

Biopolitics in China: An Introduction

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The idea of *biopolitics* has proved one of the most generative in social studies of medicine and science, yet until recently it is an idea most readily deployed in relation to the history of Western Europe and the northern, developed nations. This is unsurprising, given that, in Foucault's historical account of biopower, its emergence as a form of politics in the nineteenth century is intimately bound up with the formation of modern, Western European nation-states and the constitution of their national populations (Foucault 1978). In this account, during the late eighteenth and nineteenth centuries, the Western European states begin to address their populations as embodied beings in order to improve physical productivity and discipline in the interests of capital formation and military prowess. They begin to regulate and optimize population processes—the life processes of fertility, birth, health, sexuality, morbidity, and life span—drawing on the new biomedical and statistical sciences of the nineteenth century to provide administrative traction on the citizen's body. Biopolitics deals with such phenomena as mortality and fertility that are unpredictable at an individual level but that have certain kinds of regularity at a collective level, and that are susceptible to collective, regulatory modification—the lowering of the birth rate, the increase in overall fertility, improvement in morbidity rates, and so on. Above all, Foucault states, biopolitics is addressed to the securing of an optimal biological stability in populations “to compensate for variations within this general population and its aleatory field . . . to optimize a state of life” (2003: 246).

The usefulness of biopolitics as an analytic concept has, however, extended beyond its original historical and geopolitical location. It has proved to be a durable and flexible provocation, generating critical insights into the relations among states, populations, scientific knowledge, and administrative practice in other historical trajectories and social locations. As Mei Zhan points out in her article in this volume (“Human Oriented? Angels and Monsters in China's Health-Care Reform”), the idea of biopolitics has become a method, a way to approach particular empirical fields

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and historical complexities, rather than a normative account of national development. At the same time, exposure to the dense texture of other, non-European histories continually opens out and enriches the idea of biopolitics and alerts us to the manifold ways that life and power can be entangled.

Of particular interest to the readers of *EASTS*, a growing body of scholarship considers the ways that the particular trajectories of East Asian history, politics, and science intersect with different regional models of health, longevity, reproduction, gender, and so forth, and different ways in which populations have been mobilized to support or contest nation-building through biomedical development. Such mobilization takes place in the context of an increasingly globalized knowledge market where the competition for control of the future bioeconomy generates its own particular forms of biopolitics. States with global economic and political ambition in the biomedical future are obliged to engage with the international character of biomedical innovation. As they do so, the nature of their internal biopolitics is inevitably shaped by the requirements of successful global competition. At the same time, such biopolitical adaptations are always likely to be constrained by the imperatives embedded in the domestic political structures.

Given this context, in this special issue, we bring together four essays that consider the ways that biopolitical relations play out in contemporary China. One of the distinctive features of recent biopolitical studies (e.g., Sunder Rajan 2006; Cooper 2007; Rose 2007) has been a concern with the ways that market logics now inform and organize both laboratory life and the life of populations. China gives us perhaps the most dramatic case of state-directed transition from a socialist, command economy to an experimental, innovation-driven economy, and hence opens up new ways to understand the possible relations between health, medicine, markets, and politics.

The contributions from Zhan and from Melinda Cooper (“Experimental Republic: Medical Accidents [Productive and Unproductive] in Postsocialist China”) focus our attention on the biopolitics of the postsocialist hospital, examining the social conflicts over hospital care and the doctor–patient relationship generated by the Chinese government’s shift from a public health model to an entrepreneurial model. Zhan examines the historical movement from a postrevolutionary medical system, with its emphasis on prevention, the mobilization of lay knowledge and traditional medicine in the barefoot doctor service, and the constitution of medical care for the masses, to a much more stratified and market-driven health-care service sector in operation today. Zhan elucidates the tensions between medical staff and patients as they negotiate the new ethics of service and commercialized care, as costs and risks are devolved from the state to the hospital and the patient, and the ways that this transformation privileges the emergent middle class as health consumers. At the same time, she demonstrates the slippages between policy and practice, as the entrepreneurial pressures on the hospital lead to sometimes brutal interactions in the clinic and the covert refusal of care to those unable to pay. At stake in this transformation is the shift from a socialist humanism with an ethic of mass care to service-oriented humanism with an ethic of consumer rights.

Cooper locates transformation of hospital care and the recurrence of medical scandals and negligence in a more general redistribution of risk across the Chinese body politic. Like Zhan, she documents instances of brutal withholding of care and triage of patients according to ability to pay, actions sometimes met by patient violence toward

medical staff. The patchiness of care is a product of the cost pressures placed on the hospital. Cooper identifies two responses to this devolution of risk. On the one hand, the People's Republic of China has introduced private civil law procedures to mitigate the effects of medical negligence, moving from a collective approach to socialized risk toward an individualized commercial model. On the other hand, hospitals have developed ways to transform the riskiness of postsocialist existence into a productive asset, putting to work the poor patient's need for care by enrolling them into international clinical trials, profitably contracted to the hospital. Cooper identifies participation in clinical trials as a new form of nonskilled, risky labor, a way of working for care that gives nonpaying patients at least temporary access to medical checks and drug treatments in return for the bearing of experimental risk. Both of these strategies, Cooper argues, are constitutive of a new kind of Chinese biopolitical subject, the individual risk-bearer and contractor of personal services.

The contributions of Haidan Chen ("Cord-Blood Banking in China: Public and Private Tensions") and Brian Salter ("Biomedical Innovation and the Geopolitics of Patenting: China and the Struggle for Future Territory") move the biopolitical focus from the mainly domestic to the implications of China's ambition to position itself as a global biomedical power of the future. Part of the infrastructure for such an ambition are cord-blood banks, and Chen investigates how the development of such banks has been negotiated in the context of China's postsocialist market where the public and the private are closely intertwined in terms of both finance and values. Private values may be promoted but not at the explicit expense of the public good. As a result, China has adopted a model that uses "banks to pay for banks" in which the commercial profits from private cord-blood banks may be used to support the development of public cord-blood banks. Two biopolitical logics are at work. While the autologous cord-blood banking financed through the middle-class market responds to the values of individualistic capitalism, the parallel collection of allogeneic cord-blood samples through public cord-blood banks promotes the values of social solidarity, reciprocal altruism, and political cohesion. As Chen observes, although this compromise allows the construction of part of the biomedical infrastructure, what it leaves unresolved is the form of the governance mechanisms for such a hybrid system.

In his article on patenting, Salter examines a different, but equally important, aspect of the infrastructure China is seeking to develop in pursuit of its position in the biomedical future. If states are to challenge the hegemony of the United States, Europe, and Japan in biomedicine and gain access to the value chain of innovation in this field, then ownership of biomedical knowledge is a prerequisite. Salter charts how China's approach to patenting explicitly addresses this challenge both through internal reforms of its patenting regime and through its engagement with global intellectual property governance. However, despite its considerable efforts, the fact that China is starting from such a low base of biomedical ownership means that its impact on the patenting hegemony of the developed world is limited. As yet, China lacks the biopolitical skills and resources to compete effectively in the acquisition and ownership of biomedical knowledge that can form the basis for future commercialization. While its investment in its own scientific base and workforce will generate domestic biomedical knowledge, it is the ability to translate that knowledge into globally marketable patents that provides the critical measure of its access to future biomedical wealth.

Taken together, these essays create multiple entry points to the biopolitical field in contemporary China. We hope they provide the readers of *EASTS* with insights into the ways that life and politics engage each other in China, East Asia, and more generally.

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