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War on!

Why a 'war on cancer' should replace our 'war on crime' (and terror)

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ABSTRACT 'War on' is the leading form of anti-policy in the United States. Since the late 1950s we have seen wars on cancer, poverty, drugs and terror. Thus far, the most far-reaching of these, the war on crime, has transformed American democracy since the 1960s. The deformation of our population and institutions now requires not simply an end to that war and its extension (the 'War on Terror'), but the deployment of a new 'war on' to stimulate change in the governmentalities which have been established by the war on crime. A renewed 'war on cancer' offers great promise in this regard when analyzed in terms of the history of disease as a stimulus to change in governmentality, and specifically to the rise of biological citizenship.

KEYWORDS *anti-policy, biological citizenship, governmentality, war on cancer, war on crime*

Introduction: war/law/government

In the wake of 9/11, Guantanamo Bay, Abu Ghraib and 7/7, there has been a growing interest in the interaction of war and governance. Political and legal scholars have viewed the Bush administration's 'War on Terror' as a significant break with the tradition of democratic rule of law and governance and debated whether it is best seen as a throwback to earlier modes of sovereignty or some kind of new and malignant twist on modern forms of governmentality (Butler, 2004; Schwartz and Huq, 2007). While the series war/law/government is one well worth exploring, it is a mistake to treat it within a horizon that begins on 11 September 2001.

Two otherwise quite different sociolegal books argue that contemporary law and governance in the US have been shaped by wars in profound ways since the beginning of the republic. Philip Bobbitt's *The Shield of Achilles: War, Peace and the Course of History* (2002) explicitly raises the relationship between law, strategy (i.e. military thinking) and history. A series of long wars have shaped and been shaped by the legal orders of nations and

among nations. According to Bobbitt, American government at the end of the 20th century and its constitutional order was the product of the long war between democratic capitalism, fascism and communism that more or less began in 1914 and continued until 1989, when it brought about the collapse of the communist alternative to democratic capitalism. Strategic considerations shaped the legal structure of late 20th-century American democracy.

My recent book (Simon, 2007a) points to a different kind of war, the partially metaphoric war on crime, as a profound influence on American law and government since the 1960s. The salience of violent crime as an imaginary adversary to American society, and a real target of multiple waves of investment in governmental and legal reform since the late 1960s, became a kind of rationality of government (in Foucault's sense of governmentality) which has shaped the strategies of government in every branch, at all levels of American government.

Both books suggest that the current 'War on Terror' has been all too shaped by the last war. For Bobbitt, the key is to see terrorism as an adversary in a new kind of war that, in turn, will shape law and governance in the age of what he calls the 'market state'. This article calls instead for a 'war on cancer' to succeed the war on crime and its offspring, the 'War on Terror'. Both suggest, albeit quite differently, that rather than peace, solidarity or a more positive theme, further wars are a prerequisite to overcoming the structural legitimacy deficits of the current political order.

While Bobbitt views war as a world historical change agent on a global basis, this article views 'wars on' – war on poverty, war on crime, 'War on Terror', war on cancer – as a distinctively American model of anti-policy which William Walters defines as 'discourses, measures and policies whose stated objective is to combat or prevent bad things' (p. 267). No doubt there are examples of anti-policies in US history that have not taken the form of wars on, including 'antitrust' and 'anti-trafficking', as well as examples of 'wars on' in different countries (only recently, French President Nicolas Sarkozy called for an unceasing war against drugs). However, 'wars on' have emerged as the dominant form that anti-policies have taken in the US since the Second World War. Indeed, it is almost certainly the very positive American experience during that war (tens of thousands of Americans may have died in Europe and the Pacific, but at home it was the best of times, remembered especially for its sense of governmental competence and citizen participation) which has framed 'wars on' ever since as the best means for mobilizing the machinery of government and the consent of the population for a protracted set of 'discourses, measures and policies' against something.

This article explores what a renewed war on cancer might mean, with this background of war/law/government in mind. In addition, it brings that line of thought and literature into a dialog with a related line of thought



emerging from Foucault's work, which has considered the relationship between disease and government. In his most famous books, *History of Madness* (2006[1961]) and *Discipline and Punish: The Birth of the Prison* (1977), Foucault pointed to leprosy and plague as responsible for two very different schemas of power: the exclusion of the leper colony, and the rigorously segmented plan for cleansing a city afflicted with plague. Both, he suggested, had become intertwined in the new penitentiaries, which were simultaneously spaces for excluding the outcast felon and reforming the wayward. More recent work by Paul Rabinow (1997), Nikolas Rose (2007) and others moves away from diseases per se and onto the complex array of regulatory and lifestyle choices opened up by the increasing power of scientific intervention into the heart of biological processes, especially the human genome. While the leper and the plague victim operate at the margins of the polity (the permanent outcast and the temporary state of emergency), contemporary biotechnology brings the ordinary citizen into a relationship with their own biology through the mediation of advanced scientific knowledge, as well as a regulatory state with a rejuvenated role of policing the boundaries of public health and morals (such as limiting federal funding of stem-cell research).

Much like the HIV/AIDS crisis, but even more broadly, cancer stands out as the disease most likely to produce a broad re-imagination of the rationalities and technologies of government today. At least twice in the 20th century, in Germany under Hitler and in the US in the 1960s and 1970s, something like a 'war on cancer' has emerged as a significant front for reformulating the role of government and the nature of citizenship. In each case, the war on cancer was ultimately a sideline of governments devoted to other kinds of war, but these moments shed light on what a war on cancer might mean to societies such as the US, recovering from wars on crime and terror.

The first part of this article highlights the way in which crime has become, in effect, a model problem through which government has been re-imagined in the US and highlights the increasing crises created by this mode of government. The second part reviews the ways in which disease has operated as a stimulus for creating enduring political technologies of governmental reform. The third part focuses on the 20th-century experience of cancer as a target of government. Finally, it will conclude with some speculation on what an early 21st-century war on cancer might look like.

War on crime

Part of the 'common-sense' in post-9/11 America is that our modes of governance were transformed by the terror attacks and the response of the American government to the attacks. Whether supporters or critics of the Bush administration, many contemporary commentators

take it for granted that this administration has practised a new kind of governance, viewed either as a necessary response to an extraordinary new threat or as a dangerous overreaction. This apparently new landscape of American governance includes an outsized executive whose reach is justified (or not) by its vision of American security. It includes a passive lawmaking assembly prone to giving the executive whatever powers it deems necessary to respond to the threat, with little serious deliberation on the ends or means. It includes a largely defensive judiciary reluctant to impede a security enterprise sanctioned by the elected branches of government. It includes a model of American civil society in which families are perceived as hunkering down and demanding more of any kind of security available (the 'security' moms and dads of the 2004 election).

It is argued (Simon, 2007a) that this picture is in many ways remarkably accurate and one which admirably goes beyond simply examining policies to recognize what Foucault (2007) referred to as governmental rationalities or 'governmentalities'. The only flaw is that this picture of governance since 9/11 is really a picture of how American institutions have changed over the last 40 years, in the course of what historians and political scientists now call the 'war on crime'.

Beginning in the late 1960s, violent crime was defined as a privileged social problem around which the deep needs of the citizenry and the capacities of government at all levels would be assessed and re-imagined. The crime victim began to emerge as the idealized citizen subject through which the governable needs of the public were increasingly articulated by and for lawmakers in Congress and in the state legislatures, which have turned increasingly to penal law as the form of lawmaking that is the least costly and most productive politically. Executives, especially governors, but increasingly presidents, cast themselves as prosecutors-in-chief, ready to do battle against criminals and the forces associated with protecting crime, including defence lawyers, rights-reinforcing judges and self-protecting correctional bureaucracies. Judges have found themselves increasingly defensive as their traditional virtues of deliberation, neutrality and reasoned elaboration come to be questioned as evidence of a lack of loyalty to crime victims and misplaced sympathy with criminal defendants.

Clearly, the social practice and institution most invested by all these adaptations around crime is imprisonment. In the 1960s and 1970s, approximately 125 Americans were in prisons or jails for every 100,000 free adult residents. By 1985, that number had reached more than 300 per 100,000. By 2006 it stood at 750. No other country in the world incarcerates as large a proportion of its population. Increasingly, the practice of imprisonment has been reduced to the containment of the criminally dangerous. As a result incarceration has continued to go up, even in the face of a decline in crime, and shows little sign of restraint. Governing through crime would be bad enough if it meant the expansion in scale and reduction in aspiration of the penal system, but it has also meant



that crime as a metaphor shapes the way in which other policy problems are perceived and responded. The Bush administration's 'No Child Left Behind' initiative was calculated to place the government in a prosecutorial position toward failing schools. Instead of being defined as the most in need of resources, schools with failing students are defined as products of defective teaching and efforts are made to assure that local administrators and teachers are held accountable. Other challenges to governance, such as the emerging threat of decaying infrastructure and natural disasters (hurricanes and earthquakes) are blocked out too easily by familiar (and reassuring) stories of crime. Hurricane Katrina, for example, exposed the massive and widespread vulnerability of America toward these kinds of disasters, which were quickly lost in what turned out to be a completely bogus story of violent crime (Simon, 2007b).

Disease and government

In his books *History of Madness* (2006[1961]),¹ and in *Discipline and Punish* (1977), Foucault analyzed the techniques of governance developed historically to respond to two of the most dreaded diseases of European history: leprosy and the plague. In the former, which traces the mechanisms of power associated with the modern asylum back into European history, the leper emerges as the point of origin for the sense of threat and political urgency that madness came to occupy after the classical age. Writing of the sudden disappearance of leprosy in the 16th century, Foucault notes that the absence of a disease with a history spanning more than five centuries left in place a set of meanings and institutions which have lasted, even to the present day:

Leprosy retreated and the lowly spaces set aside for it, together with the rituals that had grown up not to suppress it but to keep it at a sacred distance, suddenly had no purpose. But what lasted longer than leprosy and persisted for years after the leprosy houses had been emptied, were the values and images attached to the leper and the importance for society of this insistent, fearsome figure, who was carefully excluded only after a magic circle had been drawn around him. (2006[1961]: 5)

Once leprosy had gone and the figure of the leper was no more than a distant memory, these structures still remained. The game of exclusion would be played again, often in these same places, in an oddly similar fashion two or three centuries later. The role of the leper was to be played by the poor and by the vagrant, by prisoners and by the 'alienated' ... The forms this exclusion took would continue, in a radically different culture and with a new meaning, but remaining essentially the major form of a rigorous division, at the same time social exclusion and spiritual reintegration. (2006[1961]: 6)

In his genealogy of the prison *Discipline and Punish*, Foucault drew on a 17th-century document describing the protocol of quarantining a town in which an outbreak of plague had occurred, which provided in his

estimate a 'compact model of the disciplinary mechanism' (1977: 197). Some centuries later, this would become the basis for the penitentiary and many other institutions:

The plague is met by order; its function is to sort out every possible confusion: that of the disease, which is transmitted when bodies are mixed together; that of the evil, which is increased when fear and death overcome prohibitions. It lays down for each individual his place, his body, his disease and his death, his well-being, by means of an omnipresent and omniscient power that subdivides itself in a regular, uninterrupted way even to the ultimate determination of the individual, of what characterizes him, of what belongs to him, of what happens to him. Against the plague, which is a mixture, discipline brings into play its power, which is one of analysis. (1977: 197)

The prison, in fact, turns out to be a hybrid of these two disease-based political technologies, one of exclusion and the other of discipline:

They are different projects then, but not incompatible ones. We see them coming slowly together and it is the peculiarity of the nineteenth century that it applied to the space of exclusion of which the leper was the symbolic inhabitant (beggars, vagabonds, madmen and the disorderly formed the real population) the technique of power proper to disciplinary partitioning. Treat 'lepers' as 'plague victims', project the subtle segmentations of discipline onto the confused space of internment, combine it with methods of analytical distribution proper to power, individualize the excluded, but use procedures of individualization to mark the exclusion. (1977: 199)

The appearance of disease as a context for power seems limited in the cases of leprosy and plague to specific institutions of control and exclusion, located at the margins of society and aimed at the removal of infected individuals or control of an outbreak. In the form of the asylum and prison, these political technologies seem to enter into a more general economy of power, one directed toward disciplining the normal population, only at the extreme end.

With his concept of 'biopolitics' or 'bio-power' developed in his researches of the mid-1970s and published in English in his *History of Sexuality, Vol. I: An Introduction* (1978), Foucault brought the biological directly into his account of power and political institutions. In his 11 January 1978 lecture at the Collège de France, Foucault announced his intention to

begin studying something I have called, somewhat vaguely, bio-power. By this I mean a number of phenomena that seem to me to be quite significant, namely, the set of mechanisms through which the basic biological features of the human species became the object of a political strategy or a general strategy of power or, in other words, how, starting from the 18th century, modern Western societies took on board the fundamental biological fact that human beings are a species. (2007: 1)

It is clear from his summary of that year's lecture course that disease figured prominently in this notion of the biological as a general strategy



of power. Of four papers by his graduate research assistants that Foucault described in his lecture summary, two involved disease, one on police and one on insurance:

Papers were given on the notion of *Polizeiwissenschaft* (P. Pasquino), on anti-smallpox campaigns in the eighteenth century (A.-M. Moulin), on the 1832 cholera epidemic in Paris (F. Delaporte) and on the legislation concerning accidents at work and the development of insurance in the nineteenth century (F. Ewald). (2007: 367)

The struggle of modern states with smallpox and cholera in the 18th and 19th centuries laid the groundwork for what emerged as one of the two most significant expressions of the biological in the general operation of political authority by the first third of the 20th century: that is, social medicine or public health (Rose, 2007). Statistics of health and morbidity, public health clinics, industrial medicine and charities produced in the course of the 19th century had a formidable capacity to govern the great economic inequalities accumulating in the wake of liberalization and capitalism. For example, Catherine Kudlick's (1996) study of the threat of smallpox in post-revolutionary France showed a major change during the first time that Paris was threatened by the disease in the 1830s, a time when élites viewed the poor as a biological threat to their own existence. When the disease reappeared in the 1870s, it was taken as a serious challenge to a liberal state whose responsibilities included incorporating the working classes by offering them increasing protection from risks such as disease.

The other great expression, one which came to dominate the political imagination of the early 20th century, was eugenics, understood as the political project of bringing state power to bear on optimizing the genetic health of the population conceived as a 'race' or nation, whose biological and territorial needs for growth were in presumptive competition with those of other nations (Rose, 2007). The apotheosis of a particularly malignant formation of these biopolitical imperatives, in the form of the Third Reich, led to a long backlash against the eugenics project and an artificial separation of it from its social medicine/public health twin. Only recently, in the dramatic reformations of medicine and health around the new knowledge of the human genome, has the significance of genetic determinism as a political problem re-emerged.

Foucault's own researches, so generally attuned to the politics of the subject, never went beyond a focus on the biopolitical strategies of power arrayed against disease and through a population. The questions of agency and citizenship which have interested contemporary students of biopolitics came into their own not long after Foucault's death and, in an odd irony, through the disease that claimed his life, HIV/AIDS. The global pandemic of the immune system-destroying virus which became visible in the early 1980s highlighted the role of infected and 'at-risk' publics very much as

leprosy, plague, cholera and smallpox had done, but never before in a context as rich with discourses and legal rights available to support the liberty and equality interests of infected subjects. While some societies, namely Cuba and China, seemed to treat HIV carriers as lepers, in many other societies, including the liberal and affluent western nations, HIV carriers and at-risk groups emerged as potent actors forging new coalitions in favour of legal rights to privacy, access to life-saving therapies and forms of governance facilitative of survival (Rose, 2007). For the first time in history, disease sufferers had become an axis of power rather than a target of exclusion and control. As historian Peter Baldwin notes in his comparative study of AIDS in the industrialized world:

Cholera victims used to be quarantined. Lepers were compulsorily institutionalized well into the twentieth century. Syphilitic prostitutes were once and sometimes continue to be, locked up and forcibly treated. In many countries they were registered with the police and had to show up for periodic inspections. In sum, it was common to violate the civil rights of the ill to spare the still healthy. By this standard, an exception was made for AIDS. Public health authorities believed that, in the late 20th century, you could no longer order the ill to act in certain ways or restrict their liberties. Instead, educational campaigns sought to convince citizens to change their behavior voluntarily to make them less vulnerable to infection. (2005: 2)

The new prominence of the subject's own freedom as the focus of governance efforts revealed by the industrialized world's response to HIV/AIDS comes even more clearly into view as we move away from the context of contagious disease altogether and consider the subject as consumer of their own biological fate. Altogether different from the leper colony or the plague city, or even the eugenic and 'living space' imperatives of the mid-20th century competition among rival nationalist powers, a biopolitical space has opened up today around the new knowledges and technologies of the human genome. In this context, the subjects of governance are not divided into the contaminated and the safe, but into an individualized continuum of choices and risks confronted not simply in the face of illness but also in the pursuit of a lifestyle choice, such as becoming a biological parent. New medical and biological technologies which have allowed genetic material to be copied and manipulated as never before are creating new forms of freedom and new problems of ethics and government.

These methods disclose what Nikolas Rose (2007) calls a molecular body, one that is in the process of replacing the 'molar body' of organs and tissues that informed 19th and 20th century medicine and biopolitics. Between the corporeal body of self-governance and the molecular body, a host of new methods of imaging and analyzing the realities between has opened up. This terrain is not governed by medicine alone or as an agent of the state, but through a complex array of political, personal, private, corporate



and legal relationships. More importantly, and in contrast to the earlier models of biogovernance, the new terrain of biopolitics is one infused with law, rights, social movements and politicized identities. Rose invokes the phrase 'biological citizenship' broadly:

To encompass all those citizenship projects that have linked their conceptions of citizens to beliefs about the biological existence of human beings, as individuals, men and women, as families and lineages, as communities, as populations and races and as species. And like other dimensions of citizenship, biological citizenship is undergoing transformation and reterritorializing itself along national, local and transnational dimensions. (2007: 132)

This includes eugenic forms of racial nationalism in competition for territory, like that of the Third Reich, but it also incorporates a whole range of more contemporary formations, including claims made about property in biological materials, rights to treatment and to access to technologies by those considered 'disabled', the use of technology to facilitate reproduction and the host of cultural-values conflicts, rights claims and selection issues that arise in the course of utilizing technologies to create or terminate reproduction, as well as in the whole panoply of issues concerning access to health care and drugs being raised by the transnational intellectual property rules regarding drugs and indigenous knowledge.

Rose argues that the new biopolitics should not be framed in advance in terms of the state's heavy eugenic practices of the past; rather it should be considered as posing quite a heterodox set of citizenship projects, whose effects must be considered with attention to differences at the local, national and transnational dimensions. However, at least in the US, the challenges of biological citizenship remain obscured by two problems. First, the incomplete development of the social medicine, public health project of the 20th century, specifically the failure to adopt a form of universal health insurance, makes it far easier to keep biopolitics at the margins of American citizenship debates. Second, the war on crime continues to frame biopolitical challenges as issues of personal responsibility and law enforcement.

Wars on cancer and the birth of biological citizenship

One example of a citizenship project that links the biological existence of humans with their freedom and their role in institutions and organized imperatives of governance – one which has been reinvented several times – is that of a national campaign against, in common American phraseology, a 'war on cancer'. Unlike cholera, smallpox or tuberculosis, cancer rarely has been viewed as an infectious disease spread through contact with those already infected. However, like all those diseases and more so (indeed, more like leprosy), cancer has been especially dreaded,

not simply for its alarming mortality but also because of its processes of spread, often described metaphorically as a kind of 'rot'. While recognized early (its name goes back to the ancient Greek physicians who observed visible cancers, mostly in the breast and genitals), cancer did not trouble societies much well into the industrial age (Faguet, 2005). Only with the extension of life expectancy through material wealth and the extension of hygiene could large numbers of subjects live into the ages when cancers begin to appear with some frequency. Cancer is distinctly a disease of modernity in this sense. In another sense, tracking Ulrich Beck's (1992: 1) well-known formulation of late modernity as 'reflexive modernization', cancer is distinctly a disease of late modernity insofar as it arises as a reactive risk of our industrial success at overcoming traditional diseases and biological wants and at increasing longevity.

Before germ theory fully established itself at the end of the 19th century, infectious disease seemed to call for strong political measures aimed not only at restricting the infected but at addressing the host of environmental problems linking the social problems of the urban poor with their disease fate. Germ theory and bacteriology narrowed the scope of public health, substituting general environmental sanitation or improvements in living conditions with a focus on the transmission of microorganisms (Baldwin, 2005). As cancer emerged as a social concern in the advanced industrial countries at the end of the 19th century, it took over from where germ theory had narrowed public health. As occupational cancers became evident in certain industrial occupations, cancer became a vector for raising concerns about the social impact of industrialization. Stomach cancer, the main source of cancer mortality before the onslaught of smoking-induced lung cancers, raised similar concerns about the consumption side of industrialism. How were the processed foods, alcohols and smoking that went along with rising living standards in industrialized countries related to the apparent growth of cancer?

The response to cancer by the industrialized nations seems to have varied considerably and most national histories await scholarly treatment. However, two episodes which have reaped the attention of historians are quite interesting, especially in comparison, and shed light on how a war on cancer in the US now might address the problems generated by the wars on crime, drugs and terror. The first, historically, was the set of initiatives against cancer launched by the Nazi regime in Germany, from its beginnings in power to the last days of the Third Reich. The second is the American 'war on cancer', which emerged in the 1950s but reached official recognition in the 1970s under President Richard Nixon.

The Nazi war on cancer

The biggest surprise about the efforts of the Nazi state to mobilize itself and the German *volk* around the problem of cancer is that it ever existed. So devastating were the genocidal consequences of Nazi racist biopolitics



that few have inquired about the politics of health in the more normal range of 20th-century governance. Robert Proctor's (1999) study of Nazi health policy reveals that cancer formed a central axis for a wide range of governmental efforts and projections of governmental power. Cancer did not reach the same level of governmental mobilization in the Allied victors of the Second World War for almost an entire generation. Some of these projects were coloured deeply by the Nazi ideology of their promoters, such as studies designed to test whether Jews were more susceptible to cancers (Proctor, 1999); whereas others, such as pioneering epidemiological studies of smoking and lung cancer, provided credible evidence of that link decades before it was recognized in the US (Proctor, 1999). The range of these efforts spans scientific and regulatory efforts: the Nazi state supported propaganda against tobacco and some measures to restrict its use. However, as with so many other things, the campaign against tobacco was subordinated largely to military struggle for survival in which tobacco, channelled to soldiers, became a weapon. The Nazis valorized a more natural lifestyle, including eating less meat and processed foods, as important to a healthy life. They specifically recognized increasing cancer as a result of diets higher in modern processed foods and urged Germans to return to more traditional consumption. Major Nazi leaders, including Hitler and Himmler, were vegetarians and abstained from alcohol and tobacco (the fact that both Churchill and Roosevelt smoked and drank was a significant theme of Nazi propaganda against them).

The Nazi regulatory state identified a variety of occupational cancers and launched efforts to reduce the risk faced by workers, for example, by reducing exposure to asbestos. Nazi welfare policy also recognized the right of workers to compensation for asbestos-caused cancers decades before the western Allies (Proctor, 1999). Nazi policies toward women and reproduction also emphasized cancer prevention. For example, Nazi propaganda instructed women on how to examine their breasts for tumours in order to promote early detection and treatment, a policy not adopted in the US for at least another three decades (Proctor, 1999).²

In many respects the Nazi war on cancer was dominated by strategies that seem quite independent of their genocidal tendencies, and indeed that became popular again in the US in the 1960s. At the same time, the war also fitted well into the racialized population at the heart of the Nazi approach to governance. As historian Peter Fritzsche (1999) notes in a positive review of Proctor: 'The Nazis fought the war on cancer not least because their politics was premised on the possibility of segregating and eradicating what was racially and genetically alien.' The then-dominant understanding of cancer as damage to the body from an external source, whether virus, cigarette smoke or environmental contamination, lent itself to a politics of cleansing the body politic from those deemed foreign and corrupting, as well as the regular culling of the nation for its diseased members. Top Nazis clearly imagined that their campaign against Jews,

and ultimately against communism, was a parallel project to removing an invasive malignancy (Proctor, 1999). Indeed, at the moment when his armies were launching the most consequential military campaign of the Second World War, the German invasion of the Soviet Union, Hitler spoke with his friend and propaganda minister Joseph Goebbels of the invasion as an historic event that would remove the “cancerous tumor” of communism from Europe (Proctor, 1999: 3). In removing Jews and communists, while protecting German workers against occupational cancers, the Nazis imagined themselves as a kind of anti-cancer treatment of the German *volk* itself. As one of the principal nodes of Nazi governmentality generally, Jews brought together many of the strands of Nazi cancer politics. They were imagined to be more susceptible to cancer and, as a result, a source of genetic weakening for the German *volk* in its struggle with cancer. In the form of ‘tobacco capital’, Jews were blamed for the growth of smoking and rising deaths from lung cancer (Proctor, 1999: 62). At the most abstract and ideological level, Jews could be portrayed as cancer itself, a species of invasive and defective cells, which appear to be of the body but carry on none of its useful functions (Proctor, 1999: 223); cells whose continued presence in or even proximity to the body of the German *volk* constituted a mortal danger (Proctor, 1999: 8).

Silent Spring

Fear of cancer was a growing public concern in the US throughout the 20th century (Patterson, 1987). The 1950s brought fear of cancer to a new intensity. By the late 1950s many experts claimed that 60 or 70 percent of cancers were ‘environmental’ (as critics pointed out, the greatest proportion was probably smoking and diet but the term ‘environmental’ had its own power at that point).

This link between cancer and the environment would be enormously productive for government and citizenship. It created a new perception of citizens and social power quite different from the industrial struggle between labour and capital. Now, science and capital were related to the cellular level of individual life (not classes). Furthermore, cancer focused for the American public what historian Samuel P. Hays calls ‘toxic perception’ (1987: 173). Toxic perception often included the notion of a chemical ‘time bomb’: that a sequence of events begun at one time could remain undetected only to work their effect later. Suddenly, one could discover cancer caused by much earlier exposures, now coming to light when preventive action would be pointless. This growing focus produced its most important legislative result in 1958, with the enactment of the Delaney Amendment (technically an amendment to the appropriations bill for the Food and Drug Administration). The clause provided that:

No additive shall be deemed safe if it is found to induce cancer when ingested by man or animal or if it is to be found, after tests which are appropriate for the evaluation of the safety of food additives, to induce cancer in man or animals.



The first phase of the war on cancer that began with the Delaney Amendment had no formal statutory declaration along the lines of the National Cancer Act of 1971. Perhaps reflecting its largely populist and inchoate nature, the most programmatic statement of this first part of the war may be Rachel Carson's epic condemnation of pesticide use in America, *Silent Spring* (1962). Most readers associate *Silent Spring* with pesticides and pollution, but it is also profoundly a book about cancer. As is well known, Carson herself was already ill with metastatic breast cancer at the time she wrote the book. The text is literally filled with potent images of cancer. There are more than 25 pages in the book referencing cancer, including such passages as:

The history of cancer is long, but our recognition of the agents that produce it has been slow to mature. (1962: 220)

The Battle of living things against cancer began so long ago that its origin is lost in time. (1962: 221)

Judging by the present incidence of the disease, the American Cancer Society estimates that 45,000,000 Americans now living will eventually develop cancer. This means that malignant disease will strike two out of three families. (1962: 221)

A quarter century ago, cancer in children was considered a medical rarity. *Today, more American school children die of cancer than from any other disease.* (1962, 221; emphasis in original)

What happens in a cell to change its orderly multiplication into the wild and uncontrolled proliferation of cancer? (1962: 230)

By these means they may be creating sleeping cancer cells, cells in which an irreversible malignancy will slumber long and undetected until finally – its cause long forgotten and even unsuspected – it flares into the open as recognizable cancer. (1962: 233)

Human exposures to cancer-producing chemicals (including pesticides) are uncontrolled and they are multiple. An individual may have many different exposures to the same chemical. Arsenic is an example. It exists in the environment of every individual in many different guises: as an air pollutant, a contaminant of water, a pesticide residue on food, in medicines, cosmetics, wood preservatives or as a coloring agent in paints and inks. It is quite possible that no one of these exposures alone would be sufficient to precipitate malignancy – yet any single supposedly 'safe dose' may be enough to tip the scales that are already loaded with other 'safe doses' (1962: 237).

As Proctor (1999) points out, there is a moment of direct intersection between the Nazi war on cancer and the emerging American one of the 1950s and 1960s: Dr W.C. Hueper, a German-American specialist in environmental causes of cancer and covert Nazi sympathizer, was quoted extensively by Carson, who here makes a particularly damning point about pesticides:

'It is scarcely possible ... to handle arsenicals with more utter disregard of the general health than that which has been practiced in our country in recent years,' said Dr. W. C. Hueper, of the National Cancer Institute, an authority on environmental cancer. 'Anyone who has watched the dusters and sprayers of arsenical insecticides at work must have been impressed by the almost supreme carelessness with which the poisonous substances are dispensed.' (1962: 18)

Both approaches emphasize a preventive approach to cancer that aims at removing cancer-causing agents from the environment of humans rather than focusing on new drugs to battle malignancies once they have developed. Carson explicitly drew the comparison with infectious disease, with the import that preventive health would call for major changes in the environment rather than drugs effective against specific viruses or microorganisms. Citing Dr Hueper again, Carson noted that:

An attack on cancer that is concentrated wholly or even largely on therapeutic measures (even assuming a 'cure' could be found) in Dr. Hueper's opinion will fail because it leaves untouched the great reservoirs of carcinogenic agents which would continue to claim new victims faster than the as yet elusive 'cure' could allay the disease. (1962: 241)

Nixon's war on cancer: the National Cancer Act of 1971

When President Nixon prepared for his re-election run in 1971, he promoted two quite different initiatives as possible models for governance innovation in a second term. One was the war on drugs; the other was soon to be called a 'war on cancer'. The National Cancer Act of 1971 became the primary vehicle of that war, whose main effects were to raise the governmental salience of cancer by giving it a cabinet-level representative and to channel research funds into developing therapies for cancer.

Although the 1960s introduced a host of new problems into American public life, little dimmed the significance of cancer. The National Panel of Consultants on the Conquest of Cancer, appointed by the Senate in 1969 to consider a war on cancer, reported that:

Cancer is the No. 1 health concern of the American people. A poll conducted in 1966 showed that 62 percent of the public feared cancer more than any other disease. (Faguet, 2005: 122)

In his 1971 State of the Union address, President Nixon identified cancer as a major priority akin to the space race of the 1960s:

The time has come in America when the same kind of concentrated effort that split the atom and took man to the moon should be turned toward conquering this dread disease. Let us make a total national commitment to achieve this goal. (quoted in Faguet, 2005: 98)

Unlike the Delaney Amendment or the environmental movement that Carson's *Silent Spring* helped to mobilize, the National Cancer Act of 1971



was primarily an intensification of federal investment in the medical management of cancer and emphatically not of its prevention through environmental prophylaxis (Brown, 2007; Davis, 2007). This essentially expanded the federal role in funding the cancer research which had begun in 1937 with the establishment of the National Cancer Institute. The 1971 Act raised the status of cancer within the medical establishment and funded a huge amount of trial and error research into active anti-cancer chemicals. The results have been largely disappointing. In the words of a recent critic of that war:

[T]he vast human and financial resources, unleashed by the National Cancer Act of 1971, were undermined by flawed hypotheses regarding the nature of cancer and by reliance on trial and error or serendipity as the main forces driving anti-cancer drug development. As a result, disease eradication is currently achievable in only 11 of over 200 human malignancies and meaningful survival prolongation is possible for another few. (Faguet, 2005: xiv)

Back to the future: a renewed war on cancer

Smallpox, cholera and the plague stand at one end of a continuum of disease as a stimulus to governmentality change. They are the classic sources of a political dream of public health being produced by rigorous policing of a population individualized and then assembled into disciplinary institutions or spaces. Governance responses to these kinds of threats remain episodic and generally site-contained (for the duration of an epidemic or over a particular city afflicted). With the advent of germ theory, techniques of governance narrowed to a focus on controlling germ carriers. New global forms of viral infection threaten to create a new age of the infectious disease, but their effects on governance are likely to be more familiar than novel.

HIV/AIDS stands at the other end of the continuum. The response of the industrialized world to HIV/AIDS marked an historic shift in the political dream of disease. The infected subject became a site for discourses and practices aimed at cajoling the subject into responsible self-governance. The disease itself, now chronic for most in the affluent world, is a disease of the individual in a social organization, requiring the patient to become rigorously engaged in working with various medical bureaucracies to assure a steady supply of treatment and lifestyle choices. Containing its spread has been about inculcating practices of self-restraint (needle cleansing for drug addicts, safe sex) rather than the disciplinary management of populations. But if HIV/AIDS is a political disease highly appropriate to the problems of advanced liberal societies, it is also one whose reach in those rich countries is likely to remain at the margins due to the relatively small and contained sub-populations in which the disease has spread, including gay men, intravenous drug users and haemophiliacs.

In the industrialized world, cancer remains the most promising disease to bring both of these poles together. As with the great infectious diseases

of pre-modern and modern societies, cancer raises profound questions about the environment and human practices within the environment. However, its implications are not disciplinary ones that call for intensification of controls over individual freedom; rather, instead ones of monitoring, surveillance and auditing of broad social and commercial practices that raise exposure to carcinogens. As with infectious disease, cancer links everyone in the population into a potential fate to which collective action is required. Without a germ theory driving it, cancer prevention will remain a broad and environmentally-focused logic. In this sense, cancer is a disease of the age of safety and precaution (Ewald, 2003).

Like HIV/AIDS, for those afflicted, cancer is increasingly a disease of self and organization, one that requires access to and cooperation with medical bureaucracies that can provide treatments which, at their best, convert cancer into a chronic disease. Cancer creates an advanced liberal biological citizenship in which rights, responsibility and risk are intertwined. Unlike HIV/AIDS, cancer threatens every segment of the population, albeit with the increasing recognition that genetic propensities make the form of that threat remarkably different, both across and within major identifiable population subgroups. A new war on cancer, coming after the extended war on crime or terror and building on the new genetic foundations of cancer medicine, would differ from both the narrow ambitions of the National Cancer Act of 1971 and the collectivist regulatory model that the US environmental movement wanted to wage (and which to some extent the Nazis succeeded in waging). As with the collectivist regulatory model, a new war on cancer would make prevention the dominant theme of public health education and reform. Most of these measures, aimed at improving diet, promoting exercise habits among the young and reducing routine chemical exposures, would impact the general health of the population, reducing health care costs and extending lives. Unlike the current focus on identifying active chemicals against cancers, the programme would identify the presence of active carcinogens and try to eliminate them from the market. Also, unlike the smallpox/cholera model, cancer would take up where HIV/AIDS left off in expressing the significance of the individual subject of cancer as a rights and responsibility-bearer. Cancer invites the rights-bearing subject to consider their place in a social distribution of risk exposures, as the consumer of medical services and as a factor in the production of research and the exploitation of intellectual property (Rabinow, 1997).

Conclusion

As a fulcrum of citizenship, a renewed war on cancer would highlight a complex mix of personal responsibility, genetic risk and environmental exposure that would not coalesce into the regulatory juggernaut that the



environmental movement hoped for (and pro-business economists were terrified of), let alone the Nazi pursuit of a nationalized and pure German *volk*. Indeed, at its most abstract, cancer is a disease that, in the current age, highlights the role of regulation and governance themselves.

Cancer is now understood broadly as a disease of unregulated growth, where genetic changes in cells cause them to no longer recognize or respond to the controlling signals of the body and to disobey the most prime directive of all healthy cell life within the body, i.e. to die on time (Faguet, 2005). If it is extended metaphorically through government (which is exactly what 'wars on' do), it will focus government and society on those sites of uncontrolled growth in society, in those processes in which communication and the capacity for restraint are breaking down, and on individuals and groups who demonstrate a lack of respect for the most essential collective commitments.

It is easy to imagine how issues of poverty, urban sprawl, educational failure and environmental degradation might be re-imagined in terms of cancer. Terror, as well, can be seen as a cancer: not as a set of malignant individuals that must be destroyed, but as a political process of excess. A particular attraction for the present author is how this metaphor might extend to bringing under control the vast system of mass incarceration that America has created through its war on crime (and now terror). It would start with the recognition that prison systems have become like cancers, sites of unregulated growth, heedless of the consequences for those inside them as well as for those in the body politic. It would embrace a commitment to bring law back into and over a system of penalty which has become increasingly lawless, even as it enacts 'law and order'.³ Finally, it would involve reintegrating the large but highly-concentrated populations of those individuals whose freedom and capacity for collective self-government have been damaged by exposure to the prison system.

One might well wish for an end to 'wars on'. Can a democracy not mobilize itself to produce health, prosperity and freedom? Or, even if we accept anti-policies as an enduring trait of liberal societies, can we not have 'campaigns', 'drives', and 'initiatives' rather than 'wars on'? The future may bring change in the American style of anti-policy, and ironically, this change may come from the changing face of military conflict. As the permanence of asymmetrical conflict and the passing of the Second World War generation begin to dim memories of that epoch of conflict as a model of government, the new logic of counter-insurgency (currently on display in the US military 'surge' in Iraq, which began in February 2007) begins to redescribe war itself as a kind of extended exercise in state-building. As this develops, we may see a deeper turning away from 'wars on' in American political discourse. In the meantime, a war on cancer is the best frame to occupy the space of 'wars on' in current American politics, and the most likely to transform it in the direction of something else.

Notes

1. 'The circle was therefore complete: all the forms of unreason, which in the geography of evil had taken the place of leprosy, and had been banished to the extreme margins of society, had become a visible form of leprosy, offering their corrosive wounds to the promiscuity of men.' (Foucault, 2006[1961]: 357)
2. Hitler's mother Klara died of breast cancer (Proctor, 1999).
3. It is perhaps exemplary that California's massive prison system is now on the verge of a federal court takeover due to lawsuits that have primarily raised the health care of the prison population and its biological citizenship under the 8th Amendment of the US Constitution (see *Plata v. Schwarzenegger*, 329 F.3d 1101 (2003); *Coleman v. Schwarzenegger*, 933 F.Supp. 954 (1996)).

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