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Book Review of Beatrice Adler-Bolton and Artie Vierkant's *Health Communism*



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“Health is so policed by capital because health is so necessary to each of capital’s functions. This is why capital only fears health.” (xviii)

Health Communism takes as its project a radical and expansive critique of capitalism’s harnessing of health and illness, using these privileged vectors to explore not only the undiscerning nature of the violence occasioned by capital but also to identify what the authors see as the greatest possible site from which solidarity would threaten capitalism. The book travels considerable theoretical and historical ground in laying out its concerns, but does so ultimately in service of a future-oriented call to mobilization organized around what its authors term the “surplus class.” “[I]f we are to win health communism,” Beatrice Adler-Bolton and Artie Vierkant argue, “our political projects must center

the populations capital has marked as ‘surplus.’” (xvi)

Adler-Bolton and Vierkant argue that the murky notion of health “has no fixed meaning. It is fluid. Under capitalism health has been defined to embody many meanings at once... A destination, something one must always orient one’s life toward... More than a thing, and so often difficult or impossible to describe, health becomes defined by the things it is *not*. Non-cancerous, *dis*-abled—as though the purest state of health is to simply not exist.” (xi) As such, “Health under capitalism is an impossibility... [The] fantasy of individual health under the political-economic conditions of capitalism only ever exists as a state one cannot be, to which one must always strive.” (xi) However, the authors are not content to simply name capitalism’s fantasies of health as constructed—this would be in line with by the more politically denuded applications of the social model of disability, which they see as often redoubling the exclusion of those disabled bodies its model theorizes as separate in characterizing their exclusion as merely a social construction. In contrast with health-capitalism’s mirage of wellness, the authors define health communism positively as “*all care for all people*” (xiii), eschewing the eugenic austerity baked into capitalism’s determination of need. “Any liberatory health movement that believes in the necessity of rationing care will fail. To do so is to accept the capitalist logic that health belongs to and is *of* the market, one component in a broader cost-benefit analysis chart.” (79-80) The authors also acknowledge the importance of integrating a critique of the social determinants of health without ceding “primacy over what is more traditionally understood as healthcare: health communism, as a project and as a political goal, is definitionally focused on both.” (xvi)

Part and parcel of *Health Communism*’s politics of care is a fundamentally internationalist framing, rejecting both nationalist reform projects which reify the logic of geospatial exclusion and extraction and

BOOK REVIEW: HEALTH COMMUNISM

the artificial scarcity constructed by international trade agreements which “mark a finite barrier between wealthy ‘developed’ nations and those consistently held beneath as vessels of extraction.” (91) Chapters entitled “PHARMACOLOGY” and “BORDER” undertake adroit critiques of contemporary international property and trade law which, like many of the authors’ ideas, reach beyond the healthcare framework, such as their idea of “extractive abandonment” as “not only a national process of the state, turned inward on its own population, but also as a process turned outward to target international populations.” (77) The western domination of the global pharmaceutical trade “demonstrates the essential position health—and the ability to define and manage it—plays in contemporary capitalism. It also shows the importance of an internationalist agenda pursuing the liberation of health from capital.” (77-78) Adler-Bolton and Vierkant chart a brief history of the “symbiotic” relationship between the state and pharmaceutical companies in constructing this global market domination, anchored by US state power’s investment in “head(ing) off the perceived threat of communist ideology.” (81) They cite testimony from the Kefauver hearings (a domestic governmental reaction to mounting drug prices) and World Bank reports, as well as overviewing histories of two drug manufacturing firms, Merck and Syntex, as exemplary of the discursive masquerade of Cold War anti-communism serving to perpetuate and codify economic exploitation via patents, licensing agreements, and trade policy—the TRIPS (Trade Related Aspects of International Property Rights) agreement in particular. They conclude: “The claim that ‘developing’ countries are incapable of producing new drugs, or drugs of good quality, is not truth but rather political repression *enforced* by trade regimes; it is an expression of colonialism.” (83)

As incisive as *Health Communism*’s call to action may be, equally compelling is the theoretical terminology Adler-Bolton and Vierkant construct along the way. Central to the book are their ideas of “extractive abandonment” (mentioned above) and their elaboration and redefinition of the notion of the “surplus class.” Though clearly indebted to existing scholarship, these ideas are here given lucid, original, and extrapolatable definitions that travel easily beyond this text. The idea of the surplus class is integral to their

argument, built upon both classical and revisionist Marxist accounts of surplus populations. *Health Communism*’s definition of surplus, however, “elides traditional left conceptions of the working class or the ‘worker.’... the idea that the worker is *not* a part of the surplus populations, yet faces constant threat of *becoming* certified as surplus, is one of the central constructions wielded in support of capitalist hegemony.” (4) Surplus is not so much a state to which a given population belongs *a priori* as it is a status bestowed upon populations by the state in the interest of capital, a fraught and ever-shifting designation mediated by a host of administrative processes of biocertification which seek to either recoup as productive those bodies it deems capable or to mark for extraction the bodies it does not. This brings us to the idea of “extractive abandonment,” an extension of Ruth Wilson Gilmore’s notion of “organized abandonment” and Marta Russell’s money model of disability, which describes the ways in which capitalist society maintains “those discarded as non-valuable life... as a source of extraction and profit for capital” via a host of “industries built on the maintenance, supervision, surveillance, policing, data extraction, confinement, study, cure, measurement, treatment, extermination, housing, transportation, and care of the surplus.” (5)

Health Communism also contains a considerably detailed account of the *Sozialistisches Patienten Kollektiv* (SPK), the group to whom the book is dedicated. SPK was a radical movement of non-hierarchical, patient-led organizing and care in West Germany in the 1970’s, which emerged in the cultural context of the anti-psychiatry movement (from which SPK partially distinguished themselves) and a set of healthcare reforms which, in SPK’s diktat, reiterated the National Socialist warehousing model of Germany’s recent medical past under the banner of reform and “community care.” SPK’s fundamental transgressions, in the eyes of the capitalist healthcare state, lay at once in their overt disavowal of the distinction between medicine and politics, embedding political praxis and discussion into their therapy sections (dubbed “agitations”), as well as in their organization around the fluid and cohesive identity of the sick person, a social organization Adler-Bolton and Vierkant repeatedly demonstrate as threatening to the capitalist state. Inasmuch as SPK has retained a cultural legacy, it has been overdetermined by

accounts which sought to discredit it, in no small part via links, real or imagined, to the RAF. The authors undertake a critical historiography here, situating the processes of knowledge-production invested in undercutting SPK as responses by the capitalist state and medical authority whose hegemony was threatened by SPK's organizing, responses which ultimately helped sway public opinion to justify the violent police actions and damning charges levied against its members at the end of its short existence. Against the grain of this ideologically-laden history, they see SPK as exemplary of the praxis endorsed by the book: "[SPK's] goal was to end the practice of care as a property regime... the key to revolution was finding a way to get people the care they needed without the coercive structures of health-capitalism [which render] the doctor into the signifier of state power and the patient into 'pure object.'" (129) As part of this revolution, "Rather than distinguish between types of illness or states of being, SPK places all health, 'good' or ill, on a continuum of illness under capitalism. It is through this broad unifying gesture that SPK sought to unite the surplus class under the same banner in a way that had been impossible when organizing only the working class. If we are all ill under capitalism, then we can all awaken into the struggle to abolish what makes our collective illness unacceptable within society." (130) Perhaps SPK's idea to which *Health Communism* is most integrally indebted is the proposition "that illness—and the ways in which illness disrupts the order of labor power—could present a rupture in the normal fabric of society, allowing for 'a revolutionary force which stands outside of the... state'... call[ing] on left movements to embrace their theory of the sick proletariat, a true surplus class, whose novel inclusion into a relationship of solidarity with other oppressed classes could both bolster movements and provide opportunities to present serious and menacing challenges to hegemonic power." (152-153)

In spite of its name, *Health Communism* in fact has little engagement with documented political economies or infrastructures of health under communism. If this is attributable to a wealth of existing literature on the subject, it is a gap the authors nonetheless leave unacknowledged. This elision may be useful in order to avoid tethering the book's forward orientation to a retrograde communist horizon, though there is much fodder

for its project that might go overlooked as a result. The authors' entanglement with socialized medicine is partially illustrative here: in explicating its omission from the agenda of the book, they note the recursive nature of the political debates surrounding socialized medicine in the United States as well as a connotational definition of the phrase, writing that they "take issue with these definitions, as they can serve to limit our imaginary for what is possible under health communism. Equitable distribution, or redistribution, is an important goal, but what is necessary is to move categorically further." (xiii) However, contrary to its vernacular understanding, the authors argue, "in reality no such system of truly socialized medicine exists, or can exist, within the capitalist state." (xiv) The book as a whole, though shrewd in its takedown of the neocolonial arrangements of international property regimes, does generally operate from a lens that privileges discussion of the United States, the United Kingdom, and, to a lesser extent, western Europe, due in part to its focus on interrogating the relationship between health and capital which it sees as having developed largely within, and been exported from, the imperial cores of these "developed" countries. (A notable, if brief, exception detours into a critique of the IDF's practice of shooting to permanently injure in occupied Palestine.)

Above all else, this book is a call for radical solidarity, a reminder of both the real threats to the state such solidarity has historically posed and the losses suffered by left movements who have compromised on it. The book's final chapter, "HOST," finds Adler-Bolton and Vierkant at their most impassioned, using the theoretical and historical base articulated in the preceding chapters to launch into the tone of a manifesto. I close by quoting from this chapter, which states the project of the book succinctly: "it is necessary for left political projects to both center the surplus populations and also to categorically refute the political, biostatistical, and sociological stratifications that lie at the center of the very construction of the surplus. Liberation from the state and capital's sympathetic capacities of extractive abandonment will require no less than the total refutation of those categorized as 'surplus' as somehow 'less than.'... Capital has emphasized and corrupted the delineations between surplus classes for its convenience; it is immeasurably threatening

BOOK REVIEW: *HEALTH COMMUNISM*

to capital to see a group of those it has deemed to be waste come together in solidarity... [D]eviants, the surplus, and the sick form *the central* class that can bring about the fall of capital.” (179-181)¹

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Notes

¹ Thanks are due to my insightful friend and comrade Chris Delzell, with whom I discussed some of the ideas in this book in preparing this review.