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## INTRODUCTION

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### Enumeration, Identity, and Health

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Although the production of national spaces, citizens, and populations through enumerative practices has been well explored in a variety of disciplines, anthropological methods and analysis can help to illuminate the everyday practices of enumeration, their unexpected consequences, and the co-construction of identities through these processes by both the “counted” and the “counters.” The authors in this special issue illustrate how enumeration inflects lived experiences, produces subjectivities, and reconfigures governance. Focusing on the spatial, temporal, ideological, and affective dimensions of the techniques of enumeration, the authors also provide insights into the multiple forms of biopolitical expertise and knowledge that accumulate legitimacy through numerical discourse. They also highlight the ways in which governing structures, institutional and cultural norms, market logics, and rational–technical interventions influence the relationship among numerical categories, subjectivity, and everyday experience.

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Techniques of enumeration—particularly social practices related to surveys, census, and their enlistment in mapping projects—have a clear relationship to the power of a sovereign or governing body to “see” or preserve order (if somewhat tenuous) within its bounded, imperial or national territory (e.g., Hacking 1982; Scott 1998; Urla 1993). An unintended and “subversive” effect of enumerating, Hacking writes, is that it “demands *kinds* of things or people to count” (1982:280). While anthropologists have explored and elaborated how enumerative and statistical methods produce national spaces, citizens, and populations, less attention has focused on the everyday practices and unintended consequences of enumeration, and the ways that both “counters” and “counted” co-construct categories of identity through use of enumeration.<sup>1</sup> In this special issue, the contributing authors examine ethnographically how numbers and enumeration change lived experiences, produce subjectivities, and reconfigure governance. Specifically, they ask: In what ways do the demands of enumeration become articulated? Who performs the counting? How are people or things made to “count”—in other words, who and what is made visible (and invisible) in the process of counting? In what ways do people meet the demands of the practices of enumeration? How do the people (who count) experience and identify with the categories that emerge alongside and in tandem with techniques of enumeration? And finally, what is at stake for various actors in the process of enumeration?

This special issue of *Medical Anthropology* is based on a panel at the Society of Medical Anthropology Yale University conference (September 2009), “Circulating Numbers: Convergences of Enumeration and Identity.” In this issue, Thurka Sangaramoorthy, Adia Benton, Jennifer Liu, Crystal Biruk, and Susan Erikson explore how numbers and techniques of enumeration affect lived experiences, categories of difference, and (re)configurations of global, state, and self-governance through ethnographically grounded research. These authors examine everyday practices of enumeration and statistical representation—enabling business management rationalizations, calculating genetic frequencies, recording CD4 counts, surveying HIV seroprevalence, and monitoring routine epidemiologic surveillance—and explore their role in constructing identities and mediating lived experience. They also demonstrate how techniques of enumeration play a critical role in making diseases, health information, and at-risk populations knowable, represented, and acted upon in an array of transnational sites. In addition to sharing a commitment to ethnographic description of processes of and effects produced through techniques of enumeration, the authors engage with issues of global health inequalities, the impact of technoscientific developments, new knowledge and subjectivities regarding genetics, and neoliberal privatization.

Through the contributions to this volume, we illustrate some of the shifting and co-productive relationships between public health, science, and categories of people. Specifically, we examine how social actors produce, silence, distort, appropriate, or challenge the often assumed expertise of numerical discourse. Sangaramoorthy explores the various levels of surveillance that structure US-based HIV/AIDS prevention programs and highlights the circulations of what she considers “numerical subjectivities”—the ways in which identity and subjectivity become entangled in numerical considerations. In particular, she examines the means through which Haitian immigrants living in South Florida are interpellated as risky subjects, racialized others, and objects of intervention through HIV/AIDS treatment and prevention programs.

In her account of the debates over Sierra Leone’s seroprevalence figures among state actors, UN agencies, and international NGOs, Benton highlights the competing claims about the nature of knowledge produced about Sierra Leone’s HIV epidemic and its effects on the claims HIV-positive people make on government agencies that distribute HIV-specific aid. Liu

examines the claim that Taiwanese are “thirteen percent Aborigine.” In particular, she explores how these types of “fractional identities” and associated measurement techniques are used not only to generate knowledge about Aboriginal populations in Taiwan, but also to buttress claims about a genetically unique—and desinicized—Taiwanese identity. Liu argues that these techniques of measurement articulate with humanitarian projects to incorporate Aborigines into a national body, as they also attempt to rescue those bodies from a host of social and biological pathologies presumed to be inherent to their genetic makeup.

Biruk examines demographers’ survey data collection efforts in rural Malawi, turning a critical eye to everyday practices of data collection and the conditions influencing research projects’ decisions about how to “see” social reality and transform it into “high-quality data.” Biruk documents how “epistemic virtues” guide efforts to transform rural Malawian social realities into numbers and to manage the uncertainty inherent to those numbers. Erikson, who conducted her research in Sierra Leone and Germany, explores how neoliberal market logics of profit-making, investment, optimization, quality assurance, and efficiency dictate the collection, collation, interpretation, and dissemination of infant mortality rate data.

Together, the five authors shed light on several themes critical to medical anthropology. First, the authors of three of the papers (Sangaramoorthy, Benton, Biruk) focus on HIV/AIDS, and interrogate HIV/AIDS statistics as “immutable mobiles,” or as data whose collection and interpretation are intended to cross borders and stand in as universal knowledge about risk groups, seroprevalence, and health prevention science. Taken together, in these articles, we illustrate how institutional demands and sociocultural constructions of race, sexuality, nationality, and class guide data collection, analysis, and dissemination in diverse geographical regions as Malawi, the United States, and Sierra Leone. In so doing, we demonstrate that HIV/AIDS statistics, no matter how hard their architects try, are never really immutable as they move from field to office, “local” to “global,” and households to nation—nor are the presumed “immutable” aspects of HIV/AIDS statistics resistant to manipulation, adjustment, and co-optation for personal and political agendas that may lie outside HIV-related considerations.

Second, all five articles investigate various techniques of enumeration by attending to history, time, and temporality, particularly in relation to the inherent tensions between qualitative and quantitative accounts of reality. In their efforts to describe, document, and trace populations and identify and elaborate health risks, governments, and other bureaucratic institutions enlist enumeration projects to “capture” information about populations at a particular point in time. Brought into “project time,” both qualitative and quantitative information gathered in these projects are leveraged in various ways to depict present truths about a particular health problem, predict future health crises, and reconstruct past events. Moreover, data collected in the name of protecting health often have histories and reflect the shifting demands and uses for health information in a variety of institutional and personal projects.

Third, the authors discuss the importance of space and place to enumeration projects and their relationship to everyday experiences of inclusion and exclusion. Often, the interpretation of seroprevalence surveys, routine disease surveillance, and census data relies on predetermined categories of space, as they also reproduce distance between the places where the data are collected and where they are “cleaned,” analyzed, and disseminated. They also reflect and perpetuate distance between those who serve as objects of analysis and those who perform the analysis. The authors demonstrate this relationship between place-making and enumeration in multiple ways. Sangaramoorthy and Erikson describe how surveillance systems are nested within each other to

reflect the complex relations between overlapping levels of governmental and nongovernmental oversight of health data at the local, state, and national levels. The flow of health information “up” from the community, therefore, increasingly comes to reflect an experience of growing distance between community health workers and national strategic interests and agendas related to the operation of public health projects.

Benton addresses these forms of nesting in terms of distance between qualitative vernacular accounts produced “on the ground” and based on local experiences, and population-based surveys that represent an objective, “bird’s eye view” of populations and their public health problems. Likewise, Biruk and Erikson demonstrate how demographic projects often involve linguistic, discursive, and performative place-making practices that serve to inculcate and reproduce ontologic and geographic bifurcation of “the field” (reality) and “the office” (where reality is represented). Highlighting these “distancing” effects brings to relief the metaphorical and real spatial divisions between regional and national governance; urban and rural locales; research projects and research subjects. In addition, Erikson circumscribes the “global” in global health by bringing Germany and Sierra Leone and their infant mortality rates into the same social field of analysis and scrutiny, while Liu explores the elaboration of historical and geographical boundaries between China and Taiwan, rooted in notions of calculable genetic flows and patterns of ethnic distribution in Taiwan.

And, finally, as suggested, enumeration of health issues, lived experience, and identity are intimately intertwined. This collection of essays tells stories about how people consciously (and sometimes unknowingly) produce, engage with, and enlist numbers into a range of personal, professional, and political projects: to legitimize their claims about what is true and knowable; to register recognition for their experiences of health, well-being, and belonging; to distinguish themselves from others; and to demonstrate their mastery of and active participation in a particular kind of knowledge production and expertise. Sierra Leonean health workers and consultants model and perform technological know-how and an espousal of market logics by revealing reams of health data to expatriate researchers. European and North American expatriates legitimize and authorize truth claims about Sierra Leone and Malawi and their health problems through the production of “good” and “clean” numerical and statistical data. German statisticians lament degrading concerns for “good quality” data that accompanied unification of East and West. In Taiwan, scientists, scholars, and officials use Aboriginal genetic frequencies to support distinct identity and political projects related to what it means to be Taiwanese. Haitians in Miami enlist enumerative products of HIV/AIDS surveillance to make subjectivities and reject expert mediation in the management of risk.

Together, these articles further our understanding of the increasing scope and breadth of global public health governance in the twenty-first century, and the role of enumeration in the globalization of clinical scientific research and new scientific technologies, transformations in the subjective experience of disease, and the growing disparities in health outcomes. They provide crucial insights into the multiple and complex forms of biopolitical expertise and knowledge that accumulate legitimacy through numerical discourse and contribute to the growing anthropological literature in the social studies of science. By applying anthropological analyses to the emerging transformations in the relationship between the techniques of enumeration and their impact on subjective experience, we illustrate the extent to which governing structures, institutional and cultural norms, market logics, and rational-technical interventions define the relationship between numerical categories and subjectivity.

## NOTE

1. A notable exception is Matthew Kohrman's (2003) work on disability statistics in post-Mao China, in which government workers' motivations to undertake a large-scale disability survey were as much about identity formation as they were about the expansion of state intervention into the lives of the disabled.

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