate cultural identities and establish grounds of cultural difference, the self-conscious possession of scientific knowledge, or, alternately,

> its repudiation as inauthentic or culturally inappropriate, is explicitly made use of to establish local power bases and authority. The production and circulation of technologies are, therefore, not only far from autonomous but, on the contrary, incite and foster culturally infused political activity.[6]

Biomedical knowledge and biomedical technologies, Lock suggests, import alongside themselves the underlying political, ethical, and moral assumptions that they unconsciously incorporate. In this case, the lurking axiom holds that the individual forms *the* natural biopolitical atom. However, this endorsement of one culturally and historically ordained form of personhood as the paramount, biologically inscribed instance of personhood does not in fact exhaust the ways that humans think about and experience either their vitality or their connections. Other ways of imagining humanness lead to other models of care and treatment, as for example traditional Chinese medicine, Ayurvedic medicine, or even the history of humoral medicine illustrate. Opposition to biomedical explanations and protocols, then, does not necessarily indicate "wrong, immoral, [or] indefensible" ideas, as Stephen Lewis opined, but may reveal a fundamental value conflict that bioscientific accounts obscure when they declare the universal validity of their insights. Indeed, the conflicts about the importation of bioscientific treatments may reveal certain unacknowledged cultural and political limitations secreted within bioscientific truth claims about HIV/AIDS—limitations that inhibit its ability to encompass the complexity of the situation as it exists in South Africa and elsewhere.

Pragmatically and conceptually, Fassin suggests, biochemical reductionism and individualism may not be fully adequate either to explain or to redress the experience of HIV/AIDS in South Africa:

> Since the beginning of the pandemic, the focus of discourse and policies throughout the world solely on the medical aspects of the illness, and since the beginning of the South African controversy, solely on the availability of drugs, has made the social issues (both carried and revealed by AIDS) practically inexpressible. Of course a number of opposition critics have conceded that poverty is certainly a serious problem, that if one were taking anti-retroviral drugs, one should be able to eat—it was hardly possible to do otherwise than admit it—but rare were those willing to draw the conclusion, both about what happened yesterday and about what is happening today.[7]

From Fassin's perspective, the focus on getting "drugs into bodies" (as the famous ACT-UP slogan in the United States put it) may not suffice to ameliorate the health conditions encompassed by the rubric HIV/AIDS. This is not to say that antiretroviral therapies are not effective or that they do not provide amazing results for those with enough resources to acquire them and to take them safely. Undoubtedly, the desire to provide

effective antiretroviral medications more widely is very laudable, as is the effort to force the pharmaceutical industry to provide them at affordable prices. The discrepancy between access to pharmaceuticals both within Africa and around the globe clearly bespeaks a massively unjust and inequitable distribution of resources that contributes to large differential distributions of suffering and immiseration. Yet by naturalizing these biochemical protocols as the most effective—if not the only—strategies capable of redressing the consequences of HIV/AIDS, the insistence on these drug regimes as noncontroversial and universal options effectively brackets alternate understandings that might locate HIV/AIDS not just within suffering and vulnerable human bodies, but within the biosocial domain as a whole.

Taking a position complementary to Fassin's in her powerful and moving book *Neoliberalism and AIDS Crisis in Sub-Saharan Africa: Globalization's Pandemic*, Colleen O'Manique also calls attention to the "ontological monism" of AIDS policies in sub-Saharan Africa at the levels of both treatment and prevention: "The institutional response to AIDS in SSA remains focused on the autonomous individual who is to be 'empowered' to protect herself or himself from infection, or cope with imminent death in the absence of treatment."[8] In O'Manique's view, this restricted and restrictive focus of concern bespeaks the advent of neoliberalism as an economic imperative that dictates the shape of both national health policies and international efforts to redress the pandemic within Africa:

> Neoliberalism is largely consistent with the biomedical construction of AIDS, which reduces the AIDS pandemic to its individual clinical and behavioral dimensions. In effect, what is erased or obscured are the material conditions which allow the virus to thrive, the broader factors that condition access to treatment, and the day to day realities of affected households where the tangible impacts are felt. . . . One effect of biomedicine's hegemony is depoliticizing disease; removing the understanding of disease from its social context and placing it back into the individual body.[9]

While enthusiastically concurring with O'Manique's assessment from the point of view of political economy, I cannot however entirely endorse her sense that the effect of biomedicine's hegemony is a depoliticizing of disease. Nor do I agree with her corollary assertion: "The problem rests not with biomedicine per se." For the issue with biomedicine is not that it makes politics extrinsic to its theory and practice, but rather that it incorporates a specific politics, liberal individualism, within itself as if it were natural fact. Moreover, this incorporation takes place not just at the levels of corporate development of drugs or treatments and their distribution through capitalism's market mechanisms. Indeed, it appears deeply embedded in biomedicine's foundational apprehension that the

singular, epidermally bound, human organism that defends itself against a relentlessly pathogenic environment constitutes a universal truth. Thus, I would claim that the "consistency" between neoliberalism and the biomedical construction of HIV/AIDS is not accidental or conjunctural, as O'Manique seems to intimate, but actually reveals the extent to which biomedicine itself continually corporealizes the assumptions of classic political and economic liberalism as biological or even natural phenomena. Neoliberalism then might be seen to recapitulate these "natural" assumptions both through its economic and political policies and also through its insistence that the highly capitalized and corporatized forms of biomedicine provide the most credible treatment options not just for HIV/AIDS but for manifold challenges to health and well-being around the world.

In order to tease out some of these claims about the biopolitics of modern medicine, for the rest of this essay I will focus on the original controversy incited by Thabo Mbeki's comments at the Thirteenth International AIDS Conference, held in Durban in 2000, which unleashed the deluge of opprobrium that has inundated the South African president since then. By analyzing the ensuing discursive conflict, I want to consider the ways that it might make visible and intelligible some unarticulated and unarticulable assumptions about bioscience as a natural and exclusive framework for comprehending and addressing HIV/AIDS. In particular, I want to suggest that the bioscientific paradigm of immunity, which after all literally lies at the very center of HIV/AIDS, might not transparently reveal the material processes of the living organism as it coexists with other living beings in shared environments. Instead, immunity, which existed as a powerful juridical and political concept for over two thousand years before it was applied to vital contexts, construes the individual as a natural unit and thereby renders the social and political milieu within which this individual necessarily lives extrinsic or epiphenomenal with respect to life itself. To the extent that the bioscientific imagination of HIV/AIDS enfolds this individualizing and self-isolating framework as an essential truth, that is, as a "natural fact," it necessarily represents the phenomena it describes as an inevitable consequence of the political and legal assumptions that it unreflectively incorporates.

To a large extent, my project simply extrapolates from Paul Farmer's observation that "a critical epistemology of emerging infectious diseases is still in the early stages of development. A key task of this endeavor is to take our existing conceptual frameworks and ask, what is obscured in this way of conceptualizing disease? What is brought into relief?"[10] Hence, though there is certainly much to lament about how treatment and prevention programs for HIV/AIDS have been implemented in South Africa and elsewhere, I am not interested in assessing blame or responsibility,

or even in discerning the relations between the South African president's utterances and his government's policies (which Fassin has already done so well). Nor am I claiming that President Mbeki's comments reflect a deep and careful analysis of the epistemological, political, and historical context of biomedical paradigms. Instead, I merely want to entertain the possibility that by considering the controversies about HIV/AIDS in South Africa as conflicts of *values*, we might illuminate how the "concerns" of health care get construed in bioscientific accounts of HIV/AIDS and reconsider what the salient biopolitical dimensions of health and life actually are. In other words, through a reading of the highly emotional and often deeply polarizing discourse engendered by the tragedy of HIV/AIDS in South Africa, I hope to offer an opportunity to expand our understanding of how we live—and die—together as individuals, as collectives, as organisms, and as species.

Defensive Values, or What's in a "Cause"?

South African president Thabo Mbeki's opening address to the Thirteenth International AIDS Conference in July 2000 precipitated an immediate global furor. Indeed, even before Mbeki had spoken a single word, the anticipation that he might call the bioscientifically endorsed credo that "HIV causes AIDS" into question led more than five thousand scientists worldwide to sign the "Durban Declaration," categorically reaffirming "the scientific evidence that HIV is the sole cause of AIDS."[11] In his actual speech, however, Mbeki never denied this correlation between HIV and AIDS, though he did briefly acknowledge that he and members of his government had raised questions about the import of the connection. Instead, he spent much of his time focusing on other causally salient factors that he believed the bioscientific investment in HIV as the "sole cause of AIDS" obscured: that is, "poverty, suffering, social disadvantage and inequity."[12] While the leading AIDS researchers also acknowledged that poverty, deprivation, and social and economic injustice played some part in fostering the devastating spread of AIDS in Africa, they nevertheless emphatically insisted that when questions of "causality" arose, only HIV could be named. Mbeki, on the other hand, seemed to invoke a more expansive understanding of causal relations: "The world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty." He immediately followed this causal invocation with an expression of its moral and ethical import: "Is there more that all of us should do together, assuming that in a world driven by a value system based on financial profit and individual material reward, the notion of solidarity remains a valid precept governing human behavior."

Mbeki had barely ceased speaking, when the horrified chorus of

bioscience arose en masse, as if to drown out his very utterance. The condemnations were ubiquitous, persistent, impassioned, and self-righteous. Not only had Mbeki broken faith with the precepts of biomedicine, but he verged on apostasy by daring to entertain the opinions of scientists (like the infamous Peter Duesberg) who held that the HIV/AIDS linkage was less than absolute. As the esteemed international publication *Science* characterized the emerging scandal: "Not only is Mbeki publicly flirting with scientifically discredited ideas about the cause of AIDS, but a leading skeptic of HIV's role in the disease has been invited to serve on a panel to discuss how South Africa should deal with the crisis."[13] It is not my intention to consider the current state of medical dogma on AIDS and its cause or causes. Nor do I want to reflect on the policy implications that Mbeki's statement at the Thirteenth International AIDS Conference had with respect to the general distribution of antiretroviral drugs in South Africa or their use by pregnant women to disrupt HIV transmission to their offspring (often named as the most likely deleterious consequences of Mbeki's ideas), though I do believe that all these topics might still benefit from further meditation.[14] Instead, I am interested in reflecting on why the scientific and medical reactions to Mbeki's questions and opinions were so fulminating and vociferous—that is to say, so *emotional*. After all, as Mbeki himself pointed out, the title for the conference was "Breaking the Silence," so shouldn't his questions at least have been allowed, if not even welcomed?

The openly hostile and affective quality of the opposition to Mbeki's speech seems, to me, to indicate that something else might have been at stake in the critical responses besides alerting the public to Mbeki's wrongheadedness along with whatever significance it may have for South African health policy. The horrified challengers to Mbeki's really quite tentative broaching of the possibility that considerations of AIDS causality might need to encompass more than a retrovirus did not just lament his benighted ideas about HIV/AIDS; they sought to revile him as either an idiot or a political monster. The voices of science spoke as one to proclaim all positions other than their own illegitimate: that is, they professed that not only are no other possible explanations credible, they are not even worthy of being considered. Whatever understanding the South African president's position relies upon, the official voices of science intoned, they necessarily lie outside the pale of what bioscience defines as "the truth" of the situation. Therefore, they must be violently repulsed insofar as they reveal threatening "monsters on the prowl," as Michel Foucault named such epistemological outliers, lurking beyond the borders of verifiable knowledge.[15] Mbeki's comments were not just seen as errors of knowledge, then, for such errors would at least be subject to protocols of verification and falsification. Rather they were an affront to the very ground of truth that science represents as fact and in whose name it claims its authority.

Therefore, for the spokespeople of science, they were not just risible, they were actively malignant.

Nothing illustrates this rhetorical strategy more clearly than the remark made by the Oxford-trained president of South Africa's Medical Research Council and former Mbeki ally, William Makgoba, who said: "The sad part is, he's trying to politicize scientific facts and that's what the Nazis did."[16] The inflammatory invocation of the Nazis here to characterize the South African president's position might alert us to the possibility that more than science was at stake in this controversy. Clearly, by playing the Nazi card, Makgoba intends to trump Mbeki, with no further discussion needed. Yet still we might wonder, if the scientific facts possess so much certainty, and if these facts are indeed so apolitical, why has the scientific community responded so defensively? Obviously no one disputes that the AIDS epidemic engages political concerns. Even the most cursory reflections on the global distribution of HIV/AIDS and the measures taken (or not taken) to ameliorate the pandemic must recognize the complex political and economic challenges that shape how care and prevention operate. Furthermore, the infamous history of the highly contested bioscientific "discovery" and naming of HIV itself, as well as the ensuing pharmacological investments and profits that derive from focusing exclusively on this retroviral agent, also plainly indicate that both politics and economics percolate through the HIV/AIDS articulation. However, while acceding to the notion that AIDS might be a political issue, what seems to have incensed the bioscientific community is the suggestion that their own "scientific" explanations for the aggregate phenomenon denominated as HIV/AIDS might themselves be directly political.

Consider for a moment how the signers of the Durban Declaration affirm their understanding of the "scientific facts." In their statement, the Durban Declaration signatories repeatedly invoke their credibility as authorities to speak truthfully about HIV/AIDS. They cite a whole archive of documentation produced by what some now refer to as the "AIDS industry" in order to affirm their assertion that "HIV is the sole cause of the AIDS epidemic." Nonetheless, they also feel obliged to acknowledge that "limited resources and the crushing burden of poverty in many parts of the world constitute formidable challenges to control of HIV infection." Then, following this glancing gesture toward the biopolitical world in which HIV/AIDS lives, they nevertheless conclude: "To tackle the disease everyone must first understand that HIV is the enemy." While they might have imagined that this statement simply affirms an indisputable, scientific assessment of the situation, it actually does not. Instead, their rhetorical characterization of HIV as "the enemy" explicitly reveals the politics deeply embedded in their putatively nonpolitical position. The language of friend/enemy in no way derives from the matter of the world; it does

not describe the unfolding of natural, biochemical processes according to immutable natural laws; it does not constitute an unmediated representation of an essential physical truth; rather the trope of friend/enemy grounds the development of politics as it has unfolded in Western culture since the time of Aristotle.[17] In fact, it has provided one of the most canonical frameworks for defining "the political" as such ever since there first was a polis. More important for my purposes, though, it has underwritten the bioscientific investment in immunity as a biological form of self-defense for the last one hundred years.

By identifying HIV as the enemy, bioscientific representatives who signed the Durban Declaration construe AIDS in terms of a thoroughly biopolitical investment in immunity—the *I* in both HIV and AIDS—that first emerged at the end of the nineteenth century. Since then medicine has implicitly divided up the life world into friend or enemy camps, effectively defining the human organism as what immunity's first theorist, the Russian zoologist Elie Metchnikoff, called *le champs de bataille*—the field of battle.[18] Today the bellicose spirit of vital warfare inflects—and infects—the prevailing ethos of modern medicine in many respects. As Donna Haraway and Emily Martin have noted, within the contemporary biomedical framework, the human organism appears as a defended frontier, bound within an epidermal envelope that establishes the limits of a self, which is both exposed to *and opposed to* microbial others who threaten to negate its very existence.[19] One critical consequence of this framing has been that scientific medicine came to focus its concern almost exclusively on the individual as a putatively natural unit of analysis, concomitantly bracketing all social, political, economic, and environmental factors as at best secondary or epiphenomenal. Insofar as the "war on AIDS" has paradoxically marshaled, and indeed radically expanded, the resources of immune discourse against an infectious agent that lays waste to the very defensive capabilities usually ascribed to the immune system itself, it redoubles the biopolitical commitment to this individualizing perspective by excluding the human organism's vital contexts from its purview.

The Germs of History

Reflecting briefly on immunity-as-self-defense as the conceptual armature around which the discourse of HIV/AIDS builds itself reveals some of the political implications that bioscience unwittingly imposes even as it claims to provide universal and invariant explanations. Thus, despite whatever eccentric, or misguided, or perhaps even noble intentions motivated it, Thabo Mbeki's address to the Thirteenth International AIDS Conference could also alert us to the ways that bioscience's unconscious and unacknowledged political assumptions might actually circumscribe

its ability to achieve the ameliorative effects it and we desire. Immunity-as-self-defense dramatically entered scientific thinking in the 1880s as a way of making sense of Pasteur's triumphant vaccination experiments. First articulated by Metchnikoff, the new concept sought to explain how multicellular organisms coexist in shared environments with microorganisms that are sometimes deleterious to their well-being.[20] Adapting his insights about the evolutionary conservation of function to amoeboid cells that he named phagocytes (macrophages), Metchnikoff theorized that what had been a digestive function in single-celled organisms came to serve as a defense mechanism in the course of evolutionary development. He named this mechanism immunity.[21] Yet long before either immunity or self-defense had any biological valence whatsoever, they had deep and complex legal and political significance.

Immunity was first conceived during the Roman Empire and has served from then until now as one of the most important means by which conflicting political and legal demands can be reconciled while maintaining the universal applicability of the law.[22] Self-defense emerged as the first "Right of Nature" during the seventeenth century when Thomas Hobbes defined it in *Leviathan* (1650) as an obligation incumbent on individual subjects insofar as they are politically constituted as *essentially* vulnerable to being killed by other individuals.[23] These two concepts have profoundly shaped the unfolding of Western politics: immunity has circumscribed the ways different political domains negotiate their relative fields of power (local/imperial, church/state, sovereign/subjects, nation/state/local/individual, nation/nation, etc.) and self-defense has grounded the rights of individuals per se. It is hard to get more political than that. Moreover, "immunity" never meant "self-defense" until Metchnikoff fused the two concepts in order to comprehend what he imagined as a "naturally" antagonistic relation between microbes and the organisms that they infect.

Metchnikoff's resignification of immunity and/as self-defense provided Pasteur with a plausible explanation for why his vaccines worked—which is why he immediately hired Metchnikoff and set him up in a lab at the new Pasteur Institute, where he stayed for the rest of his life. Together their two innovations, vaccination and immunity, secured the credibility of "germ theory" and simultaneously undermined the more diffuse causal explanations offered by the until then prevailing "public health" movement, as Bruno Latour has demonstrated.[24] Indeed, I might argue that when Metchnikoff used legal and political concepts to explain Pasteur's triumphs, it transformed "germ theory" into a virtual "law of nature." Before the Pasteur-Metchnikoff revolution, however, monocausal theories of disease had not yet been legitimated. Instead, a variety of environmentally and humorally centered notions proliferated.[25] In these earlier medical frameworks, organisms were comprised of, and therefore inextricably

linked to, the elements that constituted the world in which they lived. Illness resulted from imbalances among these constitutive or ambient elements, while health emerged from the restoration of inner and outer harmony.[26] Immunity replaced the goal of harmonizing the organism both in itself and with its environment—the historical basis for the notion of *natural healing*, the *Vis Medicatrix Naturae*—with the premise that life necessitates a violent engagement against the world as a condition of its continuity.[27]

Not coincidentally, this defensive translation of immunity first appeared in a historical context where epidemics of infectious diseases (typhoid, typhus, measles, tuberculosis, cholera, influenza, smallpox) caused extensive mortality and morbidity, often threatening the economic and political stability of European nations. Indeed, European governments implemented complex policies and devoted extensive resources to circumventing or dampening the impact of these bouts of contagion. Beginning in the 1850s, international congresses were regularly convened to debate the relative merits of measures such as sanitary reform, fumigation, and quarantine for interrupting the circulation of infections within and across geopolitical boundaries.[28] In order to address these epidemics, states were forced to acknowledge that their concurrence not only could be a matter of political, economic, or military concern, but must also literally be a matter of living—and dying—together. Epidemic illnesses remapped the conceptual space of Europe. As states struggled to regulate and control the flows of resources and peoples that served as the vectors for contagion, they conceptually refigured their boundaries, if not the very notion of boundedness itself. No longer would borders appear only as contiguous frontiers demarking the limits within which territory and nation get mapped onto each other. Instead, boundaries now needed to be rethought in order to circumscribe those internal conditions through which contagions (from the Latin *con-* + *tangere*, meaning "touching together") brought the touch of the other home.

In this contiguous biopolitical context, the idea of immunity-as-self-defense assumed its significance as a modern biomedical concept. Incorporating the same economic and political imperatives that made responding to epidemics a national necessity, immunity came to be defined as an organismic form of self-defense that metaphorically *and* materially injected politics into nature. By ascribing hybrid juridical and political functions to the living organism, the coincident translation of immunity and self-defense from law and political philosophy respectively into biological terms simultaneously acknowledged and yet also masked the deeply social stakes entailed in the putatively "natural" phenomena of infectious disease. For, with the biologization of immunity-as-self-defense, the appropriate political response to infection would now seem to emanate from the

organism itself. In the context of frequent epidemics and their manifold "costs," the fear of illness organized medical thinking about disease not only as a phenomenon of living organisms, but also as a political, economic, and national threat. Metchnikoff literalizes this fear by internalizing it: immunity figures the organism in a relentlessly hostile world against which it defends itself by deploying an evolutionarily adapted function that constitutes its interior as a *champs de bataille*. Biological immunity, imagined as the organism's defensive resource, thus unwittingly construes, or perhaps misconstrues, the human life world as a reflection of the very biopolitical context in which biomedicine seeks to intervene.

Living with the Enemy

When Thabo Mbeki questions the premise that the Durban Declaration categorically affirmed, namely "that HIV is the sole cause of AIDS," he opens a space from which to reconsider the implicit yet unacknowledged biopolitics that immune discourse secrets within the juridico-political metaphors that form its core. Moreover, Mbeki calls attention to the limits that biomedical notions of causality import when they claim to encompass the historical events we now know as AIDS: "One of the questions I have asked is—are safe sex, condoms and anti-retroviral drugs a sufficient response to the health catastrophe we face?" The question of sufficiency seems critical here: Mbeki does not say that HIV has no *agency*; rather he intimates that focusing on HIV as a "cause" of AIDS may be (scientifically) necessary but not (politically) sufficient.[29] Yet in response to this suggestion, biomedical experts vociferously, if not aggressively, insist not only that HIV is a sufficient condition, but that claiming otherwise would be both scientifically invalid and politically naive. However, Mbeki is not so naive as all that either politically or scientifically. Listen to how he characterizes the "health crisis of enormous proportions" that confronts Africa, a crisis that includes but is not totalized by HIV/AIDS, a crisis that encompasses many other infectious diseases and environmental conditions that often coexist with and/or exacerbate the suffering of those people living with HIV/AIDS:

> One of the consequences of this [health] crisis is the deeply disturbing phenomenon of the collapse of immune systems among millions of our people, such that their bodies have no natural defense against attacks by many viruses and bacteria. . . . It seems to me that every living African, whether in good or ill health, is prey to many enemies of health that would interact one upon the other in many ways, within one human body. And thus I came to conclude that we have a desperate and pressing need to wage a war on all fronts and realize the human right of all our people to good health.

Here Mbeki appropriates the bellicose tropes of immune discourse in order to foreground the very politics that this discourse refuses to acknowledge. He invokes the standard biomedical explanation of infectious disease (viruses and bacteria are "attacks" by disease agents) but does so precisely in order to emphasize its biopolitical limitations. The immune system's "natural defenses" cannot be "natural," in the sense of "immutable" or "inexorable," *and therefore "immune" to political exigency*, if they are also historically contingent and vary according to the circumstances in which the bodies they are supposed to defend find themselves. By rendering immunity's "natural defenses" historical and contingent, Mbeki disturbs the putatively apolitical "nature" to which immunology, and bioscience more generally, "objectively" lay claim as their epistemological or indeed ontological ground—which might be one reason the scientists get so emotional: they can feel the ground shifting under their feet. He then turns the immunological invocation of disease as "enemy" upon itself (remember the Durban Declaration's affirmation that "HIV is the enemy") in order to suggest that there are "many enemies of health," all of which have physiological consequences, even if not all of them are of strictly biological origin. Finally, he returns the metaphor of "war" to the domain of politics, where he uses it not to describe the way the immune system functions within the organism, but how social relations should be organized in order to negate the multiple biological, political, social, and economic factors that persistently impinge on the health and well-being of "every living African."

Fassin locates Mbeki's perspective within a way of thinking about African identity that foregrounds its specific history, precolonial, colonial, and postcolonial, as essential to imagining its future, whereas those who affirm the universality of scientific understanding seek to shape this future in terms of putatively ahistorical principles, whether biomedical or neoliberal. The tension between these two competing perspectives, Fassin suggests, reveals an implicit critique, such that Mbeki's invocations of Africanness also serve to disclose the values secreted within the bioscientific (or even neoliberal) claims of universality:

> On the one hand, [this opposition] is about the distribution of power in the world, in particular the huge inequalities that can be translated in terms of quantity and quality of life. That is what Thabo Mbeki is saying when he denounces the global imbalance, the plundering of the African continent, the undue profits of the pharmaceutical industry. On the other hand, the conflict is about the universal order of knowledge, in particular, the validity of unanimously accepted explanations and solutions. That is what the president is saying when he rejects the viral theory and sexual transmission in favor of poverty as the explanation for the epidemic.[30]

If we view the controversy over Mbeki's perspectives on HIV/AIDS in light of Fassin's analysis, we begin to discern the social and historical logics that make his position not only comprehensible but critical. Mbeki not only challenges the political, economic, and epistemological assumptions that have been brought to bear in order to make truth claims about the AIDS epidemic in his nation, he demonstrates that the epistemological claims are also political and economic ones. Surely this insight could have very significant consequences for how HIV/AIDS is addressed in South Africa and around the world. Insofar as it troubles the ontological and epistemological grounds upon which biomedicine founds its exclusive claims to "alleviate the consequences of HIV infection" (as the scientists' open letter to Mbeki put it), it may open up other as yet unutilized or underutilized ideas and resources, which might then both alter what such "consequences" appear to be and offer different ways of addressing them. At the very least, it might help reframe the ways the subjects and objects of concern—whether viruses and drugs, individuals and collectives, housing and food, money and resources, laboratories and clinics, policies and politics, birth and death, immunity and community—get conceived when we speak about HIV/AIDS.

Since I am not in any position to speculate about what different possibilities might emerge from the local, national, transnational, or even global contexts where these concerns actually live, I would not presume to suggest what the appropriate forms of such reconceptualizing might be either for South Africa or anywhere else. Instead, I will close by merely noting (with respect to a situation I do know something more about) that Mbeki's implicit critique also points to a more general conflation that biomedical understanding incorporates and imports when it assumes that its paradigms speak for nature itself. When bioscience takes immunity-as-self-defense to describe the natural condition of possibility for how organisms of different sizes and scale coexist, it "forgets" that these concepts emerge out of a long history of political and legal thinking that unfolds primarily across the history of Europe and North America, from the Roman Empire to the International Criminal Court.[31] Recalling the contingency of this framework, Mbeki's critique of HIV/AIDS discourse inverts the immunological understanding that we are condemned to live in a permanent state of internal war by the very resources through which we imagine ourselves to heal from illness. Furthermore, it prompts us to remember that as organisms we are constrained to live together, and insofar as we must modulate our openness both to other humans and to the other others with whom we coexist, we can never not also remain open to them without killing ourselves. As Donna Haraway so eloquently put it: "Life is a window of vulnerability. It seems a mistake to close it."[32]

How might this venerable and vulnerable insight make the world we live in a little different? When in the early 1880s Elie Metchnikoff sought to characterize a form of organismic activity that he described as "defense," he gave the term *immunity* its modern biomedical valence. Imagine what might have happened if he had not been so focused either on the individual organism as an epidermally enclosed system, or on the dynamics of aggression and response that underwrote his political ontology, his evolutionary worldview, and his laboratory experiment. He might then have chosen instead to describe the dynamics through which complex organisms systematically mediate their relations with those others with whom they necessarily concur by using immunity's etymological opposite: *com*munity, since community foregrounds the co-constitutive dynamics of living.[33] Imagine what might have happened if "community" had achieved the same status of biological concept in the way that immunity did. How differently might we live in the world imagining that our "commune systems" mediated our living relations with and in the world? How might we experience ourselves as organisms, if we imagined that coexistence rather than self-defense provides the basis for our well-being? How might we have organized our care for the ill and our systems of healing, or indeed our entire political and economic relations, if we imagined that our ability to respond to corporeal challenge represents an aspect of our ability *to commune* with others? Might biological *community* have enabled us to perceive healing not just as a biomolecular phenomenon but also as a political, ethical, and material value? Might it encourage us to ask along with Thabo Mbeki: "Is there more that all of us should do together, assuming that in a world driven by a value system based on financial profit and individual material reward, the notion of solidarity remains a valid precept governing human behavior?" A silly thought experiment, perhaps. Nevertheless, it does suggest that there may be more to what we call biological immunity than we currently know, or are indeed even capable of knowing, so long as we remain infected by those biopolitical perspectives that it defensively defines as our nature.

Coda

While my hypothetical contrast of immunity to community at best seeks to follow up Paul Farmer's suggestion that we ask, "What is obscured in this way of conceptualizing disease? What is brought into relief?" other more engaged writers are also posing similar questions. By way of conclusion, let me offer one compelling example. In his book Fassin cites an "underground document making the rounds of the African National Congress (ANC) in March 2002":

> This monograph accepts that our people, and others elsewhere in Africa and the rest of the world, face a serious problem of AIDS. It accepts the determination that AIDS stands for acquired immunodeficiency syndrome. It accepts that a syndrome is a collection of diseases. It proceeds from the assumption that the collection of diseases generally described as belonging to the AIDS syndrome has known causes. It rejects as illogical the proposition that AIDS is a single disease caused by a single virus, HIV. It accepts that an essential part of AIDS is immune deficiency, that this immune deficiency may be acquired, that there are many conditions that cause acquired immune deficiency, including malnutrition and disease. It therefore argues that, in our current situation, many and varied interventions have to be made to protect and strengthen the immune system of our people. It accepts that these include attention to our nutrition and the eradication of the diseases of poverty that afflict millions of our people.[34]

In elucidating its premises, the ANC document begins by articulating its relation to the bioscientific accounts of HIV/AIDS. It accepts the basic description of AIDS as proffered by medical explanations, but it breaks with these explanations over the construal of causality. Distinguishing between a syndrome as a "collection of diseases" and a "disease," it rejects on logical grounds the notion that a "syndrome" can have a single cause. It then expands the causal nexus from which it imagines immune deficiencies might arise to include biological variables (malnutrition and disease) that have social, political, and economic determinants. Obviously, from what I have written here, I share many of these critiques of monocausal explanations. Yet the more compelling formulation, from my perspective, is the collective articulation: "the immune system of our people." With this turn of phrase, the document radically subverts the prevailing, highly individual notion of the immune system, resignifying it so that it appears no longer as something that lives only in the singular organism, but rather also as something that exists in the world—maybe even constituting an immune community with common immunities. Perhaps this is one thing that the tragedy of the AIDS pandemic can teach us: that wherever we take it to be localized, the biological function we currently call immunity necessarily lives in the world. We might even say that however we conceptualize it, it necessarily refers to the matter of living in the world, or indeed literally to the matter that allows us to live and *to continue to live* in the world as organisms, as individuals, as peoples, and as species. Or let's hope so, anyway.

Notes

I'd like to thank Julie Livingston, David L. Eng, and the anonymous readers for *Social Text* for greatly enriching this essay.

1. "Letter to South Africa's President Thabo Mbeki," www.aidstruth.org/letter-to-mbeki.php (accessed 1 August 2007).

2. Stephen Lewis, "Remarks to the Closing Session of the XVI International AIDS Conference," www.whrnet.org/docs/perspective-lewis-0608.html (accessed 1 August 2007).

3. Claude Bernard, *Pensées: Notes détachées* (Paris: Bailliere & Fils, 1937), 76–77.

4. Bernard's famous epistemological intervention was to posit the quasi-oxymoronic formulation *milieu intérieur* as the locus where the organism really lives. With this paradoxical turn he effectively defines *milieu intérieur* as the actual living environment and thereby eschews the material social context as a relevant biological variable. For an extended discussion of Bernard's significance, see Ed Cohen, *A Body Worth Defending: "Immunity," Bio-politics, and the Apotheosis of the Modern Body* (Durham, NC: Duke University Press, forthcoming).

5. Margaret Lock, "Displacing Suffering: The Reconstruction of Death in North America and Japan," *Daedalus* 125, no. 1 (1996): 210.

6. Ibid., 211.

7. Didier Fassin, *When Bodies Remember: Experiences and Politics of AIDS in South Africa*, trans. Amy Jacobs and Gabrielle Varro (Berkeley: University of California Press, 2007), 189.

8. Colleen O'Manique, *Neoliberalism and AIDS Crisis in Sub-Saharan Africa: Globalization's Pandemic* (New York: Palgrave Macmillan, 2004), 4.

9. Ibid., 5–6.

10. Paul Farmer, *Infections and Inequalities: The Modern Plagues* (Berkeley: University of California Press, 2001), 40.

11. The text of the Durban Declaration was published in *Nature*, 6 July 2000, 15–16.

12. The text of Mbeki's speech can be found at www.virusmyth.net/aids/news/durbspmbeki.htm (accessed 1 August 2007). All further references will be to this site.

13. Jon Cohen, "AIDS Researchers Decry Mbeki Views on HIV," *Science*, 28 April 2000, 590.

14. See, for example, a recent essay—which itself has led to yet more controversy and recriminations—assessing both the scientific evidence for the "HIV causes AIDS" mantra and the flaws in the Uganda study that underwrites the assertions that ART administered to pregnant women cuts the transmission of HIV to newborns: Celia Farber, "Out of Control: AIDS and the Corruption of Medical Science," *Harper's*, March 2006, 37–53.

15. Michel Foucault, "The Discourse on Language," in *The Archaeology of Knowledge*, trans. A. M. Sheridan Smith (New York: Pantheon, 1972): "Within its own limits, every discipline recognizes true and false propositions, but it repulses a whole teratology of learning. The exterior of a science is both more, and less, populated than one might think: certainly, there is immediate experience, imaginary themes bearing on and continually accompanying immemorial beliefs; but perhaps there are no errors in the strict sense of the term, for error can only emerge and be identified within a well-defined process; there are monsters on the prowl, however,

whose forms alter with the history of knowledge. In short, a proposition must fulfill some onerous and complex conditions before it can be admitted within a discipline, before it can be pronounced true or false it must be, as Monsieur Canguilhem might say, 'within the true'" (223–24).

16. See, for example, Jon Cohen, "A Research Renaissance, South African Style," *Science*, 23 June 2000, 2169, and Richard Chaisson, "World AIDS Conference in South Africa: Science, Politics and Health," *The Hopkins HIV Report*, September 2000, www.hopkins-aids.edu/publications/report/sept00_1.html (accessed 1 August 2007).

17. Jacques Derrida, *The Politics of Friendship*, trans. George Collins (New York: Verso, 1997).

18. Elie Metchnikoff, "Sur la lutte des cellules de l'organisme contre l'invasion des microbes," *Annals de L'Institut Pasteur*, July 1887, 328.

19. Donna Haraway, "The BioPolitics of Postmodern Bodies: Constitutions of Self in Immune System Discourse," in *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York: Routledge, 1991), 203–30; Emily Martin, *Flexible Bodies: Tracking Immunity in American Culture—from the Days of Polio to the Age of AIDS* (Boston: Beacon, 1994).

20. Alfred Tauber and Leon Chernyak, *Metchnikoff and the Origins of Immunology: From Metaphor to Theory* (New York: Oxford University Press, 1991); Alfred Tauber, *The Immune Self: Theory or Metaphor?* (New York: Cambridge University Press, 1994).

21. Elie Metchnikoff, *Immunity in Infective Diseases*, trans. Francis Binnie (Cambridge: Cambridge University Press, 1905).

22. Ed Cohen, "Metaphorical Immunity: A Case of Bio-Medical Fiction," *Literature and Medicine* 22 (2003): 140–63.

23. Thomas Hobbes, *Leviathan*, ed. C. B. Macpherson (New York: Penguin, 1968), 189. See also Ed Cohen, "A Body Worth Having, or A System of Natural Governance," *Theory, Culture, and Society* 25 (2008).

24. Bruno Latour, *The Pasteurization of France*, trans. Alan Sheridan and John Law (Cambridge, MA: Harvard University Press, 1988).

25. Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900* (London: Cambridge University Press, 2000); Nancy Tomes and John Harley Warner, "Introduction to the Special Issue on Rethinking the Reception of the Germ Theory of Disease: Comparative Perspectives," *Journal of the History of Medicine and Allied Sciences* 52 (1997): 7–16.

26. On the history of humoral medicine in the West, see Noga Arikha, *Passions and Tempers: A History of the Humours* (New York: HarperCollins, 2007).

27. On the idea of the natural power of healing, see Max Neuburger, *The Doctrine of the Healing Power of Nature throughout the Course of Time* (1926), trans. L. J. Boyd (New York, 1932). Tauber and Chernyak succinctly explain the distinction between "healing" and "immunity": "It is apparent that the idea of healing power is quite different from . . . immunity. The former does not imply, as does the latter, that the healing power is exercised by a special subsystem in order to restore the integrity of the organism. On the contrary, it implies that the integrity, as an essence underlying particular physiological processes, acts on behalf of the processes. After Metchnikoff, the immune idea argues for a special activity (a subsystem) of the whole that performs the functions of a personal physician in respect to the whole. The normal activity of this special part takes place when the normal (the integrity) is violated. Quite opposite to that, the healing power of Nature is nothing else but the expression of the whole on behalf of its parts (in order to prevent their

extreme deviation under the influence of cosmic tendency)" (*Metchnikoff and the Origins of Immunology*, 119).

28. The literature on public health measures is vast. For a wonderfully comprehensive treatment, see Peter Baldwin, *Contagion and the State in Europe, 1830–1930* (New York: Cambridge University Press, 1999).

29. On the confusion between "causes" and "agents" in bioscience, see Richard Lewontin, "Causes and Their Effects," in *Biology as Ideology* (New York: Harper-Perennial, 1991), 39–58.

30. Fassin, *When Bodies Remember*, 253.

31. On forgetting as the basis for truth, see Freidrich Nietzsche, "On Truth and Lie in an Extramoral Sense," in *Philosophy and Truth: Selections from Nietzsche's Notebooks of the Early 1870s*, trans. Daniel Breazeale (Amherst, NY: Humanities Books, 1979), 92.

32. Haraway, "BioPolitics of Postmodern Bodies," 224.

33. Indeed, there existed within late-nineteenth-century bioscience an alternative—though to be sure nondominant—strain of explanation that sought to account for evolution not through competition and the struggle for survival, but through cooperation and mutuality. On the history of these accounts, see Jan Sapp, *Evolution by Association: A History of Symbiosis* (New York: Oxford, 1997).

34. Fassin, *When Bodies Remember*, 101.