BIOPOLITICS AND BIOHISTORY: REALITY OR STRATEGY

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ABSTRACT:

THE PRESENT STUDY PLACES ITSELF IN THE EQUATION OF BIOPOLITICAL REFLEXES, APPROACHING THE FACT THAT POLITICALLY, PRIVATE AND „LIBERAL" MEDICINE CAN BE ACCEPTED AS A MEDICAL POLITICS OF POWER. THE ARTICLE WILL VERIFY THE HYPOSTASIS ACCORDING TO WHICH, SOCIAL MEDICINE REPRESENTS A NORMATIVE DISCIPLINE OF THIS PSYCHO-BIOLOGICAL FUTURE OF THE INDIVIDUAL, CONSIDERED AN INTEGRAL PART OF SOCIETY SUBSUMED TO A CULTURE OF HEALTH, ACHIEVED THROUGH PREVENTIVE, CURATIVE, HEALTH AND SOCIAL MEASURES. BIOHISTORY TRANSLATES, IN FOUCAULT'S VIEW, THE BIOLOGICAL EFFECT OF MEDICAL INTERVENTION – MEDICALISATION NETWORK, SOCIALISATION OF BODY DEPENDING ON PRODUCTION AND LABOUR FORCE, WITHIN THE CONTEXT OF THE FOLLOWING "MATHEMATICAL" EQUATIONS: BODY = BIOPOLITICAL REALITY AND MEDICINE = BIOPOLITICAL STRATEGY.

THE STUDY WILL RECUPERATE BIOPOLITICS PRETEXTS AND REFLEXES, REACTIVATING (DISTANT FROM THE IDEOLOGICAL PRESSURE) THE LOCAL PARTICULARISING REPLIES IN THE '30S AND '40S- THAT OF THE EUGENIC AND BIOPOLITICAL BULLETIN, AND THE CONTEMPORARY DIMENSION OF MEDICAL POSSIBILITIES AND CRISES.

KEY WORDS: BIOPOLITICS, SOCIAL MEDICALISATION / SOCIAL MEDICINE, POWER – KNOWLEDGE, BIOHISTORY,EUGENICS

philosophical and political reflexes of biopolitics

Recuperating the reflexes resented from the philosophical and political space of *biopolitics* as discussed by Foucault[1] we associate this argument with the interrogation of

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Nikolas Rose[2] - *What's happening with biopolitics today?* The present study proposes the situation of *biopolitics* within the configurations of the *politics of risk*, with all the deviations arrived from the register of the sciences of life. In the light of such evidence, *biopolitics* becomes *molecular politics*[3], doubled by the techniques of *biomedicine* as a transformation of the term with the *ethopolitical* pretext.

If – in the presence of the risks of „geneticism" as a new form of determinism – we are alerted concerning the rebirth of the biological control practices, the symptom cannot be expelled outside the concepts with which modernity operates, a evidence reported by G. Agamben, according to which, *tanatopolitics* is imminent to the project of biopolitics itself: care for the health of „political body" necessarily requires to control and eliminate „foreign bodies".

Such a specific rhetoric, found again in most of the interventions of biomedicine, call either for a comparative mode among elements- structures-policies (even recovering the strengths of the eugenics project – through eliminating processes unfolded by biomedicine and genetics in the case of dysfunctional differences) or for their final *rejection* in favour of preventive, individual, voluntary, ethical, and organized around health medical practices.

In fact, Agamben will denounce the lack of a clear distinction between *preventive medicine, eugenics, consent, coercion, healing and purification*, found in early twentieth-century nation-states in Europe and North America, as biopolitical projects supported by the state. „Neo-hygienic" is found in a position to maximize the biological condition of the population (through urban planning, sewer systems, etc.) and the individualized attention for the way of life of citizens, and can be considered intermediate zone for political interest and for all forms of biological conditioning, for the nation or self care.

The present study represents the preliminary approach of a book focused upon *the theoretical backgrounds of bio-politics*, in order to be published at the Institute of Political Sciences and International Relations Publishing House (2013).

[1] This study will accept and follow the Foucaultian definition of *biopolitics* as a sort of *rationalisation of the problems raised for the governmental practice* (starting with the 18th century) and of its *political-economic stakes*, a concept which, once integrated and detoured toward political rationality will bring to the fore the problems of the population - health, hygiene, birth figures, longevity, or races (Michel Foucault (2007) *Naşterea biopoliticii*. Cluj: Editura Idea Design & Print).

[2] Nikolas Rose (2005) "Politica vieţii înseşi". *Idea Artă+ Societate*, nr.20, 2005.

[3] The genomic discourse takes into consideration „the language of life", „the digital instructions " of conversion for the *bios* in a sum of subcelular events and processes – a digital code inscribed into the molecular structure of the chromosome.

Merging with *ethnopolitics* (the environment provided by various kinds of human ethos, of groups, or institutions) on the land of *the politics of life itself* and of the manner it should be lived[4], in disguise, biopolitics is converted into conductor of self-governance of the autonomous individual placed in relation with the imperatives of good governance. Biopower socializes and collectivizes, in the presence of *biosociality*, translated as identification of self and of community, through biological criteria.

According to Ferenc Fehér[5], American critics of *biopolitics* (namely, those of „identity politics") consider the term a pretentious and artificial one, subsumed to the generalized trends of preventive liberalism[6]. Moreover, Ágnes Heller[7] warned that two directions exist within modernity – the first direction of the priority of liberty and the second, of the priority of life – depending on the answer, one could be placed either inside *biopolitical* potentiating of *life* or inside the trend of the *body politicisation*.

Recovering the dominant types of biopolitics, reactivated on the residues of „scientifically planned society," Ferenc Fehér reinvested in a Foucaultian key, the action related concept of the implementation of population control – the *archetype* equivalent of *biopolitics*. From this perspective, the *biopolitics* of demographic matters remains a diffuse form, transplanted within society, and extracted from the bipolarity state-society.

Based on the evidence that in modernity there are no „natural systems" (including economic systems) that take account of „life issues" and to claim themselves from the „dictatorship over needs," or from „life as a historical continuum," the totalitarianisms altered not only „the social," but Life itself. Locked in a socio-historical response of fragmentation or even annihilation *ethnos's* life, the landmarks of western thought avoids to relate to the concepts of „ethnic history" and / or „ethno genesis" – functional patterns for the establishing of the quantity of genetic energies that are either stored or accumulated by the group.

Placed in the equation of *biopolitical* reflexes, articulating a (weakened) reply of liberal import to a populist *biopolitics* can approximate (only) the imperative that the state

[4] Rose, Politica vieţii înseşi

[5] Ferenc Fehér (2005) „Politică pe ruinele comunismului". *Idea Artă+Societate*, no. 20, 2005, http://idea.ro/revista/?q=ro/node/40&articol=286.

[6] *Preventive liberalism* considers that chaos can be ameliorated, or prevented, through the security umbrella, through prosperity and secularisation, or by the offer of a set of minimal guaranties (pluralism, tolerance, consumption society, etc.).

[7] Ágnes Heller, Sonja Puntscher Riekmann (1996) (eds.) *Biopolitics. The Politics of the Body, Race and Nature*, Avebury: Aldershot (UK).

is the main player in the demographic arena; paradoxically, the more it invests in health and in the extension of life expectancy, the more the „erosion" of society accelerates (through aging, generational mix, and integration of the inactive, that is, of those who do not contribute or contribute less to taxes). In a symbolic equivalence of *life body* with the notion of *Body of the Nation*, populists remain declared biopoliticians. Liberal rhetoric short-circuits the economic level, yielding in favor of the coexistence and the moral and emotional investment, valuing the cultural and educational capital (to which resorted, almost obsessively in the '30s and '40s, in the Transylvanian Romanian territory, in the publication *Eugenic and Biopolitical Bulletin*).

Social medicalization: (also) an effect of religious experience

Taking as starting point the debate around the medical conscience marked by certain types of religious deviation (felt from the end of the 16th century), M. Foucault stated his faith in *altering the physical powers of man* under the pressure of demonic intervention, *of the spirit that remains a spirit even when it has acquired a body*. Form of finite power, finite to and by the space of imagination, demonic force mobilizes all the aspects of *bios* (the solidarities of body), controlling and directing the access to truth, in an equivalence of *power* with the *immanence of error*.

Under the pressure of „medicalising" parareligious experience, what changes is the ratio *excluded-included, recognized-rejected* incidence fixed at the level of the possibilities of deviation of the body – a point of explosion of transgression. In a point by point inventory, medicalisation has no reductive value – it is *a fortiori* and inevitable demonstration of existence – it has not the meaning of naturalistic explanation, since it is a complex operational analysis of the demoniacal intervention and not a psychological approach, targeting the body supports of „fantasy". It does not touch the pathological limits because it envisions the confusingly essential belonging to a realm of mistake and error[8].

Such religious effects are easily recognizable as well within contemporary discourse of the *postmodern philosophers* or of the *commentators of secularization*, with reticence concerning the fact that the interpretation of the world and the (self-) interpretation human

[8] Michel Foucault, *Biopolitică şi medicină socială. (*Cluj: Editura Idea Design&Print, 2003), 28.

being as „ ethical being" and „citizen" are no longer accepted as „strong effects" of public religion[9].

What is delivered actually by the phrase *post-secular society* is in fact a *society deprived of monopoly* which, in the name of democracy and liberal thinking, requires the release from the pressure of any form of „intellectual totalitarianism", including that of secularization. The refusal of any form and formula of the monopoly of the interpretation on the grounds that *post-secular societies* impose the recognition of the fact that „modernizing public conscience" contains and transforms, reflectively, religious and profane mentalities, confirming the reflux of *religion in society.*

Imprisoned (rather deliberately) in the demonic imaginary space, the *therapeutic* (rational way suppression harmful elements and processes), issued a sort of Pasteurian evidence that, in the presence of disease and their changes, the diagnosis consists in determining the agent of evil, identifying it as singular body. In an ethno-epistemology of the *medical character*, the Pasteurian Revolution deprived this character of her role in ritual producing and in testing disease[10].

Organized in concentric arias of power relations influences, all modern psychiatry is fractured by antipsychiatry, by calling into question the role of extracting the reality of disease within the hospital space, with clear distinction between the *epistemological* processes and *political* ones. *Depsychiatrisation* reduced disease to its strict reality, and to its actual minimum – a psychiatry with zero output, aseptic and asymptomatic. Inverting this mechanism (although, both operated by the same conservatism of power) – psychiatry cancelled the production of truth, the anti- version striving to adequate the production of truth and medical power – by diagonal withdrawing outside the asylum space, in order to cancel the effects of psychiatric superpower. Moreover, the correlative demedicalisation of power in antipsychiatric practice, proposes a (possible) release in relation to the unique form imposed by the *Power – Knowledge* relationship.

Politically, private and „liberal" medicine is subjected to individual initiative mechanisms and market laws consider a *medical politics of power*, and the health of community. The pole of initiative, organization and control of this *noso-politics* can be located only inside the state apparatuses, translating into the eighteenth century a collective assumption: everyone's health represents an emergency for all / the state of health of a

[9] J. Habermas, J. Ratzinger (2004) „Les fondements prépolitiques de l'État démocratique". *Esprit*, June 2004.
[10] Foucault, *Biopolitică şi medicină social,* 46.

population as general object of concern, by entering into the regime of health in relation with the assistance techniques.

A local model of social medicine: Eugenics and Biopolitics Bulletin

Recovering the biological-normative model of what *Eugenics and Biopolitics Bulletin* termed "genetic and eugenic nomenclature", the concept of *social medicine* reviewed in the Romanian realm of the '30s and '40s the correction of (mostly) rural disfunctionalities and the curative mitigation of the adverse impacts of the urban. Constantly preoccupied with finding adequate political systems of thought detached from materialistic context of an exaggerated individualism or communist socialism, the version of biopolitics launched by the *Eugenic and Biopolitical Bulletin* vindicates the need to confer a certain dynamic to the provincial model – as pulsing artery of the centre – with a strict link to a generalizing direction for the European and American space. Moreover, the approach is anchored permanently in stable landmarks of political philosophy and academic-scientific action and less in a totalizing formula, with accents sometimes inflamed, delivered as an alternative policy option.

By definition, *social medicine* represents a normative discipline of this psycho-biological future of the individual, considered an integral part of society (not an end in itself), a ring in a generational chain, placed inside a homogeneous social group „diagnosed" accordingly to the influence of hereditary, pathological, professional and social factors. The concept of *social medicine* is subsumed to a culture of health[11], achieved through preventive, curative, health and social measures, ensuring the integrity of the breed, public health and an optimum of living conditions[12].

If most studies approximating Romanian eugenics phenomenon of the '30s and '40s, incriminate a slipping into the „potentiating of the racial genius" of the German import and a capitalization of mental disposition of the ethnic body, of the superior elements against the degenerate ones, the Romanian pattern insists in a dialogue with *all* weather contemporary patterns (which operated in the same logic!). It accepted that (after the International Congress of Anthropology and ethnology in Copenhagen, 1938), the labeling

[11] SPC (1940). *Buletinul Eugenic şi Biopolitic*, nos. 1-2-3, vol.XI, January-February-March 1940, pp. 92-93.
[12] The imperative signalled by SPC, sustained also the establishment of a Clinique, according to the discussed model of the Clinique student in Chicago) of personality, motivations, character, adaptability and enrolment (*Buletinul Eugenic şi Biopolitic*, nos. 1-2-3, vol.XI, January-February-March 1940).

"inferior races", and "superior races" were just a transitory form or formula inside a humanity perceived as a marital community[13].

Accepting biological argument as unassailable foundation of theorizing identity, politically convolved (starting point for political rights and obligations), Romanian Transylvanian eugenicists[14] have implemented an inclusive model, biologising national identity. Considered (following the general political typology) politicians without party, their priority was healing „social maladies" [15] and the preventive ensuring of the „hygiene of the nation".

Within the „biopolitical" chaos, Iuliu Moldovan established in a politicizing key that „most measures of eugenics cannot be successfully imposed by law", but only by appealing to a much more subtle and more dangerous (by the apparent innocence) policy „offer" and propaganda that can create „the eugenic conscience, and the biological responsibility" [16].

Within the limits of this socio-politic imperative, I. Moldovan proposed the freeing from „the almightiness of economic politics", damaging for the human capital, counting on a sort of alleviating corporativism, translated into a „ modified democracy" (undisturbing for the relationship with the Peasant National Party), to the extent where, protectionism and the guild spirit became the secondary products of the social stratification, and blocking elements jamming a genuine biological competition. As notice also by Marius Turda[17], the history of eugenics was seen far too long solely through the lenses of Nazi racial hygiene, imposing the conceptual maturing necessary for its comparative-multidisciplinary examination.

[13] The idea is discussed also by Constantin Stanca in the article „Rostul biologic al femeii" (1940). *Buletinul Eugenic şi Biopolitic*, nos. 1-2-3, vol.XI, January-February-March 1940, retrieving the notion of family from a feminine-physiological perspective and calling attention on the fact that „woman nowadays get married late and does not want children".

[14] Romanian eugenicists were active at Cluj (1927-1940) and Sibiu (1940-1945), under the patronage of Astra society and they have received supplementary funds, either from government, or from private sources. Their activity was developed at the Faculty of Medicine in Cluj, at the Institute of Social Hygiene, through studies, conferences, scientific articles and popularisation articles, published monthly in *Eugenic and Biopolitical Bulletin*. Astra Society ensured, in print, as well the funds as the distribution market (the distribution to its members).

[15] „Social diseases" are placed, eugenically, under the sign of an eclectic-synthetically conception, including also the epidemics.

[16] Lucian T. Butaru (2010) *Rasism românesc. Componenta rasială a discursului antisemit din România până la Al Doilea Război Mondial*. Cluj-Napoca: Editura Fundației pentru Studii Europene.

[17] Marius Turda, *Modernism and Eugenics*. (NY: Palgrave Macmillan, 2010).

Beyond the defunct or more active traditions of eugenics, impregnated it with a socio-cultural and biological narrative, the term is reinvested by M. Turda with emblematic value for pragmatic modernism – within a polysemic pattern of thought, a *Begriffsgeschicte*. [18] In the same analytical key, for Robert Nye[19], a cultural history of eugenics is one where biomedical ideas become socially mediated by the influence of the institutions, through political power and the inexorable logic of geopolitics.

Considering the entropic characteristic of eugenics, translated in a *biopolitical fashion*, the desiderate had in view the historical mission to reject the past by the appeal to an alternative political order, based on the rebirth⁄ reinvention of the ethnic community. The final purpose of eugenics – the biopolitical state regulated by the scientific norms of the medicine and hygiene – remade society and the state entirely, from the perspective of the principles of racial homogeneity and protectionism, with the mention that biopolitical eugenics contains its own inner contradictions: on the one hand, it ritualizes the importance of the nation and on the other hand, it sacrifices its members for the possible rebirth of a new state.

Eugenicists have appropriated the flow of modernity's dynamics, particularizing and reordering the chaos installed post-1920, in an overlapping subject-object predicted, however, by Fascist and National Socialist regimes. Nevertheless, the biological definitions of eugenics and biopolitical nationalism remain the norm and not the exception of the '40 in Europe.

Particular in the circulation of the interwar discourse, Iuliu Moldovan's biopolitics assumes (roughly) similar meanings to the Foucaultian term, establishing that the connection between truth and power represents actually an opportunity and not a threat, to the extent that eugenicists were placed in the position of monopolistic producers of biological truth. During interwar period in the Romanian town of Cluj, the relationship biology - politics translated „a biological and psychological conception of our national ideal." Biopolitics meant primarily a national policy pursued through „compelling" biological arguments and then a policy of supporting the „nation" found in „biological competition" with other nations, a competition which, according to the author considered, was named beneficial, unfair or sometimes even dangerous.

[18] Turda, *Modernism and Eugenics*, 2.

[19] Robert A. Nye (1993) „The Rise and Fall of the Eugenics Empire: Recent Perspectives on the Impact of Biomedical Thought in Modern Society". *The Historical Journal*, 36, 1993.

Biohistory: reality and/or strategy

In the context where the notion of *regime* (in the sense of rule of life and form of preventive medicine) expands by doubling its meaning with that of *collective regime of the population*, and it can easily spot that the privilege of hygiene and functioning medicine was an instance of social control (consider the disappearance of the great epidemic storms, the lowering morbidity, the prolonging of average life span, etc) would trigger a number of authoritarian interventions and a sum of severe control actions. *Hygienist function* becomes a privileged political position in the eighteenth century; loaded in the nineteenth century by socio-economic facets, as hygienist benefited from *a plus of power* (that person was also high counselor or an expert in improving and maintaining the social body in a permanent state of health).

Biohistory translates, in a Foucaultian view, the biological effect of medical intervention – medicalisation network, socialization of body depending on production and labor force, within the context of the following "mathematical" equations: body = biopolitical reality and medicine = biopolitical strategy.

In a Foucaultian perspective, the comparative harmonization of the three models and areas of medicine, compete the alternative of a onerous state medicine (the *German* model), or a *general project of control* without a precise of power instrument (the *French* model) or the organization of *a medicine with different aspects and forms of power*, with clear boundaries, or, finally, a medicine of assistance, administrative or private, using a complete medical investigation (the *English* model). In this cumulative sense, *health policy* worked a sort of shift and broadening of its objective, to prevent disease, doubling the concept of health in the descriptive sense of determining the specific variables for a particular group, or community, by developing certain types of intervention that are neither therapeutic nor strictly medical. The translations identified confirm that medicine becomes integrated (even if only partially) to an ampler economic and political management, with effect in a rationalization of society. *The good state of society is declared the main purpose of political power.*

Recovering the *strong meanings* of *state medicine* as political construct, Foucault had the opinion that the concept would describe the German model (early eighteenth century), the science whose object is the state, focusing (also) on the functioning of the political machine, defining methods by which the State produces and accumulates

knowledge that enables its operation. Nevertheless, such a (re) assessment of the German concept *Medizinischepolizei* – a complex observation system for morbidity, designed to normalize the medical practice and knowledge, the administrative organization controlling doctor's activity and creating medical officials appointed by the government, gives it a position of power, by the exercise of authority or by the actual power available to it.

Nearer to *the soft the direction of politics* translated by the architectural and urban articulation, the French model proposed a foundation of social medicine not on social structure, but rather on the expansion of urban structures – a economic rationality, but also political (political tensions from within cities, the coexistence of small groups, the surviving riots, the traffic control, the study and control of the places of waste accumulation, the organization of distribution chains and sequences, and so on). Filtered by political hierarchy, the object of medicalisation of the English type focused on state – town – the poor and workers, as a political force able to rebel. The nineteenth century emphasized popular unrest, clarifying the assembly of political and sanitary concerns raised by proletarian or plebeian population, confirming the fact that by the nineteenth-century, the urban population did not pose a medical threat, social medicine (the law of poor) being implemented as a sanitary cordon, transposed in an authoritarian manner in relationship to the idea of taxed assistance.

With reference to the Beveridge plan – a model of health organization after the end of World War II in Britain – bearing symbolic meanings, but also practical reasons in health transformation into an object of concern for states and individuals (in the context where individual's right to maintain a healthy body becomes the subject of state action) – M. Foucault insisted on a reversed conceptual route: *the state placed in the service of the healthy individual instead the healthy individual in the service of the state* [20]. Along with Beveridge plan health enters both within macroeconomic field (health is source of spending) and political struggle. Between 1940 and 1950, the Beveridgean symbolic reference makes for a *new right* of a *new moral,* a *new economy*, and a new *politics of the body*: *the body as the primary goal of state intervention.*

The new dimension of medical possibilities – the *biohistory* – would deepen, according to Foucault, the current medical crisis, either by the non-technical reconciliation with nature, or by indefinite medicalisation, giving a medical status to the request, considering that health has become an object of consumption. In a Foucaultian perspective,

[20] Foucault, *Biopolitică şi medicină social*, 67.

the body enters on the market twice – once by salary and then by the dysfunctional process of *health consumption*. Inserting health within political economy has entertained the paradox of social transfers separated by the social security, deepening the inequality of consumption of sanitary services. The standard of living is defined also by the capacity of consumption of the individuals, although, economically, the increase of the medical consumption does not improve, proportionally, the general level of health. Otherwise, the purpose of health policies follows the imperative of accomplishing an equitable distribution of the services of medical assistance. European Union sanitary models are part of the high insatisfaction concerning the modalities of financing and providing medical services, translated by lacks in equitable access to medical services, in the control on spending, in the efficiency in the use of resources and of the control of the quality of medical services. The plan of social stability gives increased priority to the guarantee of the medical care for elders and to the preventive care as a potential alternative, of economic order.

The objective translates in Foucaultian key, by the imperative of equitable financing where the spending reflects fairly the payment capacity and not necessarily the risk of getting sick. The European Union converts thus *the strong European models – Beveridge model* or *Bismarck model* – consisting in private financing by voluntary insurances, and *Semashko model*, where there is a budget of the social state insurance. Remaking the three case studies proposed by Foucault (*Germany, France* and *Great Britain*) we are relating all three to the crises of medicine in the states of the European Union we notice clearer the inadequate aspects pertaining to system or inventory.

French health system is maintained within the limits of the status of combinatory product, of private and public sector, based on mandatory health insurance, completed by private voluntary insurances. Counting on urban medicine, the French system assumes responsibility for protecting all citizens and the government is dealing with health and welfare system, controlling the relationships between various financial institutions and hospitalizing public sector.

Faithful to the Bismarck model (unchanged from 1883), the German model guarantees equal access to the volume of advanced medical services. Dysfunctional remains the matter of the aging population with effect in the decentralization principle of distribution on which social security is based. The organization and financing of health

services bears the signs of decentralization and self-regulation. The role of government is limited to legal framework, while executive responsibilities enter the prerogative of the Länder administrations.

National Health Service of Great Britain (self preserved since 1948) is a public health service funded principally from taxes. Primary care and the central role of family physicians and the relative simple accession to secondary care remain the strengths of the British system. The weakness lies in the small financial resources devoted to secondary care – the main reason for long waiting lists in hospitals.

Romanian health system based on a modified version of the *Bismarck model* and inspired at its inception (by the end of the ‘40s and ‘50s) by the Soviet model (*Semashko model*) preserved, nevertheless, similarities with the systems existing in Western Europe (UK, the Nordic countries, etc.). The lack of coherent regulatory policy concerning health (after 1990) was maintained by the inheritance of a deficit in the ability of systematic analysis and development of strategies, in the context of the shortcomings in the domain of public health management and of health services, activating contractual databases concerning the free choice and the payment of the doctor.

In conclusion, if Michel Foucault noted that since the birth of clinical medicine, medical thinking has philosophically engaged in determining the status of being, the Romanian model of the ' 30s and the '40s, just counted on *demo politics* as particular concern of *biopolitics* for the hygiene and health of the population. Otherwise, the register currently used by the local Romanian model in discussion remains peaceful, unchanged by explicit racism, located equidistant from the variants circulating in the era and integrated within a fashion of *saeculum* often ideologically and politically inflamed, but without a clear membership as a whole to the racist theories that accompanied this science in other countries.

For Romanian biopolitics of the '30s and '40s remains focused inwards, articulating only particularizing replies.

We have to state here the necessary observation that evading (voluntarily) the Foucaultian landmarks, these quite few interventions focused on the Romanian contemporary biopolitics, reduce the scope of the implementation of such a notion in transposing bioethics in political environment, in an artificial attachment to pre-election

political discourse, to extract from this foundation only the attribute of „well formulated" *bioethical or biopolitical discourse*[21].

[21] See, in this perspective, *Biopolitica în România de mâine – un SF de succes*, http://egophobia.ro/?p=1766.

REFERENCES

1. **Butaru, Lucian T.** (2010) *Rasism românesc. Componenta rasială a discursului antisemit din România până la Al Doilea Război Mondial*. Cluj-Napoca: Editura Fundației pentru Studii Europene;
2. **Feher, Ferenc, Agnes Heller** (1994) *Biopolitics*. Viena: Editura Avebury, European Centre;
3. **Foucault, Michel** (2007) *Naşterea biopoliticii*. Cluj: Editura Idea Design & Print;
4. **Foucault, Michel** (2003) *Biopolitică şi medicină social.* Cluj: Editura Idea Design&Print;
5. **Geyer, Christian** (2011) (coord.), *Biopolitik*. Frankfurt am Main: Suhrkamp;
6. **Heller, Ágnes, Sonja Puntscher Riekmann** (1996) (eds.) *Biopolitics. The Politics of the Body, Race and Nature*, Avebury: Aldershot (UK);
7. **Nye, Robert A.** (1993) „The Rise and Fall of the Eugenics Empire: Recent Perspectives on the Impact of Biomedical Thought in Modern Society". *The Historical Journal*, 36, 1993;
8. **Turda, Marius** (2010) *Modernism and Eugenics*. NY: Palgrave Macmillan.

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1. *Buletinul Eugenic şi Biopolitic,* vol. V, august-septembrie-octombrie, nr.8-9-10, 1934;
2. *Buletinul Eugenic şi Biopolitic*, vol. VIII, nr.6-7, iunie-iulie, 1937;
3. *Buletinul Eugenic şi Biopolitic,* vol. VIII, nr.10-11-12, octombrie-noiembrie-decembrie, 1937;
4. *Buletinul Eugenic şi Biopolitic,* vol.IX, nr.3-4, martie-aprilie 1938;
5. *Buletinul Eugenic şi Biopolitic,* vol. IX, nr.9-10, septembrie-octombrie, 1938;
6. *Buletinul Eugenic şi Biopolitic,* vol. IX, noiembrie-decembrie, nr.11-12, 1938;
7. *Buletinul Eugenic şi Biopolitic,* vol. XI, nr.1-2-3, ianuarie-februarie-martie, 1940;
8. *Buletinul Eugenic şi Biopolitic,* vol. XI, aprilie-mai-iunie, nr.4-5-6, 1940;
9. *Buletinul Eugenic şi Biopolitic,* vol.XIII, nr.1-4, martie-aprilie 1942;
10. *Buletinul Eugenic şi Biopolitic,* vol. XV, nr.1-2, 1944.
11. http://documente.bcucluj.ro/web/bibdigit/periodice/buletineugenicsibiopolitic/