# The Racial Geographies of Covid-19

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*Abstract*

This article argues two things: the Covid-19 pandemic is, like many epidemics before it, characterized by a racialization of disease; that racialization has the effect of obfuscating the larger etiology of viruses, an etiology that is extended ecologically and includes the circuits of capital accumulation. As I seek to show, these two points become apparent in the ways of publicly imagining and narrating the pandemic, which includes the modes of knowledge of virology and epidemiology. Knowledge of the smallest particles, of germs, is bound up in politically urgent ways with racialized conceptions of much larger geopolitical units.

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*Introduction: Covid-19 between forensic fetish and racialized disease*

The Covid-19 pandemic has given rise to constant epidemiological analyses and evaluations, as well as to a variety of etiological analyses and speculations on the origins of SARS-CoV-2. A veritable forensic fetish has emerged, in which the minute details of infection figures, reproduction numbers, and the efficacy of measures are continuously hashed out. Sorely missing from most etiologies is a truly ecological perspective, such as espoused by radical virologist Rob Wallace. In "Dead Epidemiologists. On the origins of Covid-19", Wallace summarizes what has been known widely and for a long time by critical virologists and epidemiologists, as well as by ecosocialist thinkers:

> The capital-led agriculture that replaces more natural ecologies offers the exact means by which pathogens can evolve the most virulent and infectious phenotypes. You couldn't design a better system to breed deadly diseases. […] Growing genetic monocultures of domestic animals removes whatever immune firebreaks may be available to slow down transmission. Larger population sizes and densities facilitate greater rates of transmission. Such crowded conditions depress immune response. High throughput, a part of any industrial production, provides a continually renewed supply of susceptibles, the fuel for the evolution of virulence. In other words, agribusiness is so focused on profits that selecting for a virus that might kill a billion people is treated as a worthy risk (Wallace, 2020: 34).

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Yet finance-driven agribusiness and deforestation are largely ignored and are substituted for a forensic focus that mostly zooms in. Genetically, it zooms in on sequencing, on the genetic origins of the virus, considering, for instance, how various strains of coronavirus in bats compare to those in civets and pangolin, and then ultimately to those emerging among humans. Geopolitically, attention centers on the national boundaries from within which the virus emerged. Here, the national and, as I seek to illustrate, racialized origins of the virus are key. SARS-CoV-2 is considered to have a genetic and a racial signature – it is *Chinese* in origin. When Donald Trump spoke of a *Chinese virus*, he really did not do anything fundamentally different from what most governmental health agencies across the world did, either explicitly or implicitly.

In this paper, I seek to highlight the racial dynamics at play in contemporary virus talk. Not only has the pandemic turned out to be governed as a thousand epidemics, these epidemics have been nationally defined. Each country listed its own infection frequencies and R-number, and yet the geography of the nation-state does not overlap with the ecology of a virus. The two are entangled in complex, and often performative ways, for instance when national measures affect infection rates in certain countries. But from an ecological point of view, a pandemic is precisely not something to be disaggregated in nationalized epidemics. In fact, what we witnessed from early 2020 onwards was a kind of *social distancing* among nation-states, each trying to fend for itself. When Italy's health system was under severe stress, European neighbouring countries closed their borders. Countries such as the Netherlands (Inspectie Gezondheidszorg en Jeugd, 2020), Germany, France and the Czech Republic banned the export of personal protective equipment (PPE), and in some cases medicines as well. The EU itself, in a similar desolidarization at a global scale, did the same for export outside the EU (European Commission, 2020). Not long after, it turned out that no serious financial support could be given to Italy and other countries without the well-known neoliberal strings attached to it.

But above and beyond all of this, the pandemic, as a cross-border event, gave rise to a rearticulation of national borders that entailed processes of racialization that have longer histories and are partly entangled with the very epistemologies of conventional epidemiology and virology. Here, I seek to highlight some of those entanglements and the ensuing pandemic racializations. What does it mean to assume that the virus *emerged from China*? What does it mean that there are *Danish, British, South-African* and *Brazilian* mutations? How are such statements and labels connected to epidemiological modalities of knowledge production, and how do they relate to the planetary ecology and infrastructures that give rise to pandemics? As I seek to argue, the main epidemiological geographies deployed during the pandemic have been nationally bounded territories. Thereby, epidemiological spaces were forced into the moulds of the given domains of nation-states, and this was the only way to arrive at the arbitrary bounded aggregations of infection numbers.

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The assumption of what can be called a given domain, then, of a viral ecology that overlaps with the geopolitical units of nation-states, results not only in a racialization of infection, but also an impossibility of naming the actual ecology of the virus as anything other than a residue alongside fixed geographic yet national classifications of its origin and path. In this article, I argue two things: the Covid-19 pandemic is, like many epidemics before it, characterized by a racialization of disease; that racialization has the effect of obfuscating the larger etiology of viruses, an etiology that is extended ecologically and includes the circuits of accumulation of racial capitalism. As I seek to show, these two points become apparent in the ways of publicly imagining and narrating the pandemic, which includes the modes of knowledge of virology and epidemiology. Knowledge of the smallest particles, of germs, is bound up in politically urgent ways with racialized conceptions of much larger geopolitical units.

*Disease and/as the foreign*

Panic over diseases with a *foreign origin* has historically given rise to racism and xenophobia, no doubt because the very concept of *infection* touches directly on the question with which bodies people feel comfortable. In the spring of 2020 an anti-Chinese racism took hold in many Western European countries that is typical for pandemics that have often gotten a national classification of origin. When a Chinese man died of bubonic plague in San Francisco in 1900, a quarantine was ordered for the local Chinatown, even though white people could freely move in and out, because the idea was that Chinese bodies were more *sensitive* to bubonic plague (Humphreys, 2002). Jewish immigrants were considered to spread typhoid in the United States in 1892, and in 1904, Chinese immigrants were seen as spreaders of the plague. In New York, in 1926, Italians were feared for their supposedly extraordinary role in the spread of polio. The racializing effects of discourses surrounding the SARS-CoV-1 outbreak of 2003 have been well documented (Lee, 2014). And similarly, in 2020, the outbreak of SARS-CoV-2 gave rise to the emergence of the idea that Chinese people would be less hygienic, and that their government could not be trusted (the latter was of

course true in the early stages of the pandemic). Such racializing panic distracts from the fact that viruses exist in a world that is continuous and not discontinuous, for instance differentiated by nation-states. Certainly, there are performative effects of divisions of the world in nation-states (border effects) on viruses and the course of a pandemic. But the ecology of a virus never overlaps with, or fits into, the geography of the nation-state. Rather, it exists laterally vis-à-vis the world of nation-states. And although we are used to acting as if a virus is *in*, or comes *from*, a country, such localizations do not connect topologically to the ecology of a virus. For a virus, there is no *abroad*, and the release of a virus from an ecological niche and its global dispersal is possible precisely because the niche is no longer a niche once it is connected to global logistical chains that themselves, though they run along older imperial fault lines, do not conform to a nation-state topography. That means that exactly the moment a virus spreads *from* China it becomes pertinent to ask of which geography it is at that point already a part, a geography that runs laterally across the globe and is not accurately captured by its reduction *to* China. At that point, it becomes relevant to consider how *China* is always already something that extends into the world, that cannot be reduced to a bounded geographical territory but is, in the case of SARS-CoV-2, networked across a global logistical infrastructure for the extraction of raw materials and the circulation of goods, livestock, workers and capital. This ecological perspective – a perspective that extends beyond the narrow etiologies that prevail and that center on genetic strains and animal vectors – is missing in the conventional racializing origin narratives of viruses. And this negligence is an obfuscation of the globally networked accumulation of capital, and a disavowal of the power structures that maintain the logistical networks facilitating accumulation. In other words, racializing viral origin narratives that trace pathogens to nation-states prevent capital accumulation itself from appearing as a viral vector. One way to bring this about becomes apparent in the national fixation that accompanies new viruses. Even though international public health organizations stopped naming pandemics by outbreak location in the late 1990s and opted for virus and year of outbreak, the rhetoric of location is still omnipresent: SARS-CoV-2 comes out

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of China. The second wave spread in Europe from Spain to the Netherlands, according to the Dutch National Institute for Public Health and the Environment (RIVM). But only for those who live within the everyday technical minutiae of pandemic governance do such statements make sense. *Spain* or *China* are commonsensical placeholders, but epidemiologically, viruses exist and spread along wholly different topological spaces. Geographically, of course, the view that the world is a patchwork of nation-states is extremely simplifying. Yet precisely this simplification is at work in pandemic narratives, in conjunction with forms of racism directed at, in the case of SARS CoV-2, people of Chinese descent in the West. Whoever insists on pushing viral topologies into national frames suggests that *Spain, Italy, United Kingdom* or *China* are etiologically privileged concepts vis-à-vis the deforestation, monoculture and industrial livestock farming that result from the capitalist mode of production. Then, racialized causalities – because nationally bounded and hence blood-and-soil-based – are prioritized over an analysis of conditions of pandemic possibility that is of crucial preventive importance in the long run. Even if it turns out (which doesn't seem likely) that SARS CoV-2 emerged out of a Wuhan laboratory, the larger story is that the capitalist mode of production stimulates the emergence of pandemics.

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But this disavowal of a larger socio-ecological etiological perspective, a disavowal in which racialization replaces mode of production, is a long standing virological and epidemiological practice and orthodoxy. Practitioners of the colonial discipline of *tropical medicine* in the nineteenth century considered Bengal as the *home* of cholera (McNeill, 1976; Arnold, 1993; Bhattacharya, 2012). Already in the sixteenth century, syphilis was called the French, Polish, Neapolitan or Spanish disease, depending on the country from which it was discussed (Braudel, 1987). And three centuries later the *Spanish flu* got its name primarily because Spain was the only country in 1918 that did not censor press-coverage of the H1N1-pandemic then under way (Honigsbaum, 2020). What is now generally called *Spanish flu* is a name deriving from, basically, a sampling bias:

> Spain actually had few cases before May [1918], but the country was neutral during the war. That meant the govern-

ment did not censor the press, and unlike French, German, and British newspapers (which printed nothing negative, nothing that might hurt morale) Spanish papers were filled with reports of the disease, especially when King Alphonse XIII fell seriously ill. The disease soon became known as *Spanish influenza* or *Spanish flu*, very likely because only Spanish newspapers were publishing accounts of the spread of the disease that were picked up in other countries (Barry, 2004: 242-243).

In Spain, it was known as the *Neapolitan soldier* or the *French flu*. In Russia, it was called the *Chinese flu*, while in Germany it was called the *Russian pest* (Shafer, 2020). But there was no *Spanish* flu to begin with, because viruses are of a different order than nationally classifiable juridical persons.
It is perhaps understandable that virologists, immunologists and epidemiologists make use of classifications derived from common sense, but they cannot account for what the use of such classifications does and this is not their area of expertise. A nation-state classification of a disease is not simply a category error; it is at the same time a racializing attempt to fix a specific social and political ecology as cause and therefore, all too often, as responsible. Donald Trump's notion of a *Chinese virus* or of a *Wuhan virus* is one example of this, and it is a repetition of what Belinda Kong (2019) has called *bio-orientalism*, including, for instance, denominations of SARS as an *Asian disease* and a new *Yellow Peril* (Leong, 2003). But renowned scientists really do not do much else. In March 2020, the Hong Kong microbiologist that became famous for discovering SARS-CoV-1, Yuen Kwok-yung, wrote an op-ed together with David Lung in the Chinese newspaper Ming Pao, titled "The pandemic originated from Wuhan and the lessons from 17 years ago have been forgotten" (Kwok, 2020: 122). In it, they argue that the eating of *wild meat* by mainland Chinese caused the pandemic, and that eating such meat is a sign of an *inferior culture*. Later, they retracted the piece and apologized (Cheung, Cheung, 2020), but that was due more to the overt racism (*inferior culture*) than to the covert racism (*the virus originated from Wuhan*). A Western state institution such as the RIVM doesn't do anything fundamentally different when it states: *The new coronavirus emerged in China in December 2019*

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*in one place as a human virus* (RIVM, 2020). Moreover, government documents legally procured by investigative journalists made clear that the Dutch government routinely used the label *Wuhan nCoV* (Wuhan new coronavirus). There is no reason, then, to loftily moralize Trump when, as is true in so many ways – think of the treatment of migrants – Europeans did the same thing.

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*The afterlife of colonial epistemologies in virology and epidemiology*

The emergence of SARS-CoV-2 thus appears, in the prevailing narratives, to be akin to a racialized fairy-tale. It starts with the magical emergence, ex nihilo yet nationally classifiable, of a pathogen. Out of the invisible comes an invisible killer, and the only thing that's visible is the country it comes out of and that thereby assumes the role of a quasi-causal protagonist in viral origin stories. The magical emergence of the virus serves at once to reconcile us with fate. Bad things happen, and they happen wholly outside the sphere of influence of the logic of capital. Luckily, fate can be located: the virus emerged out of China, and that settles the responsibilities of everyone else, for whom *virus from China* appears as a fateful event that can now only be properly (or not so properly) managed. In the wake of the SARS epidemic of 2003, anthropologist Charles Briggs similarly wrote that "narratives about epidemics make racial and sexual inequalities seem natural – as if bacteria and viruses gravitate toward populations and respect social boundaries" (Briggs, 2005: 272).

That is an idea that harks back to nineteenth-century colonial practices and assumptions, and it has even deeper roots in classical connections between climate and race. In the nineteenth century, a specific mix of colonial government, race theories and geographical pathology emerged that was called the study of *acclimatization*. As historian of science Warwick Anderson says, acclimatization study was a way to cope with the *medical conundrum of imperialism*, in which the relation between *tropical environment* and colonizers could be summarized as: *No place for a white man, and yet just the place for white dominion over man and nature* (Anderson, 1996a: 63). Theories of acclimatization initially assumed the possibility of human

adaptation to foreign environments, and of specific racial forms of immunity (Anderson, 1996b). But after around 1830 this changed. The idea then started to hold sway that Europeans who stayed in India for too long would, as maritime physician James Johnson already stated in "The Influence of Tropical Climates on European Constitutions" (1813), be subject to *degeneration*, whilst native Indians were *adjusted* to the warm climate (Arnold, 1996; Harrison, 2010). Very clear historical connections can likewise be found in the specific problematizations of health risks that befall people of African descent (or rather: bodies constructed as *African*) in contemporary France (Sargent, Larchanché, 2014). And similar conceptions existed in 2020 in rumors that specific groups of immigrants and people of color in Europe and the US would have an innate form of immunity or resistance to SARS-CoV-2 (Pelizza, 2020). In the course of the nineteenth century, increasingly, a conception of racial fixity was espoused with which people but also diseases were assumed to be geographically and climatologically fixed. Whoever leaves their natural, racial environment would risk disease and degeneration – an idea that lives on in Europe in the idea of *migration* (Van Reekum, Schinkel, 2017; Schinkel, Van Reekum, 2019). And yet colonization entailed precisely that: departure from an environment deemed racially fixed. Thus, disputes could arise over the question whether, for instance, a *white Australia is possible* – something many Europeans contested (in the early 1930s, the Dean of Canterbury still held the then not uncommon thought that North Australia could be best left to the Japanese) (Bashford, 2000).

One key element in the genealogy of the racial geographies of disease needs to be added here. It concerns the epistemic core of modern virology, immunology and epidemiology: the germ theory of disease as introduced, in its modern version, by Pasteur and further developed, amongst others, by Koch (Gaynes, 2011; Tomes, Warner, 1997). The germ theory assumes bounded, individuated bodies encountering invasions by foreign pathogens. This theory is directly connected both to the practice of ascribing national classifications to diseases, and to the entangled histories of colonialism and Western medicine. Science historian Philipp Sarasin points at the plausibility of the meta-

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phors of pathogenic *invasions* in the early days of the germ theory because of the associative connection of such conceptions with the idea of *foreign* diseases, of diseases from other countries (Sarasin, 2007). Connections between contagious diseases and immigrants were ready at hand (Kraut, 1995), and the germ theory helped naturalize political conceptions of contagiousness that, in turn, helped solidify the germ theory of disease. The result was, on the one hand, a repertoire of racist representations of the *other* as invasive microbes (Gradmann, 2007). On the other hand, the germ theory would come to play a role in the colonial project (Anderson, 1998). As Bruno Latour has argued, Pasteurian microbiology was given the explicit role to *open up land for colonization* (Latour, 1988: 142) by fighting diseases, as Pasteur's colleague Émile Roux put it. As Latour writes, local immunity for diseases meant that

> The natives had a superiority that compensated for their natural inferiority. It was therefore necessary to reverse once more the balance of forces and to restore to the westerners their natural superiority, by overcoming that relative ally of blacks and that enemy of whites: the parasite (Latour, 1988: 141).

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The affinity between epidemiological epistemology and colonial geopolitics gained an ironic turn when bacteria came to be considered in terms of *colonies* as a way of defining them, in the bellicose rhetoric of the germ theory, as enemies to be eradicated (Sarasin, 2007). As Donna Haraway has said, the germ theory allowed for a reversal according to which the colonized came to be seen as the intruder (Haraway, 1991).

What the germ theory introduced, or rather strengthened, was an individuated conception of bodies as bounded entities rather than as ecologically extended. It moreover introduced a war metaphor to describe the relations between these bounded bodies and pathogens that were thereby of necessity considered as coming from *outside*, as *foreign*. This concern with the policing of the boundaries of the body was, from the start, a concern with the territorial boundaries of both colonized land and existing nation-states. In "Contract and Contagion", Angela Mitropoulos therefore says:

Epidemiology presupposes the existence of boundaries that, in turn, become naturalised through the use of its causal lens and are assumed to be in need of protection against microscopic infringement – whether those boundaries are posited as those of the body, of the self, of empire, populations, classes, race, or gender and sexuality (Mitropoulos, 2012: 124).

Often, such boundary demarcations overlap, for instance when the US placed HIV-positive immigrants from Haiti on non-immigration lists, thereby combining long standing racial stereotypes about supposedly dangerous and unnatural practices such as *Voodoo* with reactionary homophobic conceptions the relation between *sodomy* and AIDS (Ahuja, 2016).

*Conclusion: from biosecurity to ecology*

Historically, the assumption of a given domain and the associated racializing origin narratives of diseases are – as I hope to have shown – intimately bound up with the operations of power at imperial scales. In "Bioinsecurities. Disease Interventions, Empire, and the Government of Species", Neel Ahuja states this succinctly:

[…] The racialization of transborder epidemics – the use of media to activate the feeling of bodily risk through the touch of foreign bodies and environments – played an important role in generating public optimism in the imperial state as protector of life. The iconic imagery of infectious, disabled black and brown bodies helped to mobilize hopes that state and market forces could control national vulnerabilities buy managing interspecies environmental circulation (Ahuja, 2016: 5-6).

Ahuja's point, however, is that *biosecurity* continues to be a key way in which imperial power is expressed. In the face of bioterrorism, for instance, a government of species exists that is key to an understanding of current geopolitics. At the same time, as Rob Wallace points out, agribusiness's emphasis on *biosecurity* continues to obfuscate the role of industrial livestock breeding in the emergence and spread of viruses, even at the expense of smallholders blamed for epidemics because of their supposed lack of biosecurity standards: *biosecurity offers a mode of governance by which global capital accumulates through nature at smallholders' expense* (Wallace, 2020: 115). Meanwhile, global public health organizations are called

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in each time a virus emerges to clean up the mess left behind by agribusiness's accumulation drive.
In the face of this, a more encompassing take on the conditions of pandemic possibility is urgent. New viruses are often mutations of previous ones. The H1N1 virus that caused the *Spanish flu* returned as one of the strains in the H2N2 virus that caused the so-called *Asian flu* in 1957, and in 1968 a H3N2 virus emerged in Hong Kong (causing the *Hong Kong flu*) after the H2N2 virus acquired new proteins through aquatic birds (Honigsbaum, 2020). Pandemics do not erupt magically, but involve gradual (genetic drift) and sudden (genetic shift) changes in viral strains. But such changes find an extremely suitable ecology under conditions of capital accumulation in agribusiness, with its production pressures and deforestation on the one hand, and its global logistical networks on the other. It therefore makes little sense to say, for instance, that the *Mexican flu* was *Mexican* if we take into account the outsourcing of hog farming from the US to Mexico. Pigs, moreover, are highly suitable for the genetic reassortment of viruses (Chen, Shih, 2009), meaning that coming pandemics stand a high chance of emerging out of industrial hog production (Webby et al., 2004).

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What prevailing pandemic narratives end up doing is to obfuscate the global ecology of capital accumulation. Both in the magical and racializing origin stories of viruses and in the forensic fetish with reproduction numbers, genetic mutations and risk factors in which many appear locked during the Covid-19 pandemic, the global ecology of capital is missing. The conjunction of racializing responses to the Covid-19 pandemic with global agribusiness and big pharma is a modality of what Cedric Robinson (1983) described as racial capitalism. Yet pandemic narratives fail to mention either the racializing effects of pandemics and their prevailing accounts, and they forget the role of European and American corporations and corporate capital in deforestation and neoliberal land governance and the associated emergence of diseases such as SARS, the H1N1-variant of 2009, Ebola Makona, Zika, H5N2 and H5Nx (Wallace et al., 2016). Surveys show, for instance, that for most British people, Ebola is, despite the role of neoliberal governance by international corporations in deforestation, an *African disease*, dangerous only insofar as a potential for a global outbreak

exists, an outbreak beyond *Africa* (Joffe, Haarhoff, 2002). At the same time, the Covid-19 pandemic makes abundantly clear that Western states do not hesitate in enacting a necropolitics vis-à-vis their own populations, by taking the neoliberally calibrated logistical limit of public health care systems as the deciding pandemic policy indicator.

There is an urgent need to ask questions that problematize the epidemiological assumption of what I have here called a *given domain*. Questions to which the answer is not a techno-fix such as vaccination, but which involve the enduring problematization of the capitalist mode of production, which makes us ill, kills us, and lives off of it. While the shareholders blame agricultural smallholders, there is yet much to learn from the agro-ecological and ecosocialist modes of production of many smallholders. As Michael Löwy (2015) has argued, ecosocialism is opposed to ecocide, and that means it first and foremost seeks to enforce a break with productivism. That would mean breaking the hold of finance and big pharma over agriculture. It requires a diversified agriculture (Kremen, Miles, 2012) as a way to prevent pandemics, because the rampant concentration of agriculture production in a small number of agribusiness corporations (Heffernan, 2000; Howard, 2016; Wallace, 2016) dangerously standardizes not only food production but also the immune systems of livestock (Hendrickson 2015). Ultimately, this requires a non-capitalist mode of production. It does so for many reasons, one urgent one being to counteract the spread of viruses. The current struggles of Indian smallholders against Modi's neoliberal reforms – ending public procurement prices and public distribution, and heavily taxing petty production – are therefore at the forefront of what needs to take place globally, also as part of pandemic prevention. Undoing the dominance of monopolists in global food production means that countries in the Global South will have to shift to small-scale agriculture and yet produce enough. But as Löwy says:

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> These countries will need to produce large amounts of food to nourish their hungry populations, but this can be much better achieved – as the peasant movements organized worldwide in the Via Campesina network have been arguing for years – through peasant biological agriculture based on family units, cooperatives, or collectivist farms than through

the destructive and antisocial methods of industrialized agribusiness, based on the intensive use of pesticides, chemicals, and GMOs (Löwy, 2015: 33).

Yet because the introduction of industrial agriculture has in many places been both a methods of capital accumulation and a colonial ecocidal technology of dominance (Gilio- Whitaker, 2019), a call to break the power of productivism and agribusiness must of necessity also be a call to decolonize agriculture. As Malcom Ferdinand argues in "Une écologie décoloniale" (2019), the plantation has been the model both for the Western domination of the earth and for the exploitation through racial slavery. The plantation, Ferdinand says, homogenizes crops and animals, and it has often entailed deforestation. *Colonial*, for Ferdinand, is not a historical concept but a denomination of a mode of living that still operates through the technology of the plantation. The recent plea for an *abolitionist agroecology* (De Wit, 2020) is one step towards combining ecosocialist ideals, diversified agriculture, and a decolonial strategy. The only dignified response to racial capitalism as an incubator of pandemics is not a techno-fix and a return to business as usual, but a dismantling of racial capitalism itself.

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