

# THE SUBJECT OF THE PLAGUE

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## ABSTRACT

*This essay brackets the history of the modern subject between the moment of its formation in the seventeenth century and that of its postmodern demise in the latter part of the century just past. These brackets also mark two ages of the plague: bubonic in the first, and (among others, present and pending) the “plague” of AIDS in the second. Can we understand the relation between these two histories as more than a chronological coincidence? Personhood—whether regarded as the integrity of a somatic body or as a function of that body’s incorporation in the political or natural order of things—is put under special pressure by the crisis of plague. Furthermore, recognizing an affinity between the construction and deconstruction of the modern subject on the one hand, and plague times on the other reveals the prehistory of our own posthumanist engagement with epidemic disease. This essay thus addresses the subject of the plague “subject” then and now. Finally, the essay frames the plague subject in terms of biopolitical theory while arguing that the historical claims of biopolitics must be adjusted to account for the history of the plague.*

The purpose of what follows is to index the (brief) history of the modern subject to the modern history of the plague. This subject can be bracketed between the moment of its formation (or its retrospective creation) in the Renaissance and the moment of its postmodern demise in the latter part of the century just past. Starting with Jacob Burckhardt, the history of modern subjectivity is founded on the emergence of the individual, one no longer “conscious of himself only as a member of a race, people, party, family, or corporation,” but now as a “*spiritual* individual” (9). He—Burckhardt’s *condottiere*, Castiglione’s courtier, Machiavelli’s prince—is a being self-fashioned for good or ill, self-sufficient and increasingly free of the constraints of traditional authority. Poststructuralist thought marks the end of this (always precarious) freedom by binding the subject to ideological, linguistic, digitized, globalized, and economic systems of which “subjectivity” is itself

the product, and by rewriting its history of self-sufficiency as a cultural artifact at best, and a delusion at worst comparable to Satan's belief that he is self-created. The "veil" that Burkhardt lifted to reveal his "*spiritual individual*" was now lifted again to reveal a far less spiritual figure constructed in the matrix of postmodern life and subject to evermore restrictive, if only more apparently benign, forms of social control. Even Stephen Greenblatt's "self-fashioning" turns out to have had its ironic edge all along insofar as, in his account, the Renaissance can only fashion a (fictive) "self" in relation to a (projected) "other" in response to the demands of a culture that does the fashioning. Greenblatt's Thomas More encapsulates the post-Foucauldian history I have been describing insofar as More's writing reveals the interplay of "self-fashioning and self-cancellation" (Greenblatt 13).

Significantly these early and postmodern moments in the history of the subject also mark two ages of the plague: bubonic in the first and (among others, present and pending, of which the global outbreak of the Spanish flu of 1918 was the harbinger) the "plague" of AIDS in the second. Current AIDS statistics remain sufficiently alarming, even before the death toll from a future global pandemic is extrapolated from them. Although the rate of increase in new HIV infections has slightly declined, according to UNAIDS/WHO statistics more than twenty-five million people worldwide have died of AIDS since 1981, and another thirty to thirty-six million were living with the infection as of the end of 2009 (*AIDS Epidemic Update 2009*). Not that pandemic disease was absent from the world in the intervening years between the plagues of the Renaissance and those of our own day. In some instances, and in some locales (for example, the 1793 outbreak of yellow fever in Philadelphia), death rates have equaled or surpassed those recorded for AIDS even in sub-Saharan Africa. Malaria, too, continues to take its toll along with a palette of ineradicable tropical diseases. But in the long list of perdurable epidemics in the intervening period, arguably neither smallpox nor syphilis, cholera, tuberculosis, nor yellow fever has had the sudden, widespread, and profound biosocial impact of the plague and of AIDS—the latter, by an unhappy irony, claiming in Foucault the life of the most influential historian of the modern subject.

Can we understand the relation between these two histories—of the plague, and of the subject—as anything more than a chronological coincidence? If so, then the answer may point toward two productive insights. The crisis of plague puts special pressure on personhood—whether regarded as the integrity of a somatic body or as a function of that body's incorporation

in the political or natural order of things. Furthermore, recognizing such an affinity between the construction and deconstruction of the modern subject on the one hand and plague times on the other allows us to revisit the prehistory of our own prospective engagement with epidemic disease. The subject of the plague “subject” will be addressed comparatively, then and now, along the three intersecting axes that define its coordinates: the body of the individual; the body politic; and a third “body,” one that might in the earlier period be called the body of Christian believers but today is the body of ethical and scientific concern about the place of the human in a globalized and digitalized ecology. Finally, the subject’s place in the microbial order of things raises the question of the subject in a biopolitics of the plague. The point is not that the crisis of the plague either causes or is caused by a crisis of subjectivity; rather, that plague is the catalyst for a reaction that leads us to observe and rethink the idea of what it means to be human at the moment when “posthumanism” has raised that fundamental question anew.

#### THEN

Following the predation of the Black Death in the fourteenth century, epidemic aftershocks of equal intensity occurred throughout Europe for the next three hundred years. For complex reasons not entirely understood, bubonic epidemics (if not the *Y. pestis* bacterium itself, or sporadic cases of the disease) then virtually disappeared from western Europe, although as late as 1722, the fear that an outbreak in Marseille might cross the Channel impelled Defoe to write *The Journal of the Plague Year*.

For the purpose of this paper, early modern England will serve as my local example (for England, Paul Slack’s history is authoritative; for Italy, see Cohn). In the seventeenth century England witnessed three major bubonic outbreaks—in 1603, 1625, and 1665—each carrying off between a quarter and a third of the population of London. Each epidemic in turn raised again the vexing question of a plague theodicy that must assert, but could never convincingly demonstrate, that the cause of the plague is sin, and that its infliction is always just. As I argue elsewhere, its failure of plague theodicy, no less than subsequent advances in medical knowledge and improvements in public health measures, led eventually to the secularization of plague discourse (Gilman, *Plague Writing* ch. 2). The issue of plague guilt hovers over the first two English outbreaks especially, since they occurred in the same years as the death of the monarch (Elizabeth in 1603, James I in 1625). What could be the divine intention behind such an ominous—or yet, as it

could be interpreted, therapeutic—scourging of the kingdom at these climacteric moments? Did the pestilence with its viral load of guilt trickle down from the highest levels of corruption, or up from lower members to infect the higher? The insoluble dilemma of justly apportioning (what is necessarily assumed to be) a vast backlog of guilt between the nation and the individual ambiguously regards the victim as both subject *to* and the subject *of* the disease.

In this context, the term “individual” is especially revealing because the word itself, like the word “subject,” is in the process of acquiring its modern meaning while still retaining the older sense of “undivided.” The subject is thus an “individual” in the latter sense insofar as he is identified as a part of a larger whole (the “individual” church, for example), *and*, in the former sense, as he is to be identified according to those distinctive attributes that mark his differences, both from other persons and from the collective body of which he is a part. Sir Thomas Browne keeps the word in play when he observes in the *Pseudodoxia Epidemica* that “A man should be something that men are not, and individuall in somewhat besides his proper nature” (151). If man has a proper nature that he shares (individually) with others, he should nonetheless be a man by virtue of something that “men are not,” dividing himself from the collective to become an individual.

In seventeenth-century plague theologizing, the guilt that provokes the divine scourge is correspondingly “individual” in both senses of the word: plague identifies the victim as the cause of his own suffering insofar as his sin is his own, proper to him as an individual sinner, but also, inevitably, proper to his nature as a descendent of Adam, a member of the individual body of humankind. Yet each person—whether deemed sinful or not on the evidence of his or her conduct—is nonetheless (“individually”) incorporated into the national body, to which he is subject and which is itself subject to whatever portion of the total plague guilt has accrued to him. In this older sense, the kingdom is the “individual” and the member is delimited by his place within, and responsibility for, the totality of national suffering. According to one divine, “Gods most heauy iudgements” were inflicted “not onely vpon [Pharaoh] for his obstinacy,” but “also (for his sake) vpon his people and subjects” (Fotherby 154). Conversely, it was argued that just as disease normally rises from the body to the head, rulers and the states they rule could suffer the plague in penance for the sinfulness of their individual subjects. The very ambiguity of “individual” bodies thus proved indispensable in justifying the ways of God to men. As the kingdom could be called to account

for the sins of its members, so too “innocent” children could suffer for the sins of the fathers, and even godly ministers could be justly struck down by the arrows of the pestilence for their “individual” membership in the sinful body of the state.

Medical opinion is likewise divided between ascribing the plague to what we would call environmental causes (miasma, astral influence) or, in the still-prevalent Galenic tradition, to a discord in the balance of the humors that made a particular person more susceptible to falling ill. The former conceives of (what we might term) the ecosystem as the “individual,” and the victim as subject to it. “Contagion” is imagined as a noxious substance arising from dead bodies or crevices in the earth, or spewed from above by a malign conjunction of the stars, and enveloping the plague-stricken land and its inhabitants. Contagion could be spread from one person to another (by touch, as in the root sense of the word), but this was a secondary vector. Galenic theory, however, preserves the agency of the individual insofar as he harbors the endogenous cause of his “own” infection, or, if his constitution is especially robust, is able to muster an effective resistance to it. Both of these positions, founded on opposing views of individuality, could be credibly maintained—sometimes in the same account. The one view always vehemently rejected by orthodox opinion, medical and theological, was that said to be held by atheists and mere “naturians”—those who not only failed to see the hand of God as the first cause of the plague, but who, misled by the Epicureans, “make their god of Atomes, and individual moates” (Fotherby 150). Early modern atomic theory thus sets the outer limit to individuality (as the ultimate dissolution of the order of things) by daring to imagine that plague occurs by chance rather than by design, and that, worse, it operates within an incoherent world populated by free-range individuals at every scale from particular human beings to minute particles.

Early modern plague discourse thus exemplifies, symptomatically, a defining moment in the history of individuality in which the modern, autonomous self (as singular victim and infectious agent) is visible but in a form still enmeshed in its indivisible incorporations—in the state, in the body of the church, and in the miasmatic biosphere. The end of the early modern plague era (in England, after the “Great Plague” of 1665) loosens the grip of providentialist theories of disease without completely eradicating their trace (we still speak of “innocent” victims, and half believe that suffering must serve a “purpose”). Climatic theories of disease could still be entertained and would persist as the precursors of modern epidemiology.

## NOW

These developments do not bring about the modern subject, but they contribute to its brief history in ways that may lead us to contemplate the exhaustion of our own triumphalist narrative of the “conquest” of epidemic disease. Today epidemiology confronts the evolution of widespread microbial resistance to available antibiotics as well as the looming threat of a worldwide influenza pandemic or one caused by some other unanticipated organism, by a disastrous incident of bioterror, or even by the reemergence of the bubonic plague itself. As we have been alerted by the evolution of “superbug” strains of staphylococcus and Multidrug-Resistant Tuberculosis (MDRTB), unless and until new therapies are developed, the age of effective antibiotics may come to be seen, in retrospect, as having offered only an intermission in the long history in which the pathogens have always had the upper hand. Early modern London bills of mortality were the first to assign the plague victim an anonymous statistical identity as one of twenty-five, or forty, or fifty thousand dead. A similar accounting in a city of London’s current population would run into the millions.

A posthumanist study of this threat would face the bleak prognosis that a resurgent pandemic could kill off a significant fraction of the human population just as it did in ages past, indeed from the earliest moment when—as Jared Diamond has influentially argued—our species began to live in populous clusters and in proximity to domesticated animals. Since then, natural selection has favored those bacteria and viruses (such as the ancestral simian virus that causes AIDS, or the avian viruses that cause “bird flu”) capable of making the “species jump” from animal to human hosts. Although the figures are inexact, it is estimated that the Spanish flu pandemic of 1918, caused by a virus related to the H1N1 strain, claimed anywhere from twenty million to one hundred million victims worldwide, a number far greater at any rate than all those who died in conflict in the Great War (Patterson and Pyle). With the number of people on Earth predicted, according to the U.N, to surpass nine billion by 2050 (as compared with six billion in 2000) (“World Population”), expert warnings of a Malthusian correction are sobering: “The impending crisis caused by unchecked consumption of nonrenewable resources and population growth is of such magnitude today that few are willing to accept its inevitability” (Price). Famine and war (the other two traditional members of the population control squad) will surely continue to take their toll, especially in the “developing” world, but infectious disease—no respecter of treaties or frontiers—will likely finish the job of global decimation.

At the conference during which the papers collected in this special issue were delivered—"Rhetorics of Plague, Early / Modern Trajectories of Biohazard," held Feb. 26–27, 2009, at the University at Albany, SUNY—one researcher from the School of Public Health speculated off the record that the advent of a devastating global pandemic was certain by the end of the century, very likely during the next fifty years, and quite possible in the next decade. In these circumstances, we will need to assess the effects of a pandemic emergency and devise a new ethics in prospect of a secular biocalypse. An ecocritical view taken in light of the threat, if not the certainty, of such a cataclysm in our lifetime or that of our children would expose the perilously fragile boundaries upon which the bounded subject depends. As the basis for postpandemic moral and political thought, we will need to devise a neo-environmentalist conception of the human subject embodied in its symbiotic relation to its microbial and macrobial life partners. With a critique of subjectivity thus forced upon us by events, we will require a blueprint for reconceiving the subject in an age once more subject to the plague.

Today few outside the evangelical ministry base their epidemiology on an assumption of national guilt, although actions taken or not taken by nations can increase the vulnerability of their peoples (or others) to epidemic disease. The individual's comparatively greater vulnerability to infection along the vectors of rapid global communication further threatens the remaining walls of our subjectivity. A virus bred on a chicken farm in Asia or newly emergent, in the wake of deforestation, from its once-secluded niche in sub-Saharan Africa can become a worldwide pandemic in days or weeks, rather than in the months or years by which the spread of infectious disease was measured until the twentieth century. Geographic isolation—like that of the "little world" of England's kingdom, praised by Shakespeare's John of Gaunt as a "fortress built by nature for herself / Against infection and the hand of war" (*Richard II* 2.1.43–44)—offers no barrier to microbial invaders. Nor do the invaders give away the path of their incursion in advance. In 2009 the U.S. found itself grappling with the H1N1 flu. As an index both of its alarmingly rapid spread and the urgency of the response it has evoked, a banner headline in *The New York Times* online declared on April 26, 2009, "U.S. Declares Public Health Emergency Over Swine Flu" (McNeil). The H1N1 vaccine administered (albeit sporadically, and in too few doses nationwide) may have dampened the effect of an outbreak that, in the end, fell short of the direst predictions; but the protection the vaccine offers will be of limited use if and when the virus returns in a modified strain. However

alarming, such news is almost commonplace these days, punctuated by the close watch kept on annual strains of avian flu spawned in Asia, and underscored by the concern that not every future outbreak can be “contained.”

The danger of the “uncontained” impinges on the rhetoric of the early modern subject, whose integrity depends upon an underlying logic of self-containment. The virtuous Christian is continent, thus securing the most precious thing contained within the vessel of the body, the soul. For Aquinas, this is the virtue by which “man contains himself from following his passions” (Article 2, para. 7). Leaky vessels are incontinent—their porosity explains why, for Renaissance physiology, women are lesser beings than men. Etymologically, continence is the ability to “hold [oneself] together.” Similarly, our “integrity” denotes not only the irreducible “number one,” but from its root the qualities of remaining “untouched,” “intact,” or “entire.” Plague today returns us to a newly (un)fashioned version of the self as radically subject to microbial invasion in matters of life and (untimely) death—as one among a number of symbiotic species, a species organically embedded rather than self-enclosed, and one defined more by its vulnerability than by its self-sufficiency. Seen as a corporation of microbes, we are infinitely divisible, temporary containers of a multitude of fellow creatures with agendas of their own, ourselves constituting an endangered minority population in a microbial world—and peripheral to “life’s constant center,” as Stephen J. Gould notes in the final paragraph of an essay aptly entitled “Planet of the Bacteria”:

Not only does the Earth contain more bacterial organisms than all others combined . . . not only did bacteria alone constitute the first half of life’s history, with no slackening in diversity thereafter; but also, and most surprisingly, total bacterial biomass (even at such minimal weight per cell) may exceed all the rest of life combined. . . . Need any more be said in making a case for the modal bacter as life’s constant center of maximal influence and importance?

As the new cosmology once decentered man, so a posthumanist epidemiology decenters the human now. For us, the projected coming plague may reveal the little world of man as a pathogenic reservoir, and the greater world as that of the global biosphere in which we maintain a precarious perch.

Today we are beginning to chart the complex ways by which germs find their pathways between interdependent human and animal communities in this global biosphere, and to grasp the historical logic by which humanity itself can be regarded as an opportunistic predatory organism pursuing the



same Darwinian ends (sustenance and reproductive success), and inflicting the same costs on the world, as viruses and bacteria. When we fall ill from a viral infection, we play host to pathogens that, typically, have migrated from animals to human. This they can manage because, by a process of chance and natural selection, such organisms have incorporated and been able to deploy genetic information from both human and animal viruses, whether from birds, swine, or primates. For this reason we can think of these viruses as providing a microenvironment inhabited by (genetic bits of) us and (genetic bits) of the animals who share our space in the larger world, and to whom we are thus conjoined.

The pathogenic ecosystem shared by humans and other large-bodied animals is thus replicated within the “little world” of the human body, in which it may be surprising to hear that microbial cells outnumber “human” cells by a factor of ten—sometimes with unfortunate consequences (for us) but more often in a mutually beneficial relationship. Recent research has detected more than five thousand strains of bacteria in the human gut (Relman). Without us, our microbial tenants could not survive; without them, we could not digest our food, absorb certain vitamins, or even fight infection. We think of the digestive system as our own, an “internal” organ, the factory that replenishes our bodies with materials taken in from the world. We think of ourselves as (in both senses) containing our gastroenteric populations of microbes, although we know that we can get very sick when these same helpful organisms breach the walls of the peritoneum and attack other vital organs. Topologically, however, it would make just as much sense to regard the digestive tract as not really “part of us,” but rather as a tubular microbiotic community open at both ends and surrounded by us as its life support system. From this point of view, a serviceable definition of the human would be as a temporary host for the microorganisms that preceded us on the planet and will long survive us—a point underscored by the title of a lecture given by Gould in 1995: “The Accidental Presence of Humans in the Age of Bacteria.” From another contemporary biologist’s neo-Epicurean point of view, “Our bodies themselves can be thought of as a set of impermanent arrangements” (Volk 15) of the carbon atoms that constitute us and that will return to the (star) dust whence we came: from the fact that in the adult human body “one hundred thousand cells die [and are replaced] every second” we can “deduce that on average the body’s cells turn over about once a year” (35). Absent the perdurable soul as the guarantor of bodily identity over time, our ever-changing cellular constitution imperils the phrase, “our bodies *themselves*.”

In the digital age, our bodies themselves come to seem all the more outmoded as adequate containers of the self, especially as under threat from plagues organic and, foreseeably, digital. In 1948 Norbert Wiener subsumed under the then-novel term “cybernetics” the “entire field of control and communication theory, whether in the machine or in the animal” (19). History has not yet fully unraveled the utopian from the dystopian implications of the age of cyberspace for the human subject, but the critical tendency has leaned toward the positive. In 1991 Donna Haraway, writing from a radical feminist perspective, hailed the advent of a “cyborg world” as creating the possibility of a liberated subjectivity, imagining a world “in which people are not afraid of their joint kinship with animals and machines, not afraid of permanently partial identities and contradictory standpoints” (154). Such “breakdowns” of the “distinctions structuring the Western self” offer “great riches for feminists” by promising to crack “the matrices of domination” (174).

Among the prominent theorists of “virtual bodies,” N. Katherine Hayles has most cogently described the phenomenology of the cyberworld and its ramifications for the “posthuman” subject: “[T]he posthuman implies a coupling so intense and multifaceted that it is no longer possible to distinguish meaningfully between the biological organism and the informational circuits in which it is enmeshed” (“Virtual Bodies” 80). She sees our engagement with the virtual world as calling for the need to “suture together the analogue subjects we still are as we move in the three-dimensional spaces in which our biological ancestors evolved with the digital subjects we are becoming as we interact with virtual environments and digital technologies” (“Simulating Narratives” 16). In the process we “inscript ourselves as actors in these distributed cognitive environments” and thereby evolve a “hybrid entity” (24). Such formulations of the “ongoing transition from the traditional liberal self to the contemporary posthuman subject” (2) have the effect of “computationalizing” the human (12) and dematerializing the body in the process of imagining a subject living in a nonbiological symbiosis with the virtual realm.

Hayles’s account is less ideologically inflected than Haraway’s but seemingly more inevitable since it regards the transition from the organic to the digital with a certain positivist enthusiasm, as part of an evolutionary process by which the subject, no longer tied to a dying animal, ranges freely in the zodiac of the Internet. Along with the loss of the body, what is more or less lost in both accounts of a newly fashioned digital symbiosis is the kinship

of the human and the animal, whose brute physicality we seem to have transcended in our *Aufhebung* into the virtual realm. To the extent that the body is subtracted from the human formula, theory provides a certain immunity to infectious disease by closing off the pathogenic relations among organic beings in favor of a eugenic relation to the virtual. It envisages a kind of purified inorganic intercourse with a virtual form of being detached from bones and sinew, and thus from the diseases flesh is heir to. I would regard this issue from the less sanguine perspective of a discipline that does not (yet) exist, but that I would want to call “cyberepidemiology.” Investigators studying disease processes at the juncture of digital and the organic would question the essential difference—dependent upon our definition of the word *essential* in a digital world—between viral infections world wide and viral infections of the World Wide Web.

The dark side of the first Gutenberg revolution was glimpsed by those who, during the era of early modern plagues, saw in print a monster of uncontrolled replication. The most graphic example, as it were, of this fear is the poisonous vomit, “full of bookes and papers,” of the monster of Error in *The Faerie Queene* (1.1.20)—a filthy spew symbolizing, as most commentators agree, the virulent literature of sectarian controversy pouring from the presses of Europe and sparking very real bloodshed on the battlefield of Europe’s wars of religion (Spenser 11). Thomas Browne’s *Pseudodoxia Epidemica*, which we might render as “an epidemic of misinformation,” draws tight the connection between contagion and contaminated knowledge—false knowledge that before the printing press could have been safely contained in the manuscript archive, but that now spreads to a wider, nonimmune, gullible readership.

The early moderns’ apprehension foreshadows our own growing concern about the chances of digital plagues breeding in the machinery (and in the “air”) of the Internet. The new cyber-frontier of “cloud computing” (the use of applications resident on the Web rather than on “individual” hard drives) may come to echo the infectious miasma of the Renaissance if, as seems likely, the cloud itself will become a vector of viral contamination. The hackers who, for pleasure or profit, introduce a virus into the system would now resume the role of the “untori” of Italian Renaissance plague times, evildoers who were said to spread infection on purpose by “anointing” public benches and door handles with some contagious substance. Human susceptibility to digital infections is, potentially, no mere trope of rhetoric. Certain processes of hybridization between organic and digital forms may have a

therapeutic application. Specially “programmed” *E. coli* bacteria might eventually “be used to direct the construction of useful devices or the growth of new tissue, perhaps restoring function to a severed spinal cord” (Britt par. 2). Modifying their host cells according to their own embedded instructions, these computerized bacteria “infect” the recipient, although now for her benefit. To the extent that human identity is, and as the theorists tell us will increasingly become, a coordinate in the digital world—to the extent, in other words, that the human merges with a digital transhumanity open to dispersion, scrutiny, and intrusion—the subject becomes a vulnerable “individual” once again, not without a certain recursive irony, in the older sense of the word. The cybersubject is a being undivided from, reconfigured in, and identified by, the “bits” of information stored with or without his knowledge in computerized financial, medical, and government records, social networking sites, marketers’ databanks, surveillance video, and who knows where else. In the ecology of cyberspace, digital plagues with very real consequences could result from a number of imaginable scenarios analogous to bioterror and no longer in the province of science fiction: the viral “infection” of computer systems regulating a nuclear power plant, an electrical grid, a medical database, a military communications network, a flight controller’s radar, or a municipal water supply. By the measure of the effect on human health and harm to the body politic, the gap between organic infections and inorganic “infections” is significantly narrowed.

#### BIOPOLITICS AND THE PLAGUE

How can the subject of the plague—and the plague subject—be factored into a theory of biopolitics? How, from the opposite perspective, can a theory of biopolitics accommodate, or be accommodated to, a history of the plague? These questions are worth asking insofar as, at the moment, biopolitical thought advances the most far-reaching claim to account for the relationship between the biological and political—a bond that epidemic disease puts under the most urgent strain. For Giorgio Agamben, sovereignty claims the constitutive right to define, control, and, if need be, destroy its subjects by a process in which prepolitical life is captured by a biopolitical regime. Plague, then and now, has the power to reverse these terms. In a state of pandemic exception from (what we ahistorically assume to be) the “normal” order of things, nature reclaims its sovereignty over life as death’s ultimate arbiter. In a passage often quoted, Foucault argues that in a modern biopolitical regime the sovereign’s “ancient right to *take* life or *let* live” is “replaced by a power to