111 | ‘grandpa lives in paradise now’: biological precarity and the global economy of debility

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abstract

This paper examines the relations and the tensions between debility and disability in global contexts defined by complex forms of bio-social precarity. My focus is Baan Kamlangchay, in Thailand, a care home providing care for older people with dementia and Alzheimer’s disease from the global North. I treat Baan Kamlangchay as one concrete example of emerging circuits of transnational care/reproductive labour in order to investigate the interrelations between disability and wider global bio-political inequalities. Using the concept of ‘biolegitimacy’, I discuss the power dynamics in the relationships between the racialised and gendered care workers in the centre and (white) disabled residents. I argue that debility, understood as the flexible gradation of dis/ability and in/capacity, allows us to better understand these novel forms of embodied precarity and their political implications in global contexts.

keywords

biological precarity; transnational care; global economy of debility; disability; race; gender

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introduction

Two long-tail Thai boats, adorned with colourful ribbons, rest in the shallow turquoise waters in a bay surrounded by rocky mountains. The white sand falls into the sea in the distance. This image, from the 'Amazing Thailand' campaign poster,[1] appears to have become one of the clichéd symbols of Thailand.[2] The calmness of the unbroken water and the promise of shade offered by the canopies on the boats seduce us (the tourists-to-be) to 'relax and let [the Thais] power [our] vacation'. Yet, the poster does more than promote Thailand as an ideal destination for tourist travel. It acknowledges our need for respite from work (and workout)—'You've spent enough time on the rowing machine'.

Now, consider this poster alongside another image of Thailand as 'the paradise' for other weary bodies. Once again the calm blue surface reflects the tall palms surrounding the pool, echoing the fantasy of primeval nature and the rest awaiting us in the Edenic paradise of 'Amazing Thailand'. This time, the wheelchair user and his/her assistant reflected on the pool's surface in the image's upper edge suggest a special type of 'holiday' and a particular kind of paradise: 'Palm trees and a swimming pool, games and outings—this is not a holiday camp, but a care home for the elderly at Chiang Mai, in Thailand' (Jorio, 2014, n. pag).

The latter image is one of several photographs that accompany an article, 'Alzheimer: Opa lebt jetzt in Chiang Mai' ('Alzheimer: Grandpa lives in Chiang Mai now'). The 2009 article was featured in *Chrismos*, a German Christian monthly, reporting on the care centre/home Baan Kamlangchay.[3] The centre provides round-the-clock personalised care to predominantly German and Swiss residents with Alzheimer's disease and dementia (Leyssner and Holch, 2011 [2009], n. pag). Also in 2009, German television reported on the same care home, 'Thailand: Opa lebt in Paradies' ('Thailand: Grandpa lives in paradise', Abresch, 2009). Founded in 2003, Baan Kamlangchay has attracted considerable attention from both those looking to solve the problem of long-term care and critics concerned with the move to expatriate older and disabled people and to outsource their care to nursing homes abroad.

In Germany, discourses of a crisis in care (*Pflegekrise*) often coalesce around 'nursing homes' as cultural locations of loss. The loss of bodily and mental capacity becomes a loss of human dignity, sovereign subjectivity and home (as both a dwelling place and a Heideggerian being-in-the-world). The marketing of centres such as Baan Kamlangchay further plays upon and exploits anxieties around depersonalised and overmedicalised care ('*Satt-und-sauber- Pflege*', fed-and-clean care; Leyssner and Holch, 2011: np). For instance, in 2007, 'Anonymous' published a book titled *Where to with the Father? A Son despairing over the care-system*:

> My father in a double room! *Two men at a ripe old age* who have never met before, two perfect strangers, *are supposed to spend the rest of their days together on a few square metres now that they are old and invalided* [sic]. They are supposed

[1] 'Amazing Thailand' is the name of campaigns produced by the Tourist Authority of Thailand (TAT) promoting Thailand as a destination for tourists. The poster described was created by the TAT office in the United States.

[2] The Facebook gallery of 'timeline covers' offers variations on this image: *http://www.facebooktimelinecovers.org/category/thailand/* [last accessed 24 June 2015].

[3] Martin Woodtli, who is Swiss, established Baan Kamlangchay in 2003. As its official website explains, the Thai word *kamlangchay* stands for 'heart companionship', or 'comforting attendance'. The website clarifies further: '[the name of the centre] emphasises the loving, affectionate and respectful way with which the Thai approach older people'. *http://www.alzheimerthailand.com/AlzheimerThailand/Index.htm* [last accessed 24 June 2015]. Baan Kamlangchay has even earned its own entry on *Pflegewiki*, specialising in information about care options. *http://www.pflegewiki.de/wiki/Baan_Kamlangchay* [last accessed 24 June 2015].

> *to share the other's daily rhythm, smell his odours, suffer the other's pain and his insomnia*. And, when it comes to it, to see him struggle with death and die—in the bed next to one's own. Unbelievable! (Anonymous, 2007, in Tong, 2013, p. 49; emphasis added)

Baan Kamlangchay, by contrast, promises small-scale homes, providing personal intimacy and contact with and integration into local communities. Most importantly, the close care and constant active attention of the carers to their charges or *Schützlings* is often illustrated by a close-up photograph of a smiling and attentive Thai care-worker feeding/playing ball with/embracing/walking hand-in-hand with their clients. Such portrayals have been taken up by media and in public discussion as evidence of this paradise for grandfathers and grandmothers with Alzheimer's (Abresch, 2009; Holste-Helmer and Helmer, 2012; John, 2012; Gray, 2014; Jorio, 2014). What is offered is a new home, a place where the disabled Northerners are not only kept clean and fed, but where they are 'cared for' and where they belong.

In what follows, I argue that Baan Kamlangchay, and centres like it, are part of an emerging new trend and circuit of transnational care mobility. In many ways it is a reversal of the global care chain, which is most often conceptualised as a transfusion of femininised caring resources from resource-poor nations to the global North (see Hochschild, 2000). In these newly established circuits, older, disabled and sick people in need of long-term care in Western European countries and countries of the global North become transnationally mobile in the search for financially accessible care alternatives in the South. In this sense, Baan Kamlangchay heralds the global effects of the neo-liberal ideology of privatisation of the social and the public. It is part of a growing politics of austerity, particularly in Europe, that advocates cuts in social welfare provision and rejects social solidarity as an irresponsible squandering of resources on 'scroungers', who are frequently depicted as disabled people (of colour).[4]

As I discuss the ways in which these new care establishments draw upon colonial tropes and legacies of white supremacy, it is important to emphasise that for most older and disabled people the move to buy care abroad is not always a voluntary decision. Individuals are often forced to move out of their homes and away from their social networks for financial reasons. So once again, in relation to disability, we are talking about illusions of choice, where there might be none (see McRuer, 2006, pp. 1–33).

Neo-liberalism(s) and their global reach, as several disability scholars have argued, have changed what could be called the political economy of disability. '[T]he geopolitics of disability in the new world (or the geopolitics of disability in crip times)', Robert McRuer (2010, p. 163) believes, has served to question the field's canonical claims. For McRuer, this means an opening up of possibilities for the re-cognition of bodies 'not immediately legible within the identity-based or nationalist terms' (*ibid*.). Elaborating on Livingston's conceptualisation of debility (discussed below), Puar (2012, 2014) has further complicated 'the horizon by which we come to understand disability as an oppressed identity category' (Fritsch, 2015, p. 36). Puar challenges us to think about how disabled bodies can become recapacitated within neo-liberal economies and how particular understandings of disability are implicated in this profitable commodification. Erevelles' (2011, p. 39) concern is with 'the black disabled body' (where black is not exhausted by skin colour) as a 'commodity that has economic, social, cultural and linguistic implications for transnational subjectivities'. Erevelles' enquiry into how 'the body becom[es] a commodity of

[4] See Margrit Shildrick's essay in this issue.

exchange in a transnational economic context' (*ibid.,* p. 21) invites us to see how race, gender, sexuality and disability come together in 'simple' fantasies of the 'good life'.

In response to these feminist discussions, I seek to further nuance the situated meanings of disability and debility in their present neo-liberal and transnational materialisations. When she first proposed the term, Livingston (2005, p. 1) offered 'debility' as a category to name a 'profound human experience' that records a moment when 'bodily norms are profoundly disrupted'. In Livingston's view, debility is an experience that constitutes an embodied and materialised 'intersection of culture and somatic life', registering the ways in which 'people [...] experience history in their own bodies' (*ibid*.).

At the same time, Livingston's work on debility expresses an epistemological politics that spoke critically to disability studies' own history and legacy of 'Northernness' and of capitalist modernity. For one, debility places the experience of (bodily) frailty, impairment and incapacity into the centre of critique. '[T]he marginalization of the somatic aspects of impairment in the field of disability studies contrasted with their emphasis in Botswana', Livingston (2006, p. 113) pointed out. Furthermore, she noted 'the dominance of Euro-American concepts of individuality and independence that underpin rights-based language on the one hand, and physiological understandings on the other, again contrasting sharply with Tswana notions stressing the social permeability of the body and the person' (*ibid.*). In these ways, Livingston offered debility as a way to articulate the materialisation of embodiment, impairment and incapacity, arising out of particular geo-social and historical junctures, marked by political economies of exploitation.

Building on Livingston's insights, I am interested in the relationship and tensions between debility and disability in contexts defined by complicated forms of bio-social precarity and global economies of care. I treat Baan Kamlangchay as one concrete example of emerging circuits of transnational care/reproductive labour in order to investigate the interrelations between debility and wider global bio-political inequalities. I think of these inequalities as forms of 'biolegitimacy', a term used by Didier Fassin. Fassin's (2009, p. 50) biolegitimacy describes a global 'politics of life' instituting some (and not other) forms of life as a source of power and 'a mode of governing' (and which in this context I see as serving to articulate and legitimate Northern claims to care in the global South).

Biolegitimacy is especially valuable in making sense of the complicated and ambivalent power dynamics between the racialised and gendered care-workers and the (white) disabled subjects living in Baan Kamlangchay. It captures both the fleshy rationality and 'affective economies' (Ahmed, 2004) inflecting debilitated claims to sustenance and the transnational capitalist commodification of labour in Thailand. Yet, there are also other relations at work in Baan Kamlangchay with regard to how Alzheimer's disease and dementia are signified in the context of Western medicine and culture as the ultimate dismantling of the subject's sovereignty and subjectivity. I argue that Alzheimer's disease and dementia have become particular biomaterial and discursive sites through which racialised supremacy and structures of colonial imperialism are reanimated, producing myriad forms of precarity.

My interest in precarity as a structural positioning draws on recent critical redefinitions of the term that foreground a coalescence between flexible, disposable labour and precarity. I argue that debility, understood as the flexible gradation of dis/ability and in/capacity (see Fritsch, 2015), allows us to better understand the ways in which biology articulates precarity with structures of power in novel forms and

with political implications. By emphasising the 'bio' in this new phrasing of precarity, I push for greater attentiveness to the bio-matter of bodies (their parts, capacities and vital power). I call for recognition of the ways in which bio-matter, 'the matter of the living' (Fassin, 2009, p. 49), becomes a source of the cultural gradation of debility and capacity and a resource for its capitalisation.

It is significant that the concept of precarity in feminist debates offers both a critical perspective and a transformative horizon. Lauren Berlant invokes precarity as 'an ideological term, a rallying cry for a thriving new world of interdependency and care that's just not private …' (in Puar *et al.*, 2012, p. 166). Butler (2009) views precarity as a critical gesture towards a self-transformative politics, recognising and acknowledging forms of bodily dependency and vulnerability. As Butler (2009, p. 61) frames it, precarity is a condition of suffering that is also 'a radical act of interpretation in the face of unwilled subjugation'. My discussion of biological precarity and debility in this paper is similarly motivated by its transformative potential.

'where others go for holidays'[5]

'Is Thailand now the paradise for Europeans suffering from dementia?' asks Baan Kamlangchay's website. At first glance, this language of optimism and promise is confusing. It contrasts starkly with Western biomedical and cultural discourses that frame dementia as a new threatening epidemic. The 'explosion of dementia' has been named as the 'ticking time bomb' of global health (Piot, in ADI, 2012). Transnational health organisations express frequent concern over the 'alarming rate' of its growth (WHO and ADI, 2012, p. 8). In its 2009 report, Alzheimer's Disease International (ADI) uses the moral algebra of epidemics to underscore the severity of the situation: 'With a new case of dementia in the world every seven seconds there is no time to lose' (Prince and Jackson, 2009, preface, p. 2). In 2012, this figure was said to have risen to one new diagnosed case of dementia every four seconds.[6] Furthermore, dementia and Alzheimer's disease were singled out in the 2011 Presidential Proclamation of the United Nations as constituting 'one of the major challenges for development in the twenty-first century' (in WHO and ADI, 2012, p. 9). 'Dementia is one of the major causes of disability in later life. It accounts for 11.9 per cent of the years lived with disability due to a non-communicable disease.' (*ibid.*, p. 8). It is against this background of dementia and Alzheimer's as an economic burden and a 'challenge to development' that the affective politics at work within representations of Thailand as a paradise-like location are brought into sharp relief.

Let us return to those seductive images that preface this essay. Despite their differences, both images share a basic grammar: an imperative of health, capacity and ablebodiedness interpellates the viewer while Thailand becomes the adverbial gerund of recapacitation, relaxation and sustenance of one's vitality/life. Both images work to promise to revivify the viewer's capacities and to either dispose of any signs of disability/debility or provide a 'solution' (in the form of personalised care). Clearly, what we encounter is a fantasy. This specific fantasy plays on colonial tropes, conjuring visions of a paradise-like 'place of renewal' (Holden, 2012), a location where life for the Northern, disabled and precarious

[5]'Where others go for holiday' ('*Wo die Anderen Urlaub machen*') is a phrase used in the reportage 'Thailand: Opa lebt im Paradies' (Abresch, 2009).
[6]World Health Organization, Ten facts on dementia, *http://www.who.int/features/factfiles/dementia/dementia_facts/en/* [last accessed 27 July 2015].

subject is (still) sustainable and economically feasible. 'In Thailand, you can still afford to be old and to be ill' (Abresch, 2009).

This orientation towards a transnational transaction of bio-capital, somewhat euphemistically termed medical tourism, also appears as an economically sensible and profitable option for Thailand and other countries of the global South. Thailand is considered one of the 'leaders in this international industry' (Snyder *et al.*, 2011, p. 3; see also Shetty, 2010) and the state supports and assists these developments. For instance, in 1999 the Tourist Authority of Thailand (TAT) began promoting Thailand's health-care services and in 2004 it participated in organising the 'Thailand Health Expo 2004' (Cohen, 2008, p. 233). Thailand has also become one of the main resources for transnational surrogacy services and more recently for gender reassignment surgeries. And even if the 'Amazing Thailand' campaigns do not promote health care in any explicit sense, they do position Thailand as a source of bio-capital and as a resource for rejuvenating the vitalities and capacities of incoming tourists/Northerners. As has been noted by others (e.g., Cohen, 2008), tourist promotions are able to semiotically accommodate the myth of Thailand as an enchanted Oriental garden of hospitality and spirituality within the image of modernised packages of health-care and personalised 'revitalisation'.

The fantasy of centres such as Baan Kamlangchay as places of 'renewal' is twofold. The fantasy plays upon and mirrors the anxiety that societies of the global North share in the face of biological precarity. It is also a part of political economies of debility that underpin a transnational distribution of life and vitality, making possible and even profitable the increased precariousness of certain lives (Kolářová, 2015). My use of biological precarity references the present shift in discourses of citizenship and governance of life/death. It also aims to signify the profound forms of bodily vulnerability that follow from the collapse of the illusions of biological sovereignty, both individual and collective, and from the eroding of structures of social support, provided by the state as well as households and communities.

'paradise'

Paradise might be one of the most over-used stock images in tourist advertising. It is, however, rarely associated with old age, dementia or debilitation. Yet, as the TV and print-media reports focusing on Baan Kamlangchay indicate—and film narratives such as *The Best Exotic Marigold Hotel* (2011) suggest—the mythology of paradise has a new platform. It is now augmented through fantasies—to borrow words from one of the *Marigold Hotel* reviews—about the 'elderly and beautiful' who, 'financially distressed' by the austere climate of Europe and its failing social systems, hope to find 'a place of renewal … to shake off the North Atlantic chill' (Holden, 2012). Such fantasies of paradise are grounded in neo/post-colonial tropes and presumptions about what a privileged life is. That the paradisiacal is now discursively associated with age, frailty and dementia/Alzheimer's invites further enquiry.

McClintock's (1995) *Imperial Leather* is instructive in such explorations. McClintock has described how capitalist mechanisms of commodification were instrumentalised in ideologies of racism and imperialism while also establishing a gendered order at the centre of the Empire in the nineteenth century. Banal objects such as the bar of Imperial Leather soap packaged ideas of racial supremacy and subordination

into everyday consumption, creating what McClintock has dubbed 'commodity racism'. Commodity racism played a vital role in securing colonial dominance, taking 'scenes of domesticity into the public realm, while at the same time [it] took images [...] of the empire into every home' (McClintock, 1995, pp. 209–210). For McClintock, it was this insinuation of racialisation into mundane practices of consumption that assisted in affirming colonial dominance—and in ways more effective than the professional and scientific legitimisation of racial subjugation.

McClintock's analysis of domesticity as a trope readily useable for colonial figurations is helpful in understanding the coming together of notions of home, domesticity and paradise that we presently encounter within a dense net of colonial/oriental fantasies of (surrogate) care for older, debilitated and disabled people. Of course, the historical present is very different from the era described by McClintock. Nonetheless, contemporary narratives concerning establishments such as Baan Kamlangchay seem to play off similar semiotic encodings. McClintock's 'porno-tropics' (1995) explicates the geo-social gendering of zones of imperial power. In porno-tropics, the land as well as its inhabitants are feminised and racialised and space is configured as that which offers diverse forms of renewal and rejuvenation.

In the case of Baan Kamlangchay, phrases such as 'the weather is lovely, the people friendly' (Abresch, 2009) collapse characteristics attributed to the land onto 'its' people. Within these latter-day Northern fantasies, Thailand becomes synonymous with a culture in harmony with nature and a place where a body is in harmony with the mind. Thais are positioned as ultimate carers: feminine and feminised, submissive to their 'guests' or charges, happy to 'be there for [them]' (Abresch, 2009) and provide them a new home. The harmony between the material and the spiritual ascribed to Thai culture is marketed as a healing element: 'The people['s] [...] movement is rather slow and relaxed', eventually influencing the behaviour of the 'impatient', 'always-in-rush' and 'effectivity-driven' Europeans (Holste-Helmer and Helmer, 2012; see also Abresch, 2009). Similarly, the Baan Kamlangchay website emphasises Thai culture's ability 'to bring the body and the soul into harmony'.

While in Europe xenophobic anxieties about the threat and destructive influence of the cultural alterity of refugees and immigrants grow ever steeper, in this context language and/or cultural difference are (re-) interpreted as a source of potential rehabilitation for the disabled European residents: 'The allures [of the cultural difference] can temporarily arrest the disease [of dementia]' (Abresch, 2009) while 'the mind is invigorated by the new impulses' (Woodtli, quoted in Abresch, 2009). What is perceived to create the perfect conditions for older disabled/debilitated Europeans is Thailand's very otherness to Europe.

It is in the notions of home, the domestic and the familial/familiar that are so critical to the fantasy of Baan Kamlangchay and Thailand, where the locus of the claim to (racialised) privilege and dominance rests. This privilege entails several discursive, spatial and affective contortions, including the reversal of several tropes that in a European context are the basis of everyday racisms. In representations of Baan Kamlangchay there is a bringing together of the exotic with the domestic, the other with the familiar, the primitive with the civilised (civilised before illness at least). One of the marked features of these inverted representations is how the privilege and biolegitimacy of the white disabled/debilitated subject and his/her claim to care and reproductive labour are configured. This claim to care is derived from the value of his/her life that is, in contrast to the life and vitality of the care-workers, foregrounded, assumed and unquestioned.

'no disability, no dirt, no labour': orientalising orientations

As I have argued, the trading off between the exotic and the domestic in the representation of centres such as Baan Kamlangchay is also a practice of ideological and economic domination. In what follows, I elaborate on the ways in which heavily gendered notions of *Zuwendung* (attention focused on the subject receiving care) in the new centres of care in the global South are part of an 'affective economy' (Ahmed, 2004) that allows the global capitalisation of disability/debility. This economy includes forms of desire, longing and nostalgia, and 'orientation'—to draw on Sara Ahmed once more—that further reveal affective structures of (racialised) dominance. Ahmed (2006) theorises orientation as a directional motivation in facing the world; 'The 'direction' of the social wish is for access', a direction that 'makes others accessible' (p. 118).

Holland (2012) argues that the 'psychic life of racism' is propelled by its own eroticism and desire, longing and erotic orientations towards other subjects. Feminist discussions of the libidinous seductions embedded in ideological structures of racism help us to understand the ways in which images of the global South care centres that circulate in Northern media are sexualised and racialised not only through objectifications of the feminised body but through the overarching structures of eroticism attached to racialised domination.

Baan Kamlangchay's website features several images that illustrate the argument I am making here about the ways in which the racialised structures of eroticism facilitate a neo-/post-colonial biolegitimacy. As pointed out above, the website (and the media coverage of the centre) provides multiple images of the carers and the residents in close and intimate moments of care. One such image depicts an older man seated in the middle of three young Thai women care workers,[7] offering visual evidence of the centre's claim to a 1:3 ratio of residents to carers. This image is haunted by the legacy of the visual manifestation of power of the colonial masters and patriarchs encircled by his (where 'his' is not exhausted by gender ascription and functions as a power deferential) submissive subjects. Similarly, another visual affirmation of the quality of care provided by the centre can be found in the centre's promotional material, which depicts a white man sleeping in bed while his Thai carer sleeps on the floor beside him.[8] The commentary clarifies that 'during the night one of the carers lies by the bed ready to attend to [their client's] needs', demonstrating the orientation of the care-workers towards their *Schützling*. The complex relationships of power in this image are important. Despite the emasculation of disability, the image renegotiates racialised supremacy through the biolegitimacy of surrogate care, spatialised in the image through the elevated position of the disabled man.

How do we account for the fact that it is the (Northern) disabled subject who is positioned at the forefront of these fantasies of biolegitimacy and viable futures? What ideological affective labour is performed through the suggestive question, 'Is Thailand now the paradise for [disabled] Europeans?' To begin to answer these questions, we need to think about the ways in which we understand these disabled/

[7]The image was published in the section 'Care' (*Betreuung*). It also appears alongside its many variations in the 'Who are we' (*Wer sind wir*) section that lists images of the residents with their carers.
[8]The described image was originally published in the section 'Care' (*Betreuung*) in the 'At night' (*In der Nacht*) column. It has recently been replaced by a newer image, very much like the one discussed here.

debilitated bodies as both 'compulsorily' moved out of their countries of citizenship (taking into account how financial and material realities can make it close to impossible for some people to sustain 'dignified' lives) and, relatedly, how these disabled bodies are then repositioned (materially and discursively) within a circuit of commodification of bodily capacities that rests on the vitality of the labour of racialised, gendered and sexualised care workers in the global South.

In other words, the disabled/debilitated bodies are repositioned as consumers of care. This repositioning *recapacitates* them for a fantasy that grants the Northerners affective (as well as socio-economical) relief in the face of biological precarity and allows the global North 'to imagine [...] one's community as having a viable future' (Vora, 2009, pp. 267–268). More poignant still, these fantasies of the future are construed against the denial of recognition of one's past and against affective structures of what Fatima El-Tayeb calls 'racial amnesia'. As El-Tayeb (2011, pp. xxv–xxvii) argues, racial amnesia externalises Europe's colonial pasts and creates the fantasy of a race-less space. We need to ask whether the fantasies of Thailand as the paradise for disabled Europeans with dementia and loss of memory become a vehicle of racial amnesia facilitating the denial of Germany's/Europe's involvement in and profit from the present neo-/post-colonial commodification of the global South's vitality.

Coming back to Erevelles' analytical probing mentioned earlier, I hence want to suggest that both the carers and the disabled residents become commodified bodies. They are materialised and consumed in different yet interconnected circuits of the global economy of debility. The original advertisement slogan for Imperial Leather soap—'No dust, no dirt, no labour'—that as McClintock argues both advertised (racial, sexual and domestic) cleanliness and made the necessary labour entailed invisible—resonates with the commercial representations of out-of-the-country care-homes. Just as the imperial advertisement utilised images of racialised ape-like figures to promote purity and middle-class respectable cleanliness, I believe that the disabled subject serviced and revitalised by carers in the global South serves to recuperate a racialised sovereignty.

This complicates McClintock's analysis. Within the historically changed conditions of the present neo-/post-colonial realities and their power inequalities, the structures of de-valuation for the racialised and feminised care-workers and white disabled subjects cannot be seen as the same as or equivalent to each other. These ideological and material mechanisms of de-valuation lend themselves to different forms of utilisation and capitalisation. The (Northern) bodies marked as 'debilitated' by dementia are repurposed and utilised in ways that can profit capitalism. This repurposing of debility relies on the racialised and gendered/sexualised domination and exploitation of other less privileged bodies, their capacities and vitality.

who cares?

As I have attempted to show, the concept of debility does not (need to) arrive into the archive of disability theory as an intrusive reconceptualisation, or a 'dramatic act of taxonomic substitution' (Berlant, 2011, p. 98). It can be an open-ended and undecided term that has the potential to strengthen the much-needed exploration of a global geopolitics of disability that feminist scholars have called for.

To conclude my discussion of the global economy of debility, I return to the discourse produced around dementia by transnational (corporate) bodies such as the World Health Organization (WHO) to suggest a further level of the structural buttressing of the global capitalisation of debility. I want to make clear how certain disabled bodies can become appropriated into the present system of global capitalism and corporate 'justice'. Such appropriation can take place in how individual and collective bodies 'come to matter' through exhaustion, precarity and exploitative exchanges of capacities.

Margaret Chan's (the WHO's Director General) statement reiterates the dominant note of discourses on dementia in developmental policies: 'Dementia *is a costly condition* in its social, economic, and health dimensions' (in WHO and ADI, 2012, p. v, emphasis added). A report produced jointly by WHO and ADI further specifies that 'The cost of caring for people with dementia is likely to rise even faster than its prevalence [while] most costs [worldwide] are due to informal care (i.e. unpaid care provided by family members and others)' (WHO and ADI, 2012, p. v). Before commenting on the way that dementia (and disability in general) is stigmatised as a cost and burden, it is useful to pause and take in the paradoxes —or what might be in fact considered the rationalities of global capital. As these transnational bodies express anxiety about the rise of 'dementia' in 'low-income' and 'lower middle-income' countries and the economic burden it will put on these countries, I have observed how high-income countries degrade and feminise the reproductive labour that they consume in these very same countries.

A further paradox of the global economy of debility/vitality is linked not only to the ways in which transnational policies can harm disabled populations in the global South (see Erevelles, 2011), but also to the logic of accounting for the costs of dementia. In an attempt to calculate the 'global costs' of disability, these transnational organisations adopt measures such as the Global Burden of Disease (GBD), Disability Adjusted Life Years (DALY) and Years of Life Lost (YLL). The WHO website definition of DALY indicates that the 'adjustment' always means 'loss', 'burden' and 'cost'.

> One DALY can be thought of as *one lost year of 'healthy' life*. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and *an ideal health situation where the entire population lives to an advanced age, free of disease and disability.* DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.[9]

The WHO closes the definition off with a highly simplistic calculation: 'DALY = YLL+YLD'.[10] The economising rationale here comes down to—as another definition of DALY provided by the World Bank sums up—calculating the 'effectiveness of health interventions [...] as the present value of the future years of disability-free life' (in Erevelles, 2011, p. 139). The transnational help to the South is 'classified according to how many years of "productive" (disability-free) life the individual loses as a result, and is weighted against age and work potential' (Erevelles, 2011, p. 139). This logic, as Erevelles argues, inadvertently classifies people by their assumed productivity, and thus the 'cost' of their lives rationalises potential health-care measures and interventions. It is a rationale that, Erevelles feels, belongs to the register of 'new eugenics' (*ibid.*, pp. 141–144). It is a cruel paradox of the global economy of debility that the 'developmental help' provided by transnational bodies to 'low-income' countries will be calculated against

[9] WHO website, Metrics: Disability-Adjusted Life Year (DALY), *http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/* [last accessed 24 June 2015]. Emphasis added.
[10] *ibid.*

assumed 'work potential', ultimately commodifiable as bio-capital in schemes of outsourced surrogate reproductive care to populations from wealthier nations.

These two modes of embodiment whereby one subject is the more 'legitimate' subject of care and investment of vitality, while the other is objectified as a source of labour and reproductive capacity (bio-capital), are marked by exhaustion and ideologies of abjection and misrecognition. The debilitated bodies of the North/'West', as I have suggested, are also commodified. They are used in circuits of commodification that work to strengthen racial capitalism and the exploitation of transnational labour markets. The bodies that were previously exhausted in the capitalist commodification of labour can be simultaneously 'outsourced' and economically recycled.

Baan Kamlangchay, as the materialisation of the fantasy of the paradise for the weary, challenges us to think about disability *vis-à-vis* complex and interlocking networks of oppression and the gradation of privilege. Even bodies that were already previously exhausted/debilitated in the capitalist commodification of labour and that are perceived as a source of an economically draining epidemic can be re-commodified in ways that serve to legitimise the political economy of global bio-capital. For their part, care-homes such as Baan Kamlangchay can become complicit with the biolegitimacy that underwrites racial supremacy. In the case at hand, there are not simply 'black' (exploited) and 'white' (privileged) bodies. All of the bodies offer a material record of the gradation of precarity, exploitation, oppression—simultaneous with and complicated through the gradation of privilege—however conditional and volatile.

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