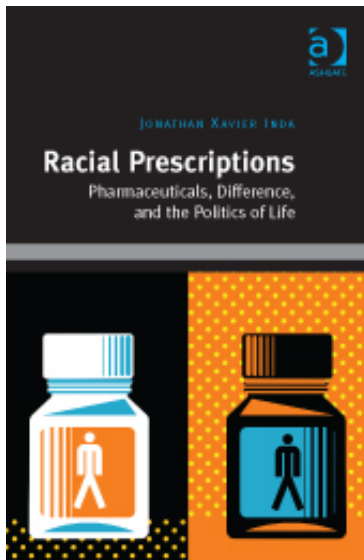


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## Jonathan Xavier Inda's Racial Prescriptions

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By Anne Pollock



[Racial Prescriptions: Pharmaceuticals, Difference, and the Politics of Life](#)

by [Jonathan Xavier Inda](#)

Ashgate, 2014, 148 pages.

*Racial Prescriptions* provides an eloquent and theoretically-engaged account of the story of BiDil, a pharmaceutical that has become an iconic case for scholars of race in science and medicine. When BiDil was approved by the U.S. Food and Drug Administration (FDA) in 2005 with the controversial indication for heart failure “in self-identified black patients,” it became the first (and so far only) example of a drug approved for use in just one race. As such, this small and commercially-unsuccessful drug has become fodder for a tremendous amount of academic analysis. What makes Jonathan Xavier Inda’s account distinct is that it intertwines an insightful narrative of BiDil’s rise and fall with an adept exploration of classic and contemporary theory of the politics of life.

Inda’s method is to take an “ethnographic approach” to printed materials: to “identify BiDil as a cultural object and use printed materials to pay close

attention to the languages and voices of those authorized to make truth claims about racialized pharmaceuticals” (p. 19). He is particularly engaged with the discourse of BiDil’s diverse advocates, especially ones that came together in the FDA hearings on BiDil and beyond: black patients with heart failure, the pharmaceutical company NitroMed, clinical researchers from the Association of Black Cardiologists, and spokespeople from the Congressional Black Caucus and the National Association for the Advancement of Colored People (NAACP). He reads their truth-claims through a lens of vital politics.

One body of theoretical scholarship that Inda engages with is that of biosociality and biological citizenship, which he reframes as “biosocial citizenship” to underscore the formation of collectivities as well as individuals in mobilizations for “vital rights” (p. 40). Inda opens his book with the testimony of Debra Lee at the FDA hearings on BiDil, who described the suffering her heart disease had caused her and the improvement in her quality of life since becoming a patient in the clinical trial for BiDil. For Inda, “the story that Debra Lee narrated is at once about a suffering body and about a body of hope” (p. 1). Here and in many ways throughout the book, the promotion of BiDil becomes “a biosocial citizenship project” in which “the drug is implicated in the making of claims, to the right to health and healing, on behalf of and by African Americans” (p. 46).

Theories of biological citizenship overlap with those of the capitalization of life, and here Inda’s reading of BiDil as a cultural object is less optimistic. The pharmaceutical company behind BiDil used a racial indication as a way to gain a patent and extend its term, and Inda describes how “race, then, essentially gave BiDil’s stakeholders an opportunity to extract profit from what otherwise would have been a failed drug” (p. 81). Yes, an opportunity to extract profit, but one that was not fulfilled. It turns out that it can be challenging to extract value from those who are underserved – as Inda points out, “the market works only for those who have the ability to pay” (p. 106). Inda compellingly argues that BiDil’s commercial failure “speaks to the corporal abandonment under neoliberalism of people who lack the financial wherewithal to purchase medical and other goods necessary to achieve proper health” (p. 106). The capitalization of life is meant to be generative, but it becomes a site of exclusion.

A final set of theories that Inda engages with is work on the problem of race and biology. On the one hand, Inda draws on the open-ended theories of “enlightened geneticization,” in which biology is not destiny but a space of creativity and hope. At the same time, he also draws on scholarship that invokes a more conventional sociological opposition between the biological and the social, in which the former must be renounced in order to advocate for the latter. There is a tension running

through the book about whether the biomolecular and the social are zero-sum. The zero-sum assessment is where Inda concludes: “BiDiI certainly saves lives, but the net effect of investing in racialized medicine, if at the expense of social programming, will be to diminish racial life” (p. 110). That seems to me like a pretty significant “if”: what evidence is there that any of the money going to racialized medicine would otherwise go to social programming? It seems far more plausible that capital presently going to racialized medicine, if diverted, would simply shift to molecular fixes for other folks and other problems.

I find myself reading *Racial Prescriptions* at the end of a year that has resounded with the slogan “Black Lives Matter,” a rallying cry in protests against police and vigilante impunity in the killing of black men. We might read [#BlackLivesMatter](#) as a particularly stark instantiation of a general claim that Inda describes as being mobilized through BiDiI, that “the illnesses of African Americans are worthy of being treated, that black lives are worth saving” (p. 52). In the United States in a neoliberal era, it has become painfully obvious that there is not consensus that black lives matter, in the context of criminal justice or in the context of biomedicine. Inda has given us great theoretical material and a rich case to think through these vital questions.

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