

# Troubling (Post)colonial Histories of Medicine: Toward a Praxis of the Human

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In April 2020, 78 percent of inmates at a state prison in Ohio tested positive for the novel coronavirus; one month later, 70 percent of those incarcerated at the federal prison in Lompoc, California, tested positive.<sup>1</sup> Although they are thousands of kilometers apart, the confirmed cases of coronavirus in these prison populations—with mostly Black prisoners—reveal that the increasing death counts are not an aberration but part of the ongoing tragedy that is built into the prison-industrial system. Unfortunately, the prisons reused 90 percent of their air, creating a contagious incubator for the hundreds of inmates incarcerated there. The novel coronavirus spreads through the air, so for many people awaiting the end of their sentences their poorly ventilated cells have been sources of contagion.

With 1.5 million people incarcerated in U.S. prisons and Black Americans being disproportionately incarcerated, the spread of the coronavirus pandemic for people living in forced confinement has resulted in prison becoming a “contagious incubator.”<sup>2</sup> As the *Lancet* reported in May 2020, prisons do not have the capacity to contain the virus by isolating those infected; the COVID-19 pandemic has shown how closed environments provide ample opportunity for the virus to spread, often making medical staff and visitors, as well as other inmates, vulnerable to contagion.<sup>3</sup> The conditions in jails are even worse when people are denied adequate cleaning supplies. These facts about the COVID-19 crisis speak to a broader issue about the problems of confinement in a carceral state. During this public health crisis, advocates for incarcerated people, such as the ACLU, have called for the most vulnerable to be released for their own protection and that of those around them.<sup>4</sup> They have also called for further isolation and better ventilation to prevent more people from becoming infected. At first glance, one might interpret the prison coronavirus outbreak solely as a political question and regard the contagion there as an extension of a failed political system. Yet the conditions of prisoners point to something deeper, and behind

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<sup>1</sup> Josiah Bates, “Ohio Began Mass Testing Incarcerated People for Covid-19: The Results Paint a Bleak Picture for the U.S. Prison System,” *Time Magazine*, 22 Apr. 2020, <https://time.com/5825030/ohio-mass-testing-prisons-coronavirus-outbreaks/>; and Richard Winton, “Seventy Percent of Inmates Test Positive for Coronavirus at Lompoc Federal Prison,” *Los Angeles Times*, 9 May 2020, <https://www.latimes.com/california/story/2020-05-09/coronavirus-cases-lompoc-federal-prison-inmates>.

<sup>2</sup> Statista Research Department, “Prisoners in the United States—Statistics and Facts,” 28 Jan. 2020, <https://www.statista.com/topics/1717/prisoners-in-the-united-states/>.

<sup>3</sup> Talha Burki, “Prisons Are ‘In No Way Equipped’ to Deal with COVID-10,” *Lancet*, 2 May 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30984-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30984-3/fulltext).

<sup>4</sup> Maria Morris, “Are Prisons and Jails Ready for Covid-19?” *ACLU*, 6 Mar. 2020, <https://www.aclu.org/news/prisoners-rights/are-our-prisons-and-jails-ready-for-covid-19/>.

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these institutions are critical points of analysis for historians of science. One of them is the relationship between forced confinement and enslavement.

For me, as a Haitian-American scholar who has incarcerated family members, the complexities and realities of Covid-19 have hit close to home, consigning my incarcerated relatives to greater health risks and showing how proximity to scholarship does not make one immune from racial (post)colonial realities. For the mostly Black and Brown prisoners in U.S. jails, the coronavirus outbreaks have shown how pernicious a virus can be when there is little initial will to treat the sick. One is reminded of Achille Mbembe's inquiry about the categories of humans when he ponders: "Can the Other, in light of all that is happening, still be regarded as my fellow creature?"<sup>5</sup> Drawing from his work, one way to theorize the power of the COVID-19 pandemic is to see how colonial and racial legacies and geographies create conditions for sovereignty and, ultimately, the "capacity to dictate who is able to live and who must die," as Mbembe notes (p. 66). While he sketches the genealogies of racism and European colonial insurgencies on the African continent in particular, Mbembe advocates for a global historical approach to understanding postcolonial regimes. *Necropolitics* can offer the history of science deep theory on how racism is a form of technology in general, as well as a moral compass for unpacking colonial and racial terror in particular.

Even with global awareness of these inequalities, the way privileged communities react to various epidemics can be a product of the empathy that extends differentially to the sick and dying, to those who fall under the jurisdiction of the carceral state and those who do not. When the COVID-19 pandemic hit, it warranted a call for action—a global shutdown, albeit one that saw uneven responses. Unfortunately for the poor and disenfranchised—even in Global North countries—the experience of living through epidemics can show how microbial contagions mutate along the open veins of society.

In the current phase of this global pandemic, where COVID-19 is leading people to choose to practice social distancing to prevent its spread, it is not enough to think about racism as an abstract all-encompassing force in the past; rather, as many are showing in protests, we must foreground how colonial legacies haunt us today through monuments, statues, street names, and more.

The COVID-19 outbreak brings into focus how unequal mobility was before the pandemic began—and even more so for the incarcerated. Consideration of the health of incarcerated people opens up lots of possibilities for untangling colonial and racist histories—not just in U.S. prisons, but globally. The prison-industrial complex illustrates how inequalities during epidemics are historically rooted and can be further theorized with postcolonial theory and critical race theory. Deep readings and explorations that look at the relationship between slavery, colonialism, and incarceration are not new, but directly integrating this work within the history of science can further enrich the discourse of (post)colonial history of science and medicine.

One entry point is Achille Mbembe's reading of Foucault's concept of biopower, which is laid out in *Necropolitics*. Biopower operates as both a state of exception and a state of siege. Mbembe's text unveils the fault lines of societies that often underlie the hierarchies of the humans they comprise. Incarceration produces an unrepresentable subject that falls outside the standard premises of freedom. The corporeal punishment and confinement of Black people, as Ruth Wilson Gilmore has argued in *Golden Gulag*, is an extension of slavery and colonialism, but it also calls on and calls forth the amalgamation of capitalist technologies that contribute to the geographies of the carceral state.<sup>6</sup>

<sup>5</sup> Achille Mbembe, *Necropolitics* (Durham, N.C.: Duke Univ. Press, 2019), pp. 2–3. Subsequent references to this work are indicated in the text by page number.

<sup>6</sup> Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (Berkeley: Univ. California Press, 2007).

This begs the question: Who was able to move before the COVID-19 pandemic and under what conditions? A side effect of the COVID-19 pandemic is showing how ossified borders can become and how the descendants of enslaved people and the formerly colonized are disaggregated; postcolonial critical theory in the history of science and medicine should reflect on these lessons to help us better understand the relationship between power, forced captivity, and pandemics.

The biomedical mosaic of confinement should be unpacked through a decolonial and critical race studies practice that undoes the racial hierarchies of knowledge production. Epidemics such as the current COVID-19 pandemic reveal the ways certain lives are made consequential and others inconsequential, exposing continuities between slavery and incarceration.

Mbembe argues that the “historical account of the rise of modern terror needs to address slavery, which could be considered one of the first instances of biopolitical experimentation” (p. 74). This commitment to deconstructing the humanity of enslaved persons and, by extension, colonized African subjects provides the starting point for determining versions of humanity in (post) colonial contexts. It is, as Mbembe shows in his book, rooted in necropolitics, racialized regimes directly linked to the racialized assemblages of life, a biopolitics that can neatly decipher who counts as human in (post)colonial histories of epidemics. Mbembe aptly unpacks the idea of biopower by turning to Frantz Fanon—a physician and anticolonial thinker who outlined colonialism’s relationship to medicine and medicine’s relationship to colonialism. Although Fanon focused on French Algeria, many of the themes that emerged in *The Wretched of the Earth* ring true for settler colonialism more broadly. For Fanon and Mbembe alike, the technology of colonialism subjugates the body through health regulations, pseudoscientific notions of eugenics, and related practices. This gesture toward colonial biopolitics does not rest solely on the Algerian case; rather, Mbembe formulates it for the plantations where African Americans tilled the soil. This biocolonial terror, he argues, worked to establish different classes of people and lives on today in what Michelle Alexander refers to as “the New Jim Crow.”<sup>7</sup> If we apply this analysis to the COVID-19 pandemic in U.S. prisons, then we come to realize that, like the slave plantation, the prison system operates as a form of technology, delimiting and asserting control over mostly Black and Brown bodies by enforcing the social conditions and inequalities that already make them more likely to be sick.

Each postcolonial entity has its own matrix, deeply entrenched in the global hierarchies of power and wealth and often creating new relationships to epidemics that are socially inflicted as well as microbial. One thing to note is that critical race theory builds on postcolonial studies. Critical race scholars have shown that the geographies of the carceral state highlight degrees of freedom and unfreedom, often accenting the discourses of humanity and health. For example, Sylvia Wynter’s “praxis of the human,” like Mbembe’s necropolitics, troubles the politics of the human and can offer historians of science and medicine a verbal assemblage to articulate the spectrum and capacities of confined subjects. For Wynter, colonial making is one of the many arrangements that subjugates Black subjects. Her work can be useful for unleashing the power of history writing, in a way that unsettles coloniality and looks closely at human knowledge and science studies.<sup>8</sup> A recent addition to her legacy can be seen in Zakiyyah Iman Jackson’s *Becoming Human*, which makes an important contribution to African diasporic cultural studies and shows

<sup>7</sup> Frantz Fanon, *The Wretched of the Earth* (New York: Grove, 1963); and Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: New Press, 2010).

<sup>8</sup> Katherine McKittrick, ed., *Sylvia Wynter: On Being Human as Praxis* (Durham, N.C.: Duke Univ. Press, 2015); and Sylvia Wynter, “Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument,” *CR: The New Centennial Review*, 2003, 3:257–337.

how anti-Blackness is embedded in Western scientific practice through the “thingification” of Black people.<sup>9</sup> At the core of her work is an attempt to construct an imaginative practice of world building that challenges these power dynamics and hierarchies.

Critical race studies offers a powerful lens on these matters, often highlighting the intersection of race and medicine within the Americas. Samuel K. Roberts, Jr.,’s, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* presents a historical epidemiology of tuberculosis that also explores the unequal burdens placed on public health by looking at the intersection of segregation and housing.<sup>10</sup> Exploring questions of microgeography and health outcomes is key to understanding epidemiological concerns about race and medicine.

More important, examinations of slavery and the post-emancipation period foreground various structural elements of health, with some scholars showing how medicine encroached on enslaved persons’ spaces for living and rest. Deirdre Cooper Owens’s *Medical Bondage: Race, Gender, and the Origins of American Gynecology* moves between southern plantations and northern urban centers to reveal how nineteenth-century American ideas about race, health, and status influenced doctor–patient relationships in putative sites of healing like slave cabins, medical colleges, and hospitals.<sup>11</sup> Guiding the reader through spaces of discomfort and ambiguity, Cooper Owens also points out how human bodies that were enslaved and Black became, as Mbembe’s work on necropolitics shows, sites of medical experimentation as well.

In recent weeks, various polls have shown that Black Americans are, on average, less willing than others to take a COVID-19 vaccine when one becomes available. This is partly because of the history of Tuskegee, one of many visible markers that the U.S. government places little value on Black life. Beyond that, critical race studies scholars are pushing the limits of biopolitics by researching bio-ownership. In *Deadly Monopolies*, the medical historian Harriet A. Washington critically examines how hospitals have created the conditions for people to sign away rights of ownership to their own tissues and the ways that the medical-industrial complex creates a “life patent” for people undergoing surgery.<sup>12</sup>

How can we understand the current COVID-19 pandemic as it plays out in the postcolonial context and among the descendants of enslaved people, the incarcerated, and those who are considered “not quite human”? The contradictions of living through an epidemic under capitalism is that only some illness and only some deaths are documented as mattering—with empathy and resources afforded to those closer to freedom. Reflections on the global pandemic offer historians of science and medicine the chance to trouble the human and unpack the politics of forced confinement. (Post)colonial histories of epidemics can provide the foundation to see sites of contradictions in the carceral state, the opportunity to reveal the origins and trajectories of disease. The interrogation, however, elides the usual political scripts, forcing us to reckon with how some people are treated as human in times of crisis while others are not.

<sup>9</sup> Zakiyyah Iman Jackson, *Becoming Human: Matter and Meaning in an Antiblack World* (New York: NYU Press, 2020).

<sup>10</sup> Samuel Kelton Roberts, Jr., *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: Univ. North Carolina Press, 2009).

<sup>11</sup> Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens: Univ. Georgia Press, 2017).

<sup>12</sup> Harriet A. Washington, *Deadly Monopolies: The Shocking Corporate Takeover of Life Itself—And the Consequences for Your Health and Our Medical Future* (New York: Penguin/Random House, 2012).