

An Artistic Examination of Medical Records: A Critic of Biopower in the Work of Salima Punjani and Carolyn Lazard

Foregrounding the political dimensions of illness, disability, and care, Salima Punjani and Carolyn Lazard amplify the voices of survivors and subjects of medical experimentation. Using medical imaging and technology, they confront the main articulation of biopower, thus calling for disability and transformative justice.

By Charlotte Jacob-Maguire

Medical imagery and medical records, far from being disinterested documents, are the dehumanizing and violent artefacts of medical objectification. These records contain only the point of view of doctors and are devoid of the voice of the person to whom they belong. Artists Salima Punjani (she/her) and Carolyn Lazard (they/them) investigate the structural ableism and racism present in medical documentation and imagery. Both Punjani and Lazard take their own experience of disability or chronic illness as the basis for their approach to their work. They use real medical documentation and technology as their raw material, in order to bridge the medico-scientific and social realms. By appropriating medical “fact” from institutions (hospitals and prisons), they confront the main articulation of biopower.

Human sympathy and empathy come into sharp contrast with what Michel Foucault calls *biopower*, which, in his view, “is continuous, scientific, and it is the power to make live.” Considering that this is the predominant form of power in modernity, Foucault also admits the existence and “emergence of a power that [he] would call the power of regularization, and it, in contrast, consists in making live and letting die.”¹

In her series *Progression* (2018), **Salima Punjani** enmeshes magnetic resonance imaging (MRI) scans of the brains of numerous multiple sclerosis patients (who gave their explicit consent for her to use their scans) with the portrait of their subject. The portraits identify the person with objects or poses that are most familiar to them: a pan or shoes, lying down with their eyes closed or smiling





II

victoriously. Being deeply collaborative, her photographs both incorporate and overwrite the pathologizing content of the scans, thereby foregrounding the singularity and emotions that are normally stripped of the person by medical processes.

MRI is like video. Art historian Christine Ross describes it as “a technology which, when it takes a tactile approach to the surface (accentuating the electronic fluctuations of skin, and the body’s scintillating contacts with the screen), radically undermines [...] the notion of the body as a unified representation or distinct biological organism opposed to the mind, thought, and the machine.”² This subversion of unity is at the same time a subversion of personhood. Concomitantly, the quality of MRI is precisely the invasive gaze that it has on its subjects. MRIs show both one of the deepest and most complex areas of the body and, equally, slices of a brain devoid of the personhood, subjectivity, and intricateness of an individual.

Punjani’s work is an attempt “to create space for people to share their stories outside of the medical system,” of that ever-uncomfortable “pathologizing environment.”³ I argue that this space is defined for Punjani by the difference between bioethics and care. On the one hand, bioethics “is an academic and professional field in which experts are asked to establish protocols for and critically react to the role of medicine in everyday life, evolving technologies which mediate bodies and environments, and relationships between medical professionals and patients. Bioethics is, then, a network of relations in which power differentially operates.”⁴

If bioethics is related to power relationships, care, on the other hand, is defined by interconnectedness and provision of support.⁵ Arguably, differentials of power have no place in the dynamics of care. Through care, Punjani adds points of entry to her narrative production—for instance, incorporating a vibro-tactile “real-time immersive brainwave translation system”⁶ designed to enable blind people to have access to her work. The exhibition visitors’ own biodata, in this case electroencephalogram signals, become a part of the work.

In their video *Pre-Existing Condition* (2019), **Carolyn Lazard** examines the archives of the University of Pennsylvania and of the city of Philadelphia, where the records of Holmesburg Prison are kept. The archives document the history of human experimentation by Dr. Albert Kligman (1916–2010), a professor of dermatology at the University of Pennsylvania, and his complicity in medical experiments⁷ conducted on people detained in the prison. As Lazard has commented: “Most of the people who participated in these experiments were poor, Black people who remained incarcerated in this city jail because they couldn’t make bail. Participating in medical experiments was a way to make money for bail or for commissary.”⁸

These medical experiments involved a wide range of chemicals, from beauty products to household cleaners to military-funded psychotropic treatments. One entailed exposure to dioxin, among the most pernicious carcinogens in the world.⁹ A conversation between Lazard and Holmesburg survivor Edward Yusuf Anthony is interwoven with the medical records in the video. In this conversation, the

tension between personal history and official records is rendered visible. Like many others, he was effectively disabled by his participation and has spent his life navigating the long-term health conditions associated with being experimented upon. The institutions acknowledge no responsibility for disabling people such as Anthony and argue that the prisoners gave informed consent, absolving them of liability. The intersection of the medical and the racist is the domain of biopower.

For Foucault, biopower came into its own with racism, through which exclusion from life was determined on the basis of a certain race. I would add ableism into the intersections of biopower. "Making live and letting die" is how biopower is articulated in relation to disabled bodies. Since "politics now reaches into the interior recesses of life through the body, making life the very subject of and object of politics,"¹⁰ being disabled, as a medical category and basis for public policy, means being threatened with being let to die. Bioethical protocols regulate this margin. In the current situation of COVID-19, at least one jurisdiction has clearly enunciated that people at advanced stages of a neuromuscular disease (including multiple sclerosis) would not receive intensive care should they contract the virus.¹¹

Punjani confronts how biopower demands or requires that we live a bare life that can be bioethically administered without regard for the subject in need of care. Lazard goes to the archive in order to face the biopower's other expression, the institutional abdication of responsibility, and the letting die of those at the margins of the biopolitical matrix.

Biopower is intimately connected with bioethics as "a predictable product and tangible outcome of the movement of power in society."¹² Should we regard bioethics as biopower, we would see that "differences [are] made perceptible as pathology, while the subjects who come to bear them are rendered as defective, are disabled, and signified as less than fully human."¹³

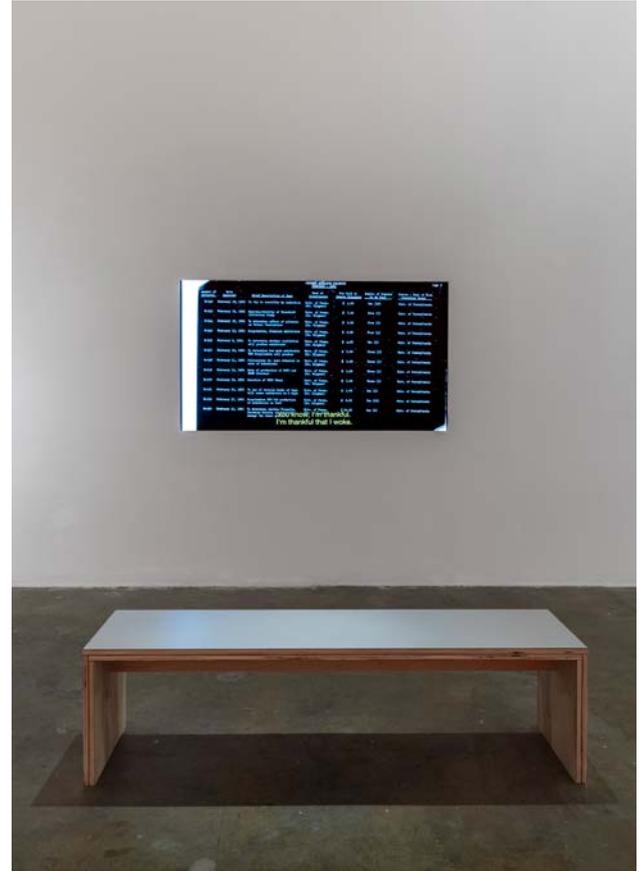
Foregrounding the political dimensions of illness, disability, and care, Punjani and Lazard wish to bring a strong voice of survivors or patients into the institution (prison or medical archives). By interlacing MRI scans with portraits or interlocking images of archives with the voice of a survivor, both artists collapse official records into personal history. In both cases, the juxtaposition is a call for disability and transformative justice. ●

III

JULY, 1964						
<u>Number of Protocol</u>	<u>Date Approved</u>	<u>Brief Description of Test</u>	<u>Name of Investigator</u>	<u>Fee Paid to Inmate Volunteer</u>	<u>Number of Inmates To Be Used</u>	<u>Source - Name of Firm Providing Money</u>
H-365	July 14, 1964	Transplant Removal	Univ. of Penna. (Dr. Waldorf)	\$ 13.00	One (1)	Univ. of Pennsylvania
H-366	July 14, 1964	Topical Caproic Acid Study	Univ. of Penna. (Dr. G. H. Reichling)	\$ 1.00	Eight (8)	Univ. of Pennsylvania
H-367	July 15, 1964	Regional Variation Topical Mercuric Chloride Test	Univ. of Penna. (Dr. G. H. Reichling)	\$ 4.00	Ten (10)	Univ. of Pennsylvania
H-368	July 15, 1964	Topical Caproic Acid Test (Environmental Chamber)	Univ. of Penna. (Dr. G. H. Reichling)	\$ 3.00	Ten (10)	Univ. of Pennsylvania
H-369	July 15, 1964	Intradermal Injection of Dextrose Solution	Univ. of Penna. (Dr. G. H. Reichling)	\$ 1.00	Seven (7)	Univ. of Pennsylvania
H-370	July 16, 1964	Inner lip exposure to sun lamp and biopsy study	Univ. of Penna. (Dr. Waldorf)	\$ 5.00	Two (2)	Univ. of Pennsylvania
H-371	July 17, 1964	Sweat Study	Univ. of Penna. (Dr. Shelley)	\$ 3.00	Two (2)	Univ. of Pennsylvania
H-372	July 17, 1964	48-80 on Inner Lip	Univ. of Penna. (Dr. Waldorf)	\$ 1.00	Three (3)	Univ. of Pennsylvania
H-373	July 20, 1964	Deodorant Study	Univ. of Penna. (Dr. Shelley)	\$ 1.00	Four (4)	Univ. of Pennsylvania
H-374	July 20, 1964	To check absorption of MK-705 administered orally (6-aminopenicillanic acid)	Univ. of Penna. (Dr. A. M. Kligman)	\$ 15.00	Six (6)	Merck, Sharp and Dohme Company

**they keep giving me medicine
that makes me sick.**

Foregrounding the political dimensions of illness, disability, and care, Punjani and Lazard wish to bring a strong voice of survivors or patients into the institution.



IV

I-II
Salima Punjani, *Progression* (2018)
 Photo : Magdalena Olszanowski, *Vibrations* Exhibition

III
Carolyn Lazard, *Pre-Existing Condition* (2019)
 HD Video, 6 min
 Courtesy of the artist and Essex Street / Maxwell Graham, New York

IV
Carolyn Lazard, *Pre-Existing Condition* (2019)
 HD Video, 6 min
 Installation view, *Colored People Time*, Institute of Contemporary Art, Philadelphia, Pennsylvania (2019)
 Courtesy of the artist and Essex Street / Maxwell Graham, New York

¹ Both quotes are from Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975–76*, trans. David Macey (New York: Picador, 2003), 247.

² Christine Ross, "To Touch the Other: A Story of Corpo-Electronic Surfaces," in *The Feminism and Visual Culture Reader*, 2nd ed., ed. Amelia Jones (London: Routledge, 2010), 618.

³ Email correspondence with Salima Punjani, 20 July 2020.

⁴ Melinda Gann Hall, *The Bioethics of Enhancement: Transhumanism, Disability, and Biopolitics* (Lanham: Lexington Books, 2017), x.

⁵ Tony McCaffrey, "Institution, care, and emancipation in contemporary theatre involving actors with intellectual disabilities", in *The Routledge Handbook of Disability, Arts, Culture, and Media*, ed. by Bree Hadley and Donna McDonald (London: Routledge, 2018), 191.

⁶ Email correspondence with Salima Punjani, 20 July 2020.

⁷ Carolyn Lazard, "Pre-Existing Condition," *Carolyn Lazard*, <http://www.carolynlazard.com/new-page-3>

⁸ Catherine Damman, "Carolyn Lazard by Catherine Damman," *BOMB Magazine*, 10 September 2020, <https://bombmagazine.org/articles/carolyn-lazard/>

⁹ *Ibid.*

¹⁰ Timothy Campbell and Adam Sitze, *Biopolitics: A Reader* (Durham, NC, and London: Duke University Press, 2013), 18.

¹¹ Marie-Eve Cousineau, "Des critères de triage jugés discriminatoires pour les personnes ayant un handicap," *Le Devoir*, 21 May 2020, <https://www.ledevoir.com/societe/sante/579319/des-criteres-discriminatoires-pour-les-handicapes#>

¹² Melinda Gann Hall, *The Bioethics of Enhancement: Transhumanism, Disability, and Biopolitics* (Lanham: Lexington Books, 2016), ix.

¹³ Shelley Tremain, in Melinda Gann Hall, *ibid.*, x