

Programme formation-recherche du CIERA “Science, expertise et politique”

GOVERNING HEALTH WITH RISK IN CONTEMPORARY FRANCE AND GERMANY.

Workshop supported by CIERA as part of the program “Sciences, expertise et politique” co-organized by CERMES (J-P Gaudillière, L. Berlivet) and the Institut für Geschichte der Medizin (V. Hess) in collaboration with the Centre Marc Bloch (Y. Sintomer, D. Schönflug) and the Institut für Europäische Ethnologie (S. Beck)

To be held in Paris on October 8th and 9th, 2009

At

CERMES

Site CNRS

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During the second half of the 20th century, risk has become an obligatory category for conceptualizing, assessing as well as intervening on health matters. Initially employed in relation to insurance and social security schemes (the protection against the “risks” of life) the notion has become central in epidemiology to define the quantitative contribution of heterogeneous factors linked to the origin of disease in one way or another. This fluid notion charged with multiple meanings is the lynchpin of all public controversies about the roles of individual behavior, heredity, or the industrial environment have played in the transformation of health as well as the proper way to “manage” these risks. The range of issues redefined is very large: hypertension, overweight, cancer, occupational diseases, sexual behavior, drinking as well as farming since agrochemicals and food additives have become threats for human health.

Much has been written about this transformation. Studies at the boundary between history of science and medicine on the one hand, political sciences on the other hand have addressed the general issue of risk as a way of objectifying and risk as a policy making tool, focusing on questions like: What becomes or ceases to be a risk? What kind of knowledge is produced and mobilized to document, objectify and qualify health risks? What is the dynamics of expertise involved in the assessment and the management of risks? Which actors and “sites” interact in the making of risk knowledge?

Inspired by the social studies of science these studies have documented some of the sites and practices of expertise, the situated nature of risk analysis, their heterogeneity as well as their roots in the circulation of tools, results and persons between interacting social and political arenas. Great attention has accordingly being paid to public controversies, to the social construction of risks following the paths along which peculiar health risks have become visible, objects of political interests, social mobilization, and targets of administrative regulation.

Although this approach is far from being exhausted - the emergence of obesity and its transformation into risk is for instance badly documented - the aim of this workshop is not

simply to trace the emergence of health risks or their recent reconfiguration under global circumstances. It is rather to interrogate risk as a form – or as a system - of government, taking into account the specificities of health (and diseases) as target and goal of intervention. The basic hypothesis is that risk management is emblematic of governing practices that contribute to implement the vision of a neo-liberal society, a society composed of individuals making choices to optimize their preferences, and of groups perceived as stake-holders operating on various types of markets – including a political market - to defend their interests.

The notion of governmentality inherited from the work of Michel Foucault has been used as a marker of this transformation. Governmentality indeed designates the departure from a political order characterized by the importance of sovereign power, disciplinary practices and state intervention in favor of a complex including practices of self-government, civil society activities, individual choices and participation. This use often combines analytical and normative statements. Echoing liberal views, governmentality then implies that authoritarian, top-down forms of control and surveillance have increasingly been replaced by procedures and discourses targeting the individual and his/her self-construction. While this micro-physique of power has been essential in revealing the complexity of power arrangements, especially when health, bodies, identities and behaviors are at stake – it tends to leave out more global power arrangements, for instance those associated with work, production, and the creation of value.

The workshop should discuss the extent to which governmentality remains a pertinent analytical tool to understand the advent as well as recent transformation of health risks. It will in particular seek to explore the following questions: What kind of politics does a government of health issues in terms of risk produce? What are the actors or the problems thus taken in? What are the tools typical of this government? How do the practices and tools of risk management circulate? How do they link accounting, engineering, medical work and social intervention? The general perspective is to insert peculiar practices of risk management in the changing political economy of health.

One tool in this direction is the notion of “regulation”. Regulation is often given a legal and institutional meaning, which focuses on the actions taken by governments and other political bodies to control the fate of medical goods or the activities of physicians, health-care practitioners, or industrial firms. Studies then focus on legal and administrative *dispositifs* that have been used to define and control risks like assessment protocols, production permits and norms of exposure. Building on our recent work in the history and sociology of therapeutic agents, we consider that one needs a broader understanding of regulation, taking into account forms of collective management that are not bounded to administrative bodies, not restricted to marketing authorizations, and not confined to the statistical mode of evidence-making.

To keep discussions relatively focused the workshop will favor contributions comparing developments in France and Germany as well as “critical” areas for understanding the recent transformation of health risks like environmental health, the iatrogenic consequences of therapeutic intervention, genetic risk factors, or nutrition control.

Program

Thursday October 8th, 2009

9h-9h15 Introductory remarks
by J-P Gaudilliere, V. Hess and Y. Sintomer

Session 1
Objectifying environmental risk: modeling and regulating low doses exposure.

9h15-10h15
Soraya Boudia and Nathalie Jas: Governing low doses, governing with low doses in environmental health

10h15-11h15
Alexander von Schwerin: Mutagenic substances, exposure and health risk modeling in postwar Germany.

11h15-11h45 Pause

11h45-12h45
Jean-Paul Gaudillière: “Tools of regulation? Revisiting the 1970s debates on chemicals, carcinogenesis and risk.”

12h45-13h15
General comments by Carsten Reinhardt

Session 2
Therapeutic markets, risk-benefits, and iatrogenicity.

14h-15h
Christian Bonah: “Adverse events and the invention of therapeutic risk : From Stalinon to Contergan”

15h-16h
Volker Hess: “Contergan and the management of therapeutic danger: a comparative look.”

16h-16h30 Pause

16h30-17h30
Carsten Timmermann: “Governing cardiovascular risk factors in the two postwar German states.”

17h30-18h

General comments by T. Schlich (to be confirmed)

Friday October 9th, 2009

Session 3

Public health policies and information management

9h-10h

Luc Berlivet: Public health campaigns as tools in the invention of life style governance, the case of alcohol.

10h-11h

Jörg Niewöhner and Michalis Kontopodis: Fat children, social intervention and the risk of obesity.

11h-11h30 Pause

11h30-12h30

Thibault Bossy: Putting a health risk on the political agenda: obesity in France and England.

12h30-13h

General comment by Y. Sintomer

Session 4

Embodied risks and the discourse of personal choices

14h30-15h30

Christine Holmberg: Handling a life at risk: breast cancer, patients and genetic diagnosis.

15h30-16h30

Carine Vassy: Trisomy 21 and the daily management of genetic risk

16h30-17h

General comment by S. Beck

17h-17h15 Pause

17h15-18h

Concluding discussion introduced by L. Berlivet, J-P Gaudilliere and V. Hess