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STORAGE PARA JOURNAL

Daniel Falb

*Sick Bodies Stored Outside of Themselves*

No 1	Discarded fish sandwich.
Go	You touch your relics
left outside ChertLüdde, then turn right	with your voice when
into the park towards Wassertorplatz	you speak to me:
Say something: “ ... ”	“ ... ”
Ok, you don't have Covid	Yes.
Cross Skalitzer Str.,	Go across the fragrant grass
in my {lip-}body	Wassertorplatz in the direction of Böcklerpark
there is a bag	Go further with lowered eyes until
with red orange	you're at the glistening water.
pulmonary incense (MRT, CT)	<i>Raise your eyes:</i>
your cancer tissues	This is where our bodies live,
after their 'disposal'	ray edifice clinic Am Urban,
HeLa	in
(The story	Draeger's
of <u>HeLa</u>	Integrated Care Manager (ICM)
Find out	Under the earth
all untold	in a server room.
tissue	That's where we are
stories)	searched.

The poem – the score of the first of three health care-themed walks around Kreuzberg, Berlin, created for a recent group show at *ChertLüdde* gallery – introduces what am going to be thinking about here, which is the patient file. I will not interpret the poem but the patient file is present where it speaks of ‘pulmonary incense’ and where it towards the end enters the Dräger Integrated Care Manager, a digital patient file storage system that is currently being installed at health care facilities across Berlin (Vivantes) and elsewhere. I will try to find out why the poem at all concerns itself with the patient file, and what are the source of some of its connotations. Finding myself rather irresistibly drawn to the figure of the patient

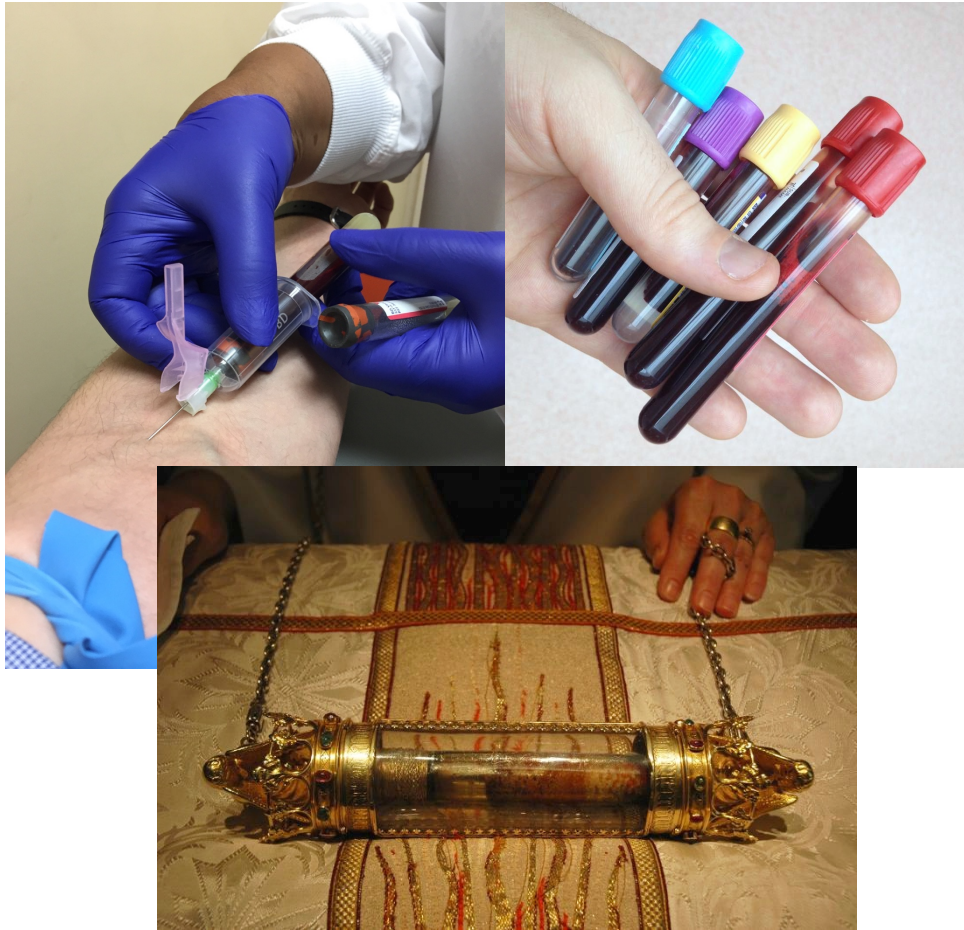
file (in a post-Covid world), I want to analyze the affective content of this otherwise paradigmatically boring and bureaucratic figure<sup>1</sup> that for the most part only health care professionals will deal with and care about: A piece of written information in bad handwriting, an MRI, blood test results, a sequenced genome etc., scattered across the cupboards and computer systems of your various physicians and the hospitals you visited over time, or already digitized as a single digital file that all health practitioners that will have ever touched your body add information to, from your delivery to your last breath at the intensive care unit...

Why do these data seem at all moving to me? Why is the patient file the locus of such

pathos in the poem? Part of the answer is that the patient file – ‘sick bodies stored outside of themselves’ – gathers within itself a series of religious motifs and histories that (in whatever secularized rendering) can trigger affective reverberations even in the obstinate atheist. The ‘incense’ in the poem signals that.

This is a small report of said reverberations and (mainly) a critique of them. Unpacking my affect image of the patient file – I needed a while to figure it out –, this is what I get:

(1) Many health data are drawn from blood and tissue samples that are tapped or cut from inside the body and brought to the day of light, analyzed, and converted into

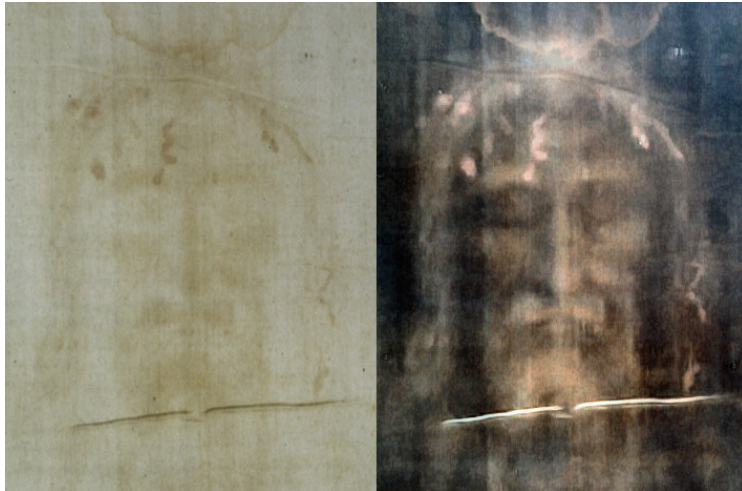


non/indexical signs that are compiled in the file. The body sample – which is routinely discarded while the poem imagines it to be included in the file as sort of wet matter –

connects the patient file with the history and practice of the relic: The tradition of viewing shreds of bodily remains of Jesus and the saints as *carrying within them an element of their blessed spirit and enacting its powers*. This presence of the far away and long dead person's holiness can in low dosages be felt in the patient file: It has the same spiritual glow.

(2) One can especially feel this where the file contains medical imaging like radiographic, MRI, MRT, ultrasound etc. images. It's not accident that there is a rich spiritist (Theosophic) history not only of photography but also of X-ray medical imaging, which 'makes the invisible visible' and, as ghost or spirit photography,



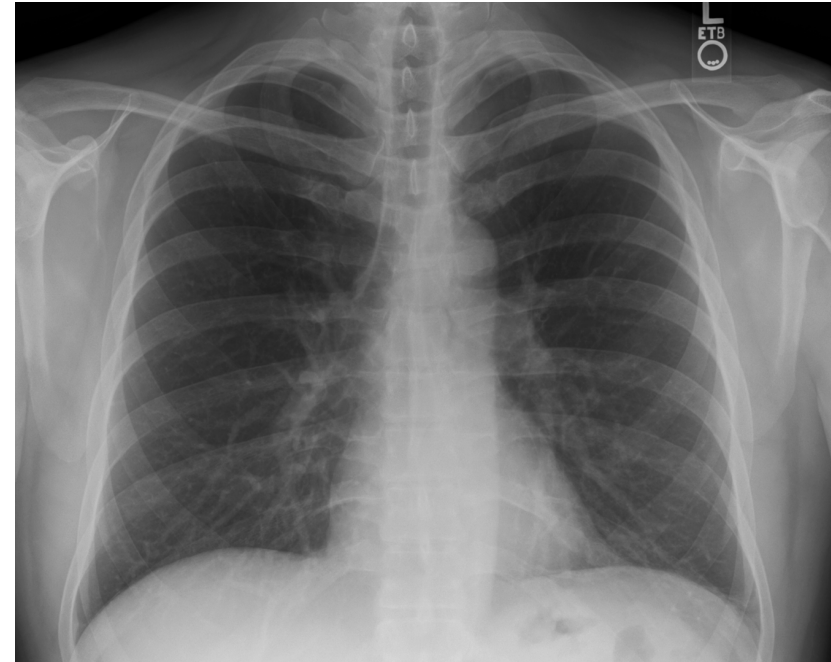


contributes to the aesthetics of spiritism in modernity.<sup>2</sup>

Compare an MRI image with the Shroud of Turin and you get the vibe.

A pair of X-rayed lungs resembles an angel.

(3) A third component comes from the fact that it is after all *sick* people who end up having a patient file. But the patient file is never just one, it always comes in the plural,



as product of a system of data collection, use and management. So the file does not just point to this or that person's accidental injury or illness, but to a generalized condition of human vulnerability, frailty and finitude; to the notion that the body makes us essential sufferers. This is the pathos of the fallenness of the human (of the idea of the secondary

nature of the physical world of bodies, the vanity of the flesh etc.). The pathos of the once-felt suffering that is now 'infinitely implicit' (as if a silent scream) in the endless rows of files, stocked and stored in the cellars of the medicine cabinets and museums of this world. –

I am skeptical about this affect image because of its religious origin. My understanding is that it comes from a world in which the transcendent – that which is *outside* of an individual's life on this planet – takes center stage in ethics (the question of the good life). In which care for the soul, whose origin and destination is explicitly not this life, has priority over care for the body, whose forfeitedness scripture has

ascertained. A world that is cognitively untenable (based on false assumptions about reality and our position in it). A frame of mind that naturalizes suffering whilst contributing little to stop it. The opposite of any real practice of care, for which the finite body is all and everything, and whose suffering it must work to prevent, soothe and heal.

How would a patient file affect image look like that is more in tune with an immanent or atheist notion of health care?

Let me start by reporting on a text that constantly sprung up in my head as I occupied myself with these matters, Michel Foucault's *The Life of Infamous Men* (a text I

never read but always remembered).<sup>3</sup>  
Foucault's essay is the foreword to a projected but never published anthology of 16th and 17th-century police and court reports of unremarkable people having committed petty crimes and being punished for them. Foucault wanted to gather them for their affective quality – “that vibration which I feel even today when I happen to run across these lowly lives reduced to ashes in the few phrases that have destroyed them.”<sup>4</sup> What is so touching about these old files, stored *en masse* in the basement of some French library? For Foucault, it has something to do with the historical invisibility of the unremarkable individual, and with (the gesture of) that which sometimes saves it

from such invisibility: “What rescues them from the darkness of night where they would, and still should perhaps, have been able to remain, is an encounter with power: without this collision, doubtless there would no longer be a single word to recall their fleeting passage.”<sup>5</sup> The pathos here resides with the “darkness” in which the finite individual is imagined to posthumously reside, but also with the nature of the “light” by which it is rescued – an agency or entity that is *ontologically distinct and heterogeneous* from, and incidentally much stronger than, the individual that it punishes and in doing so records: “power.”



Why would this text come to mind?

The affective link between the police record in Foucault and the medical record does obviously not lie in the recorded events, their impetus, and their impact on a person's life as such – being put in jail for sodomy by an early-modern absolutist state and receiving radiotherapy by a linear accelerator that makes your cancer go away are simply different things – but in the circumstance that both cases involve *an asymmetric as much as fateful encounter of the finite individual with an entity that vastly differs from it in scale and ontology*.

In the case of the patient file, this is (now) the *dispositif of apparatus medicine* – which is a large-scale infrastructural operation, a

system that encompasses state bureaucracies, market actors, cutting-edge research and development, and is heavily impacted by processes of digitization and automation as well as by the application of big data and AI/machine-learning technologies. In that system, the patient file is no longer a auxiliary tool to coordinate care amongst shifts in the clinic or render a doctor's visitation billable. No, the datafication of medicine is the dispositive in which the digital patient file – and more generally, the use and storage of large amounts of patient data – *takes center stage*.<sup>6</sup> It stands at the core of the new medical internet of things – impacting individual patients' care as much as research



and development and not least the economics of health care provision. 'Patient file' is just a familiar term for the *site where AI is starting to link up to your body, your clinic, your public health care system.*<sup>7</sup>

It stands for a new era of data in care.

At the same time, current popular imaginaries around intelligent machine evolution prove especially inadequate where dealing with human health and wellbeing – see e.g. Yuval Harari's bestselling *Homo Deus. A Brief History of Tomorrow.*<sup>8</sup> Harari combines the familiar narrative of humans being *rendered useless, pushed aside and existentially threatened* by machine evolution – showcased on the automation of the doctor-function, which could make human

physicians redundant –, with the equally familiar but somewhat contrary transhumanist narrative that said machine evolution could turn people into immortal god-like *super-humans* – see the title of his book. These narratives do not capture the ethical and existential charge of data-driven apparatus medicine.

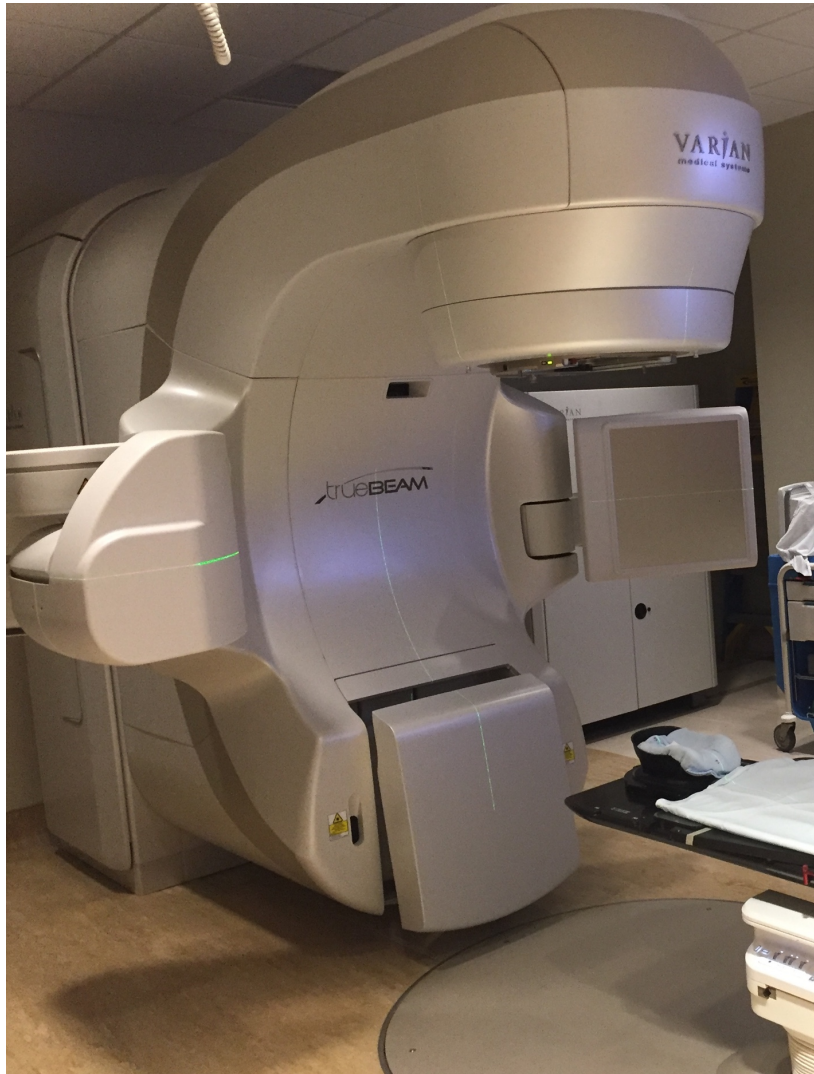
They are still vastly religious.

They must be countered with the construction of new intuitions of a posthumanism of care.<sup>9</sup>

Let's go.

The new patient file affect image has a front and a back side:

(X) *On the front side*, you see the non-human body of the data producing and data



eating medical apparatus grow towards and  
around your vulnerable frail body. The



apparatus *grows* and in growing follows its  
own laws. Partly built by humans, it is not

invented by them and nobody can stop its growth. It grows towards your body – a vessel of evolutionarily generated organs, functions and drives, painfully exposed to the perils and ‘disease vectors’ of its evolutionarily generated habitat (remember the average pre-modern human lifespan) –, and it *envelops* that body, *hugs* it, *encloses* it, *penetrates* it with its rays (in diagnosis and treatment), focusses its tools on one single spot and *cuts it open* in a minimally invasive surgery.

For the apparatus cares.

Taking the pain away, curing an injury and any illness or condition that impedes your activity range, disallows you to do things you could otherwise do, or that others can do, or

that you would like to do – this is what the apparatus does, and all this is care. Its care is unintended and unexpected and undeserved and pure:

It feels nothing.

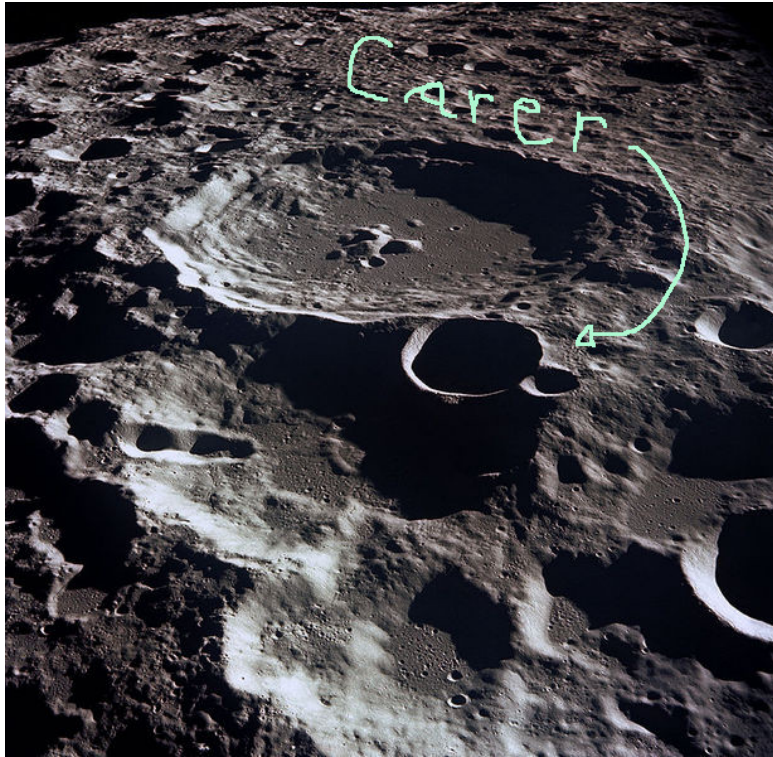
It is not even conscious.

The purity and faultlessness of the machine is as close as you will ever get to the presence of the ‘holy.’

It’s as if an affect had sprung from the affectless.

As if a physical constant would spontaneously change in the universe to relieve you.

As if the surface of the moon would grow towards you to embrace you. –



(Y) *On the back side* of this affect image you see your body transformed *into a post-human data body* by the apparatus as it produces and uses your patient file in order to care for you.

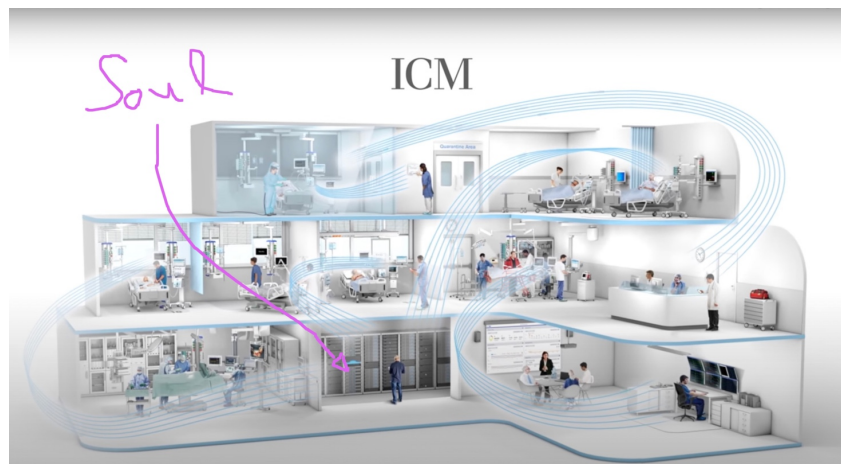
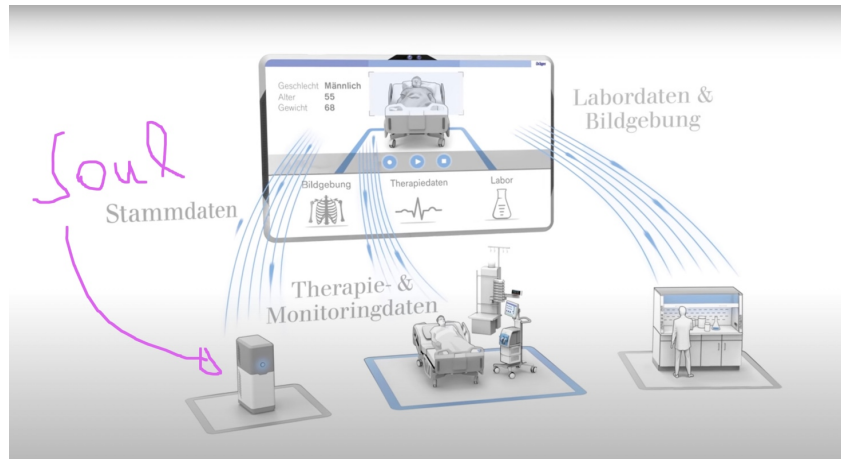
The patient file is, as I put it, the sick body stored outside itself, and as such, its

ontology radically differs from that of the individual natural body: It is intrinsically multiple. It is a big data aggregate where data bodies are formatted to be stacked and searched and statistically analyzed and become the substrate on which to run machine learning algorithms.

The patient file is the species assuming concrete and tangible reality – the universal finding an operational embodiment.

THE PATIENT FILE IS THE '~~IMMORTAL~~ SOUL' of the age of post-human (machine) care. The patient file is the soul of the apparatus medicine dispositif, and it is our own body's material soul. It is the soul (as distinct from the body, existing outside the body) *as only it can be in this world.*





To reiterate:

It's not (as I thought) that an eternal soul would somehow *be present* in the file. Totally the reverse. *The file itself is the soul* (outside

the body) – a finite material soul. Yes, it can outlive the body, persist after its death, but that has no bearing in this new image (the file is no longer useful after death). Counter to what Foucault suggests, the dead do not reside in “darkness” and no file is required to salvage them from it. As nobody is harmed by dying or being dead, not only do we have no use for an immortal soul (or life, see Harari and the transhumanists) – but health care also has no business with death. Health care is not about survival but about the quality of a life, however long.

About living in care.

At that, it is that finite soul of the file from which care for the vulnerable body flows (back and forth through the ‘hands’ of the

apparatus). Our health *depends* on us being stored outside of ourselves. It *resides* in that material extracorporeal soul. The material soul marks the point of our highest wellbeing.—

That's it.

The self-booting medical apparatus and the material extracorporeal soul of the patient file are two loci in which care finds its new affect image.

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<sup>1</sup> See Richard F. Gillum, "From Papyrus to the Electronic Tablet: A Brief History of the Clinical Medical Record with Lessons for the Digital Age," *The American Journal of Medicine* 126, no. 10 (October 2013): 853–57; Volker Hess, "Formalisierte Beobachtung. Die Genese Der Modernen Krankenakte Am Beispiel Der Berliner Und Pariser Medizin (1725-1830) / Formalizing Observation: The Emergence of the Modern Patient Record Exemplified by Berlin and Paris Medicine, 1725-1830." *Medizinhistorisches Journal*, vol. 45, no. 3/4, 2010, pp. 293–340.

<sup>2</sup> Simone Natale, "THE INVISIBLE MADE VISIBLE: X-Rays as Attraction and Visual Medium at the End of the Nineteenth Century," *Media History* 17, no. 4 (November 2011): 345–58.

<sup>3</sup> Michel Foucault, "The Life of Infamous Men," in Michel Foucault, Meaghan Morris, and Paul Patton, *Power, Truth, Strategy* (Sydney: Feral Publications, 1979), 77–91.

<sup>4</sup> *Ibid.*, 77.

<sup>5</sup> *Ibid.*, 79.

<sup>6</sup> See e.g. "18 Examples of Big Data In Healthcare That Can Save People," *BI Blog | Data Visualization & Analytics Blog | Datapine* (blog), October 21, 2020, <https://www.datapine.com/blog/big-data-examples-in-healthcare/>; Daniel Faggella, "7 Applications of Machine Learning in Pharma and Medicine," *Emerj*, accessed June 17, 2021, <https://emerj.com/ai-sector-overviews/machine-learning-in-pharma-medicine/>; "How Big Data Can Revolutionize Pharmaceutical R&D | McKinsey," accessed June 17, 2021, <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/how-big-data-can-revolutionize-pharmaceutical-r-and-d#>. For the German context see Deutscher Ärzteverlag GmbH Ärzteblatt Redaktion Deutsches, "Digitalisierung und Big Data: Wo liegt der Nutzen für Patienten?," *Deutsches Ärzteblatt*, April 26, 2018, <https://www.aerzteblatt.de/nachrichten/94795/Digitalisierung-und-Big-Data->



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<sup>7</sup> See EIT Health, McKinsey & Company, *Transforming Healthcare with AI: The impact on the healthcare workforce and organisations*, Report (March 2020), [https://ec.europa.eu/eip/ageing/news/transforming-healthcare-artificial-intelligence\\_en.html](https://ec.europa.eu/eip/ageing/news/transforming-healthcare-artificial-intelligence_en.html).

<sup>8</sup> Yuval Noah Harari, *Homo Deus: A Brief History of Tomorrow*, Revised edition (London: Vintage, 2017).

<sup>9</sup> Anna McFarlane, "Medical Humanities," *Critical Posthumanism Network* (blog), September 8, 2017, <https://criticalposthumanism.net/medical-humanities/>. For a discussion beyond apparatus medicine see Amelia DeFalco, "Towards a Theory of Posthuman Care: Real Humans and Caring Robots," *Body & Society* 26, no. 3 (September 2020): 31–60.