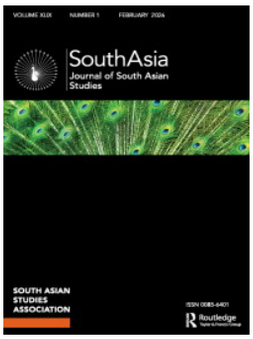

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ARTICLE

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Riding a Tiger: The Affective Governmentality of Delhi's Health Bureaucracy

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ABSTRACT

This article demonstrates how government files are objects imbued with affects that reflect the electoral tensions which Delhi's bureaucrats navigate. With files as its key instrument, affect becomes a central technology of governmentality that supports a state logic which is more often concerned with electoral outcomes than with clinical ones. This article traces two ethnographic cases. First, I outline the pathway of my own research permissions file within Delhi's health bureaucracy to demonstrate the affective load of files. Second, I draw comparisons to other types of files within Delhi's health bureaucracy to show how the lack of signatures on files has systemic effects on Delhi's healthcare system. Delays in the movement of files lead to delays in patients accessing healthcare services and limits healthcare availability. This article contributes to studies of medical anthropology and the state by conceptualising the affect of electoral politics as a technology of biopolitics.

KEYWORDS

Affect; biopolitics; bureaucracy; Delhi; electoral politics; health

As I sat down for a coffee with a senior Indian bureaucrat in January 2024, he cautioned me that, over the past few years, he had tried to help many files get approved for research in government clinics in Delhi. However, all of his efforts had failed. I continued to plead for his help. I was three months into my PhD fieldwork, and also needed to get a file approved by the Delhi government for my research permissions. I was concerned that I was getting nowhere. He explained the situation to me as follows: as the National Capital Territory of India, Delhi is a Union Territory, not a full-fledged state. Therefore, its governance is composed of representatives from both the central government and the state government, elected through unique elections. At the time of my research, the central and state governments were composed of different, competing political parties. This meant that bureaucrats—permanent civil servants as opposed to elected officials with fixed terms—had to work with elected representatives from both the central and state governments, putting them in the centre of electoral political tension. Working too much, or too little, for the interests of one political party could risk putting bureaucrats in the limelight of political attention and endanger their jobs. Therefore, as this bureaucrat explained to me, 'the current problem of health governance in Delhi

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is that it is like you are riding a tiger. The job of the officer in charge is neither to let it [health policies] flourish, nor let it fail. That is why your file won't get approved or rejected'.

What might this bureaucrat mean when he says that being a health bureaucrat in Delhi 'is like you are riding a tiger'? For any bureaucratic work to get done, it always requires a government officer's signature, which indexes an officer's responsibility over that bureaucratic task. In Delhi, because health bureaucrats must carefully navigate electoral tensions, they often have to be very careful of which files they sign, and which they don't sign. The mere presence of an unfamiliar file when it enters a bureaucrat's office can elicit a sense of fear, suspicion, danger, hesitation, anxiety, and more. In this article, I demonstrate how government files are objects imbued with affects that reflect the electoral tensions that Delhi's bureaucrats must navigate. With files as its key instrument, affect becomes a central technology of governmentality that supports a state logic which is more often concerned with electoral outcomes than with clinical ones.

These affective technologies of the state are important because they work to exercise bureaucratic control and craft possibilities of health policy. Building upon other articles in this issue that discuss affective forces both on, as well as in, the clinic, this article discusses affective forces on the clinic from beyond the clinic: from Delhi's health bureaucracy. By shifting my site of study to the affective force of files within Delhi's health bureaucracy, I show how the affects that circulate through the offices of the health secretary have systemic effects on the healthcare system. Specifically, the electoral affect loaded within files prevents important signatures required for the health bureaucracy to function in the management and implementation of health services.

This article traces two cases. First, I outline the pathway of my own file within Delhi's health bureaucracy to demonstrate the affective load of files. My file was specifically made to request permissions for me to conduct my PhD research in the Delhi government's recently created 'Mohalla [neighbourhood] Clinics', its primary healthcare programme. After creating my file in January 2024, I spent the following seven months 'chasing' my file in person, often more than once a week, and continued to follow up on my file until December 2024. To my knowledge, my file was neither approved nor denied.

Building upon my knowledge of my own file, I then draw comparisons to other types of files within Delhi's health bureaucracy to show how the lack of signatures on files has systemic effects: specifically, files that are responsible for recruiting doctors, procuring medicines and procuring diagnostic equipment faced similar fates as mine. Delays in the movement of these files led to patients' delays in accessing healthcare services, as well as limiting the availability of state provided healthcare. While these files are indeed different from my own, they provide an important analogical analytic opportunity that helps us recognise the force of electoral politics on Delhi's healthcare system. While my own file shows *how* electoral affect is inscribed into bureaucratic files, these files show that *what* this electoral affect can do is have systemic effects on the healthcare system.

The research supporting this article is based upon eighteen months of ethnographic fieldwork between October 2023 and March 2025, which moved between

Delhi's health bureaucracy and the Mohalla Clinics. When I began my PhD research, I did not foresee my own research permissions file becoming an object of my research. Following Nair, my experience of waiting for fieldwork to happen became an experience of fieldwork happening.[1] It was only after several months of anxiety about my research permissions file going nowhere that I eventually realised that, indeed, I was doing ethnographic work. I had written daily fieldnotes about all of these encounters. At first it was challenging to keep a field diary because writing on a computer or in a notebook attracted immediate attention within bureaucratic spaces. However, after some trial and error, I found that to not come under the gaze of the bureaucratic officers' observational eyes, it was easiest to write fieldnotes by WhatsApp-ing myself. After I returned home in the evenings, I reconstructed longer fieldnotes on my computer using these messages to self.

However, the type of ethnography I found myself in differed from anthropologists of bureaucracy and the state which focus on state practices, such as 'inscriptions' in files.[2] I was as much interested in state practices as I was in unpacking the electoral politics of these practices: what was making government officers not want to sign my file, and what did that tell us about the rest of Delhi's health system and its bureaucracy? Grasping these more intangible practices not only required traditional ethnographic observation, but it also required me to build personal relationships with government officers. This meant that I not only needed to be politically complacent to maintain research access, but I also needed to build political intimacy to gain access to deeper understandings about electoral politics.

Therefore, the value of ethnographic methods for me was not only about the ability to observe, but also about how the *longue durée* nature of ethnographic research afforded me time to build relationships of trust. Through this trust, several government officers were willing to open up to me about the electoral politics that were affectively transmitted through bureaucratic files.[3] Further, beyond this ethnographic longevity, this trust was also brokered through my positionality: a white male, with USA citizenship, from a prestigious university. This positionality not only gave me a certain class status that made me appear to be someone who was worth talking to, but bureaucrats also told me that they were willing to talk to me because they knew I would leave India at the end of my research, and, therefore, it would be possible for me to write about this. Paradoxically, this positionality was also exactly the justification that was given to indefinitely delay my file. In a somewhat classical anthropological identity problematic, my positionality both inhibited and made possible my research. To begin to unpack the affective governmentalities of Delhi's health bureaucracy, we need to first understand the context of Delhi's governance.

1. Meenakshi Nair Ambujam, 'Waiting as Productive Fieldwork', July 2023, accessed November 27, 2025, https://allegralaboratory.net/waiting-as-productive-fieldwork/.
2. Matthew Hull, *Government of Paper: The Materiality of Bureaucracy in Urban Pakistan* (University of California Press, 2012); Akhil Gupta, *Red Tape: Bureaucracy, Structural Violence, and Poverty in India* (Duke University Press, 2012).
3. All names in this article are pseudonyms, except for those holding titles of specific bureaucratic positions that are crucial to understand the structure of Delhi's health bureaucracy.

Health and politics in Delhi

In 2013, the Aam Aadmi Party (AAP) defeated the incumbent Congress Party in the Delhi (state) assembly elections. This was only the second time that the Congress Party had been defeated since Delhi was granted a legislative assembly in 1993. The AAP's electoral success was born out of a nationwide anti-corruption movement protesting against the exploitation of the *aam aadmi* (common man).[4] Therefore, the AAP's electoral strategy, and, subsequently, their governance, became centred around providing free services to the *aam aadmi*. These services primarily included water, electricity, education and health—which were framed as citizens' 'rights'—but they also introduced over twenty-two other public schemes.

To provide the right to health, the AAP's main strategy was to establish one thousand Mohalla Clinics: primary healthcare clinics that the AAP claimed would achieve 'Universal Health Coverage' (UHC).[5] Making health one of their four main electoral promises was a significant change for electoral politics broadly in India; before 2010, it was rare to see health programmes explicitly listed, at least in such specific detail, on party manifestos in Indian elections.[6] Indeed, the rise of the AAP has notably led political parties around India to make health an explicit object of their electoral strategies and manifestos, yet this has also positioned health governance as an object of concern for electoral competition.[7] While my ethnographic work mainly focused on the Mohalla Clinics, it became clear that the politicisation of health, principally through the Mohalla Clinics, extended to the entire healthcare system in Delhi.

When the AAP came to power in Delhi, Delhi's status as a Union Territory meant that the state government's representatives in the Vidhan Sabha (state assembly) were from the AAP, led by the chief minister (CM), while the lieutenant governor (LG) of Delhi, since 2014, was appointed by the Bharatiya Janata Party (BJP) led central government.[8] This led to legislative-judicial contestation between the two parties about who was considered to be the executive head of Delhi, and ultimately whom bureaucrats reported to.[9] Since 2016, a number of court cases and legislative rulings have considered this issue, and the authority of the executive head shifted between the CM's and LG's office multiple times. However, for the majority of the AAP's governance in Delhi—specifically: between 2016 and 2018, in 2021 and since 2023—the BJP-appointed LG has been made the executive head of Delhi.[10] This

4. Praveen Rai, 'AAP Has Decimated a Historic Mandate for Alternative Politics', *Economic & Political Weekly* 52, no. 17 (2015): 7–8.
5. Mohalla Clinics, website, accessed January 4, 2026, https://mohallaclinic.in/.
6. Sunil Amrith, 'Political Culture of Health in India', *Economic & Political Weekly* 42, no. 2 (2007): 7–8.
7. Chandrakant Lahariya, 'Mohalla Clinics of Delhi, India: Could These Become Platform to Strengthen Primary Healthcare?', *Journal of Family Medicine and Primary Care* 6, no. 1 (2017): 1, https://doi.org/10.4103/jfmpc.jfmpc_29_17.
8. Constitutionally, the LG reports to the president of India; however, this does not mean that the LG owes no allegiance to the central government.
9. Historically, this relationship has been relatively functional because the political parties in power in the state and central governments were, for the most part, the same, or had become the same within one electoral term.
10. For a comprehensive history on who is considered the executive head of Delhi, see Malavika Parthasarathy, 'Special Status of Delhi: A Timeline', *Supreme Court Observer*, April 29, 2022, accessed January 4, 2026, https://www.scobserver.in/journal/special-status-of-delhi-a-timeline.

means that the LG held the power to appoint the bureaucratic officers in Delhi's government who were responsible for implementing the AAP's policies as the state government. While bureaucrats occupy permanent positions and are extremely hard to fire, they regularly get transferred to different posts. The executive head of Delhi holds the power to mark bureaucrats' personnel files, which can both positively and negatively influence where they are transferred next.

Therefore, bureaucrats were caught between implementing the policies of the elected Delhi state government, as well as not implementing them in a way that would lead to them being seen as supporting the AAP by the LG. In the first year of the AAP's governance, the LG was not the executive head of the Delhi government, so many of the original files for Mohalla Clinics and other AAP programmes were able to be approved by bureaucrats. However, since 2016, progress towards building the Mohalla Clinics stalled, and from 2021 onwards, many files related to the Mohalla Clinics began to significantly 'slow down'. Only rarely were new clinics being built, doctors' salaries would take months to be approved, and medicine stockouts would not be uncommon.

Since 2024, multiple criminal investigations were launched against the Mohalla Clinics and the AAP. In January 2024, the Central Bureau of Investigation (CBI), a central government crime investigation agency, made an enquiry into the Mohalla Clinics. The enquiry held two accusations: first, that the Mohalla Clinics gave patients expired medicines and, second, that fraudulent laboratory tests were done in Mohalla Clinics and doctors took kickbacks. These allegations were also on the back of arrests of AAP leaders by the Enforcement Directorate (ED), another central government crime investigation agency, including Satyendra Jain, a former state health minister, in 2022; Manish Sisodia, another former state health minister, in 2023; and, finally, the arrest of Arvind Kejriwal, the chief minister of Delhi, in April, 2024. It was during this time that my own file seeking permissions to conduct research in Mohalla Clinics was under review.

As my bureaucratic interlocutors informed me, this collectively sent a political message to bureaucratic officers of the Delhi government that the AAP was not to be supported. By November 2024, it was revealed that the allegations into the Mohalla Clinics were not true. Moreover, none of the AAP politicians arrested by the ED have been convicted. Many have pointed out how these investigations have increasingly taken place during the run-up to the 2024 Lok Sabha (national) elections, as well as the 2025 Vidhan Sabha elections in Delhi. Party supporters also readily point out how only 1 percent of ED cases have resulted in convictions since the BJP has come to power in 2014.[11] Nonetheless, in February 2025, the AAP was voted out of power.

11. See Neeta Sharma, '1% Conviction Rate Against Politicians Leaves Probe Agency Red-Faced', *NDTV*, March 20, 2025, accessed January 4, 2026, https://www.ndtv.com/india-news/enforcement-directorate-finance-ministry-centre-parliament-1-conviction-rate-against-politicians-leaves-probe-agency-ed-red-faced-7968266.

Bureaucracy and electoral politics

To understand how 'political messages' are 'sent', it is useful to turn to anthropologists who have examined bureaucracies of South Asian states. These accounts help us to understand how, contrary to Weberian ideas of state 'rationality',[12] the seemingly arbitrary and mundane processes of the bureaucracy are loaded with socio-political meaning. For example, Hull analyses how processes of semiotic signification within the materialities of the Pakistani bureaucracy, including different types of paper, ink and more, influence everyday bureaucratic outcomes.[13] In India, Gupta has also shown how 'structural violence is enacted through the everyday practices of bureaucracies', specifically including how bureaucratic writing acts as a key mechanism of this violence.[14] The work of these authors attunes us to how 'the file is the critical unit that organizes bureaucratic life' and how 'it attains a life of its own that often looms larger than that of the people who are supposedly acting on it'.[15]

While these approaches help us understand bureaucratic files, the context of Delhi requires us to grapple with how the non-material, intangible nature of political sentiments can find space within bureaucratic practice. Here, Mathur steers our understanding to how non-material forces are present in Indian bureaucratic life: Mathur identifies a type of '*sarkari* [government] affect' that is transmitted through bureaucratic documents and activities in a way that reifies an imagination of the state's existence for citizens.[16] However, the way affect works here is by sending messages from the state to citizens, not by sending messages from one part of the state (politicians) to another part of the state (bureaucrats). To understand how non-material political messages move through the bureaucracy itself then requires us to follow Solanki's attunement to 'intra-bureaucratic interactions'.[17] Further, to show how the circulation of electoral affect in intra-bureaucratic interactions can sit alongside the everyday arbitrary rigidity of bureaucratic practice, I build upon Hayat's work which shows how an interpretive space arises between bureaucratic procedure and, in her case, the law, which generates a site for ethical negotiation.[18] In my case, too, between bureaucratic practice and electoral concerns arises an interpretive space for government officers, which, I argue, is navigated by mobilising the affective technologies of bureaucracy.

Yet, to understand how the politics of the bureaucracy have systemic effects on the healthcare system, it is helpful to bring anthropologies of South Asian

12. Max Weber, *Economy and Society: An Outline of Interpretive Sociology* (University of California Press, 1978); also see Michael Herzfeld, *The Social Production of Indifference: Exploring the Symbolic Roots of Western Bureaucracy* (University of Chicago Press, 1993).
13. Hull, *Government of Paper*.
14. Gupta, *Red Tape,* 33.
15. Ibid., 145–46.
16. Nayanika Mathur, *Paper Tiger: Law, Bureaucracy and the Developmental State in Himalayan India* (Cambridge University Press, 2016), 136.
17. Aakash Solanki, 'Management of Performance and Performance of Management: Getting to Work on Time in the Indian Bureaucracy', *South Asia: Journal of South Asian Studies* 42, no. 3 (2019): 588, https://doi.org/10.1080/00856401.2019.1603262.
18. Maira Hayat, 'Good Bureaucrats and God: The Ethical Labor of the Public', *Cultural Anthropology* 39 (2024): 616–44, https://doi.org/10.14506/ca39.4.06

bureaucracies alongside anthropologies of medical bureaucracy. These studies have shown us how medical documents are used to conjure up imaginations of the state,[19] to create clinical meaning and structure patients' experiences of pursuing care,[20] and to mediate between material signs of the body and the judiciary.[21] What is important in this body of work is that it shows how 'attending closely to the material and social lives of [medical] documents provides an important lens into the politics of medical and regulatory practices'.[22] This shows us that unique experiences of care are formed through practices of medical bureaucracy. While my focus on Delhi's health bureaucracy differs from these cases in that my ethnographic site is beyond the clinic, I attempt to contribute to this scholarship by showing how it is not only *medical* documents—documents containing patient information—but also government files which have the potential to shape patients' experiences of healthcare.

Electoral affect and biopolitics

Finally, across the anthropologies of South Asian bureaucracies as well as medical bureaucracies, there is little consideration about how these bureaucratic technologies both contribute to and are constructed by electoral political projects. The medical humanities broadly has long considered the relationship between politics and health,[23] including how pathological-biological identities are used to place claims upon the state,[24] how biomedical knowledge can be used to claim authority in state spaces,[25] or how medicine is mobilised as a symbol of national modernity.[26] Yet, these

19. Alice Street, 'Seen by the State: Bureaucracy, Visibility and Governmentality in a Papua New Guinean Hospital', *The Australian Journal of Anthropology* 23, no. 1 (2012): 1–21, https://doi.org/10.1111/j.1757-6547.2012.00164.x.
20. Shagufta Kaur Bhangu, 'Pain's Records: An Anthropological Account of Medical Documentation in South Asia', *Administory* 4, no. 1 (2019): 158–75, https://doi.org/10.2478/adhi-2019-0010; Eva Lukšaitė, 'Documents That Matter: Sterilization Paperwork in Rural India', *Anthropology Today* 38, no. 5 (2022): 9–12, https://doi.org/10.1111/1467-8322.12752; Katyayni Seth, 'Artifacts of Care: The Collection of Medical Records by Families in North India', *Culture, Medicine, and Psychiatry* 47, no. 1 (2023): 176–94, https://doi.org/10.1007/s11013-022-09778-1.
21. Fabien Provost, 'Bodily Signs and Case History in Indian Morgues: What Makes a Medico-Legal Autopsy Complete?', *Human Remains and Violence: An Interdisciplinary Journal* 3, no. 2 (2017): 22–37, https://doi.org/10.7227/HRV.3.2.3.
22. Ramah McKay, 'Documentary Disorders: Managing Medical Multiplicity in Maputo, Mozambique', *American Ethnologist* 39, no. 3 (2012): 547, https://doi.org/10.1111/j.1548-1425.2012.01380.x.
23. Nikolas S. Rose, *Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton University Press, 2007).
24. João Biehl, 'The Activist State', *Social Text* 22, no. 3 (2004): 105–32, https://doi.org/10.1215/01642472-22-3_80-105; Vinh-Kim Nguyen, *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS* (Duke University Press, 2010); Adriana Petryna, *Life Exposed: Biological Citizens After Chernobyl* (Princeton University Press, 2013); Nikolas Rose and Carlos Novas, 'Biological Citizenship', in *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*, ed. Aihwa Ong and Stephen J. Collier (Blackwell Publishing, 2005); Miriam Iris Ticktin, *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (University of California Press, 2011).
25. Vincanne Adams, *Doctors for Democracy: Health Professionals in the Nepal Revolution* (Cambridge University Press, 1998).
26. Pierre Sean Brotherton, *Revolutionary Medicine: Health and the Body in Post-Soviet Cuba* (Duke University Press, 2012); Omar Al-Dewachi, *Ungovernable Life: Mandatory Medicine and Statecraft in Iraq* (Stanford University Press, 2017).

accounts often focus on the 'biologization of politics', or, how biology, biomedicine and health are appropriated into political formations; however, this approach can also risk 'undermining the political' as an analytical category as it can lead to discounting how other forms of politics intersect with these biologised politics of health.[27] Therefore, this article seeks to contribute towards reanimating the category of 'the political' within medical anthropologists' engagement with the politics of health by moving beyond a biological frame and unpacking the electoral-politics of bio-politics.

Further, I am suggesting that the way in which electoral politics participates in biopolitics is through electoral affect. In large part, affect theorists have celebrated affect's political potential, framing it as a type of collective effervescence that can escape the disciplinary technologies of biopolitics.[28] Claiming that affect is a technology of biopolitics is then moving in the opposite direction to show how affect can also be mobilised as a governmental technology that does biopolitical work.[29] To do this work, affect 'solicits an intimate register'[30] of the subconscious in a way that guides our 'principles of association' with what we 'recognize as reason'.[31] Further, affect is specifically a technology of biopolitical work because, as I will go on to show, it participates in structuring who is able to be considered worthy of being made to live by receiving government healthcare services, and who is deemed as able to be left to die. To see this, we must begin with my own file.

The file

I had been researching the Mohalla Clinics since 2019. However, as I began my PhD fieldwork in October 2023, it could no longer be assumed that I would be able to get research permissions from Delhi's health bureaucracy because, at that time, the LG was the executive head of Delhi. Being a flagship project of the AAP, the LG was not interested in drawing any favourable attention to the Mohalla Clinics: doctors at the clinics received an office order in the winter of 2023 instructing them not to allow any 'outsiders' in their clinics without permission. It was made clear by the bureaucracy that anyone seen facilitating a favourable opinion of the Mohalla Clinics was likely to be questioned, fired or even criminally charged if they had done so without following proper bureaucratic procedure. In other words, the escalation of antagonism in Delhi's electoral politics intensified the rigidity of its bureaucracy.

Therefore, doctors and other local government officers began to refer things up the bureaucratic chain. For example, when I approached doctors in 2023, they said that I needed permissions from their chief district medical officers (CDMO). When

27. Greg Bird and Heather Lynch, 'Introduction to the Politics of Life: A Biopolitical Mess', *European Journal of Social Theory* 22, no. 3 (2019): 2, https://doi.org/10.1177/1368431019838455.
28. Melissa Gregg and Gregory J. Seigworth, *The Affect Theory Reader* (Duke University Press, 2010).
29. Ben Anderson. 'Affect and Biopower: Towards a Politics of Life', *Transactions of the Institute of British Geographers* 37, no. 1 (2012): 28–43, https://doi.org/10.1111/j.1475-5661.2011.00441.x.
30. William Mazzarella, *Affect: What Is It Good For?* (Routledge, Taylor & Francis Group, 2009), 292.
31. Gilles Deleuze, *Pure Immanence: Essays on a Life* (Zone Books, distributed by the MIT Press, 2001), 15.

I approached the CDMOs, they then told me that I needed permissions from the head of the Mohalla Clinic project located in the State Project Officer (SPO). When I consulted my existing AAP connections, they provided me with the contact information of the SPO's office. They were unsure if I would be able to get a file made and approved by the SPO, but suggested that I could try. To get a file approved by Delhi's health bureaucracy, it required going through the following hierarchy:

Health Minister, Government of the National Capital Territory of Delhi

↑

Health Secretariat, Department of Health and Family Welfare

↑

Directorate General of Health Services (DGHS)

↑

State Project Officer (SPO), Mohalla Clinics

However, getting my file through this channel required, to the best of my knowledge, at least twenty-two steps between one level and another. The file constantly went up and down this channel as different questions were asked and objections were raised about my research. Further, to move a file from one level to the next, both going up and coming down, always required a signature, even if nothing was to be done at that level. For example, if the health secretary asked a question that the SPO needed to reply to, it must also go through the director of the DGHS to reach the SPO, as well as go back through the DGHS for the SPO to give a reply to the secretary. This led to significant delays, particularly when officers were on leave. The entire pathway my file took is portrayed in the figure below, and the specifics of its activities are more closely detailed in the table below. The following sections follow the movements of my file ethnographically (Figure 1 and Table 1).

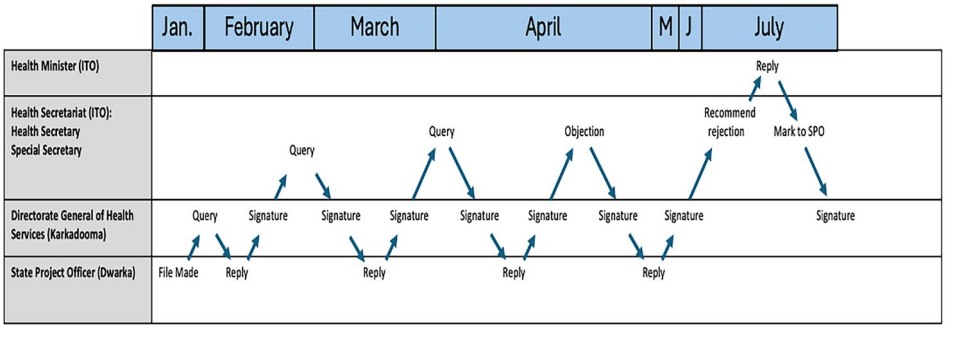

Figure 1. Research permission's file pathway through the hierarchy of Delhi's health bureaucracy. Source: Author.

Table 1. Annotated research permission's file pathway. Source: Author.

Date	Status	Place
January 2024	File made	State Project Office (SPO)
February 2024	*Query:* 'Who is the competent authority?'	Directorate General of Health Services, Delhi (DGHS)
February 2024	Reply to query	SPO
February 2024	Signature	DGHS
February 2024	*Query:* 'Who is the competent authority?'	Health Secretariat—Special Secretary
March 2024	Signature	DGHS
March 2024	(Same) Reply to query	SPO
March 2024	Signature	DGHS
March 2024	Signature	Health Secretariat—Special Secretary
April 2024	*Query:* 'As a foreigner, what further permissions are required?'	Health Secretariat—Health Secretary
April 2024	Signature	Health Secretariat—Special Secretary
April 2024	Signature	DGHS
April 2024	*Reply:* There are no known rules because this has never happened before	SPO
April 2024	*Objection:* Patient questionnaire asks personal information (name, phone number, address)	Health Secretariat—*bypasses DGHS + Special Secretary*
April 2024	Signature	DGHS
May 2024	*Reply:* Provides updated questionnaire	SPO
June 2024	Signature	DGHS
July 2024	*Objection:* Query of being a foreigner was not resolved, suggest rejection	Health Secretariat—Health Secretary
July 2024	*Reply:* Suggests that the Law Department should clarify the foreigner query	Health Minister's Office
July 2024	Signature marking to SPO	Health Secretariat—Health Secretary
July 2024	Signature	DGHS
July 2024		SPO

Making and chasing the file

I first went to the State Project Office (SPO) of the Mohalla Clinics on January 2, 2024. The office was located in south-west Delhi, in peri-urban Dwarka, relatively far from most other Delhi government buildings. After a brief wait, I was able to meet with the in-charge, the SPO. I presented to her a stack of papers. As I began to explain my research project, she asked me how I found her. I used the name of someone in the health minister's office, and the conversation stopped there. She instructed me to leave the documents with her as well as to email them, and to follow up after a week. Before I left, I asked her how long it would take to consider my application. 'About three, four weeks. But it is not up to me. The permission has to be given from the highest authority. From the minister's office itself', she replied. I left optimistic.

I emailed as instructed and followed up with their office after a week. The night before I returned, the CBI enquiry had been made into the Mohalla Clinics. After I arrived the next morning, I sat in the waiting area, where I observed officers making quick phone calls, shouting at each other across the room, and making faces of concern at each other as they navigated their tasks: a much more intense atmosphere than the characteristically slow Indian bureaucracy. As officers worked to prepare a response to the CBI enquiry, the room circulated with affects of fear, anxiety and nervousness. I call these specific affects 'electoral affects' because they are affects that crop up in the labour that bureaucrats do when they

strategically position their work within the tensions of Delhi's electoral competition. While electoral affects can take different forms in different locations, in my fieldwork, fear, anxiety and nervousness were the dominant affects that were set in motion from the electoral political formation that surrounded Delhi's health bureaucracy. I, too, was at times overcome by these affects as I sat in waiting. On that particular day, as I waited for around three hours, I grew increasingly anxious that the electoral affect in the office could mean that my file would not get made.

Eventually, I called a contact at the health minister's office, and about thirty minutes later, I was instructed to go inside her office. As I entered, the officers were shouting at two Mohalla Clinic staff: 'This will not be my head!! Your job is on the line!!' The SPO realised I had arrived and stopped to clarify that they were providing the staff with 'mentorship' that day. I nodded understandingly. She asked her deputy where my file was; the deputy called his junior officer, who came in with a red bound office file that appeared to be at least three hundred pages long. The file name read: 'Projects Related to AAMCs'. Inside were both my documents, as well as a plethora of projects that had been submitted before my own. The file was handed to the deputy, who signed the file, then kissed his pen as he returned it to the breast pocket of his suit. He passed the file to the SPO, who began to read the file, then quickly signed it. The deputy applauded; 'Congratulations!' he shouted. The deputy informed me that the file would now be sent to the DGHS, then to the health secretary's office, then to the minister's office.

Once the file had reached the DGHS, the director marked a query on the file: 'Who is the competent authority?' She was asking if she needed to send this to a higher authority, or if she could approve it herself. However, this could also be read as a delaying tactic. This information was written in the original letter that came from the SPO's office, and it could also be found in previous research applications that were affixed in the same file behind my application. To clarify what was already known, the file was sent back to the SPO's office, where the question was answered, and again sent back to the DGHS. This time, the director signed the file and sent it to the Health Secretariat at ITO in central Delhi with instructions that it needed to be signed by the health minister. However, the special secretary in the Health Secretariat wrote the same question on the file: 'Who is the competent authority?' The file was again sent back to clarify what was already known, first to the DGHS, then to the SPO, where the same reply was given. It was then sent back to the DGHS, then sent back to the special secretary in the Health Secretariat, who finally sent it to the health secretary. This whole process took over two months, and I often went in person during many of these steps to attempt to get the officers to look at my file.

At this point, my file had not been approved, but its circuitous journey was already indicative of the force that electoral politics would have upon its outcome. In the past, the SPO of the Mohalla Clinics had directly given permissions for research projects like mine, without making a file or receiving approvals from bureaucrats higher up the chain of command. However, because my file was made the day after a CBI enquiry was launched into the Mohalla Clinics, as well as was viewed by other bureaucrats in the immediate following months, the bureaucratic offices circulated with the electoral affects of anxiety, nervousness and fear. Amidst

this affective atmosphere, it led to officers wanting to 'be careful' and 'cautious'. Therefore, my file was sent through the bureaucratic chain of command, requiring multiple signatures.

Sending my file through the chain of command washed the SPO of bureaucratic culpability. As Hull notes, 'bureaucratic agency is at once individualized through autographic writings [of signatures] and collectivized through…circulatory constructions of those writings';[32] 'the achievement of movement up and down the chain of command' attempts to produce 'a representation of collective agency' so that individual bureaucrats are not held responsible for files.[33] For example, this collectivisation of agency is not only seen in the repetition of the same question across multiple levels of the bureaucracy, but also in the need for my file to move through the DGHS after the special secretary in the Health Secretariat had posed a question to the SPO. Further, the questioning of the competent authority that was posed by senior officers also materially inscribed into the record that they were not the accountable authority for my file. Electoral affect, here, functioned to make officers fearful of being solely accountable for signing my file, and therefore it triggered a lengthy bureaucratic process. In the next section, I show how electoral affect also becomes materially inscribed into files during these bureaucratic circulations.

The electoral politics of bureaucratic signatures

Once it had been clarified who was the competent authority of my file to the point of exhaustion, my file finally reached the health secretary's desk around the end of March. This was a significant step because it was the last signature that was required for my research permissions before my file would be sent to the health minister's office. In other words, it was the highest authority signature required that fell within the LG's power over bureaucratic services. After a two-week wait, the health secretary marked a new query on my file: 'Being a non-Indian, what further permissions are required?' The file was again sent to the special secretary to sign, to send to the DGHS, where it would again be signed and sent to the SPO.

The next day, I decided to go to the DGHS to see if I could get them to reply to the query without sending it back to the SPO. I waited in the DGHS for two days, often into the late hours of the night, and would attempt to arrive the next morning before the officers. On the second day, as I waited, I asked a junior officer I knew well what he thought would happen now. He said the problem was this: 'Because you are a foreigner, you will go outside. You will not write your research in India. You will write it sitting in Switzerland'. 'But why is that a problem?' I asked him. 'What will you say? We will not have any say over it. What will people say if we start doing this? This is why the secretary has raised the question'. Until now, this officer had been very friendly with me. However, since the query, the officer's attitude had changed. He appeared more hesitant and standoffish. I sat there

32. Hull, *Government of Paper*, 130.
33. Ibid., 138.

in disbelief. From my perspective, the permissions that are required for a foreigner to do research are a research visa, which I held. I had already been approved by multiple government ministries to do this research, to all of which I had submitted my PhD research proposal.[34] Trying my best to overcome my dumbfoundedness in the most diplomatic way, I reassured him that I had a research visa and that I would not write anything bad. At this point, an unknown man on the bench next to me interjected: 'It is illegal for foreigners to do research in India. There was recently a *New York Times* article about the Mohalla Clinics. This is illegal! Look. I know!' he said, holding up an expired Delhi Police ID to my face.

In extreme anxiety, I left the DGHS to go for a walk and, reaching a point of desperation, called a very senior contact I had in the Indian bureaucracy. I updated him about the new query on the file; after a big sigh, he replied: 'This is all delaying tactics. They learn in IAS [officer] training that if there are no rules then you are allowed to do it. You don't have to question rules that don't exist, you only have to follow the existing rules. If I was health secretary this would already be signed. But I'm not, because they know I don't make decisions out of fear!' I continued to consult other Indian bureaucrats by phone as I waited for the deputy director to come. Rarely did bureaucrats inform me of the documents that were required or any type of procedure, but, as one bureaucrat explained, 'When a bureaucrat wants to approve a file, they ask closed-ended questions—yes, or no. When a bureaucrat wants to reject a file, they ask open-ended questions that there is no answer to. He could have asked "are there any rules preventing us from granting permissions to a foreigner?" Instead, he has asked "what further permissions are required?" He is being very careful. He doesn't want to approve the file. This question makes that clear to the other officers, so it's unlikely they'll keep sending up the file'.

This bureaucrat's explanation shows us how electoral affects become materially inscribed into the bureaucratic record. Nowhere is it written that my research should not or cannot be approved. Indeed, as Hull notes, if a senior officer goes against the opinions of junior officers, that, too, can lead to repercussions. Therefore, the secretary cannot outrightly reject my file, at least without a reason. Further, because of the political context of Delhi, it was too risky for the health secretary to approve my file. Therefore, the secretary navigated Delhi's electoral politics by inscribing his political understandings into the bureaucratic record through the form that his question took—an open-ended, bureaucratic question that was almost impossible to reply to—which 'made it clear' to other officers that my file would never be approved. In other words, the stakes of Delhi's politics were affectively sensed by the secretary and how he chose to navigate those electoral politics was made material through the linguistic form of his question. By asking a somewhat straightforward question in a particular way, the secretary imbued my file with the affective load of Delhi's electoral politics, 'making clear' that my file was not to be approved. Bureaucrats' ability to then know what the secretary's question about my foreignness 'actually'

34. For a similar case, see Andrew McDowell, 'Dr. Mathur's Contradictory Position: Biosecurity, Humanitarianism, and India's Tuberculosis Programme', in *The Routledge Handbook of Anthropology and Global Health*, ed. Tsitsi B. Masvawure and Ellen E. Foley (Routledge, 2024).

meant is representative of how affect works as a technology through files because this electoral affect then guided what was 'recognized as reason' when other bureaucrats wrote to the secretary regarding my file.

Not yet realising the force that this electoral affect could have on bureaucratic work, I still tried to get my file approved. The same day, three hours later, the deputy director of the DGHS arrived, and I was finally able to meet with him. He reviewed my file and said that I should go speak with some of the administrators on the upper floors. Upstairs, I met with a woman to whom I explained my case, and I asked her if there was any type of precedent we could reference about foreigners doing research. She proceeded to enquire what I thought about [US President] Donald Trump. As I continued to attempt to try and explain to her what needed to be done, I was at least successful in localising, yet not appropriately focusing, the conversation. Next, she told me that one of her biggest dreams was to meet the Indian Prime Minister, Narendra Modi, before she died: 'He is my hero'. Realising my audience, I too began to discuss Modi, talking about his own healthcare schemes. She nodded along happily, and finally opened up about my file: 'If you go into these clinics, you will find out some things. Maybe that is why there is a trouble in approving the file'. She continued talking about Modi, the USA and healthcare, while I, almost coercively, sat validating her opinions. After an hour or two, she took me back to the deputy director's office with a letter that she had her staff draft. I did not see the letter. We entered the deputy's room, she went up to him and said '*Yeh log ispe* kheer *bana rahein hain,* Sir [these people are making kheer on his file!].[35] We need to get this file done'. She leant in for a whisper, which was audible to me across the room, 'This is very important, if we let him in, he will expose them!'

After having sat me through a nearly two hour long examination of my political interests, querying my views on Trump, Modi and more, I was somehow able to convince the DGHS administrator that I was a political ally. Her reproach to the deputy director on my behalf was made possible because she believed that my politics would guide my research in a way that could be seen as favourable by the LG: because the outcome of my research would 'expose' their political rival, the AAP. She was attempting to show that my own political positionality was amenable to their preferences about Delhi's electoral politics, and requesting that the deputy director should perhaps engineer a way to affectively inscribe my political positionality into the bureaucratic record. Unfortunately, he was not convinced, and the next day my file was sent back to the SPO.

By the middle of April, the SPO office replied to the secretary that this was the first time a foreigner had asked for permissions to do research in the Mohalla Clinics. A few weeks later, the health secretary raised an objection on the file about my interview questionnaire. The file went back through the pathway, I resubmitted the questionnaire, but then the file sat waiting for a month because 'a staff member

35. Kheer is a sweet pudding made of milk, rice and sugar. It is made by boiling rice to the point that it is so mushy that everything can be mixed together and its constituent parts can no longer be differentiated.

broke their hand'.[36] The file reached the DGHS office in May, where it again sat waiting for a month because the director was on leave. By June, the file reached back to the Health Secretariat, where it again sat waiting for another month because then the health secretary was on leave.

The file was recommended for rejection by the health secretary in July because the query of me being a foreigner had gone unanswered. However, the minister replied that the question of being a foreigner could only be answered by the Law Department, and suggested that the file be sent there. The file went back through the pathway, and as of November 2024, the SPO's office was the last place the file was registered in the Delhi government's e-file tracking system. By June, I had already found other means to do my research on the Mohalla Clinics that did not require government permissions, so I stopped chasing the file. Across the entire experience of chasing my file, not once did any bureaucrat with the authority to sign my file ask me a single question about my research.

Throughout the experience of my file, affect worked in two ways. First, the intensity of the electoral affects in Delhi as the Mohalla Clinics entered the limelight of political attention triggered a lengthy bureaucratic process. Second, within this bureaucratic process, bureaucratic officers then navigated these political tensions by affectively communicating that my file should not be signed. The non-material property of affect was key to the success of this bureaucratic strategy because it allowed the health secretary to say something without actually saying it; he was still able to be held accountable by standard bureaucratic procedures without being able to be held accountable for the work of his affective inscriptions. In this way, affect navigated the space between the bureaucratically legible and illegible, occupying the ground between the bureaucracy and the concerns of electoral politics. While another administrator might have tried to help me in this process, her failure to do so from the middle of the bureaucratic hierarchy also shows how bureaucratic structures are still contingent in determining the weight of affect's force as a governmental technology. Ultimately, the failure of my file to get approved never had anything to do with my research other than that my research took place within government funded clinics that were central to contemporary electoral politics. Indeed, this was the outcome of many files, but also files with much graver systemic effects on Delhi's healthcare system.

For the nation: No health in Delhi

When I arrived at a restaurant in central Delhi to catch up with a Mohalla Clinic doctor in late November 2024, he began the conversation with a large sigh: 'We are in crisis mode'. 'What is happening?' I asked. 'There are no medicines! All of the Mohalla Clinic doctors in our district had a Zoom call with the chief district medical officer [CDMO] today and they told us that half of the medicines are not

36. A staff member did break their hand. I saw him in a cast. However, I failed to understand how this permanently prevented the entire office from signing files.

available in supply stores. They showed us the medicine's spreadsheet: it was full of zeros! We are meant to take them from wherever we can. Borrow from one another. How do I run a clinic like this?!' I had known this doctor since 2019, hence the candour. What ensued was a conversation about how the government 'was not getting stuff done'. 'Everything has stopped now. They are just not signing [files]. You see, now, the [Aam Aadmi] party has asked us to provide them with an updated list of medicines available in our clinics, but it has not come from the CDMO, so, technically, this is illegal. I cannot do that. But, also, if I don't do that then we will continue to not have medicines, because only when the party has evidence that the clinics are suffering will the party be able to force them [bureaucrats] to sign the files. Let's also not forget because of all the scam allegations we have not had testing in the clinics for most of this year!'

This doctor is telling us multiple things. First, he is claiming that his clinics do not have medicines because files are not getting signed. Second, he is identifying the different state actors at stake here: bureaucrats and 'the party'. In drawing this distinction, he signals to us the different powers over each branch of the state, specifically how the BJP-appointed LG has control over bureaucrats, while the AAP does not. Third, he is showing how the AAP is trying to circumvent this, but he also cannot too forthrightly support the party because as a government doctor he, too, is an employee of the state. However, the context of Delhi's electoral politics not only meant that Mohalla Clinic doctors had fewer medicines and decreased availability of biomedical testing, but bureaucrats' failures to sign files had multiple effects on Delhi's healthcare system broadly.

This finding was also present in the public political discourse of both the AAP and the BJP. Take the following exchange between the LG and Arvind Kejriwal on February 3, 2024. Following news reports the same morning about a Delhiite unnecessarily dying in a Delhi government hospital, the LG wrote to Kejriwal to state his 'deep disappointment and concern with regards to the pathetic state of hospitals under the Health Department of GNCTD'. In his letter, the LG accuses the AAP government of 'inadequate infrastructure, manpower shortages, inefficient patient management, and potential financial mismanagement…plagued by systemic dysfunction and neglect'. By the end of the day, Kejriwal sent a reply to the LG's letter:

> I have written to you earlier also to replace the Health Secretary…who is not only inefficient but openly defies the oral and written orders of his Minister. How can an elected government function if the seniormost bureaucrat in that department refuses to follow the orders of his Minister? Likewise, the Finance Secretary…had in the past stopped payments of medicines, lab tests, doctors' salaries, Farishtey scheme, DAK scheme, thus paralysing the entire health system…. The insubordination and refusal of Finance Secretary and Health Secretary to obey the orders of their Ministers has brought Delhi's Health system to this state.[37]

37. See ANI, @ANI, 'CM Arvind Kejriwal Replies to LG VK Saxena's Letter…', X (formerly Twitter), February 4, 2024, accessed January 5, 2026, https://x.com/ANI/status/1754091158425481433; 'Delhi LG Writes to CM Arvind Kejriwal About the Pathetic State of Hospitals Under the Health Department, Kejriwal Blames Officials in His Reply', *OP India*, February 4, 2024, accessed January 5, 2025, https://www.opindia.com/2024/02/arvind-kejriwal-blames-officials-after-delhi-lg-wrote-to-him-over-pathetic-state-of-hospitals/.

The acknowledgement of bureaucratic officers not signing files during my fieldwork was a discourse recognised by doctors, patients, political parties, bureaucrats themselves, and even courts. Throughout my fieldwork, the Delhi High Court summoned both the health minister as well as the health secretary multiple times to question why work in the health bureaucracy was not getting done. Further, on February 3, the High Court passed a *suo moto* (literally: on its own) judgement that noted the 'dismal state of affairs' of Delhi's healthcare system. The Court both noted how the Delhi government had claimed that 'bureaucracy was "not obeying" orders of the Health Minister' as well as that the 'Health Secretary has seriously disputed the contentions'. Without taking a clear side on the matter, the Court stated that it is 'apparent that the authorities in whom the power is vested to run and administer and manage the hospitals in Delhi, to put it mildly, are not on the same page'.[38]

The Court's judgement concluded by establishing a committee tasked with writing a report, which noted the following: out of 7,644 positions for medical doctors in Delhi government hospitals, 2,311 (30 percent) were vacant. Moreover, out of thirty-eight Delhi government hospitals, only four had an MRI machine and twelve had a CT machine. Nine hospitals did not have an ultra sonography machine, six hospitals did not have an X-ray machine and eight hospitals had no diagnostic equipment.[39] Further, because of the lack of diagnostic testing available in the Mohalla Clinics in 2024 as well as severe medicine shortages, it was found that outpatient consultations in the Mohalla Clinics in 2024 decreased by 28 percent (5,500,000) as compared to 2023.[40]

Delhi's health bureaucracy is also particularly vulnerable to bureaucratic slowdown because, compared to other government services, healthcare requires significantly more bureaucratic paperwork. Services such as water and energy are often organised through public-private partnerships, simplifying the bureaucratic workload involved, and, once bureaucratically set up, are quite self-sustainable. However, the health bureaucracy has to constantly process new files to be able to keep up with the needs of the healthcare system: doctor turnover is high; medicines need to be purchased monthly; diagnostic equipment needs to be maintained; hospital expansions need to be designed and approved; a miscellaneous array of supplies need to be procured; and more. Beyond the increased number of tasks as compared to other departments, each of these tasks then requires a significant number of bureaucratic steps, all of which need to go through the chains of command to be approved. For example, to hire a doctor in any government position in Delhi, on average, takes fourteen months.[41] Exactly because there are so many steps required for the plethora of

38. Delhi High Court Judgement: $~45 *W.P.(C) 8548/2017 & CM APPL. 985/2024*. See Judgement by Manmeet Pritam Singh Arora, accessed January 5, 2026, https://www.verdictum.in/pdf_upload/court-on-its-own-motion-v-union-of-indiawatermark-1589789.pdf.
39. Delhi High Court, $~61 to 64 *W.P.(C) 8548/2017 & CM APPL. 985/2024*. See Order by Manmeet Pritam Singh Arora, accessed January 5, 2026, https://indiankanoon.org/doc/145951228/.
40. See Ankita Upadhyay, 'After Record High in 2023, Footfall in Mohalla Clinics Fell 28% Last Year', January 15, 2025, accessed January 5, 2026, https://indianexpress.com/article/cities/delhi/after-record-high-in-2023-footfall-in-mohalla-clinics-fell-28-last-year-9775485/.
41. Delhi High Court, $~61 to 64 *W.P.(C) 8548/2017 & CM APPL. 985/2024*.

bureaucratic tasks for health, it makes it uniquely possible for the health bureaucracy to be so affectively inscribed with bureaucrats' understandings of Delhi's political context.

Amidst the bureaucratic slowdown, this electoral affect becomes further fostered through the back-and-forth accusations of party leaders. Take the following excerpt from a letter from the then health minister, Manish Sisodia, to the LG in January 2023:

> Just before the MCD elections, a conspiracy was hatched to stop the entire system of Mohalla Clinics. Some officers in the Delhi Government deliberately manipulated the files in such a way that the salaries of the doctors of the Mohalla Clinic were not paid in the months of October and November, just two months before the MCD elections. All tests conducted in the Mohalla Clinics were stopped so that if the doctors came to the Mohalla Clinic despite not getting their salary and wanted to treat people, the tests necessary for the treatment of the disease could not be done…. Officials of the Health Department and Finance Department kept moving files from one place to another by making one excuse or the other…. When I talked to the officials about this, officially they kept giving some technical reasons, but in a hushed voice they also kept telling me that on behalf of the LG there were strict instructions to not make payment before the MCD elections, otherwise you will be suspended. Since you have the 'services', all the officers are afraid of you…. The interesting thing is that immediately after the elections were over, in the month of December, all objections were suddenly removed and all payments were made. How did this happen?[42]

While Sisodia's complaint to the LG is an entirely different type of file than my own, it mirrors the experience I had in chasing my own file. These 'strict instructions' were not written down in any type of formal office order by the LG. Instead, they were affectively communicated to the health bureaucracy through implicit messages that supporting the AAP's health policies could result in suspension. Even if officers were given explicit oral instructions to delay files in the Health Department from time to time, passing this message between offices requires inscribing bureaucratic reasoning into files in such a way that makes these electoral interests clear: that is the work of affective governmentality.

What is at stake here is how the complexity and slowness of Delhi's health bureaucracy makes it possible for electoral affect to be a technology of governmentality to the point that the bureaucracy appears more concerned with electoral outcomes than with the systemic effects that this slowdown has on the healthcare system. Bureaucratic officers are not unaware of this. However, the LG's office and many officers' replies to this is that the way in which the AAP tries to get files 'through' the bureaucracy does not follow proper bureaucratic procedure as outlined in the Constitution.[43] Here, another type of 'sarkari' [government] affect crops up,

42. See Manish Sisodia, @msisodia, 'एलजी साहब से से अनुरोध किया है कि MCD', X, January 15, 2023, accessed January 5, 2026, https://x.com/msisodia/status/1614569656538337282?s=20; Pankaj Jain, 'Funds for Mohalla Clinics Were Stopped Before MCD Polls, Manish Sisodia Tells Delhi L-G', updated January 15, 2023, accessed January 5, 2026, https://www.indiatoday.in/india/story/funds-for-mohalla-clinics-were-stopped-before-mcd-polls-manish-sisodia-tells-delhi-l-g-2321900-2023-01-15.

43. This article is not concerned with the veracity of this claim. To evaluate this claim would require much more extensive research access to sitting bureaucrats and, specifically, officers in the LG's office, both of which are notoriously hard to gain research access to.

but not for citizens, for the sarkar itself. This is a certain type of affect which is central to the ontology of the bureaucracy and its files: a nationalist affect of 'service' (*seva*) to the country defined by 'upholding' bureaucratic procedure. Paradoxically, this type of nationalism prioritises constitutional adherence over the health of the citizens that constitute that Constitution.

These nationalist-electoral affects that construct the bureaucracy have systemic clinical effects, and that is why affective governmentality does biopolitical work. Specifically, affective governmentality is at work in stalling a healthcare system from functioning, meaning that fewer people have access to state-funded healthcare. This increases the size of vulnerable populations and accelerates the possibility that they may be left to die. Further, this form of affective governmentality also decreases the size of the population that is considered worthy of being made to live. The more that Delhi's electoral affects seep into the Indian health bureaucracy, the more that those worthy of being made to live are only those who can actually afford to survive. Despite the utopic health policy dreams embedded within the electoral largesse of political party manifestos, affective governmentality, here, works to make life only insofar as it is increasingly encouraging you to pay for your own healthcare amidst the growing absence of a public healthcare system.

Conclusion

In this article, the affect that works through Delhi's health bureaucracy has taken many forms. First, affects of anxiety, nervousness and hesitation worked to trigger the bureaucratic process for my research permissions file. Second, an affect of fear was at play when bureaucrats asked questions about my file that were both redundant and eventually impossible to reply to. I have called these 'electoral affects' because they are a product of the struggles that bureaucrats face as they try to successfully position their work within the tensions of Delhi's electoral competition. Moreover, I have argued that these electoral affects, while non-material in nature, are made material when they inform how bureaucrats inscribe questions and/or sign files, and when other bureaucrats read these inscriptions as political reactions, or 'being careful'. Finally, I have also pointed towards a nationalist type of affect that crops up to intersect with these electoral affects, which has an equally important role in rationalising the legitimacy of how bureaucrats manage this electoral affect.

Delhi's case shows us how the affect of electoral projects can become inscribed into the files of the bureaucracy, health and otherwise. This sheds light on how electoral politics, too, are constitutive, at least affectively, of the technologies of biopolitics. By arguing that affect is a part of governmentality, I am also attempting to show that affect has the political potential to both escape biopolitics while also becoming a part of it. While the electoral political situation that I describe here is particular to Delhi, the characteristics of a constitutional democracy governed through bureaucratic files that are amenable to electoral affect are not. While Delhi may no longer be governed by the AAP, the politicisation of its uniquely structured bureaucracy can nonetheless persist through new electorally affective forms. Moreover, other states in India, too, can be subject to such electoral affects; while few other

states have as complex a bureaucracy as Delhi, all must manage relationships between state and central governments in jointly funded government programmes, and much of that relationship management happens bureaucratically.

Finally, to return to my interlocutor's description of bureaucrats 'riding a tiger', it encourages me to recall Mathur's description of the Indian bureaucracy as a 'paper tiger'. The electoral politics of Delhi's health bureaucracy, too, demonstrate how health bureaucrats are riding a type of paper tiger. However, the difference is that this bureaucratic paper is often reduced to a scaffolding for broader electoral concerns. Therefore, bureaucrats' 'papers' might better be understood as a form of paper-mâché. Here, the bureaucratic technology of the file is merely an outer layering of paper—loosely held together by glue—which conceals something far more complex. Beneath these papers lies nothing more than the remnants of an ideal form and scattered gaseous atoms that are at once invisible, yet also compose a fragile inner core that gives structure and shape to a slowly crumbling paper-mâché tiger. Perhaps this image of the fragile, invisible inner core of a paper-mâché tiger is how we, too, might conceptually make tangible the intangible electoral affects that animate Delhi's health bureaucracy.

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