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Messianic Medicine: Treating Disease in the Time that is Left

2016-07-25 05:00:26

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In “The Time that Is Left”, Giorgio Agamben sketches the problem of messianic time. He writes that the messianic is “not the end of time, but the time of the end. (...) the time that is left between time and its ending” (Agamben 2002, 2). In the following article, I want to take his reflection on messianic time as a starting point to think about the treatment of epidemics in such time that is left. I will take tuberculosis in Western Europe, on which I have done ethnographic research since 2006, as an example. For tuberculosis, there have been numerous announcements in medicine of the near end of disease with a promise of societies’ salvation, most famously by Salman Waksman in his Nobel Lecture of 1952. And yet, the end of this disease has never occurred, neither in the Global North, and even less so in the Global South. I will conceive of the time between the announcement of men’s medical salvation from disease and its accomplishment, the actual conquest of disease, as medicine’s messianic time. During this time that is left, tuberculosis has come to exist as a “disease without a future” (Kehr 2012), a disease that should not endure, that should no longer exist. I argue that tuberculosis can therefore only be conceived of in the form of a revenant, even if it has never been actually gone. Yet how is such a revenant treated in Western Europe today? How do patients live with this revenant disease they should not have after all? In sum, how does medicine’s messianic time shape the life with and reaction to a disease whose end was announced but has failed to arrive?

Agamben’s reflection on Messianic Time

In anthropology, there has been much work on issues of time in science and medicine. Especially the future has come to play a critical role in thinking about medicine today. Anthropologists have shown that future thinking operates at the heart of such diverse fields as medical prognosis, especially in cancer treatments (Jain 2013) or end of life care (Kaufman 2005), but also in the realm of public health, where future epidemic threats are tied up in rituals of scientific prophecy, where the known and the unknown are productively put to play, as Carlo Caduff has argued (Caduff 2014). And yet, the figure of the prophet or the prophetic – the future time and the unknown – is not the only mode at stake in medicine and public

health. As important is a different temporal mode: messianic time. In his essay, Agamben explicitly distinguishes the messianic from the prophetic or apocalyptic. Messianic time, Agamben writes,

“is not the end of time, but *the time of the end*, (...) the time that contracts itself and begins to finish” (2). (...) “It is the time that it takes for time to come to an end, to accomplish itself. Or, more exactly, *the time we need in order to accomplish, to bring to an end* our representation of time. (...)— in this sense: the time which is left to us” (5).

For Agamben, the messianic is operational time, that is time in which we are, in which we act. It is real time, the time that is left to us *after* the messianic event. In messianic time, other than in prophetic time for example, the messianic event has already occurred, it has already happened, and salvation is already accomplished. And yet, as Agamben shows, to be really achieved, salvation needs *supplementary time*, so that it can be brought to an end.

In Agamben’s conception, the time of the end is always extended time as much as contracted time. Logics of continuous progress and linear development do not work out in messianic time. Rather, the time of the end allows to account for inversions of past and present as much as for salvation’s temporal thickness and extension, that goes beyond one particular event. Messianic time thereby stretches and is in need of active instantiation, of active perfection, for salvation to be accomplished.

Conceiving of time beyond the structure of event, beyond beginnings and endings, seems particularly important in the field of medicine and public health, in which attempts to end diseases are – of course – paramount, but so are recurring failures to do so. Tuberculosis control is no exception here. This is why I want to use Agamben’s conception of messianic time to think about TB control as an *extended time of the end of disease*, as a *process over time*, not a *point in time*, as the time it takes to end the TB epidemic. It is the time that is needed to accomplish the end of disease *after* a messianic event, a cure, and thus realize men’s definite salvation *from* this disease.

In TB control, messianic time is the time which is left in order to treat, cure and finally end tuberculosis. Messianic time then, is the present and future ending of this disease. It is the time that is left to end TB. It is one of medicine’s temporal modes. This time, if we follow Agamben, is active time, operational time. Medicine’s messianic time starts with a messianic event, a cure, and extends its operations in the future through continuous action. Since for the end of disease to be truly accomplished, messianic

time needs supplementary time and thus deferment. Salvation needs constant perfection, medicine needs more time to develop better, more effective agents, different compounds, more combinations.

Ending and Embodying Tuberculosis Today

A renewed aspiration to end TB on a global scale has been simmering since the early 2000s, after decades of neglect of international TB control, with creations like the Global Fund or the TB Alliance. This renewed ambition becomes nowhere clearer than in the brand new "[Global Plan to End TB 2016-2020](#)", whose motto is to "shift the paradigm from barely controlling the epidemic to ending it altogether." In the executive summary of the Plan, a call for the perfection of existing treatment and control strategies coexists with a call for more novelty, more innovation, and more knowledge. "The Global Plan demonstrates that huge gains can be made by improving the quality and reach of existing medical interventions. But, these will only get us so far. Without the development and deployment of new tools, we cannot end TB", so it says.

In the Global Plan, messianic time, that is the time that is left to end disease, has already started, but is in need of perfection, in need of action. What is needed is more investment in the time that is left, to bring the time of disease to an end.

In contrast to this renewed interest and investment in TB, in routine TB control in the rich countries of the North, where I have done my ethnographic fieldwork, messianic medicine meanwhile has contracted the time of the end, as if the end of disease had already arrived. This anticipation of the end of disease, this constantly making present of its end, makes it unconceivable for some patients to acknowledge tuberculosis as an event in their lives, to embody it. This was the case for Rebecca, a white, middle class French woman, who had TB and talked in the following words about it:

She (the radiologist) told me that it was tuberculosis. Voilà. I didn't quite believe her. Because for me, this is a disease which is disappearing ... For me, TB, is something you have if you are not vaccinated, and if you are vaccinated, you don't have it ... So for me, what is it, this disease? It's an old disease. For me, it's really something that has disappeared, because one talks less and less about it. ... Tuberculosis, it's a strange disease (*une maladie étrangère*), a disease that I didn't suspect at all. For me, it's a vaccine that you get when you are a kid, and that's it. That's all. Finished. (...) It's really, (...) a disease of the middle ages. Dirt, I don't know, tramps, bad hygiene, and all the rest of it. Famines, you know, all these little things, but not today, not in the

environment we live in. We eat well – how to tell you – we don't live in poverty, we are not, you see, all these things, which make this disease happen ... If we were, I don't know, in Africa, then – ok (*là, je veux bien*). Because over there, you get TB with all these other diseases ... But not here, not in France (Rebecca, white secretary, married with two children, lives in Paris, interview transcript, October 13, 2006).

Rebecca beautifully expressed what she felt like when she was diagnosed with TB: a paradoxical experience of disease, a kind of counter-intuitive embodiment of the past, where TB can only exist as a revenant, because it should have already been ended, dead, gone – at least in the global North.

Beyond Ends

So why should we think through such abstract temporal and quasi-religious ideas about science, diseases and epidemics? To understand the differing temporal and promissory logics of medicine and public health as well as their powerfulness not as accessories, but as constitutive of these fields: the stubborn insistence on, and search for the near ends of diseases and epidemics – which is indeed medicines *raison d'être* – despite history's many examples of failures; to understand the messy medical practices in the time that is left, that can lead to calls for more economic and scientific investments in a desire of synthetic salvation, but also to medical futilities and counter-intuitive embodiment, as the example of Rebecca has shown. If one wants to be able to grasp the meanings of such epistemological contradictions and everyday practices as well as their consequences for the experience of disease, one should supplement the exploration of medicine's economies and technologies of disease control with an interrogation of their inherent faiths, hopes and desires, in which time plays a central role. Messianic time is one of medicine's temporal modes, that holds together the unstable worlds of science and public health, and that links their counter-intuitive, counter-factual and paradoxical histories, presents and futures, beyond clear temporal divisions. In messianic time, there is no such thing as linear time. Messianic time is full of contradictions, deferments and realisations, which are a productive means to think about medicine as a messianic enterprise with conflicting practices, discourses and temporalities.

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AMA citation

Kehr J. Messianic Medicine: Treating Disease in the Time that is Left. *Somatosphere*. 2016. Available at: <http://somatosphere.net/?p=12668>. Accessed July 25, 2016.

APA citation

Kehr, Janina. (2016). *Messianic Medicine: Treating Disease in the Time that is Left*. Retrieved July 25, 2016, from Somatosphere Web site: <http://somatosphere.net/?p=12668>

Chicago citation

Kehr, Janina. 2016. Messianic Medicine: Treating Disease in the Time that is Left. *Somatosphere*. <http://somatosphere.net/?p=12668> (accessed July 25, 2016).

Harvard citation

Kehr, J 2016, *Messianic Medicine: Treating Disease in the Time that is*

Left, Somatosphere. Retrieved July 25, 2016, from
<<http://somatosphere.net/?p=12668>>

MLA citation

Kehr, Janina. "Messianic Medicine: Treating Disease in the Time that is Left." 24 Jul. 2016. Somatosphere. Accessed 25 Jul. 2016.<<http://somatosphere.net/?p=12668>>