



# Irmgard Coninx Stiftung

Workshop 2004: January 3 – 10  
Transnational Risks

## Workshop on Public Health and (Re)Emerging Diseases: From Risk Society to the Government of Life

Summary by Vinh Kim Nguyen, Montreal

Workshop on Transnational Risks and Public Health: From Risk Society to the Government of Life  
Workshop Summary by Vinh-Kim Nguyen, McGill University Montreal

Our workshop focussed on examining the relationship between emerging epidemics and globalisation. Although the majority of the participants presented studies of new and re-emerging infectious diseases, studies of other transnational threats to health such as environmental disasters and diseases due to smoking were presented as well as research on the response to these threats. The studies pointed to the accelerating mobility of threats to global public health, due to the intensified and accelerated movement of both commodities and people. Studies presented showed that tracking these movements allows consideration of how threats to health are exported from the industrialised core in the North to more peripheral countries in the South. For instance, stringent controls on smoking in the North are driving the creation of new tobacco markets in the South (Adamyán). Work from our group indicated that migration plays a minor role in the emergence of new threats to global public health as compared to the globalisation of markets, the ensuing mobility of capital and commodities, the increasing trans-national interdependence of complex bio-industrial systems, and the globalisation of bio-medical technologies and commodities. “Mad cow disease” and Hepatitis C (which is largely spread through improperly sterilized needles) are two salient examples of these.

The epidemiological consequences of these threats are not evenly distributed even within national borders, as a range of socioeconomic factors shield some from risk while increasing the vulnerability of others. This signals an important and relatively understudied pathway by which globalisation transforms public health: new social inequalities –and deepening of existing inequalities—can provide greater opportunities for pathogen “crossover” from animal reservoir and spread between humans. For instance, the SARS epidemic in China can be linked to increased consumption of civet cats (the animal reservoir of the SARS virus) by a growing middle class (Zhou). The deeply social nature of the processes that lead to the emergence of these epidemics suggests that disease embodies social processes. How might we better grasp the processes by which these social processes are inscribed into bodies? The notion of “risk” appears as a vital concept, as differences in rates of diseases in different social groups can be quantified through the notion of risk, allowing the role of social differences to be distinguished from biological differences. That some are more at risk than others can be used as a lens through which these social processes can better be viewed.

Risk can be defined as how people deal with uncertainty, and drawing on this broad definition we explored how the threat of misfortune is socially constructed and perceived (Macamo). A number of studies in this area pointed out the usefulness of techniques for taming uncertainty: by naming and quantifying risk, they allow it to be acted on through social institutions (Bouder). Taking risk as an object of intervention allows agents to in effect intervene on the future. Risk has another utility: by being insured, managed and traded, it effectively commodifies the future. Globalisation, as the example of emerging diseases shows, brings new threats to public health. Risk serves as a political technology for managing populations and bodies in light of these threats.

While epidemiologists have long found that morbidity and mortality rates differ between social groups, such that we may speak of some being shielded from risk while others are more exposed, the reasons for these differences are complex and resistant to easy characterization. Nonetheless, epidemiological risk has formed a powerful rationale for intervening with the goal of public health in mind. Critical scholars have drawn on political economy and the correlation between social inequality and ill-health to speak of structural determinants that, in extreme cases, constitute “structural violence”. They have been critical of interventions that do not address structural factors as being “band-aid” solutions. In the era of globalisation, this tension between narrower “risk-factor” approaches and advocates of broader political action to address structural determinants is being replayed. Risk is now a trans-national phenomena, and more attempts are being made to trans-nationalize intervention in public health (Johnson), with mitigated success. In the absence of a truly robust global political apparatus for managing public health, intervention relies on a growing array of non-governmental actors that must mobilize resources and political capital in innovative ways (Movsisyan, Oleson). Crucial to that mobilization have been various strategies for representing the suffering of others, a process amenable to sociological scrutiny – not just of how these images of suffering are used, but how effective they are, how they are perceived, and so on (Wilkinson).

This raised the question of what it is exactly that these trans-national forms of risk intervention do. Do they truly improve health? Do they prevent suffering – or just package it for broader consumption by a humanitarian public? Are they not mobile enough, too state-centred in an age where risks move fluidly across borders (Zhou), or too mobile, imposing solutions that dissolve local politics and leading to perverse effects due to lags and disjunctures (Nguyen)? Are the human rights concerns that underpin humanitarian intervention just the contemporary incarnation of the politics of pity? Are they more about charity than social justice (Inoue)?

These provocative questions were vigorously debated, particularly in light of studies of disaster relief and development projects. Four studies dealing with the HIV/AIDS epidemic and the issues raised by the lack of access to treatment in developing countries allowed particular insights into these issues (Adamyán, Estevez, Nguyen, Oleson). Of particular interest was the complex relationship between trans-national solidarities and institutional networks crystallized by this issue (Oleson) and forms of “therapeutic citizenship” (Nguyen) that are emerging as a consequence. Certainly, the shift from the goal of modernization that was the focus of the Bretton Woods institutions towards the market fundamentalism of neo-liberal ideology has been marked by deepening of social inequalities as both lives and futures have become ever more uncertain for the citizens of developing countries. These shifts have been paralleled by a shift from using public health approaches to addressing epidemiological risk to humanitarian interventions. On one hand, this shift suggests that national sovereignty is being undermined –at least in States that are targets of intervention—and that local politics are being short-circuited in favour of a de-territorialized, technocratic management. However, states are more pragmatic in the way they “use” these issues than may have been previously recognized (Estevez).

In summary, the rise of health risk as a political technology for managing uncertainty in the global sphere has occurred even as public health institutions have appeared weakened in light of these health risks (Bouder). The consequence has been the increasing individualization of risk, placing the burden of uncertainty on individuals who are little able to impact their life circumstances. In the political realm, risk filters the trans-national circulation of interventions to manage population health and gives birth to a veritable culture of intervention characterized by urgency and a “confessional” mode for dealing with the victims of the historical traumas that are being addressed through intervention. This raises concerns that the humanitarian ethos, by short-circuiting local politics, may preclude historically robust solutions and engender unintended consequences and perverse effects. Viewing transnationality from this perspective, it seems that the logic of national sovereignty appears to be eroding in favour of this culture of intervention.