



Book Review

The Biomedical Empire: Lessons Learned from the COVID-19 Pandemic.

Barbara Katz Rothman. 2021. Stanford: Stanford University Press. 164 pages, ISBN 978-1-5036-2881-6 Paperback (\$14.00)

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In *The Biomedical Empire: Lessons Learned from the COVID-19 Pandemic*, medical sociologist Barbara Katz Rothman focuses on the biomedical empire, how it governs our lives, and the implications of its growing power. The biomedical empire, according to the author, is the transnational arrangement of entities involved in medicine and healthcare that behave like imperial powers. While the book primarily draws on examples from the United States and the author's own lived experience, Rothman makes the case that the biomedical empire is transnational and transcends the nation-state. Unfolding over ten chapters, the book contributes to existing work in the sociology of medicine and scholarship on empire in contemporary contexts.

First, why is biomedicine a useful lens to understand imperial formations? Rothman argues that the biomedical empire demonstrates the hold that biomedicine has on our daily lives, from birth to death. Growing aspects of life are being medicalized including "problems, joys, events, accomplishments, failures, hopes, and dreams" (19). Medicalization, the author points out, creates new categories of risk that individuals are responsible for managing. The creation of pre-disease or pre-diabetes categories are a case in point. According to Rothman, the process of creating new risk categories and medicalizing everyday life is not adequately explained by the social construction of illness, medical imperialism, and diagnostic imperialism approaches. In this



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context, the biomedical medical empire framing enables an understanding of how a group of powerful entities actively construct illness. The operation of this empire remains invisible because it has colonized not only people, places, and objects, but also knowledge.

Second, what is the biomedical empire? Rothman argues that the biomedical empire has replaced the state in governance nationally and globally. This biomedical empire, the author contends, is “more powerful than global industry—extending beyond each neoliberal government” (25). The primary actors in this are transnational corporations that have served to legitimate biomedicine. The author defines biomedicine as “an industry, a set of problems and solutions, and a way of thinking and being in the world that addresses the basic issue of humans as embodied beings” (28). In shedding light on the biomedical empire, Rothman attempts to unite diverse phenomena, including medical tourism, experimentation on populations in the global South, and surrogacy across borders. These developments involve the transformation of citizens and workers into consumers of global biomedicine. While the field of medicine, Rothman shows, has evolved over time it has been premised on the colonization and devaluation of the knowledge of Indigenous groups. The author points to the development of evidence-based medicine to show how the medical field has cemented its knowledge and practices while delegitimizing and criminalizing alternate practices. Simultaneously, medicine as a profession has been superseded by business interests and biomedicine as an empire.

With the control of the economy, “the rule of law under its control,” (32) and religious power biomedicine is an imperial formation. Biomedicine as an industry has extended its reach beyond the hospital, profiting on an increasing number of aspects of life and constructing new forms of risk and consumers through advertisements. In addition to being an economic power, Rothman argues that biomedicine is a “global power” (40), comprising a small fraction of global elites with extensive reach in global governance. It also operates as a religious power by propagating medicine as a religion, premised on the faith and belief in the medical field.

Third, how is health defined within this regime? Rothman defines health as a “state of being in which the body isn’t giving much trouble and is even capable of giving pleasures” (54). Healthcare, according to the author, should involve access to “clean air, clean water, [and] access to good food” (54). The biomedical empire is not invested in the health of individuals and communities but instead in “colonizing our bodies and care, to create...risk averse consuming objects” (62). It erases care and bureaucratizes healthcare, in the context of the United States through medical insurance.

The COVID-19 pandemic, according to Rothman, revealed the vulnerabilities of the biomedical empire, through images of overwhelmed hospitals, shortages of medical supplies, and people dying alone without family members. Given the transformation of care during the pandemic, Rothman points to the importance of bringing “health and care back into health care” (120) by defunding hospitals and investing in the institutions and systems of care giving. These institutions include hospices, clinics, home birth, and family leave that counter the impersonal ways in which patients are viewed, treated, and moved through the hospital system.

Rothman's book is an important and timely intervention on the role of empire in systems of healthcare. The book inspires several questions. First, the author does not adequately consider the consequences of defunding hospitals. Specifically, in the context of the global South where healthcare access is limited, what are the implications of such a move? Or if Rothman's recommendations are meant to be understood in the context of the global North, then what about calls to nationalize healthcare in the United States such as in the United Kingdom and Scandinavian countries? Second, what are the implications of a move towards care work in the context of gendered and racial divisions of labor? While Rothman notes the unequal burden of care work on women and people of color, the author does not consider the consequences of care work on existing hierarchies of labor. Third, how do religious logics counter the claims of the biomedical empire? Rothman argues that "biomedicine has replaced religion at the gates of life" (78). Questions of religion and medicine have come to the fore with the overturning of *Roe v. Wade* in the United States, challenging the legality of abortion. While Rothman frames religion and biomedicine in conjunction, what might the cleavages between these forces say about religion, medicine, and empire? Finally, how do we understand Rothman's call to provide access to clean environments as a solution to the issues of the biomedical empire, in the context of climate change, growing toxicity, and increasing complexity of disease? The irrevocable nature of these developments now requires new ways of dealing with these issues and moving beyond a return to a time of environmental abundance. While Rothman's book leaves these questions open, it provides a valuable set of concepts for future research on medicine and empire.