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In the domain of health, the relation between bodies, citizenship, nations and governments has changed beyond recognition over the past four decades, especially in Africa. In many regions, populations are now faced with a total lack of medical care, and the disciplinary regimes of modernity are faint memories. In this situation, new critical insights beyond the critique of old »modernization« and the »disciplinary regimes« of imperial times are needed. How can we keep up our sophisticated criticism of knowledge regimes and our doubts with regard to narratives of development, when so many people in Africa are dreaming about modernity and are envisioning their own renaissance?

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Missing the Nation State

Longing for Citizenship

21st century African biopolitics: fuzzy fringes, cracks and undersides, neglected backwaters, and returning politics

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Introduction

This volume, based on a workshop organised by the research group Law Organisation Science and Technology (LOST), and held at the Max Planck Institute of Social Anthropology, Halle, Germany, in June 2009, is about biomedicine and governance in Africa. Biomedicine was introduced to the continent in line with its own evolution as 19th century scientific endeavour, and its engagement with African maladies—new germs, new modes of transmission, and new measures of experimentation and control—has in turn profoundly shaped the universal forms of "modern" biomedicine (see e.g. Vaughan 1991; Baronov 2008; Tilley 2011). The intimate entanglement between medical endeavours and government—notably the nation-state and its colonial precursors—has been particularly marked in Africa given the limited availability of private biomedical practice during most of the 20th century, and due to the contrast to the much more prevalent *non*-biomedical ideas, organisations, and practices of healing which until fairly recently, and with few exceptions were distinctly non-government in the sense of not being endorsed by state institutions and not pursuing a governmental, population-wide perspective (see e.g. Last 2012). Biomedicine in Africa affords thus a privileged perspective on the relationship between government—in a wide sense comprising direct state policies and practices, as well as other forms of control ranging from subjects' own self-making within wider power relations, to population-wide efforts of categorisation and discipline—and its evolution across the tides of history.

Changing times

Our motivation for the workshop, and for this volume, was twofold: On an empirical level, all participants share the impression that the African present, the early 21st-century, constitutes a departure as compared to an earlier period, half a century or so ago (e.g. Ferguson 2006; with respect to bioscience see e.g. Rottenburg 2009). While few of us propose tidy, tidal shift type, historical periodisations, we all observe, with varying emphasis, contrasts and changes. Between the 1970s and the present, scientific-technical shifts occurred, for example the growing importance of first immunology and later genomics, and the attendant shift to an increasingly costly, high maintenance diagnostic and therapeutic apparatus. This shift was accompanied, across most of Africa, by epidemiological changes; first and foremost the HIV/AIDS epidemic—which brought exceptionalist policies, obscured the continued prevalence of equally dramatic diseases, and called for interventions on an unprecedented scale—as well as the gradual emergence of non-communicable health problems such as cancer and diabetes (Livingstone 2012; Whyte 2012).

During the same period, funding mechanisms and institutional frames for biomedicine and science in Africa changed, broadly shifting the emphasis from national institutions to collaborative transnational endeavours, and from nation-state government funding to various forms of private-public partnerships (see e.g. Geissler 2012). This change in the organisation and financing of medical science was paralleled by radical changes in government financing, reducing state expenditure and control, largely through outside pressure, and, in consequence, privatisation of health care as part of larger economic and political privatisation. These large-scale medical-technical and political-economic changes where accompanied by the proliferation of new conceptual frames and social forms: Non-governmental organisations and private public partnerships filled some of the gaps left by crumbling states; and 20th century "public health" with its strong ties to the nation-state and citizenship, was replaced, on the one hand, by "humanitarian" imaginaries and modes of intervention, driven by the logic of emergency and exception and targeting "humans" rather than citizens (e.g. Fassin & Pandolfi 2007; Redfield 2012); and, on the other hand, "global health" focusing on health problems with global impact and promoting policies on a global, rather than merely national scale.

These larger contrasts arise from comparison between the early postcolonial period in Africa, 1960s-70s, and the present in the early 21st century. Something happened between these two points in time, and although few of us would subscribe wholesale to one neat description of periodisation and historical shift–such as "neoliberalisation"—and the concomitant implication of economic determinism, something did happen during the period of the long 1980s, from somewhere in the mid-70s to the mid-1990s, which has produced a constellation

of medical governmentality that is different from what we were used to, and different from much that has been described in the history of biomedicine in Africa (e.g. Packard 1990; Lyons 1992; Feierman 1992; Iliffe 1998). Our task in this volume is not the historians' pursuit, relative to the early postcolonial period, nor historical comparison, but to capture the emergent present. There can be little doubt that biomedicine and governance—in the broad sense alluded to above—remain as closely intertwined as ever, but how and to what effect is less clear; and from this empirical question arises a political question that underlies many of our contributions: how can one politically engage with governmental medicine and medical governance that (maybe, in some parts) no longer follows the rules of 20th-century nation-state politics?

21st century African biopolitics

The sense of an empirical change, emergent and partially articulated, posits a challenge, then, to our theoretical tools, which is the second motivation for our conversation and for the essays below. For all of us thinking about the relationship between governance and biomedicine, state and science, is inevitably framed by Michel Foucault's now classic work. The key texts pertaining to biomedicine were published in the 1970s, and radically changed thinking about medicine and knowledge, and governance and power during the "modern" era since the late 18th century. It provided a creative framework for countless innovative studies of medicine, and not least the study of medicine and colonialism, and triggered theoretical and methodological moves that changed the entirety of social science, notably through concepts derived from Foucault's "biopower", mutating into "biosociality", "biological citizenship" etc. (see below).

Yet, parallel to the creativity unleashed by Foucault's works, there is also a risk of ideas and arguments atrophying. Five decades after these groundbreaking texts about biology and medicine, some of Foucault's ideas have become formulaic, much like the reduction of Marx' subtle and sophisticated analyses to the historical-materialist determinism of 1980s student essays. Today there is a risk of Foucault's open (sometimes contradictory) invitations to profound social inquiry to be eroded to simple narratives about the relations between medicine and governance, according to which biomedical knowledge practices are key tools in modern biopolitical regimes of power. If this narrative is pushed to the extreme, childhood vaccines become disciplining tools, dysfunctional hospitals emanate power, refugee camps become indistinguishable from concentration camps, and every randomized drug trial evokes the specter of Tuskegee (Jones 1981), which does little justice to the analytical potential of such objects, nor to the lives and struggles of those involved in such phenomena—as patients and subjects, or indeed as doctors and planners.

Such reductionist narratives about "disciplining" bioscience have their own historical context of (neo)liberal ideas about the supposed separateness between state and citizen, in combination with an antimodernist thrust (which finds its expression e.g. in James Scott's work). Above all, this interpretation of biomedical governmentality has become so taken-for-granted and instinct-like that it can obscure, rather than elucidate the analytical and political challenges posed by bioscience in Africa today. It becomes particularly problematic if it is applied to contemporary political-cum-scientific constellations, without taking into account the dramatic empirical changes, flagged out above, that state and other modes of government, and scientific and technological regimes, have undergone during the past 30 years.

Our point is not to discard the biopolitical narrative; it remains foundational to our analyses as the papers in this volume will show. It is not our aim to "move beyond Foucault" in a familiar academic move—we cannot and do not want to offer a new narrative. Instead, we hope to interrogate the above simplified narrative, as well as more sophisticated derivatives of Foucault's lexicon in the light of diverse ethnographies of medical science across Africa, so as to open it up again; we aim to get at it from different, and not always commensurate angles, *not* proposing an alternative argument—anti-biopolitics vs. biopolitics—that would only push the old scholarly pendulum, but inviting new questions and routes of investigation stemming from these now classic ideas about government, body and knowledge.

Main lines of argument

The contributors to this volume are of a post-Foucauldian generation. The oldest of us read Foucault, which then had replaced the Marxist analysts of the previous generation, since the first days of their graduate studies in the late 1970s; the youngest of us studied in an environment saturated by the profound Foucauldian impact across all social sciences and notably in those concerned with medicine and body, as well as among anthropologists and historians of former empires. By then, the extension of Foucauldian terminology and thought, filtered through the different adaptations of German, French, and especially US academia, had become taken for granted, and not rarely reduced and simplified, and began to invite—with due respect to the profound influence of the original texts—critical reflections.

The chapters below take much of their orientation from post-Foucauldian scholarship, in particular the fruitful elaborations about the theme of biopolitics in the works of anthropologists like Rabinow (e.g. 1996), or sociologists like Rose (2007), who moved issues of biopolitical discipline towards the concept of "biosociality" and "biological citizenship". With few exceptions, the texts below

understand themselves as contributions to the study of biosociality, and many reflect over, and critique, the notion of biological citizenship. They are, then, "post-Foucauldian" both in the sense of a profound debt to the social science scholarship inspired by Foucault, and seeking for academic pursuits, and political practice, for an age beyond the classic modernist compound that his work arose from.

At the same time, most of the authors below engage with the political critique of late capitalism, or neoliberalisation, theoretically drawing on readings of Marx' political-economy through anthropologists like the Comaroffs (e.g. 2000) and geographers like Harvey (e.g. 2006) or Massey (e.g. 1999). While the degree of identification with this scholarship varies between the authors, all of them relate to the notion of neoliberalism and its impact on politics and well-being. In as far as they try to move beyond the simple description of the present as neoliberal, the authors display post-neoliberal sensitivities, some explicitly using this term.

Limits of biopolitics

Many of the authors below take issue with the apparent seamlessness of the biopolitical disciplining project, with the idea that medical practices and interventions simply produce disciplined subjects, simply *work*. Against this imaginary of subjectification, some of the authors point at moments of *resistance and creativity*, even of supposedly disciplined new selves (e.g. Gerrets, Hardon). Other authors underline the inevitable *incompleteness* of any disciplining project especially in Africa, notably under conditions of post-neoliberal state attrition (Kelly, Park, Peterson, Prince, Redfield), or point even at the outright failure that is built into the biopolitical endeavour (Lachenal)

Some authors reflect further about the usefulness and limits of the now widespread use of the concept of *citizenship* in relation to disease control and public health intervention, notably in regions where direct governmental control over territory has become or remained weak. Several authors recognise that biopolitical interventions, such as large-scale treatment programs, have the potential to engender social relations and produce collectives as well as attachments to larger wholes. Some of them contrast biological disease-related "citizenships" with the standards of the older, more comprehensive project of "rights bearing citizens" that provided possibilities for political articulation and durable attachments well beyond the sort of unstable associations produced by deterritorialised, time-space limited, single disease treatment programs (e.g. Redfield, Geissler).

Moreover, several contributors raise the question whether citizenship, as well as public health, might not simply require the existence of a functioning whole, and/or a vision of its existence, such as the nation or an equivalent

polity—while alternatives to the nation seeming to be difficult to identify (e.g. Park, Kelly, Redfield, Geissler).

A further qualification of the concept of biological citizenship arises from the comparison between different disease-specific interventions. While much of the writing on biological citizenship in Africa focuses on interventions to prevent or treat HIV/AIDS, several of the authors below suggest that this, rather than providing the model case for emergent biopolitical regimes, might just be one specific case among many, and rather different from, say, interventions against malaria or sleeping sickness (e.g. Redfield, Gerrets, Kelly). Far from simple disease-parochial one-upmanship, these observations regarding the specific effects of different diseases, and their diverse entanglements with social and political projects, serve as a useful caveat against generalisations based on HIV-focused studies, and point towards fruitful areas of future scholarship.

As a logical complement to reflections about overly structural representations of disciplining regimes—and the attendant tendency to overlook failures, gaps, contradictions, creativity and struggle—many of the chapters pursue, sometimes as a subtext, a search for remains and revivals of politics proper, as in spaces of struggle for rights and interests, and for alternative trajectories to that of a progressively neoliberal, and medical-technical repressive, "regime". Such new political moments and propositions emerge from very different quarters: several authors recognise the lasting purchase of the nation-state both as legitimising agency (e.g. Park, Klein, Prince) and as territorial-cum-meliorist project (Kelly, Redfield, Gerrets), as a contested future, and as a reference in the past. For others, politics emerge on the level of bodily practices of self-formation interpreted as "resistance" (Klein), in relation to mundane everyday struggles with hunger (Prince), or out of the moral dilemmas that especially medical practitioners in HIV treatment experience as a result of the incomplete and unstable order of pharmaceutical governance that they are part of (Park). Politics also raise their head in the form of desires and utopias, such as in medical research participants' longing for attachment to large, trustworthy and reliable wholes (Geissler), or in medical doctors' utopian visions of public health as government (Lachenal).

At the very bottom of biopolitical regimes, in their cracks and crevices, at their fuzzy margins, and even in their abysmal failure, the contributions to this volume recognise the potential for something other than subjectification understood as subjection. In various guises they suggest the possibility of re-emerging political subjectivity, the beginning of new positionings, contradictions, spaces, struggles. Importantly, in several accounts the search for alternative directions brings the figure of the nation back to the fore as both, state and territory, which variously appears as absent, as prerequisite, as condition of citizenship and as desire and project. Thus, while for classic post-Foucauldian sensitivities both medical science and the nation-state were intertwined dimensions of the high modern biopolitical apparatus, suspect on account of its repressive and

subjectificating capacity, for many of the contributors below, and presumably even more so for the people that they engaged with in their field work in African settings, the absence of the nation-state as collective, territory and shared history, is experienced as a lack. Biopolitics, including national medical government, calls here forth not threat and loathing, but nostalgia and desire.

Overview of the volume

Not quite disciplined

The themes above feature, in various proportions, in all the texts below. We begin with two chapters that, based on very different empirical material—one from transnational malaria experiments conducted upon discreet African territories, the other from national politics of sex and gender—suggest that apparently disciplining regimes such as disease control and surveillance and the legislation of gendered bodies, do not necessarily produce new subjects, but retain resilience, unpredictability and are shaped by effects of local and biological specifics.

Gerrets takes issue with two linked common assumptions about African biopolitics, namely the idea that public health interventions necessarily produce discipline, new subjectivities, and self-fashioning; and secondly, that specific contemporary, "public-private" biopolitical formations necessarily engender a paradigm shift from nation-state order to a neoliberal regime antithetical to nation-state government and citizenship.

Situating contemporary malaria control public-private-partnerships in Tanzania in the context of a larger historical trajectory, Gerrets shows how the shifting fates of malaria control in Tanzania have created a "changing (in) visibility of malaria", rather than one coherent regime. Intense efforts to control malaria and educate people did not simply discipline populations, but instead created unstable patchworks of specific local understandings, interlaced with older cultural meanings, and selectively appropriated health messages often contradicting fundamental biomedical tenets. Thus, although malaria has orientated governmental interventions for more than a century, the outcomes—including those of current non-governmental interventions—are less than predictable and did not bring forth a clearly defined biological citizenship. This leads Gerrets to the conclusion that, unlike AIDS, malaria does not seem to produce novel collectives or subjectivities, and that, accordingly, the social study of "global health" must take heed of the variation between the relative social productivity of different disease entities instead of extending lessons learned from AIDS to a generalised biopolitical regime (see also the contribution by Redfield on sleeping sickness, below).

Klein's ethnography of legal and medical struggles about transsexuality in post-apartheid South Africa reflects about the relation between the nation-state and the embodied subject around gender defining practices. While Klein recognises the power of the law and of medical concepts to normalise and discipline subjects, her interest is "not the passive subject of governmental, legal or medical intervention" but "subjects themselves", as agents involved in struggles about their bodies. Klein interprets what she calls "somatechnics of self-formation"– notably surgical and pharmaceutical interventions, but also legal innovations such as the introduction of a 3rd sex, or linguistic artefacts as ungendered pronouns—as forms of resistance that challenge the hegemonic supposition of an unambiguous binary sex model.

Klein's material leads on to examine the interaction between transgender activism and the post-apartheid South African diversity fetishism; these are particularly pertinent in the context of this volume, because South Africa is one of the few African states which at the beginning of the 21st-century combines neoliberal state privatisation with a strongly developed nation state ideology.

Reading Klein's ethnography one is, moreover, struck by the resonance between the body-focused, pharmaceutically and surgically enhanced vision of sexual rights, and neoliberal discourse on personal ownership in bodies, and the rejection of nation-states' interference with bodily concerns. Millennial South African transsexual politics emerge then at the intersection of a particular dominant hegemonic discourse of "diversity" and "freedom", combined with a particular South African tradition and expertise in highly invasive surgical technologies, from which arise, at this particular point in time, exuberant hybrid forms. The recognition of the particular historical juncture at which this is possible would lead to further reflection and investigation about the fate of these creations under the impact of more recent political and ideological terms.

Politics again

The next two chapters, both dealing with HIV activism and interventions in Eastern Africa, pursue this line of argument further, looking for the interplay between political discipline and its anti-political effects as well as for the re-emergence of struggle and contradiction beyond it.

Hardon takes issue with the familiar post-Foucauldian associations between biomedicine and discipline, and the idea that disease-focused biomedical projects, such as HIV activism produce predictable patterns of biopolitical subject formation. She traces the evolution of HIV activism from its origins in the US American gay community to Africa and shows how the transfer of the activist model did indeed entail the production of disciplined selves, even docile subjects; but, she argues, similar to the work of e.g. Nguyen (2010), the new social forms that arise from this governmental process might, in turn, enable new forms of

agency, resistance and "potential for change". In an interesting aside, nodding towards science and technology studies, and towards the arguments by other authors below, such as Kelly or Park, Hardon suggests that unpredictability and resilience are exacerbated, beyond human agency, by nonhuman contributions, such as drug resistance or the breakdown of technology.

Prince studies HIV care and treatment programmes funded by the US government's PEPFAR, touching upon millions of Western Kenyans' lives. Drawing on funds that dwarf the National Ministry of health's budget, these programs have during the past decade produced a "medicalised economy of care and welfare" which provides much of the resources circulating in the local economy, which otherwise is marked by an exacerbating economic crisis, rising food prices, massive corruption and stark class differences. In her ethnography Prince shows how HIV interventions open up pathways of opportunity for some—employment, workshops and training, part-aid volunteering etc.—creating what is locally referred to as a new middle class. For HIV-positive people, however, these opportunities are highly volatile, and access depends upon one's visibility and legibility to NGOs. This leads to the proliferation of new social forms aiming at producing precisely this: self-help groups that make "community" and particular HIV groupings visible; projects and proposals that express needs in the terminology and budget frames of overseas funders and NGOs. Prince concludes, that while one might be inclined to describe HIV programmes as anti-political forms of governmentality, one should recognise the fact that hunger and poverty are nevertheless brought to the fore by patients, "puncturing" the "expert discourse", as Li has it (2007). And one should continue to explore the fuzzy edges of seemingly clear biopolitical forms, attending to smaller politics of life, rather than reifying their hegemonic order. Like the previous chapters, Prince's encourages the reader to refocus attention at the margins of the biopolitical regime, not to deny its potency, but to attend to the struggles, situated under particular local conditions, that it is engaged in.

Inherent failure and contradiction

The next two chapters move beyond this by pointing at the fact that contradictions, and even outright failure, are not just effects external to a biopolitical regime, but part and parcel of it.

Lachenal's history of a distinctly utopian mid-20th-century biopolitical experiment in French-occupied Cameroon—literally turning the government of a territory over to medical doctors—takes him beyond familiar discussions about African biopolitics. He takes issue with analyses of biopolitical projects that take their effectiveness for granted and critique their allegedly disciplining and subjecting consequences; yet at the same time he shows that it is insufficient merely to point at failures and complexities to counter such interpretations.

Instead, Lachenal convinces us of the productivity of failure, moving us away from the question as to whether biopolitical interventions and experiments really succeeded or failed, and suggesting that failure always is at the heart of such experiments and indeed adds to the heroic connotations of utopian social projects. As he shows in the Cameroonian example, the experimenters did not delude themselves about the failure of their pursuit, and yet, this did little to discourage or discredit them among peers. On the contrary, the persistent gap between discourse and reality was part of their performance, underlining the grandeur of the mission. Delusion, irrationality, and delirious aesthetics, appear here not so much in contrast to governmentality—as the pursuit of discipline and melioration—but as an integral part of it. Adding forces beyond rationality to our interpretations of medical science and public health, Lachenal enriches our critical engagement with biopolitics, not merely as a more or less effective regime, but always also as performance and illusion.

Peterson's reflections about the attempts to implement global intellectual property agreements under the 1995 TRIPS framework in Nigeria pursues a very different path by showing not only that the biopolitical order of pharmaceutical property regimes reaches its limits when it is confronted with local cultural notions of ownership—and interesting but relative conventional argument—but also, more importantly that it is limited by the inherent contradictions within the global system of neoliberal governance. While TRIPS aims to impose strict patent law and intellectual property protection, this would require a legal and control apparatus that does not exist in Nigeria, partly because of the persistent privatisation and downsizing of state institutions during neoliberal structural adjustment programmes, which incapacitated juridical and executive institutions. Peterson sees thus a "full-scale contradiction between structural adjustment results and TRIPS demands". The result is, then, a regime of intellectual property that is inefficient at best.

Missing the nation state

The next two chapters pursue further the figure of *the absent state*, the gap left by the transformation and reduction of state functioning over the past decades.

Kelly moves ahead, theoretically and empirically, of the preoccupation with neoliberalisation as a paradigm shift away from the nation-state and its attendant forms of territorial sovereignty and citizenship. Her case is about the *end* of a transnational scientific malaria experiment in Tanzania, funded by large-scale ex-corporate charitable organisations outside nation-state government. The problem faced here is not privatisation (or public-private partnerships), but "re-publicisation", or "municipalisation": the transfer of an experimental order inscribed upon the territory of the capital city, by global scientists through "community owned resource persons" or CORPS (locally sourced but paid

by overseas charity), to the government of that city. This scaling up of an experimental order, Kelly shows, raises more than just questions of size and sustainability.

The transfer is fraught with difficulty—accentuated by the technical, logistical, cognitive and political requirements of malaria control. Kelly traces the contemporary challenges of recreating *public* health out of an experimental form back to the collapse of national malaria control after the 1980s (a national programme that had been remarkably successful; see also Gerrets) and the subsequent revival of interest in malaria at the behest of external donors who, faced with the lack of public infrastructure and resources, emphasised the need to rely upon community. Community became here shorthand for the civic, substituting for notions of nation, society and citizenship, which had been cornerstones of the successful post-independence malaria control. One question which the end of the experimental regime described by Kelly brings to the fore is whether this substitute can exist without the stabilising role, and resources, of outside experts and donors. In the current absence of a comprehensive municipality—including experts, bureaucrats, technicians and citizens contained in a larger entity—community, including supposed "community owned persons", might simply not exist, leave alone provide the foundation for a complex, labour-intensive and resource demanding public-health endeavour like malaria control.

Park's sensitive ethnography of HIV treatment programmes in Uganda casts fresh light upon the inter-animation of transnational and national forms of government. Life-sustaining HIV treatment for millions of people takes here neither the form of classic nation-state biopolitics, nor of neoliberal, privatised and extraterritorial interventions. Instead, Park discerns the outlines of a novel formation of pharmaceutical governance centred on supply chain management, and as such is technical or "infrapolitical". While the earlier pharmaceutical politics of the 1990s (see e.g. Hardon; Redfield) were struggles about HIV sufferers' rights, the subsequent forms of pharmaceutical governance are outside the political, because of their technical and de-territorialised nature.

As Park shows around the moment of "stock-outs", when drugs run out in the facilities that should distribute them to patients, the key to effective supply chain management is data and information—indicators—and considerable attention is directed within the programs at producing such numbers, which nevertheless remain flawed, making stock-outs a persistent feature of this system. Moreover, HIV drug supplies in Uganda (similar to other PEPFAR funded HIV treatment programs in Africa) are not situated within the public healthcare system—which is deemed too unstable—but in projects managed by NGOs, and in an entirely separate drug distribution system, bypassing nation-state structures. This projectification—relying upon shifting donors and policies—adds different forms of instability to the "complex and unstable entanglements" of

this governance. As an important contribution of Parks's ethnography, he leads our attention to the fact that the instability of this order, and notably stock-outs, engender moral dilemmas for patients and staff, who have to reconcile clinical and ethical standards with scarce resources, take clinically wrong decisions in order to serve patients, or give contradictory messages to patients. Experienced contradictions like this might, as Clair Wendland (2010) recently discussed, revitalise political visions and engagements within the remit of seemingly technocratic pharmaceutical governance.

Longing for citizenship

The last two chapters both engage with the inchoate social projects and longings that we might find among the diverse constituencies of contemporary biopolitical constellations: *the longing for citizenship*.

Geissler's chapter on participation in HIV clinical trials conducted by US government organisations in collaboration with Kenyan institutions focuses on "experimental citizenship" as a variant of biological citizenship arising from biomedical experimentation. The term draws simultaneously attention to the inherent limitation of this subspecies of citizenship—if this is the appropriate term, still—namely the tentative, temporary and circumscribed characteristics of the experiment, by contrast to the comprehensive, enduring and territorially encompassing (national) citizenship of the rights bearing citizen. Geissler examines a particularly trivial material aspect of clinical trials, small payments of money, and highlights the emergent collectives and aimed-for social relations into which these material transfers are embedded. Rather then being simple "payments", he argues, they function as tokens of attachment, and as markers of belonging to a larger whole, such as a potent transnational medical research organisation. This desire for experimental citizenship reveals for him a lasting longing for larger social collectives and enduring attachments, ideally beyond the ephemeral order of a trial. This form of citizenship falls certainly short of the larger project which the nation-state here is no longer able to provide, but it retains its older shape as a project, and, Geissler suggests, this experimental citizenship might harbour the germs for a re-emergence of political subjectivity.

In the volume's final chapter, Redfield, using the vantage point of sleeping sickness as a neglected disease, takes issue with the increasingly liberal use of the term citizenship—such as in "experimental citizenship", above—in the literature on biopolitics in Africa and elsewhere. In general terms, he notes, the claims and attachments issued by global health interventions are qualitatively different from citizenship understood as the quality of a rights bearing subject; as such, novel concepts like "biological" or "therapeutic citizenship" in equal measure elucidate the social forms arising from interventions such as HIV programmes, as they highlight important differences in regard to such broader,

classic understandings of the citizen. Upon such critical reflection, "global health engenders at best a distant form of citizenship, constructed out of humanitarian concern rather than territorial projects".

More specifically, Redfield observes, echoing similar remarks by Gerrets (this volume), the particularities of different diseases make a difference when thinking about intersections between politics and life; in other words insights won from studies of HIV programmes might not be transferable to sleeping sickness interventions (or, in Gerrets' case, malaria). From this arises Redfield's guiding question, as to whether one can be a biological citizen of a marginal medical concern. Exploring the departure of MSF as the driver of sleeping sickness work in Uganda, and the uncertain transfer of monitoring and control activities to the national government (reminiscent of Kelly's problematic), Redfield observes that although Uganda is not a "failed state", its institutional and budgetary weaknesses make it "far less biopolitical than any contemporary European polity, in the sense of actively fostering life". And thus, its effects in terms of eliciting citizenship remain limited.