

CSSAAME Editorial Note

On COVID-19 and the Movement for Black Lives

We are, of course, in the midst of a global pandemic that has engulfed nearly every habitable terrain on earth. At the time of this writing, the Movement for Black Lives has also been leading demonstrations against antiblack policing practices in the United States and inspired demonstrations around the world in solidarity against police brutality and racism. Of course, the pandemic and the concern for black lives intersect not just in US news headlines but also in the broader world. This intersection between COVID-19 and the long-standing structural disparities and injustices that it exposes has worsened the conditions of life, security, and livelihoods for those who are already excluded and living in its margins. Both the effects of COVID-19 and the intersecting crises of state violence and economic collapse—along with the multiplex failures of governing institutions—are central concerns to the regions we address in the journal. The *CSSAAME* editorial collective stands strongly in solidarity with all pathways of protest and redressal from the Movement for Black Lives in the United States, with the shack-dwellers movements in South Africa, with the mobilization for social security for migrant and daily wage workers in South Asia, and with all who are risking so much to create a better world. We unequivocally support efforts to redistribute resources more equitably and to guarantee justice and concrete, lived rights.

Both pandemics and the deployment of state violence are central aspects of the resource extraction, exploitation, racialization, and stigmatization that continue to plague and constrain peoples of the Global South, as well as minority communities around the world. Indeed, the virus, its manifestation as a disease, its patterns of transmission, and its already staggering social

and economic costs are at once highly local and deeply embedded in global networks. The very status of COVID-19 as a *global* pandemic throws into relief a moment of history characterized by both global interconnection and deep ambivalence about it. Patterns of disease transmission, travel, and trade—internationally, nationally, and locally—map onto COVID-19’s epidemiology. They demonstrate the multiple dilemmas posed by the complex and uneven networks of power and production in recent forms of globalization. The urgent reminder that black lives matter highlights atrocities that haunt the present: the systems of terror and brutalization and the violence and displacement of the human trafficking, coerced labor, and material extraction and destruction that comprised the centuries of the Atlantic slave trade and modern colonialism. These have left deep scars, and they linger within the racist ideologies they spawned. COVID-19 and the Movement for Black Lives thus both highlight urgent questions of the relationship between state authority and justice, as well as of the interplay between forms of freedom and unfreedom locally and globally. These times demand that we view present-day problems through the lens of their long histories.

Understanding past pandemics is instructive for precisely this reason. Colonial regimes developed racialized systems of knowledge in part through their attempts to control the spread of disease. In more than one instance, popular resistance to such initiatives directly fostered opposition to colonialism itself. Attempts to control yellow fever, cholera, plague, and malaria in the Caribbean, Africa, and Asia, for instance, made the peoples of those regions the subject of intense scrutiny for a racialized medicine: disease transmission among “natives” and slaves was increasingly viewed through paradigms of differential immunity. The scientific “fact” of biological susceptibility to disease justified racial hierarchy, which then served as explanation for the perdurance of slavery and other forms of coerced labor. Meanwhile, past scientific inquiries

into the origin of germs or “miasmatic” environments also gave rise to paradigms of governance over colonial subjects’ compromised bodies that typically directed their attention toward the infected and their habits, transgressions, and constitutions. In turn, local movements responded to what they correctly took as interlocking threats: hence, messianic movements responded to plagues, famine, and colonization in North Africa, while riots and resistance to the plague formed an intimate part of the fabric of everyday life in colonial port cities from Mumbai to Alexandria and Cape Town. Disease outbreaks therefore both sharpened economic exploitation and, through fostering resistance, threatened the systems that enabled it.

COVID-19 is also transforming global health relations. The disease’s trajectories out of Wuhan province, the timing of its emergence in other locations, and the epistemic ambiguities of testing and international reporting at once reveal and occlude contemporary national and international networks of information and disease control. Across the Global South, for instance, the shortages of drugs and medical supplies have highlighted resource inequalities and aid dependency, even as many low-income countries have demonstrated remarkable resilience. Indeed, the interplay between national and international structures of governance has been intense and often confusing, yet still oddly revealing. COVID-19’s relentless if somewhat unpredictable spread has been met with widely varied national responses. Early successes in China and South Korea baffled pundits and experts alike, as did the failures in Japan and Indonesia. Many have drawn parallels with responses to earlier outbreaks of Ebola, SARS, MERS, and influenza, but few collective, redistributive lessons have been learned, except to invest in networks of technoscience and surveillance.

Throughout the world, state power has both diminished and extended. New quarantine measures have been unevenly applied and enforced, but they are continuously resisted, curtailed,

or ignored by ordinary citizens. Unprecedented surveillance has extended the tentacles of the state yet also has garnered criticism and suspicion for violations of privacy and disclosure. Invocations of scientific authority have been used to justify state policy even as the exchange of research and materials remains fraught at national and international levels. Already, biomedically justified confinement orders have radically transformed life and death, the most intimate of spheres, further disturbing the already troubled if still abstract border between private and public spheres.

Yet COVID-19 is not simply a biological, epidemiological, and political phenomenon. It is also a *metaphor*, as Susan Sontag famously described for cancer, tuberculosis, and HIV/AIDS.¹ It is a metaphor whose description, meaning, and experience contain a polyvalent ability to stand in for other current concerns. COVID-19's insertion into metonymic chains of meaning that structure the experience in our times demands explication, and requires recognizing that metaphors structure reality.

That a virus has halted traffic across international borders and transformed national regulations and local life has in fact left many baffled about the true mechanisms of power in our world. It is no surprise, then, that the displacement of responsibility from local structures of authority and control has also created many enemy others, with rumors of hidden laboratories of biological warfare or bloodsucking migrant workers carrying infection and disorder lurking behind many a corner. The virus in its virality is biological, but its sociological effects reinforce social and geopolitical othering. Just as epidemiological patterns map on to social vulnerabilities and political or economic blackouts, COVID-19 rumors and conspiracy theories make visible the people who are victimized and threatened by political and economic circumstances beyond their

everyday lives. Recent conspiracy theories around 5G networks and around biological laboratories in Wuhan were only some of the many that have circulated around the virus. In Malawi, for example, Mozambiquans alleged to be infected with COVID-19 were attacked and murdered as “bloodsuckers” amid disclaimers from the president that these were merely plots to disrupt the rerun of the presidential election.²

Just as the invisible microbe is in danger of being everywhere, perhaps too responsibility and culpability are everywhere. In a world plundered by capitalist rapacity and where international conglomerates often overpower local stakeholders, no corner of the earth is free from the destructive consequences of modern structures of inequality and injustice. It is little wonder that the Movement for Black Lives protests have reemerged with such power at this juncture—even with their risks to protestors’ lives—and have been echoed around the world. COVID-19, like so many diseases before it, lays bare and potentially reinforces the systems of exploitation and brutalization that structure our world. It also dysphemizes those conceits.

“The entire inhabited world changed,” declared Ibn Khaldun from Tunis shortly after the outbreak of the Black Death, one of the deadliest pandemics in recorded history. Ibn Khaldun’s astute observations from the fourteenth century are perhaps salient still: “When there is a general change of conditions,” he wrote, “it is as if the entire creation had changed and the whole world been altered, as if it were a new and repeated creation, a world brought into existence anew.”³ For even as the world continues to spin with rapid headlines of loss, distress, and despair, efforts at meaningful amelioration and sustained dialogue continue as peoples around the world attempt to imagine—and thereby create sustainably—alternative and more egalitarian futures.

Notes

¹ Sontag, *Illness as Metaphor*.

² See “Mozambicans Accused of Vampirism”; “HRDC Trashes Malawi Leader’s Speech.”

³ Ibn Khaldun, *The Muqaddimah*, 30.

References

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