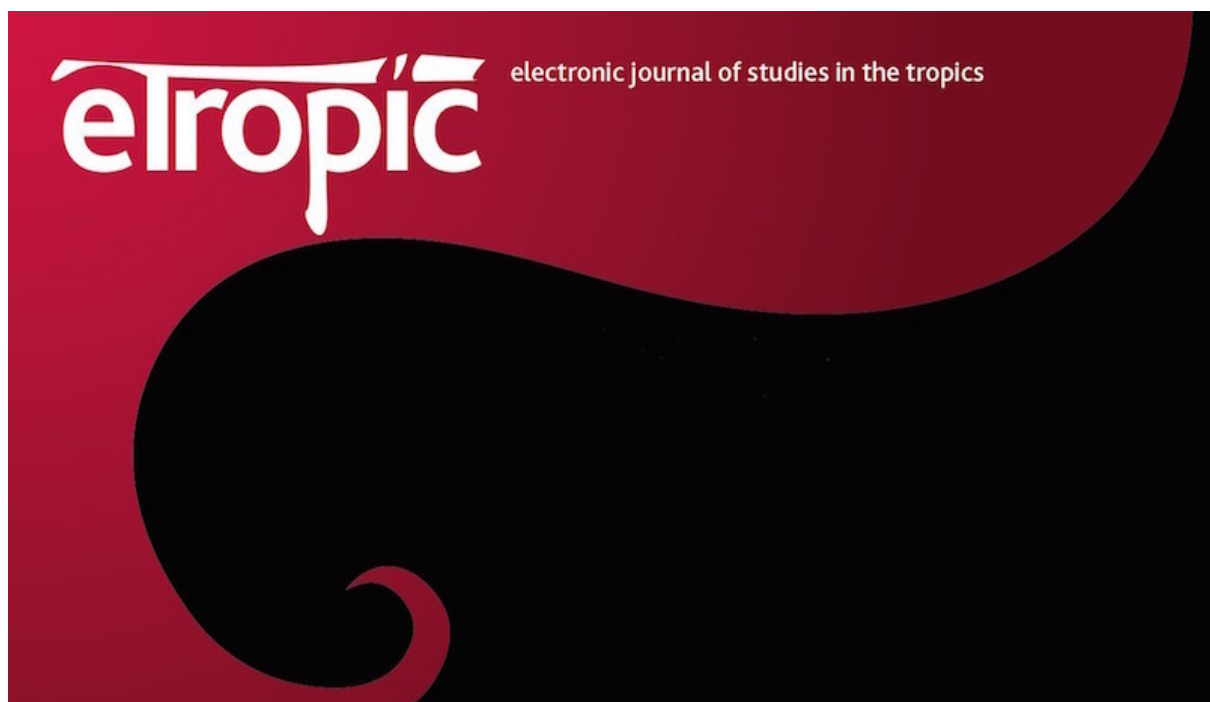


eTropic: electronic journal of studies in the tropics

Pandemic, Plague, Pestilence and the Tropics

Special Issue



edited by

**Anita Lundberg, Kalala Ngalamulume, Jean Segata,
Arbaayah Ali Termizi & Chrystopher J. Spicer**

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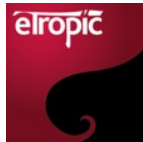
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Pandemic, Plague, Pestilence and the Tropics: Critical Inquiries from Arts, Humanities and Social Sciences

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Abstract

The Tropics have long been associated with exotic diseases and epidemics. This historical imaginary arose with Aristotle's notion of the tropics as the 'torrid zone', a geographical region virtually uninhabitable to temperate peoples due to the hostility of its climate, and persisted in colonial imaginaries of the tropics as pestilential latitudes requiring slave labour. The tropical sites of colonialism gave rise to urgent studies of tropical diseases which lead to (racialised) changes in urban planning. The Tropics as a region of pandemic, plague and pestilence has been challenged during the COVID-19 pandemic. The novel coronavirus did not (simply) originate in the tropics, nor have peoples of the tropics been specifically or exclusively infected. The papers collected in this Special Issue disrupt the imaginary of pandemics, plague and pestilence in association with the tropics through critical, nuanced, and situated inquiries from cultural history, ethnography, cultural studies, science and technology studies, Indigenous knowledge, philosophy, anthropology, urban studies, cultural geography, literature and film analyses, and expressed through distinctive academic articles, poetry and speculative fiction.

Keywords: pandemic, plague, pestilence, epidemics, Covid-19, tropics

Wildly Infectious

The Tropics have long been associated with exotic diseases and epidemics. This historical imaginary arose with Aristotle's notion of the tropics as the 'torrid zone', a geographical region virtually uninhabitable to peoples of the northern temperate regions due to the hostility of its climate; it persisted in colonial imaginaries of the tropics as pestilential latitudes requiring slave labour. The tropical sites of colonialisms gave rise to urgent (western) studies of tropical diseases which lead to changes in architecture and urban planning, to the creation of institutes of tropical medicine and the subjugation of Indigenous knowledge and science.

The tropics as a region of pandemic, plague and pestilence has been challenged during the global pandemic of the novel coronavirus disease COVID-19. The new virus neither (simply) originated in the tropics, nor were the tropical countries of the world specifically or exclusively infected. Tropical countries have been impacted by, and responded to, the novel coronavirus in diverse ways. This disrupts the imaginary of pandemics, plagues, pestilence in association with the tropics, and calls for critical, nuanced, and situated analyses.

Indeed, critiques of the notion of the Tropics as wildly infectious sites of pandemic, plague and pestilence already have a long history promulgated through the arts, humanities and social sciences. Even a brief overview of a small selection of these articulations alerts us to their diversity, as well as to how infectious diseases are likewise embroiled within diverse natural, cultural and social tropicalities.

In Thai director Apichatpong Weerasathakul's 2004 film *Tropical Malady* [*Satpralat*; monster], the malady refers to malaria and its deadly tropical fevers; but it also alludes to the plagued human soul divorced from its own animality; and moreover to how love is malarial, an illness of delirious desire. This sense of delirium is created through the tropical details of the jungle floor – "its paw-prints, twigs, dead leaves, snail shells, fly-blown turds, leeches and most of all mud" (Clarke in Creed, 2011, p. 139). The viewer too suffers a malady of tropicality as they become lost in shadowy jungles, embroiled in human-animal shape-shifting, and stalked by a ghostly tiger-shaman. Here the audience encounters the more-than-human world in the intertwining of human-animal-jungle-insect-disease-mud.

Vampire myths have for centuries feasted on the bloody settings of epidemics and violent racial histories. The Tropical Gothic vampire genre has been well documented regarding references to the fear of the other, the mixing of cultures, races and species, and to sexuality and the dangers of mixed blood and bodily fluids. The tropical milieu

of New Orleans, with its raucous *vieux carré*, languorous plantation mansions, mysterious bayous, ethnic and linguistic heterogeneity and anxieties over inter-racial liaisons formed the fertile (play)ground for the contemporary Gothic novels, *Interview with a Vampire* (Rice, 1979), *The Southern Vampire Mysteries*, (Harris, 2009), the TV series *True Blood* (Ball, 2008-2014) and the video game *Vampire the Masquerade: Bloodlines* (2004).¹ In the video game, vampires are grouped according to clans – from the fashionable and eroticised “Toreador” nightclubbing vamps, to the ostracised and primitivised “Nosferatu” sewer dwellers. New Orleans was established as the capital of the French Colony of Louisiana in 1723 at a time of European vampire hysteria. The city has always been immersed in its steamy climate and surrounding watery landscape of bayous – impacted by the deathly forces of hurricanes and epidemics of tropical disease. Mosquito vector diseases were particularly prominent in its history with epidemics of yellow fever causing deaths in the tens of thousands. Mass deaths from fever were blamed on evil spirits entwined with foreigners’ bodies and their cultural practices. Horrors came from elsewhere – Europe, Haiti, Africa – to enter the city and contaminate the populace. The pestilence of vampires mirrors the pestilence of epidemics and is further connected with the racial brutality of tropical plantations and the slave trade (Dillon & Lundberg, 2017, pp.55-56).

Art images have also given valuable insights into diseases and their social devastation, but they also reveal Indigenous etiologies. A drawing by a Nahua (Aztec) artist in the 1570s shows a *tiçitl* (female healer) surrounded by patients ravaged by smallpox – the pustules clearly visible on their bodies. Smallpox epidemics swept through Mexico in 1520 following the Spanish conquest, and this image from Book XII of the *Florentine Codex* graphically illustrates the suffering, but also the care given to victims during the first (of many) epidemics (Peterson & Terraciano, 2019). In another example of Indigenous medical knowledge British colonials on arriving in the tropics of India and Bengal where smallpox was endemic, encountered the established practice of variolation² in which a needle was dipped in the pus of smallpox sores and then applied as a prick to a healthy body – this medical procedure, which followed ritual protocol, was an early form of immunization and a precursor to vaccination.

Disease and the legacies of colonialism are as much the setting of Gabriel García Márquez’s novel *Love in the Time of Cholera* (2003 [1985]) as is the fictionalised Colombian port city with its trade links along inland rivers and out to the Caribbean Sea. Here again disease, in this case cholera, is used in its multiple senses. *Cólera* refers to both the pandemic disease, but also to unbridled passion: love and rage. Dr Juvenal Urbino fights both the disease and unruly passion through his medical science and modernist agenda for order and progress. In the 19th century cities around the

¹ *Bloodlines* is ostensibly set in Los Angeles, but strongly conjures up the Southern Gothic New Orleans genre.

² Named after the *Variola* virus that causes smallpox.

world suffered from waves of cholera pandemic. Set in the late 1800s, the wealthy and aristocratic Dr Juvenal Urbina returns from his medical studies in Paris to launch a series of projects for sanitary reform in his native city. Cholera spreads primarily through inadequate treatment of human faeces and unclean drinking water, causing severe diarrhea, vomiting, dehydration and mass deaths. Colombia's long history of social stratification and wealth disparity (vestiges of colonial rule) are depicted in the city's racially divided District of the Viceroys and slums, its crumbling colonial architecture and sultry streets, and its sewer rats. While aristocratic families struggle to maintain their status, the cholera-afflicted poor of the slave quarters struggle for life. The final love scene of the novel equally rides the tides of disease. The two lovers, Fermina Daza and Florentino Ariza, are finally united in old age old and near the end of their lives. The captain raises the yellow cholera flag and the lovers – consumed by their plague of passion – set sail from the city on the quarantine boat.

In the graphic history book, *The Great Hanoi Rat Hunt* (Vann & Clarke, 2018), narrative comic strips are used to tell the ironic case study of a rat hunt undertaken in the sewers of Hanoi under French rule of Indochina (Vietnam, Laos and Cambodia). The colonials had set about imposing modernist order on the city, creating a French Quarter of grand boulevards and villas, separate from the crowded Old Quarter of narrow crooked streets and buildings, which was left for the Vietnamese and Chinese. The urban renovation included installing sewers and water systems to prevent outbreaks of cholera. However, like the streets above, the sewers below were created according to racial segregation; the French Quarter with tap water and flushing toilets, the Old Quarter with community fountains and open drains. While Hanoi was undergoing this renovation the third bubonic plague had been creeping from one (port) city to another, and French scientists in the colonies were uncovering the link – rat fleas were the vector of the plague bacillus (Echenberg, 2007). When rats were reported in the French Quarter, alarm was raised. The sewers had provided the rats with both a haven for breeding and an efficient underground network with direct access to colonial villas. The authorities set out to hunt them down by promptly ordering Vietnamese labourers into the sewers. Thousands of rats per day were killed, but they kept coming. The authorities expanded the hunt, offering a bounty on each tail. The plan was thought successful as tails piled up, but then they discovered rats, now tail-less, freely scurrying about; they also uncovered a few industrious rat farms breeding the rodents for their profitable tails.

Tropical infectiousness is also the germ of scientific research that has lead to the design of heterotopia spaces such as lazarettos, plague ships, *cordons sanitaires*, hospitals, cemeteries and institutes of tropical medicine. Heterotopia is othered space, neither utopia nor dystopia, but worlds within worlds, simultaneously reflective yet disruptive of the outside. Heterotopia space is also implicit in colonial city design with

its European quarters comprising hilltop panoramas, tree-shaded boulevards and sanitation systems, always removed from the low-lying insalubrious slums. Variations on this urban design were repeated throughout the colonial tropics – always racially and problematically associated with disease prevention (see Ngalamulume, 2021, this issue). Of course, the colony (with its port cities that draw large populations of people together, and its trade ships spreading goods, people, disease, rats and fleas) is itself an extreme form of heterotopia (Foucault, 1967) – the legacy of which continues long into the postcolonial era.

The rapid dissemination of the novel coronavirus disease around the globe, like diseases of old, relies on animal and human hosts, bustling cities, movements of people, and economies of trade. The new virus also calls up images of heterotopia spaces – plague ships, lazarettos, *cordons sanitaires*, hospitals, cemeteries, research laboratories.

COVID-19: Origins Stories, Missing Links and Virus Hunters

Although the story of the outbreak of the pandemic did not begin with the tropics – and thus punctuates the imaginary of the tropics as pestilential – the newly released joint report from the WHO investigation into the origins of the novel coronavirus SARS-CoV-2 which leads to the disease COVID-19, does not erase the tropics as an origin site. In fact, the report recommends further investigations into links with the tropical regions of southern China and its connections with Southeast Asia.

The WHO report identifies the most likely origin story of the novel coronavirus is through intermediate zoonotic transmission. In this scenario the SARS-CoV-2 is transmitted from an animal reservoir (bats) to another animal host (spreading and evolving within that animal group) before crossing over to humans.

The closest related viruses to SARS-CoV-2 have been found in bats, however, there is still a substantial evolutionary distance between these bat viruses and the novel coronavirus. Thus the hunt is to find evidence of the evolution of a progenitor virus in an intermediate animal host population. As highly similar viruses to those in bats have been found in pangolins and the previous SARS-CoV virus (that caused the 2002-2004 SARS epidemic) was found in civets, the connection with wildlife species as host animals requires serious investigation (WHO, 2021, p. 115). This is a story of the quest to find the missing link.

Like previous SARS coronaviruses, the new strain of SARS-CoV-2 is a betacoronavirus (β -CoV) which is almost exclusively found in bats. The viruses most closely related to SARS-CoV-2 have been identified in the subspecies of horseshoe

bats (*Rhinolophus ssp.*). Their genetic closeness to the novel coronavirus and their locations are significant for virus hunting (WHO, 2021, p. 83):

- RaTG13 is 96.2% similar. This sample was collected from bat droppings of the Intermediate horseshoe bat (*Rhinolophus affinis*) in Yunnan, southern China.
- RmYN02 is 93.3% similar. The sample was collected from bat guano of the Malayan horseshoe bat (*Rhinolophus malayanus*) in Yunnan, southern China. It also contains an insertion at the S1/S2 cleavage site in the spike protein (similar to SARS-CoV-2), indicating that such insertion events occur naturally.
- RshSTT200 and RshSTT182 are both 92.6% similar. These two bat samples were collected from Shamel's horseshoe bats (*Rhinolophus shameli*) in Steung Treng, Cambodia.
- RacCS203 is 91.5% similar. Samples were collected from Acuminate horseshoe bats (*Rhinolophus acuminatus*) in Chachoengsao, Thailand. This sampling revealed near identical viruses found in five animals in the same colony, indicating a colony-specific virus signature which is evidence of recombination in the evolutionary history of this bat colony's coronaviruses.

These findings indicate that SARS-CoV-2 type viruses are found in multiple subspecies of the horseshoe bat which have a natural distribution across the Greater Mekong Subregion. The two closest bat viruses were from southern Yunnan near the Chinese border with Myanmar, Laos and Vietnam. One of these bat samples had a cleavage site in the spike protein, showing that this occurs in nature and bringing it closer in ability to bind to the human ACE2 receptor.

While genome sequence identity of the novel coronavirus has close similarity to bat SARS-related coronaviruses, there are also differences, and the challenge is to find the closest genetic match with SARS-CoV-2. Like previous SARS events, it remains highly likely that an intermediate animal host was involved. The hunt for this host animal remains ongoing. Malayan pangolins (*Manis javanica*) which were seized in anti-smuggling operations into southern China, showed viruses with 85.5% to 92.4% genome sequence similar to SARS-CoV-2 (WHO, 2021, p. 92). This is insufficient to prove pangolins are an intermediate host, but does demonstrate that pangolins have been infected in previous cross-species virus events. The virus hunt continues in wildlife animals known to be susceptible to coronavirus: pangolins, raccoon dogs, felines, mink and rabbits that can be infected by SARS-CoV-2, or species such as civets, ferret badgers and other mustelids, that were infected during the previous SARS epidemic of 2002-2004 (WHO, 2021, p. 93).

While the pandemic outbreak clearly began with the Wuhan wet market, and numerous samples from around the live animal section of the market tested positive for SARS-CoV-2, current evidence indicates that the virus may not have actually

emerged in the market. Of the first 41 cases, 14 had no contact with the Wuhan market. This suggests that the virus was imported from elsewhere to the market, where it amplified. Thus the search for the origin of the virus includes tracing the distribution chains of wildlife animals and mapping their source sites onto sites of bat populations infected with viruses that match closely with SARS-CoV-2.

This mapping points to the subtropical Yunnan region of southern China for several overlapping reasons. The rural area – along with other rural parts of China – has undergone massive intensification in domesticated wildlife farming over the last two decades. The farms – from small family holdings to industrial complexes – breed animals that have been known to carry coronaviruses. This is also the site where virologists found the two closest known bat viruses genetically similar to SARS-CoV-2. And recently the WHO investigative team found evidence that vendors at the Huanan Seafood Wholesale Market in Wuhan received domesticated wildlife supplies from these farms (Douclevff, 2021).

Wildlife domestication is part of a unique project that the Chinese government has been promoting as a key element in rural development, ecotourism and a way to bring rural populations out of poverty (Douclevff, 2021; Standaert, 2020). Rural populations in Yunnan include numerous ethnic groups, many of which share cultural practices and languages with Indigenous groups in neighbouring Myanmar, Laos and Vietnam. The development project was successful. It supplied wild meat (as well as fur products and animals for Traditional Chinese Medicine) bred in captivity rather than hunted from the wild; a 2017 report by the Chinese Academy of Engineering valued wildlife farm operations at £57 billion (Standaert, 2020); and in 2016, over 14 million people were employed (Douclevff, 2021). Then on February 24, 2020 the Government decreed a halt to farming of wildlife for food and closed down over 19,000 farms, including 2,300 in Yunnan (Standaert, 2020, Douclevff, 2021). The rapid closure of the farms indicates that the Chinese government assessed them to be a likely origin of the virus (Douclevff, 2021).

Nearly three quarters of emerging human infectious diseases have animal reservoirs, including both wildlife and domesticated animals (WHO, 2021, p. 92). Analysis of previous virus crossover events from animals-to-humans (zoonosis) show that they are facilitated under pressure of large-scale environmental and socioeconomic changes: climate change, deforestation, encroachment of human settlements, agricultural expansion and intensification, and trade in wildlife (WHO, 2021, p. 92; Sciortino, 2021, this issue). The cross over of viruses from animals to humans can occur through direct contact with infected animals, indirectly through animal products (cold chain meat products), or excreta, or via intermediate hosts (WHO, 2021, p. 93). Coronaviruses are known for their high recombination rate (the rearrangement of their

genetic material) and are characterised by frequent host-shifting events: animal-to-animal; animal-to-human (zoonosis) and human-to-animal (reverse zoonosis).

The theory is that the virus moved from bat to farmed wildlife and then to human. However, in this scenario, no longer does wildlife conjure up the wilds of the jungle, animals have been domesticated to the large scale agroindustry. In such sites animals and humans are in close proximity and both are part of the the industrial machine laboring to produce meat: animals labour to produce their bodies as flesh; humans labour through the flesh of their bodies (Segata, et al., 2021, this issue). This relation between wild animal species and humans in the confines of the farm environment creates a closely entwined ecosystem which includes human and animal viruses. It creates a virulent zone (Fearnley, 2020).

Rather than an imaginary of jungle wildlife, we must re-imagine expansive landscapes of intensive domesticated wildlife farming – and their extensive networks of connections. “There is a large network of domesticated wild animal farms, supplying farmed wildlife” (WHO, 2021, p.115). And this landscape of high density farms, interconnected with each other via movements of labourers as well as transport networks supplying slaughterhouses and wet markets, generates infectious disease spaces – and opens up complex transmission pathways for viruses that are difficult to unravel (WHO, 2021, p.115). The hunt for the virus that will lead to the missing link and reveal the origin story of COVID-19 has only just begun. Two weeks after the WHO-convened investigation into the origins of SARS-CoV-2 report was released to the public, the World Health Organisation, along with World Organization for Animal Health and the United Nations Environment Program, called on countries to ban the sale of live wild mammals in markets. At the Geneva news briefing it was stated that the recommendation is not new, but COVID-19 has revealed the magnitude of the threat of zoonoses (VOA, 2021).

Viral Sinophobia and Techno-Orientalism

The viral image of a Chinese woman eating a bowl of bat soup and its connotation with both the Wuhan wet market and the outbreak of the novel coronavirus reduces the complex story of zoonosis processes involving animal-virus-human-environment to a simplified (and misleading) social media image based in Sinophobia.

“Ethnic scapegoating and xenophobic violence frequently erupt during disease outbreaks”, Vann reminds us (2020). Epidemic xenophobia has a long history and has previously been linked with Chinese people across the colonised tropics and beyond. As Vann (2020) further argues, “during the age of high imperialism, Western medical experts linked Chinese bodies to contagious diseases such as the plague”. COVID-19

is not just medical, the virus is a poignant example of how “pandemics and Sinophobia are frequently intertwined” (Vann, 2020).

“The Chinese Virus” & “Kung Flu”

In a series of tweets, the (now former) President of the United States, Trump, insisted on labelling the novel coronavirus “the Chinese virus”, and when told to desist, instead tweeted “kung flu”. Lok Siu and Clare Chun, record that this racialisation of the virus immediately lead to a huge rise in hate crimes against people of East Asian and Southeast Asian descent (Siu & Chun, 2020, p.421). In America over a thousand incidents were recorded within the two-week period following the tweets, including an America Asian woman attacked with acid, and a Burmese American man and his two children stabbed in the belief that they were “Chinese and infecting people with coronavirus” (Siu & Chun, 2020, p.422). The viral hashtag #chinesevirus infected populations around the world. In the UK a Singaporean student was brutally attacked by a group of men stating, “we don’t want *your* coronavirus in *our* country” (Siu & Chun, 2020, p. 422). In Australia, the tabloids *Herald Sun* and *Daily Telegraph* inscribed on their front pages “Chinese Virus Pandamonium”. In France, the *Courrier Picard* featured the headlines “Yellow alert” and “New yellow peril?” Asian-French citizens, with ancestry primarily from the former French colonies of Indochina (Vietnam, Laos and Cambodia) responded to race hate through a peaceful protest campaign employing photographs of themselves holding up signs reading “*Je ne suis pas un virus*” [I am not a virus]. Posted on social media, this pun on the famous painting *Ceci n’est pas une pipe* by René Magritte, likewise went viral.

The racialised imagery of Chinese as having ‘strange’ eating habits, wet markets as disease-ridden spaces that traffic in the flesh of wild animals, and Wuhan as the epicentre of the outbreak, became entrenched in the media. The zoonotic emergence of the novel coronavirus had been reduced to clichés, China vilified, and Chinese-looking people victimised. Then President Trump postulated (tweeted by the then Secretary of State Mike Pompeo on April 30, 2020), that “COVID had originated in the Wuhan Institute of Virology, which houses a biosafety level-4 lab, and that the virus might have “leaked” from that lab” (Siu & Chun, 2020, p.422). The implication was that China had either accidentally leaked the virus and therefore could be accused of scientific negligence and denounced as incompetent, or the state had bioengineered the virus for the purposes of mass destruction and therefore can be accused of global malice (Siu & Chun, 2020, p.422). Despite immediate refutation from leading scientists and a statement from the Office of the Director of National Intelligence that the “COVID-19 virus was *not manmade or genetically modified*” (Siu & Chun, 2020, p.422), the fact that the unsubstantiated speculation still weighs heavily on any scientific investigation into the origins of the SARS-CoV-2 virus a year later,

demonstrates that these racial tropes are strongly implanted in the popular imagination – from colonial imaginaries of the Chinese as diseased, to futuristic dystopian imaginaries of China as a techno-menace.

Sinophobia and racial violence had been released – along with the implanted notion that China was responsible for unleashing the pandemic on the world. As Gregory Lee notes, Trump's tweets and the hashtag #chinesevirus "ethnicized, and indeed weaponized, COVID-19 as the "Chinese virus"" (Lee, 2021).

Yellow Peril & Dr Fu Manchu

It is important to remember that racial slurs like "the Chinese Virus" and "kung flu" did not simply arise within the current pandemic. "Such terms have been used over a long period to stoke fear of contagion, contamination, and sickness portrayed as arising from a unique difference in lifestyle and daily practices, especially cooking and eating habits" (Lee, 2021). In the current pandemic the "Chinese as contagion" trope has been (re)invoked, calling upon historical notions of "Chinese as diseased bodies and pathogenic carriers" (Siu & Chun, 2020, p.427). Indeed, the racialised terms act to naturalise the "virus as being endemic to Chinese bodies, thereby conjuring the phantasm of the Chinese/Asian contagion" (Siu & Chun, 2020, p.428). And they do this by calling on the trope of the "yellow peril". As Gregory Lee observes, "Chinese diasporic communities around the globe have been consistently perceived as particularly invasive and infectious, as carriers of the contagion of Yellow Peril" (Lee, 2021).

The manifestation of the notion of a "yellow peril" first arose during Western imperialist expansion in East Asia. The term quickly evolved to attach itself to any, or all, Asian peoples who were seen as an economic, technological or industrial threat to Western geopolitical dominance. The term is particularly viral and "the notion of the non-differentiable "yellow" masses continues to function as a homogenising and dehumanizing device of Asian racialization, which makes possible the transference of Sinophobia to Asian xenophobia" (Siu & Chun, 2020, p.425).

"Yellow peril" is a projection of the Western fear of the Asian other – whether of East Asia or tropical Southeast Asia. Gina Marchetti (1993) traces the "yellow peril" psycho-cultural fear of Asians back to Genghis Khan and the Mongol invasions into Europe. The term is used to "animate a myriad of representational figures, images and discourses" which shift and change to suit various contexts, and is called upon to represent the perceived multifarious threats of Asian peoples (Sui & Chun, 2020, p.425). These threats have been conceived as: biological (disease carriers and inherent effeminacy); military (promulgating in the incarceration of Japanese-

Americans during WWII); economic (the vilification of Chinese labourers in the late 19th century and the Japanese in the 1980s); and moral depravity (heathens, Chinese prostitutes, opium smokers – or consumers of bat soup and exotic wildlife) (Siu & Chun, 2020, p.425).

The current iteration of “yellow peril” displays anxieties regarding the contemporary moment and China’s rapid global economic growth, its massive population with rising consumer and travel power, and the country’s formidable techno-scientific advance. It is furthermore being reconfigured through a techno-Orientalist imaginary where China’s scientific, technological and economic power is posited as the number one enemy-threat challenging the position of America’s geopolitical dominance (Siu & Chun, 2020, p.424).

The notion of the “yellow peril” is most prominently embodied in Dr Fu Manchu. From his incarnation in 1913 as a character in what would become a series of popular novels, Fu Manchu has featured extensively in cinema, television, radio, comic strips – including for the French newspaper *Le Parisien Libéré* – a comic book and pop music. Dr Fu Manchu became the Chinese archetype of the evil genius and mad scientist.

Created by the English novelist Sax Rohmer, the sinister Asian mastermind persistently plotted the destruction of the Western world. His murderous plans are themselves conspicuously racialised. Dr Fu Manchu has a penchant for esoteric methods, rejecting the use modern guns or explosive devices, he prefers to employ knife wielding dacoits from Burma and Chinese secret society agents, he utilises pythons, cobras, tarantula and other exotic tropical animals, weaponises natural chemicals such as fungi or bacilli, and dispatches his enemies through torture – human sacrifice, lowering the victim into a crocodile pit, placing them between plates of metal spikes inching towards each other; or enslaves them through injecting a serum that renders them into zombie-like obedience. The machinations of Dr Fu Manchu embedded “lurid clichés” in the public mind and his characterisation propelled a “re-entrenchment of the perception of “Chinese” people and things as an evil foreign menace” (Lee, 2021).

Dr Fu Manchu’s Eastern mysticism blended with Western science, makes him one of the earliest and most potent expressions of techno-Orientalism (Roh et al., 2015). As David Roh, Betsy Huang and Greta Niu observe, the monstrous and brilliant Dr Fu Manchu “captured Western ambivalences toward what it regarded as the mysterious power of the East, manifesting in strange contradictions” (2015, p.1).

In one part of the serial, Dr. Fu Manchu plots to strengthen China by kidnapping European engineers, suggesting the Orient's lack of technological prowess and desire for Western technology. Yet, in another, he is described as possessing "all the cruel cunning of the entire Eastern race, accumulated in one giant intellect, with all the resources of science, past and present." (Roh et al., 2015, p.1)

In the American film adaption of *The Mask of Fu Manchu* (1932), the doctor is portrayed with exoticised and orientalist 'Chinese' markings. Extending Abigail De Kosnik's (2015) description, he wears brocade silk robes, has long fingernails, upward slanting eyebrows, and a tapering downward-curving moustache – which has since been named the "Fu Manchu". His cavernous lair is decorated with Asian art and artefacts, and extends into a laboratory complete with state of the art scientific and medical equipment. Although in the novels Fu Manchu says he attended Heidelberg University, the Sorbonne and the University of Edinburgh (*Emperor Fu Manchu*, 1959), in the film he expounds he has a doctor of philosophy from Edinburgh, a doctor of law from Christ's College and a doctor of medicine from Harvard.

In the film, Dr Fu Manchu plans to steal the gold scimitar and mask excavated from the grave of Genghis Khan by an archaeological team for the British Museum. Believing in the mystical power of the artefacts, he intends to proclaim himself the reincarnation of the fearsome conqueror and to bring together the peoples of pan-Asia to usurp the "white race". Invoking well-worn "yellow peril" images including, Asian hordes (rendered as faceless, mass produced, standardised, but always stamped 'Asian'), as well as "scenes of oriental depravity and cunning", the film upholds notions of white supremacy and "spins a sinophobic tale about the illicit quest for global expansion in defiance of the British Empire's own expansive thrust" (Mayer, 2012, p. 402). As Ruth Mayer observes, when Fu Manchu as orientalist scientist-engineer tests the authenticity of the scimitar through the electric-sparking Tesla coil "the distinction between science and cult is suspended, with Fu Manchu in his ornate robes, in his sophisticated laboratory, figuring as the ultimate scientist-magician" (Mayer, 2012, p.406).

Techno-Orientalism and Pandemic

Techno-orientalism brings traditional orientalist imaginaries into the modern technological environment. As with Orientalism of previous centuries it is a way for the Occident to retain a sense of power in a rapidly changing and inherently interconnected world. It combines iconic imagery of an exotic Asia with futuristic, science-fictionesque imagery. Reading Dr Fu Manchu as the incarnation of "yellow peril" within an early techno-Orientalist projection allows us to see the deeply

implanted and relentlessly recurring images of Sinophobia and Asian xenophobia that are re-animated in the current context of the COVID-19 pandemic. The rise in racism certainly has its vectors in viral hashtags, but these are further entwined with previous epidemic tropes of “yellow peril”, unmasked in cinematic depictions of Fu Manchu, and entangled with the geopolitical fears of China’s rapidly growing economic, technological, and scientific capabilities.

In the contemporary context, Chinese and Asian racial difference is being re-animated in the intertwined arenas of pandemic, economics, cybertechnology and science. There is a plethora of global media coverage concerning accusations and actions launched against China, as well as people of Chinese or Asian descent living in a multitude of countries around the world. There has been the implementation of trade sanctions and tariffs against China, the removal of prominent Chinese American scientists from research institutions, and the severing of nationwide economic transactions with some China-based telecommunications corporations. (Siu & Chun, 2020). The tropes of the Chinese-Asian body as diseased, China as a biosecurity threat, the cyber-engineer as thief and the Chinese scientist as spy, continue to circulate in pandemic waves of social media catchword hashtags.

Pandemic, Plague and Pestilential Imaginaries

Pandemics, plagues and pestilence are not just epidemiological events, they are also social, and infect the social imaginary. The very terms pandemic, plague and pestilence are intertwined, often standing in for each other. Pandemic refers to a global epidemic; plague likewise connotes a disease of deathly geographic reach, but also specifically refers to the bubonic or pneumonic plague; pestilence, too, refers to a highly contagious epidemic disease of vast proportions, but may also refer to the plague (from its root in *peste* – plague), and additionally connotes a sense of noxious and pernicious morality, a malignity – such as Sinophobia – that can infect great numbers of people. These terms draw together various clusters of images. Pandemic is a terrifying myth of the world being swamped by disease as much as it is an epidemiological term to measure the geographical extent of an epidemic outbreak of disease. Likewise, various epidemic diseases create specific, yet overlapping imaginaries and associations. Plague draws together images of climate, rats, fleas and genetics (Eisenberg & Mordechai, 2020); cholera is associated with water, faeces and sewers; yellow fever with swamps and mosquitos. All involve humans, our flesh and our scientific and social imaginaries. Such imaginaries also involve geography. Our emphasis is on the Tropics. More than just a geographic band around the Equatorial centre extending outwards to the latitudes of the Tropics of Cancer and Capricorn – and with climate change spreading further north and south – the tropics has been the site of a pernicious imaginary as a zone of pestilence.

This Special Issue has been created during a time of pandemic and involved an editorial team whose expertise across the arts, humanities and social sciences, concentrates on various parts of the tropical world, including Asia, Oceania, Latin America and Africa, with the central editorial coordination coming from the small island of Bali. Like authors and readers, the editors' various locations of research have been affected by the novel coronavirus pandemic, which itself has been influenced by historic pandemics and their imaginings. Here the editors each offer a short reflection on pandemic experiences – present and past. Thus we turn briefly to the island of Bali, to Asia, Oceania, the Americas and Africa, in order to offer a 'situational interlude', before outlining the collection of papers brought together in this issue which spread their investigative tendrils more widely across the tropical regions of the world.

Plague Masks – Bali

As Bali closed its borders to international travel (and strongly restricted domestic travel from other parts of Indonesia), many tourists, digital nomads and social influencers chose to stay on the much lauded "tropical island paradise" to wait out the pandemonium (the pan-demon of Milton's *Paradise Lost*). While Balinese, and a majority of expats, followed the Governor's various ordinances regarding semi-lockdown, self-quarantine, *cordons sanitaires* (including beaches), social distancing, hand washing and a mandate on mask-wearing, many tourists flouted the health protocols.

The most conspicuous site of rebellion became the face – and the artefact of the mask (see also Ferrão, 2021, this issue; Witkowski et al., 2021, this issue). The mask signified a difference in attitudes between the Balinese and the '*bule*' (meaning foreigners, 'whites', Europeans) tourists. At first the Balinese tried to educate tourists about the need to wear a face mask, until it became obvious that *bule* were choosing to break the law. The *pecalang* (traditional village security guards) offered free masks at road blocks, the police put up signs in English and Russian with illustrations on how to wear a mask, later small fines were introduced (the same penalty for Balinese and *bule* transgressors), law breakers were made to do push ups (embarrassing for Balinese, amusing to tourists), and finally heavier fines (Rp 1 million, about SG\$100.00) were introduced for tourists, with deportation for second offenders (as of 9 April, 2021, over 300 foreigners were fined and six deported).

Balinese and numerous expats were perturbed as to why many tourists refused to wear face masks whilst guests on the island. More than Western individualism verses Balinese communalism; or sociopathic verses empathic behaviour, as psychological

analyses have theorised; or conspiracy verses science – this drama relates to the theatre of tropicality and the artefact of the mask.

In the island setting, non-compliance became a type of exceptionalism, a form of neo-colonialism tied to tropicality. The temperate peoples having entered the tropics and chosen to be marooned on an island-heterotopia, retained an imagined immunity *qua* a temperate zone of protection, which detached them from the susceptibility of life and death of Balinese people around them. The uncovered face became a display of invincibility and Western superiority. Tourism as a rampant form of neocolonial exploitation was unmasked (see, Clayton, 2021, this issue).

Masks (and not wearing masks) have power. Thus Dr Fu Manchu's belief that the mask of Genghis Khan could transform him into the leader of pan-Asia in a revolt against the powers of the Western world. However, it is not the golden mask, but rather a plain white surgical mask that is particularly iconic. In a scene in the film, Dr Fu Manchu is in his modern laboratory: a tarantula and large python are removed from domed medivac containers, their animal venoms extracted using a syringe (in the case of the python after it has been forced to bite one of Dr Fu's attendants), and the concoction is mixed in a flask over a Bunson burner (Brabin, 1932). Yet what stands out in this exotic science scene is the doctor's medical attire. Dressed entirely in white, he wears a long surgical gown, scrub cap and a mask.

The image resonates with photographs of Chinese doctors during the Manchurian plague epidemic of 1910-1911. Medical teams from China, Japan, Russia, America and Europe arrived on site. The lead doctor for the Chinese team was Wu Lien-teh (Wu Liande), who was actually from British Malaya and had studied at Cambridge University. As the medical anthropologist Christos Lynteris extensively documents in his paper *Plague Masks* (2018), Dr Wu Lien-teh reasoned that unlike the bubonic plague, which is spread from rats to humans via flea vectors; this was airborne and spread directly from person to person. The plague caused pneumonia and within 24-48 hours of showing symptoms would kill everyone it infected. Dr Wu set about adapting surgeons' masks into cheap and easy-to-wear anti-plague masks. The masks were to be worn by doctors, nurses and sanitary staff, as well as patients and their contacts, and distributed among the population of the affected region. The Japanese and European doctors remained sceptical and one eminent French doctor, an outspoken opponent of Wu, refused to wear a mask. He contracted the disease and died; the masks were quickly adopted by all the doctors and among the public. By the time the plague abated in April 1911, approximately 60,000 people had died. The masks were believed to have prevented an even greater catastrophe (Lynteris, 2018).

As has been extensively studied by anthropologists, masks are not just to conceal or to protect (from magic or germs); they are transformative – as we know from their use by superheroes, and also by Balinese dancers (see Lundberg, 2020; Lundberg et al. 2019, p. 5). Likewise, Dr Wu's medical masks were transformative: displaying China as a modern and scientific nation, disrupting colonial power relations, and metamorphosing the image of Chinese people from 'a superstitious and ignorant' horde, into an 'enlightened and hygienic-minded population, a population that accepted the contagious nature of the disease' (Lynteris 2018, p.451). Dr Wu Lien-teh made sure the anti-plague operations, and his masks, were extensively photographed. From January to March 1911, the photographs were featured in newspapers around the world. The anti-plague mask went viral, and masks were quickly adopted during the 1918 Spanish Flu pandemic (Lynteris, 2018).

In Bali, the mask situation continues to escalate. Government authorities, heads of *banjars* (subvillages) and a growing number distraught expats, were at a loss as to how to confront the (ob)noxious refusals to wear masks. Then, suddenly, action came in the form of art activism – large scale billboards started appearing around Ubud.

John Logan, an expat living in Ubud, is best known for his black and white photographs of ordinary Balinese people – labouring in rice fields, gardening in jungle plots, selling produce in the markets. He is also a street photographer, snapping fast shots of tourists in their everyday pedestrian lives. Logan's most famous photographs have a particularly striking quality which creates hyper-reality out of the mundane and quotidian. These photographs are often portraits of elderly Balinese as full body shots or close ups of hands and faces. His high-definition, high-contrast images with sharp tonal gradations shot under the strong tropical sun, expose patterns, textures and lines – of muscled bodies that have laboured all their lives, of ravaged faces that have a glint in their eye.

The billboards feature a large black and white photograph of a thin, highly muscular, farmer – bare chested, tattered shorts, arms held outwards with *parang* (machete) in hand. He looks straight at the camera; sternly, face mask on. He stands in his rice field filled with rough mud and the knobs of ploughed-in rice plants. This is defiance and renewal. At the top of the image is the title "Bali Unbalanced", with lettering within black and white checks and the entire image framed within a border of red, white and black. This is significant: the black and white checks are *saput poleng*, a cloth which is seen everywhere in Bali – draped around statues and sacred banyan trees, or held aloft in shrine and temple umbrellas. It symbolises *Rwa Bhineda*, the balancing of harmony, and further *sekala* and *niskala*, the visible and invisible worlds. The red, white and black border is *Tridatu*, the three powers, and embodies the *Trimurti*, the three manifestations of the gods. Red is Brahma the Creator, white is Siwa the Destroyer,

and black for Wisnu the Preserver – the Bali-Hindu cycle of birth, life and death (Eiseman, 1990). Surrounding the central black and white image, but outside the protection of its tri-coloured frame, are 84 colour photographs; street snapshots of tourists as they go about their day on foot, bicycle or scooter – mask-less. One of these photographs is different, it is of a bull *patulangan* (casket) burning in flames. This is *ngaben*, the cremation ceremony which releases the soul of a dead person so it can enter the upper realm to wait to be reborn, or to be liberated from the cycles rebirth.

Figure 1. Bali Unbalanced



Source: John Logan, 2021. Photographs, printed on billboard. 2.5 x 2.0 metres.

The billboards have caused a significant local sensation. The project started as just four billboards at the main gates (the symbolic North, South, East, West) of Ubud's central market.³ From this central node, Logan hoped the message of the billboards would radiate outwards on the local trade and gossip networks to surrounding *banjars* and villages. However, there was a moment of concern regarding just what that message was: the morning after the billboards were erected, a local seller asked the chief administrator of the market "so do we not have to wear masks anymore, like them" pointing at the photos of the tourists. Logan was asked to put an explanatory plaque below the billboard. He was also asked by village heads to make billboards that could be erected in their *banjars*. The billboards have not been without controversy. Immigration visited one of the villages explaining that there had been complaints from tourists. The village head responded that the billboards were voicing what the Balinese were thinking. This was followed by a meeting of the divisions of Immigration, Police and Tourism; the billboards were to stay. There are now 18 around Ubud, all have been gifted to the *banjars*. Facebook has been alive with messages from *bule* – either in support, or accusing the photographer of being in violation of privacy and a stalker.⁴ One of the billboards was vandalised by a Westerner, who self-proclaimed his act on Facebook, only to be informed that he had defaced *banjar* property – he blocked the village head who tried to contact him regarding the crime (Logan, 2021).

What Logan has done, which is so unsettling, is to move the camera lens from the Balinese as exoticised subjects of the Western imagination, and instead put the focus on tourists – and in the process unmask them. Logan has a sardonic sense of humour, he calls the mask-less tourists he captures in photographs his "models/influencers", a direct comment on the influx of social media influencers into Bali who continue to Orientalise local people, customs, and the tropical landscape for their own consumption (Lundberg, 2020, p.96).

Pandemic Literatures – Asia

In literature, the social pandemic is often portrayed as more impactful than the epidemiological event. This reciprocal relation between scientific-medical and socio-cultural aspects of epidemics calls for them to be understood together. Both live on deep in human memory. This is particularly the case with Indigenous mythologies and ritual performances which are literary repositories that describe and re-enact human

³ The billboards were proposed and went through the usual administrative sections in order to be granted permission: Ubud Market Organisational Committee, Ubud Kecamatan (district), Gianyar Kabupaten (regency), Denpasar (capital of Bali), Jakarta (capital of Indonesia).

⁴ The photographer doesn't actually stalk (in the sinister implication of the term). The project arose out of documenting the streets of Ubud as the pandemic took effect and shop after shop started closing down (this has been a yearlong project). Logan rides around Ubud with a GoPro camera strapped to his head. The camera captured more and more *bule* mask-less, and was in part instrumental in igniting the billboard art (Logan, 2021).

crises experienced in the wake of invasion and the ensuring epidemics of disease (see Duin, 2021, this issue). The spectre of epidemics is also a persistent underlying motif in the literature of later colonial peoples writing of social changes towards the ends of empire (see Priyanka, 2021, this issue).

In times of pandemic people call on literary expression – whether in the form of novels, theatre or film – in order to understand the event. Thus, the novel coronavirus has spurred an epidemic rise in the reading of pandemic literature. Imaginative works from the tropics include the aforementioned classic, *Love in the Time of Cholera* by Gabriel García Márquez, set in historic Colombia in the Americas. *The Transmigration of Bodies* (2016 [2013]) by Yuri Herrera, a post-apocalyptic noir fiction set in an unidentified corrupt Mexican city ransacked by plague, follows a fixer trying to arrange the exchange of bodies between rival gangs. The novella *Beauty Salon* (2009 [1994]) by Peruvian-Mexican writer Mario Bellatin, takes place in a beauty parlour turned into a shelter for men to spend their dying days as their bodies lie ravaged by an undefined plague that scourges the unnamed city. The speculative fiction debut novel *The Book of M* (2018) by Peng Shepherd, is set in India in a perilous near-future world during a plague of disappearing shadows, and with them, the loss of all memories. *The Old Drift* (2019) by Namwali Serpell, begins on the banks of the Zambia River, Africa. An old fever-riven drifter makes a mistake that entangles the lives of three Zambian families from different racial-ethnic backgrounds, and between historical fiction, sci-fi and magical realism, the story weaves in technological marvels like Afronauts, microdrones and viral vaccines.

Times of pandemic quarantine have simultaneously created the space from which great works have emerged. The 16th and 17th century plague outbreaks are reflected in William Shakespeare's dramas. In the midst of a potentially creative period, Shakespeare, at times in quarantine, produced *Romeo and Juliet*, *Macbeth*, *King Lear*, *Antony and Cleopatra*, *The Tempest*, and *Coriolanus* – a tragedy alluding to contagion and plague. His works, however, rather than being about epidemics, were imbued with plague atmospherics, as is the case with *Romeo and Juliet*; and likewise the plague would arise as expletives, bringing perspective to the famous line: "A plague o' both your houses!". In *Macbeth* plague imagery is strongly evoked, however, this is not a medical illness, but refers to the plague of a viscous and ruthless leader. As Stephen Greenblatt (2020) summarises:

In office, Macbeth has ruthlessly pursued his enemies and betrayed his friends. Egged on by his "fiend-like" wife, he will do anything to make himself feel perfectly secure — "Whole as the marble, founded as the rock." But, though he always finds people willing to carry out his criminal orders, he only ever feels more anxious: "cabined,

cribbed, confined, bound in / To saucy doubts and fears.” And, under increasing pressure, calculation gives way to raw impulse, the reckless confidence that his instincts are always right: “From this moment / The very firstlings of my heart shall be / The firstlings of my hand.”

In *Macbeth*, we are warned, “Physic himself must fade” (Greenblatt, 2020). Reminding us that a solution to plague is not medical alone but always, also, entwined with the socio-politico-economic (see also Ghosal, 2021, this issue).

Pandemic quarantine, however, cannot automatically be assumed as a space of creative production – in contemporary times, the imposition of self isolation, combined with the persistent infiltration of an overload of social media information, morphing statistics and conspiracy, has equally created an involuntary vacuum in the contemporary literary world. As the pandemic raged with waves of fatalities globally, literary works from Asia, particularly Southeast Asia have often taken a back seat as writers closely observe, and patiently search for a small window of illumination (see Benitez, 2021, this issue). However, two works worth mentioning involve themes revolving mostly on lockdown effects and reflections. One is a collection of poetry, short stories, and art works, titled *Unmasked: Reflection on Virus-Time* (2020) curated by Singapore-based Malaysian author, Shamini Flint; the other is an anthology of short stories, *The Lockdown Chronicles* (2021), edited by Shireen Zainudin and Viji Krishnamoorthy. The earlier work includes varied background settings and contributions ranging across Singapore and Malaysia to Australia and further, while *Chronicles*’ stories are mostly set in Malaysia. These two anthologies, collectively, reveal that writers are on hiatus, their reflections staying within the imposed imprisonment rather than questioning the viciousness of the virus itself as a biological or social event – thus offering some sort reprieve from our daily chaotic lives, a salve rather than a stimulant inspiring social analysis. However, a more critical reflection on the pandemic that questions the experience *and* the social-politic life of the virus emerges in Christian Jil Benitez’ poem which interrogates the everyday debilitating empty-time of lockdown in a Philippines replete with political and ecological nuances (2021, this issue). In another vein, a speculative flash fiction piece, Christina Yin offers a post-pandemic dystopian view into the far future on a cold outer planet of the solar system where citizens desire eco-tropical holidays to a future utopian island of Borneo (2021, this issue).

Film scripts often use pandemics to dramatic effect. And, as with novels, these pandemics are revealed as human, biological and social events. The recent South Korean zombie-induced films *Peninsula*, directed by Yeon Sang-ho (2020) (a ‘non-sequel’ to 2016 *Train to Busan*), and the parasitic aftermath drama *#Alive*, directed by

Cho Il-hyung (2020), portray East Asia as the hub of infectious diseases and contagious pestilence, reflective of the origin story of the SARS-CoV-2 virus as arising unproblematically from the East Asian region. As such, the films, as creative productions, remind us of the now well-known epidemiological investigations that have for decades indicated Asia as a virulent site for pandemic, with the films visualising this fear. Nevertheless, these films lack the critical interrogation that pandemics as imaginaries deserve. The role of zombie film is more deeply interrogated in Milan Kroulík's work in which he links the tropics as imagined zones of disease with notions of the zombie and questions regarding the autonomy of the human body (2021, this issue).

Epidemic Cultural History – Oceania

In his *Hot Countries: A Travel Book* (1930), Alec Waugh takes his readers on a series of journeys into the Caribbean, South Asia, Southeast Asia, and Oceania of late colonialism. At the end of the historical semi-autobiographical novel Waugh reflects on the destruction of Tahiti by European presence when he notes that the island and its inhabitants have been betrayed by "the fatal gift of beauty". Beauty has been fatal to the tropical imaginary because it has provided a draw card for European presence and the subsequent epidemics of disease that have destroyed indigenous cultural heritage and homelands across the expanse of the Pacific Ocean from Hawai'i through the islands archipelagos to the tropical east coast of Australia. Furthermore, implies Waugh, 'the fatal gift' has also proved lethal for Europeans who want to experience their imagined tropics only to succumb to indolence, alcoholism, and illness (see also Saunders, 2021, this issue). Waugh's observation demonstrates the complexity of the tropical imaginary: while it can be a place of beauty, imagination, uniqueness, and wonder, the tropics has also been historically perceived as a place of pestilence, plague, and pandemic danger.

Our present perception of the tropic imaginary is an accumulation of all that has been imagined before. When we imagine 'the tropics', we are perceiving more than landscape: in our search for a meaning of tropicality we are envisioning our encounter with a cumulative place that is both imaginary and literal. That is to say, although we might be standing in the physical, geographic Tropics, we are inevitably comparing it to our imagined tropic that has been developed in our mind from all that we have previously read and seen. Yet, despite all the accumulated literary, filmic, documented and scientific resources about the tropics, this zone has persisted in being conjured as a dangerous, pestilential place of the unknown, into which we venture at peril (see Clayton, 2021, this issue). The jungled darkness of the tropic imaginary, into or over which the Westerner could not see and thus dominate, has prompted fear not only of what might be within that dark interior but also of what might be revealed within those

who venture within. The jungle of the tropic imaginary reflects nothing back, allows no vision forward; those who enter are forced to look within themselves, at their own peril.

In reality, however, a very large part of the tropical world is not landscape but marine-scape: the tropics are complexly maritime, and were experienced by voyaging within an elemental space of sea, weather, and sky. In comparison to the land-based tropical experience, the maritime experience is one of vision as the voyager looks out across the expanse of ocean in anticipation of encountering the new and different, both a physical and metaphysical experience, each shaping the other in the context of an ongoing, extended encounter between being, space and place. Western colonial writers of the Pacific such as Melville, Stevenson, Becke, London, and O'Brien ensured that the Pacific tropical imaginary remained both an ocean and an island encounter in which the difference of tropical place and person registered on the Western body as much as on the Western mind (Spicer, 2021, this issue). As such, they were intent on bringing together marine-scape, landscape, and people into the tropical imaginary of the 'sea of islands,' while also drawing attention to the manner in which this imaginary was changing due to the impact of the Western world on it. This was an archipelagic consciousness (Carter, 2013).

Those Anglo-Europeans who travelled to experience the tropics were immediately aware of the contrast between their former place and this tropical one, and that contrast between the temperate and the tropic is one of the most enduring themes in the history of global imaginings (Clayton, 2021, this issue). This contrast is also rendered in differences experienced within continents that bridge the tropical and temperate zones. On the edge of Oceania on the vast island of Australia, the tropical 'top end' is experienced as other to the temperate south. Far North Queensland on the edge of the Pacific, for example, has historically regarded itself as so meteorologically, biologically, topographically, and demographically different from the Southern part of the state that it has persistently raised the issue of succession.

Whether represented positively, as in fantasies of the tropical sublime, or negatively as a pathological space of degeneration, tropicity has frequently served as a foil to temperate Nature, as well as the nature of humankind. The tropics have long been the site for Anglo-European fantasies of self-realisation, projects of cultural imperialism, or the politics of human or environmental salvage, and within literatures of natural history, travel, exploration, and fiction, the idea of tropical difference has had a remarkably sustained and persistent influence on how the tropics are perceived. Yet while the tropical imaginary may have suffered from that 'fatal gift' the tropics remains a growing presence – literally and imaginatively.

Pestilential Ecologies – South America

Literature, History, and Social and Health Sciences often portray the tropics as a challenge to civilisation. Pandemics, plagues, pestilence, and also a hostile nature, needed to be tamed – which is why they always appear at the center of narratives that combine failures and triumphs. Many images characterise this scenario, but *Urupês*, by Monteiro Lobato (2019 [1918]), may offer a unique expression of this imaginary. Centered on the character Jeca Tatu – a yellowish, weak, uneducated, worm-ridden man – the widely-read author of Brazilian fiction described the country at the turn of the 20th century as “a great hospital” (Lima & Hochman, 2004).⁵ On one hand, time after time, syphilis, smallpox, plague, and yellow fever raged through the Brazilian capital. On the other, the *sertão* – a space that in Lobato’s description synthesised everything that started at the end of Rio de Janeiro’s central avenue – was a colossal breeding ground of an endless number of parasites, hosts, and vectors that, mixed with the dirt and laziness of the many Jeca Tatu types, established disorder and impeded the progress of the nation:

In the debate about national identity, it is common to see man’s fragility in the face of tropical nature. This contrast and the idea of inadequacy between the natural environment, man, and European culture are constant themes in Brazilian social thought.... The hinterland appears as a problematic nature to domesticate...as a synonym for disease and a hostile nature to man. (Lima & Hochman, 2004, p. 502-503)

In response, the Brazilian authorities broadly stimulated an overall eugenic-neo-colonial whitening process during that historic period. Italian or German men – the new European colonizers – were imagined as the material opposite of Jeca Tatu. They were the symbol of education, vigor, virility, and the capacity for development. It would be up to them to pioneer the interiors of these lands of opportunity, which needed to be cultivated with an eye towards the future. However, the problem was that on descending from their ships, these men succumbed to tropical diseases. Efforts needed to be instigated and intensified around a science aimed at acclimating white men to “warm lands” – a Tropical Medicine (Lövy, 2006).

Among the many practical guidelines offered by this new discipline was the idea that it would be necessary for white men to mingle with the local population to strengthen their descendants. Crossing their European bodies with those naturally immune to local diseases was highlighted, especially in the case of yellow fever disease (Löwy,

⁵ The book, selecting tales and chronicles, was initially published in 1918, inaugurating a more critical regionalism in Brazilian literature than previously practiced in its romanticism period. See, Lobato, (2019).

2006). Also, several research missions had made the tropics an exciting open-air laboratory, expanding and consolidating other nascent modern sciences such as microbiology and international health. As noted by Lima and Hochman, "science would represent an alternative to this profusion of uncomfortable forms of life, an artificial defense in the face of the failure of the natural defense of men weakened by the civilizing process" (2004, p.505).

The Institution of Tropical Medicine in São Paulo, the mission of the Pasteur Institute in Rio de Janeiro, the research and actions of Oswaldo Cruz, and the work of the Rockefeller Foundation along coastal areas would mark a new phase of political, scientific and urban changes in Brazil. This shift in the forms of research and control – mainly related to hookworm (the disease of the character Jeca Tatu) and yellow fever – was associated with identifying the worm and the discovery of the *Aedes aegypti* mosquito. More than pathological agents and vectors, these anthropic beings, morally linked to poor people, materialised what we can call the "infrastructures of intellectual colonization". To paraphrase the idea of Mary Louise Pratt (1992), this refers to a kind of anti-conquest in the world of health with regards to the way naturalists explored their European representation of nature around the world by naming and classifying species of plants and animals, without conceiving of local biologies and indigenous modes of understanding them. Worms and mosquitoes make the presence of the disease visible and form the basis for the explanatory capacity to jump from one context to another in a supremely local, cultural, or social way – they are a kind of empirical proof that a theory produced in a research laboratory under European or American supervision is valid anywhere that a disease can be associated with the presence of these agents. In short, worms and mosquitoes transmit diseases, and also theories and practices that supplant local knowledge. In addition, the production of poverty as an explanatory factor for the presence of pathogens in the tropics thus began to figure as a central element in policies governing life and the new colonisation. "Controlling the disease by controlling the patient is one way in which the project for the consolidation of tropical medicine strongly operated the expansion of colonialism in the 19th and 20th centuries" (Segata, 2016, p. 87).

In this view, tropical pandemics are explained much more by exoticising the natural environment's elements, such as climate, soil, fauna, and flora, than by human interventions in these parts of the planet (Sá, 2013; see also Duin, 2021, this issue). This vision's effect was to shift the problem of colonisation of the tropics to elements of the tropics themselves, making the harmful effect of European expansion on these environments invisible. As Sá notes:

the colonizing expansion of European countries brought about extreme social, environmental and epidemiological changes. The flow

of people, introduction of animals and plants, engineering works, railroads, etc., were environmental and cultural interventions in biologically unknown spaces, which led to a series of imbalances and adaptations that changed the configuration of relationship interactions between parasites, hosts, and vectors (Sá, 2013, p. 71).

In the past and the present, pandemics, plagues and pestilences are not natural phenomena. The colonising force was called upon to tame the hostile nature of this *sertão* (wild area) of the world. The imperialism of agribusiness has converted tropical landscapes into vast fields of the cultivation of transgenic monocultures or pig farms with their digestive atmospheres and contaminated living waste (Lapegna 2016; Blanchette, 2020; Segata, 2021, this issue). The point is, as noted by Ferdinand (2019), that the debate about tropical pandemics, plagues, and pestilence needs to be guided by the intersection of two agendas that have little crossed – one about the Anthropocene, the other about post-colonialism. And this raises the question, how can we think about the profound transformations of tropical ecologies and their devastating consequences without recognising the centuries of extraction, slavery, patriarchy, and destruction?

Diseased Infrastructures – Africa

In the public imagination, tropical Africa has remained the “dark continent”, as popularised by British explorer and naturalised American Henry M. Stanley in 1878; “the heart of darkness”, an expression coined by Polish-English novelist Joseph Conrad in 1899; and the “diseased continent”. The theory of acclimatisation constructed the tropics as a space of death because of the hot climate and infectious diseases (see Ngalamulume, 2021, this issue). It assumed geographical determinism and did not consider the link between colonial exploitation and colonial pathologies; between international trade and the spread of cholera, yellow fever, and bubonic plague; between the construction of roads and railways and the spread of trypanosomiasis and smallpox; and between industrialisation, rural poverty, and tuberculosis.

The image of tropical Africa as an infectious continent, which saturated colonial and missionary discourses, has become entrenched since the 1970s as the continent has been repeatedly struck by outbreaks of new infectious diseases and the re-emergence of old diseases. The short-lived democratic experiments following the decade of African independence, the instauration of military regimes, personal rule, patronage politics and corruption, weakened the health infrastructure. Rural poverty and deforestation exposed people to the Ebola virus disease in Mobutu’s Zaire (today Congo DRC) in 1976, the first of several haemorrhagic Ebola outbreaks that would hit

several countries. The hunting, killing, and consumption of chimpanzees in the rainforest facilitated the cross-species transmission of Simian Immunodeficiency Virus (SIV) to humans. The virus adapted itself within its human host and became HIV-1. The crossover of another strain of SIV from monkeys to humans through the same process resulted in HIV-2. HIV caused AIDS, which was officially recognised in the 1980s. Southern Africa became the epicentre of the global AIDS epidemic due to its migrant labour system. It has since spread worldwide (see also, Sciortino, 2021, this issue).

The most recent haemorrhagic Ebola outbreaks occurred in densely populated urban centres in West Africa (Guinea, Liberia, and Sierra Leone) between 2014 and 2016 and produced thousands of cases and deaths. The three countries were post-conflict and failed states that had weak surveillance systems and poor public health infrastructure. The new Ebola outbreaks were contained thanks to a coordinated international response, but the anxiety they provoked only reinforced the negative images of tropical Africa as an infectious continent (see also, Clayton, 2021, this issue, pp. 12-13).

Tropical Africa has also witnessed the re-emergence and adaptation of old diseases, such as increased acute respiratory tract infections, gastrointestinal infections, tuberculosis, cholera, and malaria. Several factors have played an important role in both the emergence and re-emergence of diseases, these include: the ongoing destruction of the rainforest, global warming, migration, international travel, the circulation of commodities, poverty and social inequality, poor governance, and war and famine.

This negative imaginary of tropical Africa – and the tropics worldwide – is constantly reproduced. It infects the movie industry, social media, the political rhetoric of world leaders, the philanthropy industry, and educational systems.

Tropical articulations: Pandemic, Plague, Pestilence

As can be seen through this short sampling, the range of topics, disciplinary persuasions and tropical settings that can be called upon to illuminate notions of pandemic, plague, pestilence and the tropics is heterogeneous. And this is likewise reflected in the papers collected together in this Special Issue which address such varied richness through: poetry, cultural geography, philosophy, anthropology, science and technology studies, cultural studies, development studies, cultural history, urban studies, ethnographies, zombie film analysis and speculative fiction.

The geographic reach of the papers is likewise richly diverse. Some papers have drawn out the intertwined relations between geographic zones, for instance the Tropics as situated always and already in relation to the temperate regions, especially the United Kingdom as a former colonial metropole; and in another paper the imaginary of the tropics from a European perspective (set in the Caribbean) is put into relation with a different imaginary emanating from the tropics of Thailand in Southeast Asia. Other papers that arise from Southeast Asia are located within the milieu of the Greater Mekong Subregion, which necessitates unimagining those borders between Cambodia, Laos, Myanmar, Thailand, Vietnam and southern China that were drawn during colonialism. Similarly, the Philippines, as another region in Southeast Asia, requires us to think beyond one place and instead use an archipelagic imaginary. Islands are also imaginative spaces, and the large island of Borneo (especially the state of Sabah) is encountered in two papers, one as colonial past and the other as speculative future. Likewise, the vastly dispersed islands of the Pacific require thinking not so much as individual islands, but through their oceanic connections, as well as contemplating the particular allure that the island of the Marquesas holds in Anglo-European imagery of the South Pacific. Several papers address aspects of pandemic on the Indian Subcontinent, from evoking the state of India as a whole, to focusing on specific regions, such as Goa as a contemporary post-colony and vacation playground, or the 20th century northeast Ganges deltaic plains. In the Americas papers address the industrialised landscape of contemporary southern Brazil and delve into the Indigenous history of northern Amazonia. Cities are also presented in this Special Issue, from the colonial city of Saint-Louis-du-Sénégal on the West coast of Africa across to the City of Miami in southeastern Florida during COVID-19.

We open this collection of papers with a poem. This is fitting, for poetry allows an immediacy of affect. The felt experience of the current pandemic, which has existed throughout the period of this Special Issue – from conception to publication – surrounds all of us. The poem is followed by a selection of articles that put COVID-19 discourses under critical analysis from various philosophical angles and research methodologies. Then, delving back in history, several papers articulate waves of pandemics, plagues and pestilence investigated from the recent past, further back to colonial documentations, and further still, to Indigenous accounts articulated through mythology and ritual performance. The cultural history of epidemics is also evidenced in this collection through the close reading of literature, whether of European imaginaries or local articulations. Fiction, in fact, offers an extremely nuanced insight into pandemics, plagues and pestilence in association with tropicity. Film offers immediate affectivity and the zombie genre is revealing, while future scenarios from speculative fiction allow us to begin to see elsewhere and otherwise.

No Wild Iris – A Philippines Poem

Christian Jil Benitez, in his poem *No Wild Iris* moves us into the quotidian experiences of the pandemic during the “longest lockdown in world history” (2021, p. 42). The poem allows us to reflect on our own situated experiences, while recognising in Benitez’s evocations many shared experiences both within the tropics and across the world. Poetry also serves to draw us away from the overload of abstract statistics that have dramatically imbued life during COVID-19 (although the addictive qualities of statistical real-time graphs of coronavirus trackers is also a very real experience) to explore the nuances of this long stretch of homogenous and empty time. Benitez’s poem is set mainly in the Philippines and he draws on qualities of archipelago consciousness (Carter, 2013) that draw into his field of articulation vignettes from media, politics and ecology. The poem also draws on, and softly inverts, feelings arising from Louise Glück’s poem “The Wild Iris” which won the Nobel Prize in 2020, the same year as the pandemic lockdown. In tribute to Glück, who writes, “At the end of my suffering/there was a door”, Benitez opens his poem in resonance: “At the end of the world, there was barely a window./In fact there weren’t many holes./For the longest time, we’ve learned how to stay indoors, shut ourselves/from ourselves.” (2021, p. 43).

Tropicality and the Choc en Retour of Covid-19 and Climate Change

In his article, “Tropicality and the Choc en Retour of Covid-19 and Climate Change” (2021), Dan Clayton undertakes a rich philosophical exploration of tropicality and climate change through Aimé Césaire’s ideas regarding the *choc en retour*, the boomerang effect of Western colonisation, and *la quotidienneté barbares*, its daily barbarisms. Through this lens, Clayton unfolds media stories of COVID-19 in the United Kingdom. His emphasis is on the unravelling of binaries as the interrelation of the temperate~tropical imaginaries become more pronounced due to aberrations and excesses of epidemic diseases and extreme weather events – imaged as tropical – encroach into the temperate zone and the former metropole of colonialism. As Clayton states, the “temperate/tropical opposition has been conceived foremost in environmental terms, historically through capitalist and colonialist expansion and exploitation, and with factors of climate and disease, and health and hygiene, paramount” (2021, p. 55) His exploration has a rhizomatic feel as he threads tendrils of science, theory, politics and media in order to explore the sensibilities of tropicality and its associations with ‘normal’ and ‘pathological’, ‘immunity’ and ‘susceptibility’, as they are perceived and experienced through the crises of the novel coronavirus pandemic and climate change in temperate world.

COVID-19 Ecologies in the Global Meat-Processing Industry in Brazil

Jean Segata, Luiza Beck and Luísa Muccillo argue that COVID-19 zoonosis ecologies go beyond exotic wet markets, and draw attention to the global meat-processing industry with an ethnographic study set in southern Brazil. Their article, “Beyond Exotic Wet Markets: COVID-19 Ecologies in the Global Meat-Processing Industry in Brazil” (2021) is a more-than-human anthropological and science and technology study in which the authors argue that the global meat processing industry involves close encounters between humans, animals, toxic chemicals, organic waste, and dangerous work conditions. They are ecologies, and they are unhealthy – coexistence, infection, risk, and death are always involved. As the authors state: “A pandemic is more than just a virus; it is a multispecies event. It involves humans, institutions, artefacts, and technologies, as well as animals, microorganisms, and environments. It also involves social injustices, precarious work, and environmental degradation” (2021, p. 95). In Brazil, high infection rates from the novel coronavirus were registered among meat industry workers and extended into their communities, causing the quarantine closures of several establishments. The emphasis on exotic discourses about wildlife consumption and wet markets serves to conceal how the large, but mundane, global agribusiness establishes unhealthy ecologies. The authors argue for a multispecies approach in the analysis and response to the COVID-19 pandemic; rather than the boundary-inducing overvaluation of conflict and contagion, they call for the establishment of integrated health policies for humans, animals, and environments.

COVID-19 Pandemic Affect(abilities) in the Indian Context

Abhisek Ghosal in his article, “Making Sense of Pandemic COVID-19 and its Affect(abilities) in the Indian Context” (2021), argues that the notion of illness is fluid in nature and its operations in the body are rhizomatic. Ghosal undertakes a philosophical investigation into the very being of dis-ease and sets his paper within the emergence of COVID-19 in India. Acknowledging that the pandemic has caused “historical ruptures” at a global scale, the author is interested in how the disease has especially affected the ‘usual’ ways of living of marginalised people in India, including how migrant labourers have had to adapt to severe pandemic consequences. He seeks to problematise the narrative of what illness is, arguing that we need to think of illness in terms of a *multiplicity of disorder* and an *intra-corporeal otherness* to healthiness. He states that: “the “being” of illness has to be understood in terms of “being with”, for illness cannot be studied in isolation. Illness interacts both with inter-subjective factors including contagion, physical proximity, and so on, and intra-subjective factors featuring causal connectivity between bodily organs, supply of neuronal stimuli, cognitive responses, etc” (2021, p.117). Ghosal seeks to cause his reader to reflect on the diverse affect(abilities) of the novel coronavirus pandemic – in India, and beyond.

Running Naked and Unmasked in Goa: Pleasure in the Pandemic

Beginning with a self-promotional Instagram photograph of an Indian celebrity running naked and unmasked on a Goa beach during the COVID-19 pandemic, Benedito Ferrão takes the reader on a finely grained historical exploration of naked exposure across Indian advertising, filmmaking, and tourism. Of concern to the article is the tropical setting of Goa which serves as a pleasure periphery to India, which annexed the region in 1961. As the author articulates: “Indeed, it is Goa, or some skewed idea of it, that apparently makes it possible for visitors to act differently in the tropical locale than they would elsewhere” (2021, p.135). “Running Naked and Unmasked in Goa: Pleasure in the Pandemic” (2021), thus seeks to understand how Goa has been positioned in the imagination as a destination for self-gratification – an imaginary that was once the domain of hippies, but is now that of the Indian middleclass. Goa’s economy remains particularly dependent on tourism, and the author investigates how this overexposes local people to the pandemic disease and death, and interrogates what is left unrevealed by the neoliberal economic imperative that renders some locales as holiday destinations even in the midst of a pandemic.

Miami in Transformation during the COVID-19 Pandemic

In their article “Miami in Transformation during COVID-19 Pandemic: A Participatory Visual Culture Analysis” (2021), the research team of Kaila Witkowski, John Vertovec, Natália Marques da Silva, Raymond K. Awadzi, Farah Yamini, Nelson Varas-Díaz, Mark Padilla, Sheilla Rodriguez Madera, Armando Matiz Reyes and Matthew Marr, draw on data collected during a digital participatory photographic project that was implemented in July 2020 – a couple of months after the announcement that novel coronavirus had reached pandemic proportions and was rapidly spreading throughout the USA. Their article shows how COVID-19 transformed the city of Miami, and how this also relates to Florida’s subtropical location. The researchers point to the city’s unique demographic: full-time residents of various backgrounds, including many first generation migrants from Latin America and the Caribbean; part-time and elderly residents escaping northern American winters; and tourists of national and international backgrounds – including university students on party vacations. Miami is impacted by the novel coronavirus disease in specific ways. The research team has drawn on concepts of visual culture analysis and disaster literature to analyse how the pandemic transformed the everyday lives of the people living in the city. Through an inductive thematic analysis of participants’ photographs and supporting comments, the researchers unveiled that pandemic transformed not only everyday life and their concomitant needs, but also lead to recognition of privilege and an awareness of the needs of people in vulnerabilities circumstances. As the researchers state: “It is precisely because visual culture can highlight shared experiences that makes this

approach an important tool in understanding complex social problems like disasters, epidemics and pandemics” (Witkowski et al., 2021, p.159).

Learning from Past Funding Initiatives and their Dismissal in Southeast Asia

Lia Sciortino takes us into the recent past as she examines philanthropic funding of previous efforts to control emerging infectious diseases in the Greater Mekong Subregion, which comprises areas of mainland Southeast Asia and southern China. In her article, “COVID-19: Learning from Past Funding Initiatives and their Dismissal in Southeast Asia” (2021), she articulates how American foundations and other like-minded donors identified the risks associated with zoonotic infections in the early 2000s. This included Betacoronaviruses, the same family of viruses that are causing the current COVID-19 pandemic. Initial funding efforts were followed by bilateral and multilateral donors investing even greater resources. Sciortino’s analysis reviews both published and unpublished documents as well as offering critical insights based on her long experience as a foundation professional. Although two decades ago foundations had played an integral role in advancing a transdisciplinary agenda to better understand and respond to new emerging disease threats, over the last decade funding initiatives declined in both value and research intensity. She argues that this resulted in philanthropic foundations, and the development aid community, finding themselves unprepared for the current pandemic. Sciortino calls for an assessment of the effectiveness and strategic value of funding approaches to newly emerging diseases. She furthermore argues that the current crisis “alerts us to the fact that it is imperative that health – understood as socially determined and not just as a bio-medical issue – and health care, gain greater relevance in international funding (and government agendas)” (2021, p.194).

Governing Alcohol and Disease in the Forests of British North Borneo

In David Saunders’ article ““State of Intoxication”: Governing Alcohol and Disease in the Forests of British North Borneo” (2021), tropical imaginaries intertwine with colonial imaginaries. Set in British North Borneo (present day Sabah), during the 1920s and 30s, the paper explores a range of documents as it seeks to elucidate how the tropics and Borneo – which lay at the edge of empire – were portrayed as fundamentally diseased and delinquent. Saunders focuses on issues of alcohol consumption, disease and public health – revealing their interrelation and, in the case of alcoholism, how this disease was projected onto indigenous communities by colonial administrators. The documentation on alcohol consumption of the time was extensive and ranges from literature to colonial memoranda. As the author states, from: “whisky and gin *pahit*-drinking bureaucrats of William Somerset Maugham’s ‘Before the Party’...to the colonial reports that poured scorn over alleged sightings of “native” babies being fed alcoholic *tapai*...the purported perils of alcohol garnered significant

attention” (Saunders, 2021, p. 203). This emphasis contrasted with colonial indifference to substantial public health issues as epidemic outbreaks, including malaria, influenza, measles and amoebic dysentery, decimated indigenous populations – especially the marginalised Murut of the island’s jungle interiors. Saunders draws on a range of sources, from colonial reports to indigenous oral tradition, in order to show how the British North Borneo Company, under economic stagnation, downplayed public health infrastructure and medical aid and instead amplified racist notions regarding alcohol addiction among the indigenous peoples. The legacies of this commercial-colonial system are still felt in Sabah, as the region continues to experience social, economic and health pressures – including during the COVID-19 pandemic.

Medical Knowledge, and Stigmatisation in Saint-Louis-du-Sénégal, Africa

Kalala Ngalamulume’s paper “‘Pestilential Emanations’, Medical Knowledge, and Stigmatisation in Saint-Louis, Senegal, 1854-1920” (2021), is concerned with the underlying factors that instigated changes in the urban design of Saint-Louis, the capital of colonial Senegal. During the colonial period, and in the aftermath of epidemic diseases, urban design was transformed from racial coexistence to residential segregation. Ngalamulume documents in detail how French doctors conceived, through colonial medical knowledges ranging from miasma to germ theories, the region as a diseased environment and indigenous Africans as infectious agents. He concentrates “on the ways in which the colonial doctors conceptualised Senegal, and Senegambia, as a tropical land full of dangers, stigmatised the Africans as carriers of pathogens and thus a threat to the Europeans’ health, and framed outbreaks of yellow fever epidemics as the key justification for the removal of the urban poor from the city centre” (2021, pp.229-230), and later from the city-island. Instrumental in these long processes of urban transformation were seemingly technocrat hygienic measures such as waste removal, the closure of cemeteries, and the imposition of new building codes. However, the author reveals the racialism under the objective discourse, and how it impacted the urban landscape of Saint-Louis, Senegal.

Historic Epidemics and Resilience in Northern Amazonia

Renzo Duin’s paper takes the reader to Eastern Guiana – Suriname, French Guiana, and Brazilian Amapá – as he uncovers archival and historical sources that give eyewitness accounts of the epidemic waves of contagious diseases that impacted the Cariban-speaking communities of the region. His ethnographic concern is to demonstrate how Amazonian Indigenous Peoples, over a period of 550 years, have combatted emergent epidemic diseases. “*Kuwamai: Historic Epidemics and Resilience of Cariban-Speaking Peoples, Northern Amazonia*” (2021), “reveals their

innovative responses to epidemiological crises related to epidemic viral diseases with flu-like symptoms, and focuses on what the Wayana people call “*kuwamaï*”, a specific kind of *tîlêkhem* (epidemic)” (2021, pp. 248-249). The paper includes previously unpublished journal entries by the Governor of Suriname during an outbreak of smallpox over the year 1743-1744; it includes rare 19th and 20th century historical accounts; and articulates an original interpretation of Wayana oral history – which is postulated to tell of the spread of the first viral disease in Amazonia in 1542. The paper argues that Wayana responses to the current COVID-19 pandemic arise from their long historical indigenous etiology.

Epidemic and Disease in Anglo-Colonial Writings of the South Pacific

Chrystopher Spicer in his article “Weep for the Coming of Men: Epidemic and Disease in Anglo-Western Colonial Writing of the South Pacific” (2021), explores a cultural history of the ‘fatal impact’ Westerners had on Pacific peoples through an analysis of the travel novels by the writers: Herman Melville, Robert Louis Stevenson, Louis Becke, Jack London, and Fredrick O’Brien. As Spicer notes, due to the “isolated nature of Pacific island geography, historic contact between Islanders and Europeans had been minimal prior to Captain Cook’s three voyages and subsequent numerous landfalls throughout the Pacific, and Islanders had no immunity to many contagious diseases such as measles, smallpox, tuberculosis, syphilis, and leprosy. The key to the West’s ability to dominate and conquer, then, may not have lain in who they were, but in what they brought with them: in this case, microbes” (2021, p. 276). It is particularly remarkable that each of the travel writers visited the Marquesas Islands, and this small archipelago became for these authors a microcosm of the epidemiological devastation that was being witnessed across the remote South Pacific islands and the consequent catastrophic death tolls. Instead of the tropical paradise these authors desired, they experienced a diseased landscape fatally ravaged by contact with Western ‘civilisation’. The writers were of their time and Social Darwinism and extinction discourse permeates their views. However, unlike the distanced perspective of the Victorian-era traveller, as analysed by Mary Louise Pratt, these writers were each penetrated by the horror around them, forcing them to write from felt experience as they bore witness to the impact of Western society and its diseases on the physical and mental health of Pacific Islanders.

Pandemics in 20th Century India through Hindi Literature

Prachi Priyanka, turns to Hindi literature to delve into authors’ perspectives as they bore witness to pandemics of plague, influenza, smallpox and cholera that swept across India – and especially the monsoonal Ganges delta. Her paper, “Impacts of Pandemics in 20th Century India: Through the Lens of Hindi Literature” calls on the

stories penned by Phanishwar Nath Renu, Suryakant Tripathi Nirala, Munshi Premchand, Bhagwan Das, Pandey Bechan Sharma, and Hari Shankar Parsai, as they describe the suffering – physical and psychological – wrought by rampant diseases that killed people in the millions. As she states, pandemic literature “takes us beyond statistics of deaths, devastations, and degrees of spread – to show its impact on the lives of families, friends and neighbours of the infected and dying. These stories in all ages have explored lethal infectious diseases, inviting readers to experience the trauma of millions impacted by the pandemics that destroyed towns and left generations scarred and scared” (2021, pp. 298-299). Priyanka notes that the tropical regions of the Indian Ocean were conceived of as zones of disease, and India rendered “a quagmire of diseases and epidemics” (2021, p. 295), and that it was always the poorest who suffered outbreaks of pestilence to a greater degree.

Pandemics and Zombies: Tropical Imaginaries, Cinematic Cosmologies

Milan Kroulík opens his paper with the following invitation: “imagine two films, from different eras and film-making traditions. One ends with terrifying visions of an unstoppable disease transforming all human bodies at the very centre of empire. The other closes with a series of scenes: slowed down bodies, dream machines, communal sports in transforming landscapes – and an uncertain gaze into the distance” (2021, p. 316). This placing of the reader within these filmic scenes is important, for the author’s subtext is an argument for the significance of the cinematic image to understanding and living with bio/socio/political issues. In “Pandemics and ‘Zombies’: How to Think Tropical Imaginaries with Cinematic Cosmologies” (2021), Kroulík discusses notions of the tropics, disease, ‘zombies’ bodies and heteronomy with philosophical articulations of Christian-secular and Buddhist-Animist cosmologies. He does this through an interweaving with two films: *Zombi 2*, a Euro-American imagining of the tropics from a temperate zone and Christian tradition; and *Cemetery of Splendor*, a Thai film that is an engagement from within the tropics and a Buddhist imaginary. He argues that the zombie as a site of ontological uncertainty – and rendered differently according to cultural and ideological imaginaries – allows us to think the problem of a pandemic with notions of subjectivity and corporeality.

Neotropical Imaginings from a Postpandemic Colony

In the finalé paper of this collection, Christina Yin’s flash fiction piece, “A Rush Hour Ride on the Dwarf Planet: Neotropical Imaginings from a Postpandemic Colony” (2021), takes us into the speculative far future as she weaves dystopian outer space scenes of a freezing winter, with advertisements of utopian tropical paradise holidays on the island of Borneo, back on a resuscitated Earth. As the author informs us, the great world pandemic of 2020 never ended, and as the virus persistently mutated, humans raced to get to space. As Yin tells us: “The story was – well, the history books

confirmed this – that KÆ’s ancestors had won a spot in the lucky draw and were among the first colonists on the Moon. Now, many generations later, KÆ was in the far reaches of the solar system. You couldn’t deny that the human race was a species of colonists at heart” (2021, p. 342). Yin weaves harsh futuristic scenarios with languid scenes of tropical landscapes and waterscapes filled with rainforests, orangutans, the giant Rafflesia flower and whale sharks. This is a story that hints of the interrelations between environmental destruction and pandemic, of human technological capability and human expulsion.

Pandemic Futures

And thus we close the collection of papers for this Special Issue with a futuristic story. This, like our opening with a poem, is fitting, for the novel coronavirus pandemic is certainly not yet ended; while historical pandemics, plagues and forms of pestilence as they are imagined through tropicality appear without end as they are persistently reanimated in the present. It is also fitting to end the collection with a piece from speculative fiction, for this draws our attention to the way in which each of these papers offer us ways in which to imagine other versions of the world – each paper as a medium that calls for, and articulates, alternative social and political aspirations, ones that involve humans, viruses, diseases, animals, environments and technologies in more-than-human-worlds.

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No Wild Iris

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Abstract

The Philippines, as a tropical archipelago, is “concurrently a country of premodern, modern, and postmodern societies[:] our rural areas, small communities, and villages, while we may sweepingly characterize them as premodern, possess at the same time some of the trappings of postmodern cities like Manila, Los Angeles, or Paris” (Cruz-Lucero, 2007, p. 7). And yet, as a nation, this concurrence of temporalities is ultimately flattened, so as to turn it into “a sociological organism moving calendrically through homogeneous, empty time” (Anderson, 2006, p. 26). What emerges, therefore, is a Philippine time that is also a disjuncture: multiplicities that insist on a singularity, or a singularity that insists on being multiple. Keeping time with this contradiction between the diverse temporalities in the archipelagic tropics (see Carter, 2013) and the adamant dream toward a nation-state, this poem meditates on the concurrence of various events that happen in the archipelago nation during the 2020 COVID-19 global pandemic. Taking cues from the 1992 poem “The Wild Iris” penned by the 2020 Nobel Prize for Literature recipient Louise Glück, “No Wild Iris” attempts to interrogate the experience of homogenous and empty time in the longest lockdown in world history. By interweaving the personal, the political, and the ecological, it harnesses the lyrical while also disclosing its limits, if not outrightly refusing the tendency to sentimentality and universality as a poem.

Keywords: Philippine poetry, global pandemic, COVID-19, lockdown, tropical archipelago, homogenous time, Louise Glück

*At the end of my suffering
there was a door.*

—Louise Glück, *The Wild Iris*

At the end of the world, there was barely a window.
In fact, there weren't many holes.
For the longest time, we've learned how to stay in-doors, shut ourselves
from ourselves. Our noses & mouths our newest private parts
we wouldn't even dare scratch a sudden itch.
The world went on: Louise Glück won the Nobel Prize, the year's strongest
typhoon ravaged the Philippine archipelago, the tropical year
remained the same. At first, there weren't many cars, & then
there were cars, & so road constructions
resumed. We could hardly trust our hands, but we had to
keep earning a living. Children would cry, saying they missed
their teachers; their parents would post videos of them crying, captioned
with variations of *Look, look, how*
adorable! People learned to love plants more, & as how love usually goes,
they made them their hottest, & of course greenest,
business venture. Our president still slept until noon, woke up
in the afternoons, went missing
during national emergencies. We made motorcycle drivers
our avatars-for-hire whenever we craved
for burgers. Raindrops still fell downwards, which was a comfort
until there were too many of them, filling up
the dams. Meanwhile, the tropical year remained the same,
except the seasonal allergies became a bit more
alarming. Democracy was supposedly restored in the U.S.
& my countrymen here were suddenly excited to vote themselves:
It's our turn, they said, then proceeded
to pretend, forgetting how broken everything really was.
Cooking the latest fad recipe wasn't much of a help.
A few times, people tried gathering in the state university grounds—spaces
between them always minded, just to be safe—as they chanted
against the latest excuse for the government
to shoot whoever they felt like shooting. Poets acted
like they cared, then continued writing their latest critical *interventions*
we'd click Like to then scroll past.

A pot of pothos went up as much as a thousand pesos
I think; it certainly cost much, much more now than when it was all just free to take
from roadside gutters. Somehow, Thai dramas became a big hit
& suddenly young queers were so thankful, represented as they felt they were
by these subtitled skinny boys. Every month was an occasion
for another online sale. We covered our faces with thin plastic film
we looked like low-budget astronaut wannabes.
For a time, they didn't allow husbands & wives to ride the same motorcycle
until they realized the economy had to go on. Elsewhere
you could receive around fifty million pesos, if you had
an unmistakable poetic voice. The presidential spokesperson was once caught
on a vacation up the mountains, singing
videoke; experts said it was the easiest way to spread the virus.
Somewhere, children began hanging themselves because they all felt
too much. In the middle of it all, for everyone to admire
through their screens, the government covered Manila Bay in fake white sand, until
this, too, got slowly washed away by the storms.
There were sufferings, & countless farmers still had no land to till.
The literacy rate—let's not go there.
Our palms grew rough, either from washing with soap too often
or working too hard for something so little. In Hong Kong,
a Filipina domestic helper's hour still paid
more than an entire day here in the archipelago. We hadn't heard much
about those outside the capital, & even if we have, as if we could
listen intently enough. We covered half our faces
like we were muzzled, just like the tamed animals we've become
lest we receive a subpoena. For the braver among us
we hoped there would be more of us. We took care
of plants, speechless as they were, just so we'd somehow feel
we were needed. More people started biking to work, more people
got their bikes stolen while at work. The tropical year remained the same &
in churches, for what remained of the so-called ordinary time, people
sang "Our Father" touchless for the first time.
Water, as ever, was a commodity. We soon realized we learned
nothing from the yearly zombie films. Meanwhile, another polar cap
is melting; & *glacial pace* became obsolete
an idiom, & more so a joke. A fat national artist said something stupid again, while fat
policemen were featured sitting down happily doing some sort of
morning exercise. There still wasn't much of a door anywhere here,
or some hole we could've pushed ourselves into.
Days were long, & then were short, & then were long again

as sex became more difficult. We devised methods.
China forbade us from going there, & for a while we were no different
from poultry imported from Brazil. Whenever someone cried, we gave them time
& paid them no attention. On entering the grocery store
they'd hold up to our foreheads an infrared thermometer
which looked like a gun, & felt like a gun; the only thing stopping us from playing
dead was the long queue behind us.
There was suffering & as much as we felt we needed
a vaccine, we could've also used another pair
of lungs. Shoes, those of a baby's
or otherwise, were now hardly worn. We stopped seeing newspapers
in print, we bought more books we knew we'd never read anyway.
Much of our bodies became squares on our screens, & we were grateful
because we couldn't be thankless. Typhoons were still the venue for photo-ops.
Another whale died from ingesting tons of plastic garbage.
Walls became too thin, our families too familiar, & English
another accent we faked to pass time. Military men, with their big guns & all,
were stationed at almost every border. Yes, we could speak
again, but only because we stuttered, & not because we've been to oblivion
& back. A TV station was shut down. Nurses & doctors left
their shoes out in the sun. We slept in the afternoons only
to emerge three years wearier. Sometimes, we wished
to fly; oftentimes, we failed to wish
hard enough. Vegetables dropped price, but for some reason not
in supermarkets. K-Pop was still a big thing, & it went on
saving many of my friends' lives. Coughing outside
felt like being caught in a witch hunt. For some reason, there was music,
& for no reason, they stopped playing. We mourned
& we mourned much more, until our hearts became accustomed to grief
I think we also almost forgot how to laugh
or cry. A baby was stolen from her mother
by men in camouflage; a poet wrote about this photo, then screamed,
Art. The president, meanwhile, made another joke,
then called it a day, repeated the process for days & days & days &
there was still suffering, & there still wasn't
a door. We wondered where the stray dogs went. The tropical year
remained the same, & when days were hot, men still took
off their shirts, while women, they could just go without
their brassieres for a day, careful
not to be whistled at. Rice was still our main food.
A judge was shot in the face by an assistant.

We couldn't throw a party, unless you were an army general. Fifty million pesos could buy you a really good house, & Louise on winning the Nobel, thought so too, but this individual purchase won't ever be universal. Every morning, we gargled lukewarm water with salt; every evening, we hoped for nothing. Universities went on feigning care, but not enough. It's terrible to survive as consciousness buried in the dark earth, but it's more terrible to live above ground, among the persistent ruined dreams of a so-called nation. We couldn't cry to movies, there weren't any good enough to cry to. We played with our shadows on the wall & it was lonely; we sang to our potted seedlings, & they never sang back. Edgelords kept pulling epiphanies, kept saying, *Maybe we are the virus*. We were suffering from tired metaphors of empty wars. Dancing became a habit; filters became a life. In Argentina, they called this *quaranternity* & nothing has ever felt so right. There was barely a window, meaning we were afraid of even taking a peek at strangers outside. We left our shoes by the door. Vitamins with zinc were sold-out. Oranges were just as easy to peel, our mangoes were just as yellow as sweet as sometimes-still-sour. People tried their hardest, drying their face masks for reuse, inhaling steam from boiling water with a pinch of salt & drops of lemon juice. Meanwhile, of course, typhoons—the tropical year remained the same, & professors hurried to predict the next big culture thing in jargoned papers no one would probably read, unless they get through the paywall. Coins became too deviously dirty, but we kept them regardless. More women became pregnant, more women were hurt, children were born. As for the traffic outside, it was as if nothing really happened, business as usual, & soon it was Christmas time, & then it was over. Another mountain flattened by quarrying, as countries reopened again to one another except for us. Still no one could remember death because still no one survived the journey, which is perhaps saying health-care remains as bad as it was before. Fishermen were bullied just like vendors elsewhere. Pimples became more & more common especially on the lower face, where our masks covered our already dried skins. Flings somehow became the norm, as all calendars became useless. One webinar after another, yet none of us were smart enough to finally figure out why we were all here in shambles. Poets laid out incoherent government memos then called them *poems*, & then *critique*, however lacking they'd also politely admit. No one was allowed to visit cemeteries,

maybe mocking how everywhere now was practically
a cemetery. We laid on our beds & did nothing; we still felt exhausted
so we laid in bed some more, did nothing more, felt
guilty more; we ignored how we felt.
As for earthquakes, fortunately, they weren't too strong, knock-
on-wood. There was suffering, we knew it of course, & in itself
this knowledge caused us more suffering.
We couldn't even burn effigies no matter how much we wanted to.
There was no word for the year, because they said a word wouldn't do
justice—as if in previous years, words were enough.
Sunlight still fell at the same slant. The son
of a dictator demanded a ballot recount for the six-year term vice-presidency
from an election held four years ago. The tropical year, obviously,
remained the same. Fortunately, there were restored
old movies made available online. When Louise won, a handful of Filipino poets
went salty, as if the judges would ever get to see
their tweets. People started fermenting cabbage, carrots, radish,
papaya, & even lemons, I think. There were too many
stories of retrenchment one wouldn't even know where to start counting.
If angels were true, we wondered, from where would they be
coming to be this late. Death remained a possibility, only
worsened by the reported images of intubation
& bills not everyone could pay, not even after this lifetime.
Some fish vendors went cashless.
We waited, & we waited some more. An average day in Manila
still roughly cost around three hundred pesos—
that is, if one's single & not too picky about food. Typhoons destroyed houses.
Despite having more bikers on the road, car drivers were still
reckless. We were left to fend for ourselves, even
mentally. Teachers became cyborgs of sorts, if not call-centre agents.
Carbon dioxide emissions were still high somehow, despite the reduction
in individual car-use. Whether sunflowers bloomed
in places we knew, we were uncertain because we weren't able to see them
stand tall. Mothers had nightmares; fathers felt
useless, except the more arrogant ones; children had to keep answering
their learning modules. Meanwhile, twenty-one billion pesos worth of funds
went missing. In Pasig City, the mayor included Pocky in the citizens' essential kit.
The dead had to be cremated immediately, unless
they didn't have to. We still couldn't seem to find a door.
Our minds, we felt, were becoming a lost cause. Poets released
their newest titles. The tropical year remained the same

as if nothing really cared for us
suffering. Transgenders still weren't given the peace of mind to dress however
they wanted. Restaurant & fast food chains opened
again, with Perspex in-between. We washed ourselves too much
& it still felt like it wasn't enough. People stopped wearing jeans so often,
difficult as they were to wash and dry. Pawnshops were crowded
just like courier centres. Teachers crossed bridges to hand out learning materials,
some of them even going for a dip. People made coffee with milk
& called it some other name. We needed passes just to go
where we used to go every day. Branches of pines weren't shifting in Manila
as there weren't any pines here to begin with; in Baguio,
they just kept cutting them down
to build another mall or whatever. There was a liquor ban
& it was a pain for many, & then it was over. The mailman never arrived again.
We suffered & our souls were unable to speak,
assuming we still had them under all
our personal protective equipment. We couldn't be bothered to trust each other, so
we kept filling our needs with whatever we could
want, granted we could buy it online.
Students went on strike, asking the president to step down; some of them
admitted to join just to go along with their peers. Just like the old days
we lost friends, we made new friends, it was
the necessary work. We stared and sighed at our ceilings.
Thirst traps went back to the gym, then went on complaining about each other
which was also, really, about themselves. A tote bag
became more useful. People went missing, more people went missing,
more & more people went missing. We soon forgot
that a dormant volcano had erupted just barely
a year ago. Some of us thought, maybe the revolution
would already be too late; some of us believed, maybe the revolution had to be
late. In Indonesia, to keep people from going out, teams dressed
as *pocong* were deployed. We couldn't seem to pray
hard enough, we couldn't find ourselves
some fountain of deep blue shadows, some fountain of azure
seawater or whatever; a lot of us couldn't even remember how
the ocean sounds. We made pasta
to pass time, ate pasta to pass time, washed the dishes to pass time;
time still felt too much. Our memories began to fail us
until this too we forgot & soon we started trusting our heads
again. The class war still went on, only with the internet
it got so much worse. We were empathic

when it was most convenient, like letting the person ahead of us
in line quickly go back to the soap aisle to pick up
whatever whatnot they'd missed. The tropical year remained
the same, but the storms were getting more & more
violent & the citizens were starting to run out of money
for donation drives. It was an open secret
that some people on the internet wanted the president
to die; some people kept praising his life.
Hard work felt futile, & love too, except the latter was more palatable to miss
for the bourgeoisie. We kept peeing at night.
The killings went on, bullets were showered, if not here
then someplace else a lot of us couldn't even be bothered to know.
Meanwhile, poetry never stopped. We lost
count at two hundred days in quarantine, & still
there was barely a window. The weak sun flickered over the dry surface
of our weaker selves. We talked & we talked
in our hunger to be heard. Birds darted overhead, which was the usual,
which could've meant all of this
was just a dream, only that it wasn't, & we were suffering
all the more because we didn't see the usual enough, see
each other enough. Intimacy now meant so much more & became
less about sex, as it should have really been, a long time
ago. We couldn't imagine going to the movies anymore
without the liberty to laugh or to cry
minus our face masks on. Senegal did better than our country
but we barely heard about it. People started stealing
plants from forests, to sell them downtown for a price.
The president told us stories of some magic pill, & called it
a day. Couples still got married. Plastic drawers
were still selling. Another swamp dies, & then another.
Time went by quickly, & still we felt like nothing. We couldn't even
rely on our hands anymore. Black cats were still looked at with suspicion
but not as much as a cough or a sneeze. There was no one to blame
it seemed, which felt more like someone must've been
behind it all, if only we could find
the door at the end of it. We wrote poems, but only a handful
were anthologised. We fell in love, & we fell out of it.
We kept dreaming of other places, & I, for one, kept dreaming
of this particular supermarket in Davao del Sur. Two ostriches ran amok
in the heart of a city, one of which was found days later
dead from stress. We fell in love again. The tropical year remained the same

to my frustration, which was also the frustration felt by many others,
only I didn't know to whom I could talk, without us
ending up feeling helpless. Wherever god was, we didn't even bother
to ask, it was already too late, & they'd probably say that anyway
they gave us free will, so all this suffering should really be
on us. For a time, people thought banana was the cure, so they began
hoarding the fruit, eating them more than once
a day. *Viral* became too different a word in a span of a year
& young adults still kept going, still kept thinking that becoming an influencer is
it. Only a number of us have probably ever seen a wild iris, only
a handful have read a poem about it.
We earned money, only to lose it, so we earned some more.
Still nowhere was a door.
Another lecture on mindfulness, & we were still too far from becoming
enlightened ourselves. For a lot of us who now work
at home, suddenly home wasn't home anymore
but work. We took showers, we bleached our hair, we
cried a little, we ate. It was unfair, but as the national anthem goes, the people
would supposedly be happy
to die for this country's sake: disasters were nothing,
people thought, but a test of the divinities. The queers kept calling it *queering*
the quarantine. Meanwhile we all dreamed of flying
to Taiwan or New Zealand, that
or just magically transport us, fast-forward to when
this is all over. A vlogger promised to donate her revenue to the victims of the flood
which was only rightful, considering her family was responsible
for much of the deforestation & quarrying in the region. It was embarrassing then
to ask the cashier to take out some grocery items
because you didn't have enough cash with you; it was still embarrassing to ask now.
We swore on our plants' lives, & we were still selfish in that way.
The tropical year remained the same
& at some point, it was already getting
old. Breakdowns, acknowledged now as part of productivity itself, had to be
scheduled. We couldn't surprise each other anymore.
Grace arrived every two weeks, presenting as
asymptomatic. Suffering was everywhere we couldn't even
call it that anymore. Masks burned
tan lines on our cheeks. When asked about testing kits, the president
just reminded us that the medieval ages had it
worse than us, so why can't we be thankful. We had difficulty sleeping, but somehow
we slept anyway. We wanted to die, but maybe we cared

for each other more than we thought, & this
wasn't necessarily a happy ending, since it was certainly more
difficult. It was terrible to survive then, and it was
still terrible to survive now. Museums were still closed,
poetry still felt worthless, & more so
poetry about flowers, which we couldn't give now,
& possibly ever, to our dead. Meanwhile, vermin were still vermin, & perhaps more
peaceful these days than we humans had been
all year. At some point, stocks for oil went negative. Masks with printed
smiles became a running joke, until
we realized it was all the smile we could ever smile at one another
for some time. Medical interns were still required to render their hours
while the tropical year remained the same. It was tiring
although there was never a need to run.
We needed signs, so we stopped cutting grass. We cursed politicians
but couldn't curse them enough. There were no
doors. Nurses barely had hazard pay; imagine even less
for construction workers. For a time, people could only buy
five packs of noodles at a time. The show must go on,
so they went on casting
straight actors for queer roles. We were all bored. Our ears hurt
from wearing masks all day long, but we were all too hurt anyway
to even bother anymore. There was nothing
to write in our diaries: there were sunny days, & there were stormy days,
& sometimes, there were days that were
both; we didn't know ourselves then, & we didn't know ourselves
now, so we weren't really in the best place to question
the whims of the weather. Meditation worked
for some, & for some, it didn't. Come to think of it, it was
rather simple, except we couldn't trust
our bodies, no matter how hard we scrubbed the outside off our skin.
It was hell on earth. In an ideal setting, our country wouldn't be
under fascism, but some of my friends were now settling
for a handsome dictator at least.
Monuments gathered dust. The tropical year remained the same, merciless
only because we weren't prepared
by our government. Meanwhile, all things considered, the world was still vast
although we could barely make out the next corner.
We lost our internet connection, & we made such a fuss we aged
by almost a year over the customer hotline. At the end of our suffering,
perhaps we could imagine, was another

suffering. Soon it would be summer again, & it would ache—
how come it was already so, & then it was all over
again. We cut our hair on our own
until barbers & salons were opened again. & then another
scandal, & then another scandal forgotten.
Historians were already taking down notes about the year
but the year would always remain a dream
in hindsight. There was barely a window, & we were barely in
our heads. Pigs were being slaughtered
& so were chickens; people had to go on eating. Some of us
wore amulets, some of us threw them away. We blabbered about discourse
but never really reached each other.
Soils eroded, rivers became shallower; somewhere
was a siren, but this too became white noise.
A naturally immune baby was born in Singapore. At the end of our suffering
there would probably be a door
locked. Airplanes hardly hovered above us now.
Emergency was everyday, & we didn't want anything
to do with it. The tropical year remained the same,
the tropical year remained the same. We threw out our garbage,
& the garbage men were happy to pick it up.
We cut the sleeves off our shirts. We hurriedly stuffed receipts into our wallets.
Another bridge was built over another river. No one knew
who had the key, and no one knew anyway
where the door was that Louise had told us to find. Riots would ensue soon
enough, we hoped at the back of our minds, afraid as we were of actually
becoming the first one to cast stones. Our birthdays still counted
this year, with or without a sad cake, despite
what could practically amount to an abyss in time—it was all
for legal matters. We picked out backgrounds for our videocalls.
The earth couldn't care less about us, the typhoon
belt is still in place, but expanding, so unlike our hearts. Universities went on
out-ranking each other, another face mask elastic
snapped, hitting another cheek. Poetry still felt useless, & we suffered
still; we're still making it through, & there is still hardly
a door. We've been feeling the floor; we could barely find our voice.

Notes

Inspired by Louise Glück's "The Wild Iris," "No Wild Iris" echoes her themes of the door and suffering mentioned in the epigraph. Other lines recast from Glück's same poem can be found on pages 46, 47, 49, 50, and 52. Lines from pages 46 and 47 echo the citation for Glück upon the announcement of her being awarded the Nobel Prize for Literature 2020: "for her unmistakable poetic voice that with austere beauty makes individual existence universal". The term *pocong*, found on page 48, refers to an Indonesian or Malay ghost that is still in its white shroud. Other inspirations for this poem were drawn from various news articles and, of course, personal anecdotes gathered during the year 2020.

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Tropicality and the *Choc en Retour* of Covid-19 and Climate Change

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Abstract

This article reads 'pandemic, plague, pestilence and the tropics' through Covid-19, climate change and the discourse of tropicality. It asks: What happens, as seems to be the case today, when the temperate/tropical oppositions around which tropicality revolves start to unravel because the aberrations and excesses (here of epidemic disease and extreme weather) hitherto deemed to belong to tropical areas, and as constitutive of their otherness, are found in temperate ones? This question is broached with a focus on the United Kingdom as one such 'temperate' place that currently finds itself in this situation (although the argument has broader resonance), and with Aimé Césaire's ideas about the *choc en retour* (boomerang effect) of Western colonisation and *la quotidienneté des barbaries* (the daily barbarisms) by which this effect works. Evidence and feelers from science, theory, politics, and the media are used to consider how sensibilities of tropicality, and especially (as Césaire enquired) distinctions between the 'normal' and 'pathological,' and 'immunity' and 'susceptibility,' permeate the way Covid-19 and climate change are perceived and felt in the temperate world.

Keywords: Covid-19, climate change, *choc en retour*, tropicality, Aimé Césaire

*And then one fine day the bourgeoisie is awakened by a terrific boomerang
effect [choc en retour]: the gestapos are busy, the prisons fill up,
the torturers around the racks invent, refine, discuss.*

*People are surprised, they become indignant. They say: "How strange! But
never mind — it's Nazism, it will pass!" And they wait, and they hope;
and they hide the truth from themselves, that it is barbarism,
the supreme barbarism, the crowning barbarism
that sums up all the daily barbarisms
[la quotidienneté des barbaries].*

– Aimé Césaire, *Discourse on Colonialism*, 2000, p.36

‘And then one fine day...’

The theme of “pandemic, plague, pestilence and the tropics” is read here through Covid-19, climate change and the idea of tropicality. Tropicality is the age-old discourse (or suite of ideas, experiences, sensations and representations) through which ‘the West’ regards itself as ‘temperate’ (moderate, secure, comfortable, self-controlled and staid) and ‘the tropics’ as alien and its opposite (a domain of allure, seduction, danger, riot and excess). This temperate/tropical opposition has been conceived foremost in environmental terms, historically through capitalist and colonialist expansion and exploitation, and with factors of climate and disease, and health and hygiene, paramount. Tropicality helped to produce empire and buttress Western ideas of dominance and superiority. But it has outlived the age of European colonial empires and continues to shape and split ‘global’ understanding and experience (see, e.g., Allewaert, 2013; Arnold, 2005; Bowd & Clayton, 2019; Driver, 2004; Stepan, 2001; Sutter, 2014).

This article has three aims and four main sections. The first (general and twofold) aim is to consider how the idea of tropicality facilitates understanding of Covid-19 and climate change, and how these two global calamities impinge on how tropicality works today. The second aim is to alight on one of the key upshots of Covid-19 and climate change in relation to tropicality: the ways in which they expose and fracture how questions of climate and disease are seen through temperate/tropical oppositions. More specifically, I ask: What happens when elements of ‘the tropical’ are found in ‘the temperate’ – that is, when some of the locational and perceptual markers associated with tropicality are twisted and inverted? Is tropicality thereby unravelled? The third

aim is to underscore the pertinence of Aimé Césaire's mid twentieth-century critique of the *choc en retour* (boomerang effect) of Western colonisation on human and planetary dynamics to the above questions and concerns.

These three aims are threaded through an argument that is developed over four sections and shuttles between theory and example, and problem and place. I shall start by putting the terms in my title further into play, and do so by pointing to the significance of questions of immunity – exception, exposure, protection and susceptibility – to how tropicality, Covid-19 and climate change might be connected. Césaire's boomerang effect is introduced at this point as a means of broaching these connections and of bringing my second aim into focus.

The article then visits the United Kingdom (UK), which is seen as one such 'temperate' place that is currently plagued by 'tropical' exigencies (although I think the issues arising from this example are of broader resonance). This conjuncture is spotted and pursued through the "Plague Island" epithet that the *New York Times* (NYT) bestowed on the UK in December 2020, chiefly to castigate the government's handling of the pandemic. A wider and deeper discussion of Césaire's *choc en retour*, and his linked formulation about *la quotidienneté des barbaries* (daily barbarisms), then follows, with this disquisition used to tease out links between Covid-19 and climate change and reflect further on how tropicality today involves relations and forces of circulation as well as ones of opposition. Finally, the article returns to the UK, there to probe how Covid-19 and climate change both expose and breach the country's 'temperate' identity. The conclusion takes stock of the findings and contribution of the article and thinks a little further about how the above travails of tropicality might be hooked up to wider concerns about 'inside' and 'outside' distinctions and geographies of difference, indemnity, power and violence.

Politics, Putrescence and the Weather

The discourse of tropicality centres on how 'the tropics' have been *constructed* – viewed, encountered, invented, coveted, and controlled – by Western travellers, scientists, settlers, soldiers and traders as they explored and moved into tropical regions and derived a set of 'temperate' values and 'tropical' vistas from their experiences. It is chiefly a product of modern empire-building, although Western writing about the 'torrid zone' stretches back to Ancient times (see Cosgrove, 2005). Akin to the way Edward Said (1978, pp. 55-73), in his celebrated study *Orientalism*, construes 'the Orient' as an "imaginative geography", David Arnold (1995, pp. 141-142; 1998, p. 4) argues that "'the tropics' need to be understood as a *conceptual*, and not just *physical, space*", and with the tropics potentially, if spuriously, spatialised *qua* the "perceived normality of the northern temperate zone".

Tropicality has an overtly environmental hue and has been discharged in both positive and negative terms, with the tropics seen and experienced in some times and places as 'paradisical' and in others as 'pestilential' (Arnold, 2005). This discourse has linked metropole and colony, and settler and native, through a range of projects and practices: science and medicine, art and architecture, war and slavery, travel and tourism, and plantation trade and resource extraction. Colonialism in the tropics was always an alluring yet challenging prospect: a route to material and personal enrichment, but also a snare of disappointment, presenting the 'temperate/northern' self with immense difficulties, and with "climatically-determined differences between human 'races' and cultures...central to Western European self-conceptions of an inherent superiority over [non-Western and tropical] people" (Mahoney & Endfield, 2018, p.2). Colonial 'success' was more readily associated with Europe's 'temperate' colonies (Acemoglu & Robinson, 2019). As Harish Naraindas (1996) argues in one of the first (and still richest) essays on tropicality, in tropical colonies, where climate and disease were kings, there were close and unsettling connections between "poisons [by which he also means politics and power], putrescence and the weather."

To use Said's and Jacques Derrida's terms (and thus acknowledge their theoretical influence over writing on tropicality), the temperate is a "priority" – and deemed "normal, pure, standard, self-identical" (Derrida, 1977, p. 93) – over the 'tropical', and the latter serves as the former's "surrogate and even underground self" (Said, 1978, p. 3). My concern here is with how Covid-19 and climate change variously expose, disguise, and subvert this hierarchical ordering of temperate and tropical and the 'priority' it arrogates to the temperate. Considerable attention has been paid to how tropicality nestles into and shapes the tropics, and how Western understanding and experience dominate and distort – that is, to how temperate actors and entities move into and control the tropics. The question of what happens within the temperate 'home' of tropicality, and especially if or when its precedence is threatened, has received less attention and is my quarry here. What happens if or when the tropical winds up in the temperate? It is suggested that the UK is one such temperate place whose 'priority' is currently being put in jeopardy by Covid-19 and climate change.

Tropical incursion into the temperate has always been a facet of tropicality, and most conspicuously through practices and processes of anti-colonialism, post-colonial migration, cultural hybridity and multiculturalism (see Stam, 1997). Yet such inroads have been localised and prone to being co-opted into tropicality's *uber* architecture of the ordinary and the exotic. Things are arguably different with Covid-19 and climate change. These eventualities have more pervasive effects and threaten the whole architecture of tropicality *en bloc*. The UK is by no means the only temperate place that finds itself in a troublesome situation in this regard – with what (and through a long

colonial history of tropicalising) it has made of the tropics – and its difficulties are specific. But its experience is instructive. What this trouble involves – an embattled exoticism as well as intensification of extreme weather (heatwaves, droughts, storms, floods and wildfires) and emergence of new diseases – is becoming an increasingly ‘normal’ part of life in temperate parts of the world.

There is a danger here, of course, that such an orientation might do what was done to anti-colonial incursions (a counter-tropicality) before: the dispersion and subversion of tropical meaning ‘in and for the tropics’ might end up getting re-captured within a temperate/Western horizon of signification. Indeed, parts of the tropical world (Brazil and Indonesia, for example) have been hit hard by Covid-19 and at the start of the pandemic there was an air of temperate superiority (both complacency and deprecation) about how the pandemic might unfold. It was prophesied that while things might get bad for Western countries, they could well end up much worse for developing/tropical countries, due to “their overburdened public health systems, dearth of testing facilities and overcrowded slums” (Winning, 2020). But this, of course, has not been borne out by data, and partly because many of these putatively ‘vulnerable’ countries (Nigeria, Sierra Leone, Zimbabwe, for example) are more closely acquainted with epidemic diseases (Ebola and HIV recently, for instance) and able to deal with them effectively at a local level (Nguyen et. al., 2021). In fact, as Tony Blair’s Institute for Global Change (2020) reports, “Early on, Covid-19 was perceived by many in the Global South as a ‘disease of the rich’ – concentrated in well-off neighbourhoods and expat compounds, brought into the region by business travellers and the mobile elite”.

This inversion of meaning and expectation is revealing and informs much of what follows. I shall sally into this terrain with evidence and feelers from science, theory, politics and the media. I shall also do so by returning to the Martinican writer and politician Aimé Césaire’s incisive indictment of the boomerang effect (*choc en retour*) of centuries of colonisation on “*la civilisation malade*” (the bilious and dying culture) of the imperial West in his 1950 *Discours sur le colonialisme* (1955, p. 13, 18; 2000, p. 36). Césaire, himself, was no stranger to the idea of tropicality. In fact, it is not generally recognised that from the 1940s onwards he deployed the term *tropicalité* to convey something similar in an anti-colonial vein (1955, p. 43; Césaire & Roussi, 1978; see Bowd & Clayton, 2019). Césaire saw ‘the tropics’ as a scene *par excellence* not only of colonial rapacity but also of how the violence embedded in a host of oppositions – between the usual and strange, normal and pathological, moderate and excessive, refined and gaudy, hallowed and plagued, immune and susceptible, hospitable and inhospitable, resplendent and insipid, and vigorous and languid – had been disguised and deflected.

The issue of how extreme, anomalous and deleterious relations and sentiments are placed 'outside' normality and acceptability, yet are constitutive of their 'inner' sanctity and reality, lies at the heart of his idea of the boomerang effect, and he coined the term *la quotidienneté des barbaries* (daily and banal barbarisms) to think about how 'outside' and 'inside' are connected and the violence that this opposition effects. In the present context, I explore how, in the UK (although, again, a wider view might be glimpsed from there), Covid-19 and climate change have been imagined as extraneous to, and yet as impacting deleteriously upon, temperate regions – as outside the 'normality' of temperate experience (or at least recent experience), as exotic and excessive (in the parlance of tropicality), and yet now part of its make-up.

Césaire's work flags issues that are given relatively small space in the literature on tropicality, and are also underplayed in those on climate change and Covid-19: What happens to the 'normality' of the colonising/temperate/northern zone when its holding patterns of projection and exoticism – the means by which tropical otherness is installed and kept in place – are threatened and ruptured and the violence of this undertaking, which has always been latent on the inside, is exposed? What happens when tropicality spills out of its temperate containers and packaging, in medical laboratories, museums and exhibitions, travel products and tourist destinations, supermarket shelves, and so on, and becomes more wildly contagious and unpredictable (i.e. when the packaging comes off and the containers leak)?

We shall see that Césaire's *choc en retour* involves ideas of both shock and vigilance. Distant problems and power relations come home to roost in both startling and foreseeable ways, he argued, and the whole process of projection and pingback needs to be watched carefully. He was concerned, in part, with how a colonial/tropical outside and otherness that is made by the norms of a temperate/imperial inside can nonetheless subvert this making and thereby point to the possibility of a different way of knowing, or counter-tropicality (to which I shall return). But he also turned to the inside of *la civilisation malade*, and especially to how it disavows and limits the means by which the outside 'gets in', and how this restriction (to adopt current Covid lingo) becomes part of that inside's lockdown (i.e. a symptom of its malaise).

These concerns also come with the undertow of Achille Mbembe's (2020a) declaration of a "universal right to breathe". "It is one thing to worry about the death of others in a distant land", he writes,

and quite another to suddenly become aware of one's own putrescence, to be forced to live intimately with one's own death, contemplating it as a real possibility. Such is, for many, the terror triggered by confinement: having to finally answer for one's own life,

to one's own name. We must answer here and now for our life on Earth with others (including viruses) and our shared fate.

He refers not just to Covid-19, which kills by taking the breath away, but also to a "pathogenic...[and] catabolic period *par excellence*, with the decomposition of bodies, the sorting and expulsion of all sorts of human waste" and into which climate, capital, disease, environment, race, and the extra judicial powers of corporations and the state (currently the coronavirus state) all feed, spawning "the damage we as humans wreak on the lungs of the earth and on its body" (2020a). My suggestion is that the *choc en retour* of Covid-19 and climate change, in the UK for example, resides in relations of isolation and interdependence that lay bare, fracture and flip this 'sorting'.

Isolation hinges on the 'great confinement' and 'frozen space' of lockdown (to extend Michel Foucault's well-known adages concerning the advent of a disciplinary regime of power and its panoptic spaces of the prison, clinic, factory and school). Current 'scourges' of climate change, and especially Covid-19, jolt liberal ideals of free and innocent social and global mobility, interaction and consumption. Foucault's (1978, p. 181) idea of the bio-political "threshold of modernity" – of "bringing to life or rejecting in death" – revolves around the bodies of individuals and fortunes of populations: on the calibration and monitoring of their birth, health, consumption habits, accidents, old age, and passing; and on a plague mentality that regulates by partitioning and quarantining. "The following, according to an order published at the end of the seventeenth century", Foucault (1977, p. 195) famously observed with respect to this mentality, "were the measures to be taken when the plague appeared in a town":

First, a strict spatial partitioning: the closing of the town and its outlying districts, a prohibition to leave the town on pain of death, the killing of all stray animals; the division of the town into distinct quarters, each governed by an intendant.... It is a segmented, immobile, frozen space. Each individual is fixed in his place. And, if he moves, he does so at the risk of his life, contagion or punishment.

2020 was the year in which the plague mentality upon which modern bio-politics were built was hastened back to life. In the case of Covid-19, this involved a combination of lockdowns (a term hailing from the American prison system), and what (felicitously, although in some ways misleadingly) has been called "social distancing" (a term from 1970s American sociology that began to jump from there into public health discourse with the SARS epidemic of 2003 – see Drum, 2020). These practices of confinement and partitioning are also in keeping with (although not exclusive to) the populist – isolationist – repose of the political times, and with countries around the world forging their own resolutely national responses to Covid-19.

But Covid-19, and climate change, are also, and obviously, about interdependence, and in a fourfold sense. First, in terms of fomenting urgent questions (*à la* Mbembe) about what ‘we’ owe to each other, and how we care for one another in partisan times. Second, by virtue of the perhaps unprecedented scientific collaboration that has gone into the rapid creation of effective vaccines. Third, and as Andrew Liu (2020) observes, the origins and range of both of these global calamities can be found in interlocking processes of rampant commodification, habitat destruction, fossil fuel extraction, animal trafficking, and “mundane routines” of international business, education, trade, and tourism, all of which bear “the footprint of the marketplace”. Fourth, and as Glen MacDonald (2020) notes, both also raise fundamentally geographical questions of privilege and perspective: of where climate change and zoonotic diseases are hitting hardest, and who are best placed to bear their brunt. We also need to be mindful, he says, of the skewed recognition that Covid-19 is regarded as a ‘world’ problem because it has a particularly dire trajectory within ‘the West’. He reminds us that there are diseases other than Covid-19, many of them ‘neglected’ tropical diseases, that kill and incapacitate many more of ‘the rest’ on a yearly basis (Chagas Disease, Dengue fever, malaria, Trachoma, for example). They may become even more neglected as medical laboratories and vaccine producers steer their energies and finances towards this new coronavirus, although some suggest that Covid-19 augurs a step-change in scientific and medical understanding of viruses, and one that has been built, in part, on research into HIV and Ebola (Ntoumi, 2020).

Nevertheless, and to round off this section: What happens when tropicity’s geographically pinpointed semantics of disease (contagion and pestilence) and climatic surfeit (extreme weather and bodily duress) become globally life-threatening forces and constitute a ‘new normal’, which is how they are increasingly represented, including by the World Health Organization (2020)? The expression ‘new normal’ first started to be used in connection with the ‘bird flu’ of 2003-05 and financial crisis of 2007-08, and I use it here in an extended sense, to denote a new universal (in Mbembe’s sense) that threatens to exceed its over-determination by ‘other’ problems and afflictions that originate and reside ‘elsewhere.’ “There’s nothing new about the ‘new normal’”, Chime Asonye (2020) avows in a recent *World Economic Forum* blog, and it “must not be the lens through which we examine our changed world” because “‘normal’ has not worked for a majority of the world’s population.” And tropicity is pivotal to the story of how and why ‘normal’ has not worked.

Hello from ‘Plague Island’

I now seek to contextualise and exemplify these conceptual concerns by stepping into “Plague Island”, which is how the *NYT* stigmatised the UK on 21 December 2020

following the identification in southern England of a mutant, and more virulent and deadly, 'Kent variant' of Covid-19, and the hasty re-introduction of lockdown measures, and with many countries (including the United States) closing its borders to UK travellers (Henley, 2020). Previously, in the weeks leading up to the first (March 2020) lockdown, civil servants had dubbed Westminster (the heart of government) a "plague pit"; everyone, including the Prime Minister, Boris Johnson, seemed to have caught coronavirus (Elgot, 2021).

Then, on 24 December 2020, the UK Government signed a 'free trade' deal with the European Union, ending four rancorous years of 'Brexit', and with a profoundly ironic denouement: the fulfilment of Britain's quest (at least on the part of the ideologically fixated or duped 'Brexit' parts of it) to restore its "national sovereignty" and once again become a "free, buccaneering, global trading nation" (as the Tory press had it), came at the precise moment that borders were being closed. 3000 trucks got stranded at the UK's southern ports, and drivers were "treated like animals", with little access to toilet facilities and water (*Mirror*, 2020; Saunders, 2019).

Brexit was tinted, to be sure, by imperial nostalgia, xenophobia, and a little England-island mentality. "The one good thing to come out of Brexit", leading scholar of contemporary British history, David Edgerton (2020) quipped sardonically, is "a bonfire of national illusions". One of these illusions was about the country's trading prowess. Among other things, Brexit pointed to an inferno of tropical exploitation and sweatshop and plantation geographies, global supply chains (of cheap clothes and staples of sugar, coffee, tea, cotton, timber, and so on), and opaque yet brutal circuits of financialised and racialised capital linking Luanda and Koh Kong to Leicester and Coventry (Cole, 2020; Kumar, 2020; Ratcliffe, 2021; Ross, 2017). Meanwhile, unable to gallivant in search of new trade deals (and plantations and cheap workers), the only thing saving the UK from being completely derided from afar for the way its bungling government had dealt with the virus was empathy for those who have lost loved ones to the disease.

In March 2020 the UK Government invoked 'emergency powers' to impose a national lockdown, ordering people to "stay home" in order to "save lives" and "protect the NHS" (the UK's National Health Service) (UK Gov, 2020a). Other countries did the same, and civil liberties groups were quick to point to unprecedented restrictions on individual liberty (Greene, 2020). Across Europe, but especially in the UK (and also in the US), Covid-19 also exposed chronic underfunding in public health provision, the privatisation of health systems (research and hospital facilities, and equipment supply chains), and, concomitantly, "the systemic weakness of neo-liberalism" as a public service project (Mellish et. al., 2020). The hospital bed base of the UK is two-thirds smaller than that of Germany.

The impact of Covid-19 on the UK was compounded by ‘extreme’ weather and ‘abnormal’ seasonal temperatures, and the Government was found wanting in this regard as well, with ‘too little too late’ investment in flood protection, sea defences, river management, land use and emergency planning, and with an ambiguous mix of mitigation and adaptation policies (CCC-ASC, 2010). At the end of 2020 – the most ‘extraordinary’ year in the country’s history since World War II, its people were told by their Queen and Prime Minister – news bulletins were replete with harrowing footage of ambulances struggling through flooded city streets and country lanes to get Covid-19 patients to hospitals that were fast running out of beds. In short, the UK was hit by a double whammy of meteorological misfortune and public health calamity, and these were events not ‘normally’ associated with these ‘fair isles’ (McCarthy, 2021). More generally, in the spring of 2020, and again at the end of the year, there were British, European and American news headlines about “tsunamis” of Covid-19 patients “flooding” hospitals (e.g. Bodkin, 2020; Lee, 2020; Mason, 2020). Tropical storm Chalane “hitting” Mozambique, and the “tsunami” of Covid-patients “threatening hospitals” around the world, were explicitly linked in the January issue of Reuters’ (2021) *Natural Disasters* blog.

Tropicality does not give a full or immediate measure of this. A political rhetoric of reaction regarding liberty quickly flared, and with Europe’s leading philosophers (Giorgio Agamben, Roberto Esposito, Julia Kristeva, Jean-Luc Nancy, and Slavoj Žižek, for example) wading in (see e.g. Delanty 2020). They asked about whether Covid-19 would be less easily arrested in nations that espouse ‘democratic freedoms’ than in ones with an ‘authoritarian’ hue: whether public health measures and restrictions on personal liberties would be harder to implement and maintain, and ‘lockdown fatigue’ would arise more quickly, in the former than in the latter (e.g. Agamben, 2020). That is, they asked about whether the virus tells us anything new about freedom and democracy.

Furthermore, correlations between the course and severity of Covid-19 around the world, and the relative stringency of restrictions and public adherence to them, do not yield firm conclusions. Viewing matters from Italy, Simone Redaelli (2020) relays the maxim that ‘freedom’ is a contingent and contested, and elastic and embattled, idea and practice. “The Covid-19 era”, he adds, “is a historic moment in which, according to how democracy is formulated, the sole freedom allowed [at least in the Italian Constitution] is the one ‘to survive’, is the one ‘to biologically persist’.” The global map is complex. Mark Peters (2020) notes that there have been different national responses to the virus, for instance, within nominally similar “authoritarian capitalist” (e.g. Brazil, China, Singapore) and “empathetic socialist” (e.g. New Zealand, Sweden, Vietnam) political set-ups (also see Howell, 2021). Considerable caution should also

be exercised with regard to the conclusion to which some began to jump, 'as the data came in', about climate and temperature being key variables in the impact of Covid-19, and about the virus having distinct trajectories in 'temperate' and 'tropical' countries and being three (and possibly six) times more deadly in the former than in the latter (e.g. Chen et. al., 2020; Hasan & Haque, 2020; Tushabe, 2020). The British Medical Association (2020) issued a more general warning that "the COVID-19 pandemic has created a flood of potentially substandard research", and not just in the medical realm.

All of this matters. Yet the language of storms and tsunamis is not innocent. "The exhaustion – and perhaps the sadness – of Britons saying goodbye to 2020", Brigid Delaney mused, "comes from saying goodbye to our old life" (2020). The counsel to be found in this and much other journalism and social media is that 'old' connotes routine and stable, and in ways that things like tsunamis palpably do not. While tsunamis are of course generated in all the world's oceans and seas, they occur with most frequency and greatest intensity in the tropical and sub-tropical littorals of the Pacific and Indian Oceans (from Japan to Indonesia and Chile). The term is mobilised as an exoticising metaphor in the UK Covid-context for a new and unparalleled peril that the country did not expect and for which it was woefully unprepared. By contrast, Sujata Morti (2015, p. 167) shows how, in India and other tropical countries, television news coverage and public perception of extreme weather and its impacts (floods, droughts, landslides and cyclones) is shaped both by a discrete cultural politics (in India's case, a gendered Hindu nationalism) and a longer colonial history and language of technological know-how that is rooted in tropicality. The latter happens mainly through the idea that such extremes "belong" to the environment rather than government (colonial or post-colonial) policy, she argues, and that the state is there to "tame" and "conquer" them. While India is one of the 10 countries in the world most affected by extreme weather events, Morti notes that the "horrors" of such occurrences are reported in mundane terms and continue to be deemed part and parcel of India's tropical otherness (2015, p. 168).

A plague island, perhaps, in these ways, the UK is. As ever, words matter – and matter because they are not just words. While scornful, the *NYT*'s epithet for the UK is also sonorous. It carries a range of allusions and begs questions about origins and whereabouts.

As intimated, one obvious allusion is to tropical environments and regions that have been defined by pestilence and excess, and have served as vital 'live' laboratories of medical and scientific research and testing (and with some experiments going far beyond the ethical pale) in the West's imperial quest to conquer disease scourges (Tilley, 2016). Another is to diseases of yore (from bubonic plague and smallpox, and

cholera and tuberculosis, to the Spanish flu of 1918) that have been closer to Western experience and were part and parcel of medieval and early modern European life (Snowden, 2019). The latter demonstrate that the history of epidemic disease is not dominated by the theme of tropicity.

Daniel Defoe's harrowing quasi-fictional account of the visitation of the Black Death upon London in 1665-66, which killed around a quarter of the city's population, in his 1722 *A Journal of the Plague Year* has stolen the limelight in the UK's Covid-year, just as Albert Camus's 1947 novel *La Peste*, set in colonial Algeria and serving as a metaphor for the Holocaust, has in France. Both have done so mainly for their verisimilitude. "This was a very terrible and melancholy thing to see, and, as it was, a sight which I cou'd not but look on from morning to night; for there was nothing else of moment to be seen", Defoe (1772, pp. 11-13) wrote, with frightening familiarity for today. "The face of London..., I say, was much altered; sorrow and sadness sat upon every face." A locked down readership formed a macabre attraction to these and other works of Western plague and catastrophe literature, from Shelley's *The Last Man* to Atwood's *MaddAddam* trilogy. And having been rejected by publishers in 2005 for being too far-fetched, Scottish crime writer Peter May's thriller *Lockdown*, with his sleuth investigating how a pharmaceutical giant unleashed an influenza pandemic on London in order to vanquish it with its own vaccine, was rushed into print in April 2020 with the missive that reality is stranger than fiction, and fuelling conspiracy theories about UK scientists and politicians being in lock-step over the pursuit of 'herd immunity' against Covid-19 (which would have involved, by their own admission, a projected 250,000+ UK deaths), and Donald Trump's no less baleful racialisation of Covid-19 as "the Chinese virus" (see Liu, 2020).

An implication of Delaney's piece, and many others like it, however, is that this 'exhaustion' and 'end' of times came from outside normal experience and routine planning. While 'plague' is by no means coterminous with 'the tropics', this experience of being ill-equipped and unprotected chimes with the history of tropicity and is worthy of investigation.

It chimes, in one powerful sense, with the post-Enlightenment romantic-aesthetic encounter with the tropics and Western wonder at the sublime majesty of nature (Driver, 2004; Bowd & Clayton, 2019, pp. 87-98). But for Césaire, and also from a Caribbean perspective for Fernando Ortiz (1940), this wondrous encounter soon lapsed into an alienating, imprisoning, and ultimately self-defeating impulse to separate culture from nature and keep marvel and majesty on the outside, so to speak. Such misadventure flowed, not least, from the nineteenth-century representation of tropical Africa as 'the white man's grave' (a zone that tested the ill-equipped European body and mind to the point of derangement), and it continues in representations of

Africa as “the infectious continent” (Laino, 2003). “While outbreaks of new, exotic infectious diseases – as well as the resurgence of old killers – have surfaced all over the globe in the past decade”, journalist Charlene Laino (2003) observes in a *NBC News* blog,

no continent has been harder hit than Africa. But with international travellers flying viruses across time zones in a matter of hours, experts have no doubt that the emergence of menacing microbes in one locale could bring about a worldwide pandemic. Are infectious diseases the new Armageddon? Africa’s tropical climate makes it a hot zone in the most literal sense. The continent is, to put it simply, a breeding ground for emerging pathogens. Add to that environmental changes – such as global warming and the destruction of the rain forests – rapid population growth and haphazard development, and the scene is set for microbes to thrive, international experts have warned.

In some ways, however, all of this now seems so yesterday. For as some of the above implies, and we shall now see more fully, Covid-19 and climate change are shifting the geopolitics of infectious diseases. A calculus of disease risk and climate peril that until quite recently had been externalised is being pinged back to the West and internalised in jarring ways.

‘How strange!’ Césaire’s *Choc en Retour*

It is easy enough, in general terms, to identify the interlocking *choc en retour* of climate change and Covid-19 (the tenor of this internalisation). As Dipesh Chakrabarty (2020), for example, summarises (and it is worth quoting him at length):

The pandemic is indeed connected to the period in global history that Earth system scientists and their collaborators have designated ‘The Great Acceleration’ — c.1950 to now. But it surely caught humanity by surprise, unlike, say, the deadly typhoons, landslides, or firestorms that we have now come to expect from everything we know about the deleterious effects of anthropogenic global warming. Yet, the moment the World Health Organization (WHO) declared COVID-19 to be a pandemic, United Nations (UN) officials in their section on Environment immediately drew a connection between deforestation, destruction of wildlife habitat, growing human affluence, and the pandemic. Some of them even went so far as to describe the pandemic as nature’s “warning” to humans. They pointed out—and others have too—that in the last twenty or so years, seventy-five per

cent of the new infectious diseases for humans have been of the zoonotic kind, i.e. they originated when a virus or bacteria jumped species, moving from wild animals to humans. This movement of viruses and bacteria from animal or bird bodies to humans has been hastened by the destruction of wildlife habitat, thanks to the increasing pace of deforestation due to mining, logging, road building, conversion of forests to farmland, expansion of human habitations, illegal trade in wildlife products, and so on.

This boomerang effect is an extension of colonial avarice, Chakrabarty continues, and with environmental disasters induced by colonial policies and latter-day modernisation schemes particularly intense in tropical regions (see Ross, 2017).

There is mounting evidence that habitat destruction, biodiversity loss, deforestation, rampant agricultural commodification, and wildlife trafficking, all of which have been identified as important drivers and expressions of Covid-19 and climate change, are pronounced in the tropical world (e.g. Bloomfield et. al., 2000). Furthermore, Covid restrictions on human mobility, markets and trade are exacerbating food insecurity and fostering opportunistic environmental exploitation in some parts of the tropics.

Synthesising a mass of climate and disease data and modelling, MacDonald (2020, p. 2011) adds that “Anthropogenic climate change will disproportionately affect equatorial regions and closely adjacent areas”, which he defines as “the Fateful Ellipse”, and with their “vulnerability...exacerbated by a lack of capital for adaptive measures against the impacts of climate change.” He avoids the expression ‘tropical regions’ because of its colonial (‘white man’s grave’) connotations, and stresses how, in ensuing decades, “health risks” from a number of “temperate” as well as “tropical” infectious diseases may increase (MacDonald, 2020, p. 2014).

When it comes to the question of whether “our destruction of nature [is] responsible for Covid-19”, John Vidal (2020) implores, with clipped circuitry, that we are at the “tip of a fasting-melting iceberg.” Western attention to, and condemnation of, the way “deadly diseases new to humans” are “emerging from biodiversity ‘hotspots’ such as tropical rainforests and bushmeat markets in African and Asian cities” has grown quickly since the start of 2020 (Vidal, 2020; Mouamfon & Tagne, 2020). In the case of Covid-19, a suspicious finger was soon pointed at Wuhan’s ‘wet market’ (Huanan Wholesale Seafood Market), its sale of the exotic pangolin, native to tropical Asia, and longer and wider trades in “wildlife delicacies” linking mainland China to both adjacent and distant tropical ecosystems (Liu, 2020). Covid-19 has thus been ‘hotspotted’ to realms of tropicality, although also in this case to illicit trades that have flourished in the wake of China’s market liberalisation of the 1980s.

While the reach and grip of the virus is fundamentally microbial, writers such as Liu (2020) point to its entanglement with what Césaire saw as ‘daily barbarisms’ of capitalist-colonialist violence (also Swatuk et. al., 2020). Césaire argued that the *choc en retour* of colonisation was rooted not simply in grand spectacles of imperial power, but also, and in many respects more fully, in myriad everyday acts, routines, circuits, banalities, insinuations and exonerations of power and ideology, and acquiescence to them – to create a continuum power and a corrupting of normality that both makes, and is made by, *la quotidienneté des barbaries*. Daily barbarisms, he continued, have a circulatory logic as well as an oppositional shape and they were integral to how, in his day, the supreme barbarism of Nazism and the Holocaust came about. He deployed this expression to flag an everyday chipping away at the association of normality with civility – a chipping away, and of letting the rot set in, that would eventually, and with an unforeseen yet unsurprising bang, expose the lie of this association and reveal how it was routinely and discreetly (or always already) liable to be translated into more sinister things, into uncivility in the name of progress (6 January 2021 on Capitol Hill is a day upon which to remember this lie). For him, this chipping away took place in disparate ways and places, and with words and referents that were attuned to capitalist regimens of boom and bust, and accumulation and inequality, as well as colonialist and fascist regimens and fantasies of mastery and subservience, divide and rule, and annexation and elimination.

Among other things, Césaire was thinking about taken for granted, and putatively ineluctable, racial-capitalist processes of production, consumption, distribution and exchange. As the 2018 Yearbook of the data-driven Trase (Transparency for Sustainable Economies) platform surmises, since the 1960s (i.e. since decolonisation and since Césaire wrote) there has been a fourfold increase in the volume of agricultural commodities exported from tropical countries: beef and timber, and especially so-called ‘flex crops’ such as soy, palm oil, sugar cane, and maize, which are “prized in the global economy for their versatility” (to be used as food, animal feed, biofuel, and for myriad other commercial purposes) (Trase 2018). There has been a dramatic expansion in and intensification of commercial farming, crushing biodiversity and stripping ecosystems and their antibiotic stores. Profit-fixated and planet-plundering capitalist connections are disguised within global supply chains, the traffic in commercial staples, and a boom in illegal trade, all of which ramp up environmental rift. No wonder Liu (2020) urges that “the best safeguard against the novel coronavirus is the ability to voluntarily withdraw oneself from capitalism.”

Césaire’s *choc en retour* revolves around a double surprise of resistance-acquiescence and shock-vigilance. He arrived at this view via the following route. Decolonisation was the central political question and existential venture of his day,

and one that in recent decades has swung fully back into view. For Césaire, decolonisation was integral to the question of what it means to be human: more specifically, to how unfreedom is rooted in human prejudice, disdain and cruelty, and has been actualised through racism, slavery, and the loss of place and identity to the coloniser. This was what needed to be said about and against empire, he urged. And yet whenever and wherever the colonised set themselves up in this way, *en face de la colonisation*, with words and deeds emitting a spirit of resistance and thirst for independence, it came as a shock (both a surprise and an affront) to the coloniser, who, in turn, responded with the refrain ‘it is not in our nature to be that bad’, and certainly never as wicked as Hitler.

Colonisation “dehumanizes even the most civilized man”, Césaire declared. Even the most “reasonable man [*sic*] gets into the habit of seeing the other man as an animal, accustoms himself to treating him like an animal, and tends objectively to transform himself into an animal” (Césaire 2000, p. 20, 41). Moreover, one always needed to watch out for this accustoming because its effects ran deep. Vigilance is needed with respect to how fluidities and exchanges – and, with them, resistance and new possibilities – get sealed back up in boxes of climate and race, temperate and tropical, citizen and subject, capital and commodity, and what Mbembe today sees as a global colonial present that is “undeniably one of separation, hate movements, hostility, and above all, struggle against an enemy” (2019, p. 23).

For Césaire, Western presumption and protectiveness around its ‘temperate’ nature was betrayed by the way the ‘tropics’ served as its other. This, for him, was at once a capacious scandal and an open secret that the West had always sought – but struggled to hide – because it exposed the primordial and beastly hand of bigotry and wanton violence in its affairs. Accordingly, he argued that decolonisation needed to be construed as an incessant struggle because the visceral (animal and instinctive) malaise and injury wrought by colonisation ran deep, and since high-minded Western aficionados of liberty and objectivity continued to domineer and distort understanding as empire wound down. Racism, especially, was at once an obstinate post-independence reality and a symptom of a deeper circuitry of power and people’s acquiescence to it. Written in the wake of the Nuremberg trials, as well as at the tail end of empire, Césaire’s comparison of colonialism and Nazism via *la quotidienneté des barbaries* was, as Gary Wilder notes, a way of saying that “Europeans were less concerned with crimes against *man* [*sic*] than with crimes against *white* men”, and that in long tolerating colonialism such ‘concerned’ people had been “accomplices” of Nazism (the supreme barbarism) before they had become its “victims” (2015, p. 128).

Césaire was grappling with a continuum of power which is still regimented in daily acts of consumption and environmental destruction to which people the world over are

habituated but from which they struggle *en masse* to withdraw. The profits of some, the subsistence and very survival of many, and aspirations of all, are caught up in practices that today not only have profit- and subsistence-busting consequences, but also threaten life on earth itself. Césaire sought to expose how the imperial West was a smooth operator in this regard and sold its operation to others. “Wherever there are colonizers and colonized face to face”, he wrote, “I see force, brutality, cruelty, sadism, conflict”, but also “and, in a parody of education, the hasty manufacture of a few thousand subordinate functionaries, ‘boys’, artisans, office clerks, and interpreters necessary for the smooth operation of business” (Césaire, 2000, p. 42).

That the effects of such education and operations – the rudiments of ‘business as usual’ in climate change language and models – on earth systems, and in the form of new zoonotic diseases, are represented as a shock and continue to be externalised and disavowed as antithetical to ‘the usual’ would not have surprised Césaire. He was mindful of what Stuart Hall (1996, p. 249) would later describe as “the over-determining effect of the colonial moment, the ‘work’ which its binaries were [are] constantly required to do to re-present the proliferation of cultural difference and forms of life” in hierarchical “the West and ‘the rest’” terms. For Césaire, this over-determining work was rooted in race and the way it leached into geography and environment; and it called for constant vigilance with regard to how the sources and sway of malaise were disguised within a modernity that defined itself as expository, enlightening, progressive and transformative.

Tropicality both exposes and disguises this chipping away, and two glimpses, hewn from Césaire’s time, of how this happens will hopefully suffice to make the point. On the one hand, Britain’s wartime leader Winston Churchill (and hero of the UK’s hapless current Prime Minister), opened his famous 1946 speech in Zurich about the need for common European resolve (and perhaps even integration – the shock!) following the colossal “tragedy” that had befallen the continent, with the hope that order and happiness might return through the recognition that “this noble continent, comprising on the whole the fairest and the most cultivated regions of the earth; enjoying a temperate and equable climate, is the home of all the great parent races of the western world” (CS, 1946). Churchill offered a temperate *volte face* to the misery and destruction of war, while deflecting the issue of how and why Europe’s ‘temperate’ edifice had been punctured so profoundly by ‘uncultivated’ passions and hostilities.

On the other hand, Césaire’s *tropicalité* involves a jouissance of difference as well as crushing alienation. It is partly about the potential for radical renewal of the self. He pursued this vision in the wartime literary review, *Tropiques* (1941-1945), which he launched with his wife Suzanne Roussi, and René Menil, in his native Martinique and under the prying eyes of Vichy censors. The magazine brought Césaire’s broader

project of *négritude* to the French Antilles and, to be sure, toyed with exoticism and primitivism. But Césaire maintained that it was insurrectional: a way of questioning how Vichy France had woven images of tropical grandeur and excess into its patriarchal imagining of a 'greater France' and fascist *Volks*.

However, Césaire was under no illusion then – and nor would he have been now – about the manipulative means and ends of tropicality. In a notable 1945 contribution to *Tropiques* entitled "La Jungle", Pierre Mabille, a confidante of surrealist André Breton, anticipated elements of what was soon to come in *Discours sur le colonialisme* declaring that "tropical paradises suppose the existence of prisons", and that people faced an opposition and choice between

the jungle where life explodes everywhere, free and dangerous, the most luxuriant vegetation being full of all kinds of mixtures, transmutations and trances, and that other sinister jungle where a Führer, perched on a pedestal, watches...the departure of mechanised cohorts that are ready, after having destroyed all other living things, to annihilate themselves in the rigorous parallel lines of endless cemeteries. (Mabille in Césaire & Roussi, 1978, p. 187)

For Césaire this 'sinister jungle' was a disparaged, self-imprisoning and fatal world.

Moreover, behind the Nazis were legions of putatively more temperate (rational, objective) experts and scholars – legions of 'daily barbarists', if you will. Césaire picked (among others) the French doyen of the field of tropical geography, Pierre Gourou, to make this point (see Boyd & Clayton, 2019, pp. 1-35). He contended that the "subjective good faith" of liberal Western academics like Gourou was "entirely irrelevant to the objective social implications of the evil work they perform as watchdogs of colonialism" (Césaire, 2000, p. 34). Gourou was right, Césaire acknowledged, to mount a sustained critique of environmental determinism (which was a *bête noire* of his discipline of geography). However, Césaire objected to the prejudice masquerading as objectivity in this geographer's deterministic judgement that great civilisations had only ever existed in temperate climates, and that while temperate civilisations had influenced (for good and ill) tropical ones, the reverse did not hold. Consequently, Césaire lambasted that "if tropical countries are not under the biological curse of the racists, there at least hangs over them [for Gourou], and with the same consequences, a no less effective geographical curse" (Césaire 2000, p. 34).

To end this section and start to bring this discussion back to the UK and today, Césaire's *choc en retour* is about both surprise and delay, and climate change and

Covid-19 loom in this way too, as both instantaneous/acute crises and protracted eventualities/menaces. There is a vexed futurism to what a group of leading environmental scientists (Bradshaw et. al., 2021) describe as the “time delays between ecological deterioration and socio-economic penalties”: vexed in that while “the window of opportunity” for doing something about rapidly deteriorating planetary conditions may be closing fast, these time delays encourage hesitancy and fracture resolve to act right now and at the scale required.

Covid-19 was perhaps a zoonotic disease disaster waiting to happen, and it now comes with a 28-day warning. Twenty-eight days is the ‘life span’ of the virus from a biopolitical point of view: the time between infection and death as it is determined and recorded on death certificates in the UK and other countries – “Deaths within 28 days of positive Covid-19 test by date of death” (PHE, 2020). This time delay also regiments political decision-making and public perception. It is what is suspended between infections (as detected by testing, tracing and population surveillance mechanisms); decision-making and behaviour change in response to surges and declines in infection rates (chiefly via the tightening and loosening of lockdown restrictions); hospitalisations (and the capacity of health systems to cope with them); and deaths (in 2-4% of recorded cases globally).

This Covid-19 time frame stalks governments around the world. It lies at the heart of the issue of whether they have been deemed to act (lock down) fast and hard enough when the evidence warranted it; how they have sought to both save lives and preserve livelihoods when these two aims pull in opposite directions; and whether they are ‘seen to be following the science’ (which is driven by epidemiological modelling around an arcane scientific term, the ‘R [reproduction] rate’, which has swiftly accrued ominous existential relevance).

La Quotidienneté des Barbaries of Climate and Disease

Times have changed but as some of the above suggests the implications of Césaire’s *choc en retour* perhaps have not. In fact, his boomerang effect can be tracked out of the year, 1950, in which *Discours sur le colonialisme* was published. This year is noteworthy for three reasons – the first two climate related, the other disease related. First, it was the initial year in which the storms of the Atlantic hurricane season were named, by the US military (a taming of storms from a temperate clime), and with the strongest storm of that year, Hurricane Dog (early September) battering Césaire’s Martinique (and eventually causing havoc in Scotland, from where I am writing this article). Second, and as Chakrabarty intimates, 1950 is often used as a baseline for the ‘great acceleration’ in environmental and human indicators associated with what has become called the Anthropocene. And third, 1950 (and spilling into 1951) was

also the year of the last major influenza epidemic (A/H1N1) to hit the UK (and North America), although with deaths not nearing those of either the 1918 flu pandemic or Covid-19 (Hagan et. al., 2012; Viboud et. al., 2006).

The *choc en retour* of Covid-19 and climate change works in perceptual (cultural, political) as well as material (economic, ecological, biological) spheres, and I shall now probe them further in two strokes, the first climate-oriented and the second disease-oriented (although with overlaps between them), and again with the UK as my main example. But before I start, a general point might usefully be glossed.

The media (print and now televisual and digital media) has played an overarching and decisive role in framing how disease ‘outbreaks’, weather extremes, environmental calamities, regimens of risk, and expressions such as ‘global warming’ and ‘climate change’ have been presented to the public. Hence my extensive use of news media, and science and political journalism and blogging, as forms of storying. As Katherine Foss (2020) shows in *Constructing the Outbreak: Epidemics in Media and Collective Memory*, disease ‘outbreaks’ are visceral and deeply personal yet not fully knowable or liveable outside of the stories, statistics, news spectacles and languages used to convey and categorise their meaning and impact. This realm of representation plugs people, politicians, scientists, and public memory into webs of identity, allusion, duty and accountability.

As Foss also suggests, and the UK’s august medical periodical, *The Lancet*, relayed as Covid-19 began to appear in the country, “Outbreaks create fear, and fear is a key ingredient for racism and xenophobia to thrive. The coronavirus disease 2019 (COVID-19) pandemic has uncovered social and political fractures within communities, with racialised and discriminatory responses to fear, disproportionately affecting marginalised groups” (Devakumar et. al., 2020). Jack Zhou (2016) adds that there are also divisive (class-based and racialised) “javelins” as well as “boomerangs” in public communication over climate change. Within both disease and climate reporting, the word ‘normal’ is mediatised as at once a placeholder and a projection, and the way ‘normality’ is constructed and claimed is of great significance.

To return briefly to the conceptual spot where this article began, Arnold’s presumed normality of the northern temperate zone – the cornerstone of tropicality – is about who gets to decide on what counts as a ‘normal’ (and right and true) nature, climate and life, and who and what does not. This ‘who’ enacts an elsewhere and other by dissimulating, however impossibly or unsuccessfully, the process by which it arrogates normality to itself. In turn, this somewhere/something else is enveloped as it is performed as an outside, and often with fear and loathing of the exotic and the foreigner at the forefront of signification. To refer to Homi Bhabha’s (1994, p. 3) still

timely formulation about “how newness enters the world” and “normality” captures it, the adjective and adverb ‘new’ in ‘new normal’ does more to mask and disavow than it does to acknowledge or negotiate “the ‘right’ to signify [otherness, newness, aberration or hybridity] from the periphery of authorized power and privilege” – including peripheries of climate and disease. The “power of tradition” – i.e. normality – is “re-inscribed through the conditions of contingency and contradictoriness that attend upon the lives of those who are ‘in the minority’” – including those placed there by virtue of leading ‘anomalous’ lives in ‘extraneous’ disease or climate circumstances.

In the Tracks of Extreme Weather

“As we progress through the peak of the 2020 cyclone season”, *The Lancet* reports, it is important to note not just that “evidence continues to mount that climate change is making tropical systems stronger...wetter...and slower forward moving when they come onshore”, but also that “the COVID-19 threat will intersect with the growing risk from extreme storms, spurred by global environmental climate change”. As “climate change modifies the behaviour of tropical cyclones”, the report continues, “human health is imperilled for storm-impacted communities”, and with “more injurious and traumatising storm hazards...having disproportionate effects on the most vulnerable.” Relief workers will be in “double danger.” The Gulf of Mexico and southern states of the US, along with Japan, South Korea and Taiwan, are destined to bear much of this brunt, and while most countries in the world now have storm alert and protection systems, this “compound-threat scenario” presents a new “threat level” (Shultz et. al., 2020, pp. 506-508).

The authors of this report are based chiefly in Florida and the implication is that the stakes get higher, and there is more to lose, the closer these super-charged storms move towards ‘temperate’ lands and their industrialised economies, urbanised landscapes and dense infrastructures. Meanwhile, other scientific reporting in this risk-threat vein is vehement in its criticism of the way such ‘evidence’ is presented as if it is uncoupled from underlying drivers, or anthropogenic ‘daily barbarisms’, of fossil capital, capitalist creative destruction, and the coloniality of an expendable nature (e.g. Collett et. al., 2017; Malm, 2020).

In other words, extreme weather threats, and the ‘risk maps’ into which they are plugged, are both real and imagined. Global knowledge of climate change “has distinctive geographies”, Martin Mahoney and Mike Hulme (2018, p. 395) reflect, and ones “shaped by histories of exploration and colonialism, by diverse epistemic and material cultures of knowledge-making, and by the often messy processes of linking scientific knowledge to decision-making within different polities.” The naming of tropical hurricanes, started in 1950, helped to domesticate the threat they posed via

procedures of scientific forecasting and financial (property, insurance, investment) planning, albeit with the names still granting each one an individual shock value.

It might be averred, in a wider sense, that the relationship between climate change and extreme weather swirls around two ‘tyrannies’. On the one hand, there is what David Livingstone (2012, p. 91) terms the “tyranny of the mean”, with what is regarded as ‘normal’ or ‘abnormal’ about the weather articulated in a language of averages, parameters and trends over shorter and longer periods of time. This “tyranny”, he continues, has “conspired to keep hidden climate as it is actually experienced by individual people in specific places”, which is often in terms of dramatic events rather than patterns or tendencies (also see Spicer, 2016). On the other hand, there is the tyranny of dogma and alarmism around climate change, which, as Rupert Darwell (2017) seeks to show, links different green and grimy “tyrannies” – ones of industrialisation, consumerism, energy exploration, and different forms of environmentalism and conservationism.

Over the last few decades, the UK’s national weather service, the Meteorological Office (Met Office, est. 1854), has been placed ever more firmly in the public spotlight as an authoritative source of information and medium of communication. The Met Office has been particularly forceful recently in attempting to dissolve the distinction between extreme weather, which has a folkloric status in the British psyche (the British love to talk about the weather!), and the idea of “climate change” as an outside threat. The latter is collapsing in on the former, the Met Office (2018) notifies, in that climate change is making extreme weather both more extreme and more regular. The one can no longer be separated from the other, and it has been through Met Office reporting that the newspaper media has latched on to the expressions “tropical days” and “tropical nights” to describe the UK weather (McGrath, 2018).

Since the start of the millennium another of these tyrannies has surely been the resurgence of environmental determinism in the public imagination and policy domains (see Meyers & Guss, 2017). For example, in a 2001 article entitled “Tropical Underdevelopment” prominent United Nations adviser Jeffrey Sachs resurrects the idea that “Perhaps the strongest empirical relationship in the wealth and poverty of nations is the one between ecological zones and per capita income. Economies in tropical ecozones are nearly everywhere poor, while those in temperate ecozones are generally rich.” The roots of tropical backwardness and underdevelopment, he continues, as if such language was still permitted, lay in “the combination of physical ecology and societal dynamics”, and it is to the science, technology, investment and governance of the temperate north, he goes on, that the tropics will need to look for salvation (Sachs, 2001, p. 2-5). In a recent *Scientific American* op-ed, climate scientist Simon Donner (2020) reports, bluntly, that “When you perform a Google Image search

for ‘victims of climate change,’ the faces you see are those of Black and brown people in the tropics”, and with images of “small reef islands in the Pacific Ocean, arid landscapes in East Africa and flooded villages in South Asia” abounding. The “ugly history of climate determinism” to which such imagery pertains “is still alive”, he urges, and is rooted in “our implicit biases about people living in different regions of the world”.

Gourou (1963, p. 10) lamented the traction of such views and his observation, from the early 1960s, still holds up: “Is it not interesting to recall the views of Montesquieu, for do they not live in us, and still readily come to life, as they lived in him? Have we come to a more correct observation than that in the time of Montesquieu [mid eighteenth-century], that the people of the north are taller, calmer, more hardworking, more honest, more enterprising, more trustworthy, more interesting than people from the south?” Since Gourou wrote, more hospitable and non-reductionist environmental discourses and fields (of environmental economics, political ecology, conservation, and so on) have arisen. Over the last sixty years, however, a more simplistic and malevolent language of environmental determinism has also persisted.

“Extreme weather events and off-kilter weather patterns are causing more humanitarian crises and fuelling civil wars”, Christian Parenti sets out to show in his *Tropic of Chaos*, especially “in that violent and impoverished swath of terrain around the mid-latitudes of the planet” (2011, p. 9). He uses ‘tropic’ as a locational metaphor for breakdown and threat, and to flag a “catastrophic convergence...[of] political, economic and environmental disasters” associated with “a belt of economically and politically battered post-colonial states...[where] we find clustered most of the failed and semi-failed states of the developing world” (Parenti, 2011, pp. 6, 9-11). Cold War militarism, unfettered corporate plunder, neo-liberal restructuring, and ‘banana wars’ (guerrilla insurgencies) have all played a part in the creation of this ‘tropic of chaos’ – a corruption-, disease- and famine-ridden zone – he thinks; but regardless, the association of ‘tropic’ and ‘tropics’ is tight, and for Parenti, as for Sachs, the onus is placed on the ‘temperate’ West to sort out the chaos. While providing a dramatic picture of the concatenation of factors afflicting ‘the tropics’ – and disclosing what Sachs (2018) sees as the close links between “climatic shocks and extreme social instability” – Parenti rehearses a powerfully disparaging and pessimistic narrative, and his ‘tropic of chaos’ is one of Western angst.

If much of this seems like a strained, even desperate, attempt to somehow keep a ‘tropic of chaos’ on the outside, it is because the idea of neatly separated temperate and tropical zones – of a normalised tropicality – is becoming increasingly scrambled. What were once deemed ‘normal’ attributes of tropical nature and constitutive of its alterity – constant heat and moisture in some areas, pronounced wet and dry seasons in others, and intense weather events and vulnerability to storms, floods, droughts,

and wildfires – now permeate the temperate north. A tropicality that is fraught with an “ugly history of climate determinism”, as Donner (above) puts it, is now overlaid, and in some ways overwhelmed, by a more universal sense of climate vulnerability and victimhood. The implications of this recognition are dire, to say the least: humanity is rapidly running out of the time it may need to tackle a “ghastly future” for the biosphere and life on earth; “the mainstream is having difficulty grasping the magnitude of...the existential threats tied to the continuous expansion of the human enterprise” (Bradshaw et. al., 2021).

Mahoney (2016, p. 14) suggests that climate change “has arguably shifted discourses of tropicality from themes of colonial encounter to speculation about tropical invasion”. In the Anthropocene, human populations around the world are “jointly engaged in the ongoing composition of a common, climate-changed world” in which an older geographical imagination of “tropical nastiness” is supplanted by “mobile climates” – climates through which volatility and viciousness migrate, circulate, and are lodged in places hitherto deemed to be shielded from them. The locational markers of a ‘tropic of chaos’ are becoming more irresolute. Different temperate and tropical actors, constituencies and entities – states, cities, farmers, fire services, forests, river basins, coastlines, crop and irrigation systems – are now enveloped by processes that were once represented as specific to the tropics and as merely parroted in temperate lands, in botanical gardens and at world exhibitions, for example. A group of climate scientists led by Paul Staten and Jian Lu (2018, p.768) have synthesised an array of observational data to “reveal a poleward expansion of the tropics in recent decades, implying a potential role of human activity...; the tropics are found to have widened about 0.5% of latitude per decade since 1979.”

In short, climate change, and other processes dubbed ‘extreme’ or ‘widening’ in their effects (disease, populism, terrorism), are working to fracture the hoax that danger, difficulty and despair simply dwell elsewhere. “We are all climate refugees now”, Sachs (2018) declares. But to what ends will such ideas be put? Césaire would say that vigilance is required.

Disease Wars and Sites/Sleights of Memory

In *Sites of Memory, Sites of Mourning*, Jay Winter (1995) explores the sensitive and highly personal issue of how people dealt emotionally with the scale of death and trauma wrought by the Great War, and in most cases without having an opportunity to ‘say goodbye’ to loved ones, neighbours and friends who were felled by guns, germs, gas and steel in distant trenches, and from which bodily remains were never returned. The stark visiting restrictions around Covid-19 hospital wards and funerals have resurrected this trauma of being ‘unable to properly say goodbye’ and of the

inadequacy of established (modern/state) ways of mourning for dealing with the scale, speed and disbelief of loss. While the Great War and Covid-19 might both be studied as supreme cruelties that are connected to myriad daily barbarisms, the 'unpreparedness' that is a marker of loss in both cases also flags limits and losses of memory, and perhaps more so in the case of Covid-19. Winter shows that while people struggled with loss after the Great War, there were still patchworks of tradition regarding death upon which they could fall back – much more so than today – and people then lived in closer proximity to death (in terms of life expectancy and the spectre of disease).

1950 was the last time the UK was hit by a flu epidemic on a scale approaching that of Covid-19 (although the polio threat of this era was of longer-lasting significance), and this 1950 flu was arguably more easily abated and with much looser restrictions than those of today because people and places then were less mobile and interconnected. Behavioral scientists think that the UK public and Government is at something of a loss to know how to cope with Covid-19 because a disease and death threat of this magnitude is no longer part of collective memory (see Hall & Ross, 2020). In recent decades the UK has had public health 'scares' with HIV/AIDS, 'Mad Cow Disease,' and 'Bird flu', but they have worked in a different biopolitical register than Covid-19. In spite of being deemed ominous public health problems, and instilling utter dread (especially HIV/AIDS), the political gambit, to which the public was soon acquiesced, was that these infectious inroads into the general population came chiefly from specific practices and sectors of the population (HIV/AIDS was initially and speciously dubbed a 'gay plague') and that, with requisite psychological and behavioural *cordons sanitaire* and 'de-risking' behaviour, could be contained within them. De-risking from the airborne Covid-19, and for which asymptomatic transmission is key, is a formidable challenge, largely because everything about daily life – work, home, consumption, leisure, travel – is susceptible to it.

And it shows: in the UK annual deaths from HIV/AIDS peaked at around 2000 in the mid-1990s, compared with 1500+ deaths per day from Covid-19 (Euronews, 2020). December 2020 was the start of a 'second wave' of Covid-19 in the UK, and one far more lethal than the first, with over 40,000 in hospital with the virus at its February 2021 peak, and currently with a total of over 125,000 deaths, although vaccines now bring a new and hopefully decisive "weapon" in the "war" against Covid-19, as the country's tackling of the virus has been described (PHE, 2021).

Césaire censured the political short-termism and blasé consumerism of the imperial West, and how it turned a blind eye to the injurious long-term effects of its routine human and environmental exploitation – barbarisms. It might be argued that much of the perceptual shock and unpreparedness surrounding Covid-19 stems from this

blindness. Over time it has made Western governments and populations increasingly ill-equipped to cope with anything that disrupts their mobile and finely-tuned lifestyles. The moment at which Césaire pointed to this – again, 1950 – is instructive, especially in the UK case. Imagery of Covid-19 as ‘the end of a way of life’ comes with allusions to something prior and now putatively lost: to estrangement from national fortitude, resilience and stoicism in the face of adversity. In the UK, ‘the war’ (as World War II is often simply described), and an associated Blitz – ‘we just got on with it’ – spirit, is invoked in the present Covid context as the last time the country was truly put to the test, but the over 80s are the only group left with any direct connection to this time and disposition (Jones 2020).

Georgina Endfield (2019, pp. 2-5) applies a similar sentiment of loss to the weather. “Climate knowledge, experience, and memory are all necessarily situated”, she argues, and have hierarchical and contested histories and geographies that have “contributed to comprehensions of place-specific cultures, local identities, and changing articulations of place”. Yet as places lose their local “weather heritage” due to a combination of meteorological science (weather forecasting and Livingstone’s ‘tyranny of the mean’), human mobility, and artifices of modern life (central heating, air conditioning, architectural design, and so on) the question of how such heritage might today “serve society and communities at a time of uncertain weather futures” becomes elusive.

In *Plagues and Peoples*, William McNeill (1976) observes that epidemic disease ‘does not discriminate’ (another mantra we hear today), and that responses to it have been shaped in the image of the societies it afflicts. He had in mind the epidemics of smallpox, measles and influenza that decimated the indigenous populations of the Americas within the first one-hundred years of Columbus’s 1492 landfall. If there is a maxim about plagues, he suggests, it is that they have a disproportionate impact on the disadvantaged and vulnerable segments of societies. Such, it is now clearly documented, is the case with Covid-19. As the UK’s top epidemiologist, Neil Ferguson (cited in McKie, 2021), whose modelling of the virus was pivotal to the timing of the country’s first lockdown, reflects:

What is paradoxical is the fact that the UK has punched well above its weight...in understanding the virus – yet we have the worst per capita mortality from Covid-19 in the developed world.... The poor have been worst affected in multiple ways. They have the lowest job security and have the least ability to work from home. They tend to work in frontline professions where they are more exposed to the virus. They also tend to have poorer health and have more co-morbidities so that they get more severe reactions to Covid and suffer higher mortality rates.

In short, the virus preys on inequality. Mortality rates are more than two times higher than the national average in deprived areas of the UK, and these areas are also, generally, the most densely populated and polluted parts of the country, and ones with significant BAME (Black, Asian, Minority Ethnic demographic category) populations (see e.g. Dorling, 2020). In these and other ways, the UK Government's retort that "we are all in this together" – another facet of the 'Blitz spirit' noted above – does little to soften the loss and sorrow that has befallen families and communities. In fact, it only serves to highlight the crucial qualifier offered by Ed Conway (2020), that "some of us are in this more than others".

Within all of this, old habits of tropicity not only die hard but have also long been entangled with militarism. NHS staff (as well as American and other European health workers) are commonly referred to as "frontline workers", with the military connotations of the expression barely noticed (Poole, 2020). During the first wave of the pandemic in the UK, government ministers were drilled to tour the TV news studios with the message that "we are in a war against an invisible enemy" and one "in which every one of us is directly enlisted" (see Shariatmadari, 2020). This is part of the economy of surprise, and as Mbembe (2020b) updates Césaire's outlook: "Not knowing what is to come [with the virus] is what makes states all over the world resurrect the old terminology utilized in war".

In the UK (albeit not just there) war metaphors and allusions have been used to deflect the amateurism and incompetence of the government's response to the virus (although the devolved Scottish Government's efforts have arguably been more efficacious). Ineptitude marked this response from the outset, when the Prime Minister Boris Johnson loitered on holiday on the private tropical island of Mustique as the virus took hold of the country; and it ensued with a £22 billion test-and-trace scheme that he declared was "world beating" but, it now seems, has done little to reduce coronavirus infection levels (Syal, 2021). Philosopher Jean-Luc Nancy (2020) thinks that a "sort of viral exception – biological, computer-scientific, cultural – which is pandemic" is at work, with "governments...nothing more than grim executioners"; and so "taking it out on them seems more like a diversionary maneuver than a political reflection." However, Nancy's remark does not detract from the need to think about the metaphors and allusions by which politicians live.

The use of military tropes is mediated by a mindset of both vulnerability and protection: one that does not pertain solely to the UK, but of which Brexit, in the British case, is a prime symptom. The UK is an imagined island country that emits the idea that it is protected from excesses of climate and ravages of disease, while leading the battle to study and conquer them. "The U.K. is a *world leader* in preparing for and managing

disease outbreaks”, the UK’s (now shell-shocked) Health Secretary, Matt Hancock, sought to reassure the nation in March 2020, and he continued, the UK Government has a “battle plan” (2020b). In France, too, militarism quickly became a form of political messaging (Opillard et. al., 2020). There was a brief switch in language in the UK when Johnson returned to public life after being hospitalised with (and nearly killed by) the virus in April 2020. He came back with the more personalised message that the country was now “tackling an unexpected and invisible mugger”. Covid-19 had broken into the body politic and was trying to run off with its chattels. But the martial metaphors soon crept back in, and with Johnson using increasingly odd references to war films to justify subsequent restrictions (York, 2020).

There is of course a much longer and wider militarisation of disease and medicalisation of war, upon which there is insufficient space to dwell here. Suffice it that environmental economist Edward Barbier (2020) is by no means the only observer to turn matters on their head and ask: “are tropical ecosystems the new frontline” in the “war” against Covid-19 (also see Rainforest Alliance 2020)? Such performances have been folded into Johnson’s ‘war’, and as scholars linked to the Brookings Institute (Belin et al., 2020) suggest, the “war” against Covid-19 is putting “politics under anaesthesia”, especially in the UK, France and the US.

Remarkably little has been made of how this war and enemy is steeped in what I have called the “militant tropicality” of jungle warfare that imbued the post-war era of decolonisation (Clayton, 2013). The British in Malaya, French in Indochina, and Americans in Vietnam (to name just the most conspicuous of these ‘militant’ domains) found themselves fighting ‘irregular wars’ against invisible enemies and with no clear military frontlines – a far cry from fighting in the ‘temperate’ battlefields of Europe – and facing guerrillas who extracted maximum strategic advantage from the tropical environments in which they operated (also see, e.g., Jericho, 2005). The American private telemedicine practice *Sliip* (2020) alludes to this, observing

we have recognized guerrillas – the Viet Cong, the Tamil Tigers, and recently, the Taliban – frustrate and humiliate larger forces by discretely invading territories, co-opting locals and being seemingly resistant to traditional warfare offensives. Equally, our public health institutes, gleaming hospital buildings, expensive diagnostic machines, a legion of administrators and medical personnel have been humbled (and humiliated) by this virus. Our fragmented healthcare industry is now united by a microscopic organism, as competing systems share laboratory testing and treatment protocols while hospital leadership cross battle lines to share guarded patient census and drug availability information.

On the other hand, Thuy Dinh (2020) informs the American public that “what the coronavirus and the Vietnam War share” are “home-schooling, distancing, fearing for your life... Sheltering in place during the Tet Offensive prepared me to cope with the coronavirus today.”

The anonymity – invisibility, irregularity and capriciousness – of contagion and calamity, and, again, especially the asymptomatic nature of Covid-19 transmission, at once confounds the use of war metaphors to comprehend what is happening, and re-ignites recognition of what WHO figureheads Máire Connolly and David Heymann (2002) neatly describe as the long-lived ways in which wars and infectious diseases have been “deadly comrades”, both inside and outside the tropics.

Covid-19 is not the only threat or crisis to be shrouded in this language of war. Prime Minister Johnson has applied war metaphors to domestic politics and the UK Brexit negotiations too. As Lea Ypi (2019) observed on the eve of the pandemic: “The theory of war in international relations is premised on recognising the symmetry between belligerent parties whilst registering the responsibilities of all sides. War is what nations resort to when they have run out of ways to negotiate.” But the metaphorical mobilisation of war in politics conspires to turn “political adversaries into enemy targets”, and the insinuation today that there is some negotiation to be had with a super-charged earth system and rampaging virus only serves to deflect understanding of how these eventualities work.

A year on, and yes, the UK Government’s ‘battle plan’ has had some traction: there are effective vaccines which are being rapidly rolled out. Yet still, commentators now carp that vaccination itself “should be treated as if it were a war” (to be administered with military precision), and articulation of this facet of the ‘war against an invisible enemy’ is now supplemented by talk of “vaccine wars” between countries and regions (between the UK and European Union, for example) (BBC, 2021; Otte, 2021). Nor, to round this off, has the immediacy of the Covid-19 crisis in the UK caught up with creeping awareness over preceding years that, as the country’s most widely read tabloid, *The Daily Mail* (2012), helpfully put it, “The tropics are moving northwards and the bad news for Britain is it means MORE rain for US” (heatwaves and storms are mentioned too).

Plagued by *Tropicalité*

This article has sought to track the intertwining of ‘temperate’ and ‘tropical’ in the trajectories and tragedies of Covid-19 and climate change – calamities that are placing the present in a storm of trepidation with neither eye nor end. It has sought to do so,

principally, with an interest in how climate and disease perils that have hitherto been earmarked as 'tropical' are permeating the 'temperate north' – areas that have deemed themselves to be closeted from weather extremes and the ravages of epidemic (especially zoonotic) disease. This story has been pursued chiefly (although not exclusively) with reference to the UK, as one such 'temperate' place whose myopia, amnesia and vulnerability in this regard is currently exposed.

The attempt here to get at something of tropicality's temperate 'inside' as it rasps for a tropical 'outside' provides just one route into Covid-19 and climate change. Nor, I should reiterate, have I been talking about, or for, either the entire population of the UK or a more nebulous temperate West. Rather, I have been concerned with the collocation – and in the case of the UK, intensity – of both recurring and startling notions and metaphors in politics, science, and the media. The theme of tropicality facilitates understanding, I think, of how Covid-19 and climate change have been represented as 'shocks' to the UK and other 'temperate' places that have customarily regarded themselves as immune to the exactions and traumas associated with such problems. 'Temperate' places like the UK now struggle to signify themselves in this way while continuing to do so, out of habit, or perhaps (to follow Jean-Luc Nancy) as a survival reflex (and with the political capital this might entail still obscure). The fright and distress now wrought by the virus and climatic calamity on the metropole might be deemed the *choc en retour* of centuries of colonising and tropicalising – a boomerang effect of the exactions and traumas, and allure and abjection, that have long been made to adhere to 'the tropics'.

The war reflex discussed above is one sign of this crisis of signification and boomerang effect. It is, of course, the job of 'frontline' health workers to occupy the body line between immunity and contagion (as well as that of the soldier to put her/his body on the line between life and death for nation, and formerly empire). As Christine Chinkin and Madeleine Rees (2020) note, in these ways and more, militarism is "a default position" in the language of politics that pre-dates Covid-19. However, over the last year, they point out, militaristic soundbites have been ramped up. These soundbites create an allusion of 'being in this together' when 'we' really are not, and of nudging us to "get behind our 'fearless' leaders (male) who hold power and not to seek answers to our questions [about their decisions and incompetence] until we have 'beaten' this enemy."

Btihaj Ajana (2021) adds that "immunity is precisely what bridges...biological life and political life in the current [Covid-19] climate, be it in terms of the contentious notion of herd immunity, the geopolitical struggle for vaccines, or the possible emergence of a 'Covid-elite', i.e. holders of so-called 'immunity passports'." Immunity is "certainly not

only a matter of science and biology alone, but is inherently political in the way that pandemics themselves are often highly politicised.”

One of the aims of this article has been to reflect on the ways and extent to which an interest in tropicality facilitates understanding of how this politicisation works. I argue that Césaire’s ideas of *choc en retour* (boomerang effect) and *la quotidienneté des barbaries* (daily barbarisms) are propitious in this regard. These two ideas invest tropicality’s oppositions with an analytics of circulation: they point to how temperate/tropical oppositions are made by practices that connect their opposing parts and expose their hierarchical ordering. More specifically, these ideas help to reveal and challenge the ‘temperate north’s’ dangerous and fateful acquiescence to a politics of comfort and security that bears the footprint of the marketplace, and that tries but fails to disguise its projection of threats and instability on to exotic frontiers. Césaire used the term *tropicalité* figuratively as well as literally in this respect, to flag how this acquiescence has long hinged on the plunder of tropical lands and resources as well as on a mindset of exception. The upshot of the latter today – its boomerang effect – is the unfurling of intemperance within the ‘temperate’ West (also see Césaire, 2017).

Malcolm Gladwell (2005) brings this to a harrowing conclusion. While “we assume that biological survival is contingent on the strength of our civilizational values”, and with “the lesson taken from the two world wars and the nuclear age...[that] we would survive as a species only if we learned to get along and resolve our disputes peacefully”, the fact now looms “that we can be law-abiding and peace-loving and tolerant and inventive and committed to freedom and true to our own values and still behave in ways that are biologically suicidal.” Indeed, the consequences of all this chipping away and rot for life on earth may now be beyond human comprehension and humanity’s ability to abate. However, such a view can too readily become defeatist and push existence and survival away from what Césaire thought was so crucial: recognition that the human condition is defined by struggle and becomes political through the way struggles are given value and form, and struggles that do not necessarily separate humans from, or pit them against, nature or other humans.

Mbembe (2019, p. 27) has recently extended Césaire’s line of thought, arguing that modern democracies operate and survive by concealing the founding violence within them and attributing cruelty and chaos to “third places, to nonplaces, of which the plantation, the colony, or, today, the camp and the prison, are emblematic figures.” There is a “primordial and founding void” at the heart of how “democratic order” sees itself, for it establishes and continues to live by “a law that originates in nonlaw”. The “mythological logics” by which modern liberal democracies have sought to immunise themselves from contamination and condemnation, and forestalled the need to see

themselves as susceptible to danger and admit that they are generators of it, are “doubled” (at once hidden and propelled), he insists, through the distinction between a “democratic order” and an antithetical “colonial world” where violence and impunity reign.

But the problem today, he continues, is that this ‘order’ is not immune from this ‘world’, in some of the same ways in which ‘the temperate’ is no longer protected from ‘the tropical’. While temperate and tropical have not fully imploded as categories, signifiers, or even realities, their coordinates (‘the tropics as we knew them’) are shifting and might now be deemed moving markers of how ‘interiors’ and ‘exteriors’, and ‘normalities’ and ‘abnormalities,’ of comfort, distress, exposure, safety, security and vulnerability are imagined and excoriated. Temperate and tropical belong to a more general story about how ‘we’ face up to issues of blame, responsibility, indemnity, protection, exemption, victimhood, recognition, mutuality and cooperation.

But this is a fluid moment. Will Covid-19 become anything more than just a reminder of Mbembe’s (2019, p. 29) doubling, and with the “bare question” of who lives and who dies, which is “latent on the interior” of democracies, once more both answered with abandon on the outside and actualised covertly, and with its own forms of intemperance, on the inside? Or will the global intimacy of Covid-19 and the planetary paralysis presaged by climate change give this dire time, and these questions of immunity and isolation, fewer places to hide, and fewer ways of getting put back into boxes of ‘us’ and ‘them,’ ‘here’ and ‘there,’ and ‘normal’ and ‘pathological’?

Of course, neither tropicality nor Césaire tell us everything about the *choc en retour* of Covid-19 and climate change. But they say something. Tropicality, as it is transacted through these intertwined shockwaves, perhaps provides ways of both diagnosing and looking past a time and geography of privilege, isolationism, division and denial, and of seeing and nurturing one of mutual sufferings and shared vigilances. We may well be ‘at war’ with Covid-19 and climate change (Malm, 2020), but this time also surely calls for love, support, care and respect.

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Beyond Exotic Wet Markets: COVID-19 Ecologies in the Global Meat-Processing Industry in Brazil

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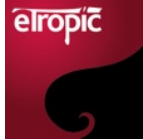
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Abstract

In this article we argue that the overvaluation of exotic narratives about wild animal consumption and wet markets conceals how the global agribusiness establishes unhealthy ecologies. Increasing infection rates from the new coronavirus registered among meat industry workers, their families, and the community, resulted in the suspension of several establishments in this sector in Brazil. If the meat processing industry cannot be considered entirely safe, why are risks to health, morality, and civility often represented by the unregulated practices of wet markets considered exotic? This paper shows that the global meat processing industry weaves a myriad of intimate encounters between humans, animals, highly toxic chemicals, organic waste, and precarious work relationships. They are unhealthy ecologies where coexistence, infection, risk, and death are always involved. We suggest a multispecies approach to analyse and respond to the COVID-19 pandemic; instead of the exaltation of contagion and the boundaries of contention, there needs to be an effort to establish integrated policies for the health and joint care of humans, animals, and environments.

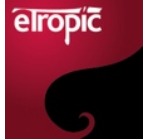
Keywords: COVID-19, Global Meat-Processing Industry, Unhealthy Ecologies, Brazil, Multispecies Approach, Wet Markets



The relationship between meat consumption and the COVID-19 pandemic has written many stories. In this anthropological work, we will cross two of them. The first has to do with trying to explain the origin story of the new coronavirus arising from a bowl of bat soup in China. The second talks about illness in the production lines of meat-processing plants in southern Brazil. Focusing on this second story, our goal is to show how the overvaluation of exotic narratives about wild animal consumption obscures how the quotidian practices of capitalist global agribusiness shape harmful local relationships between humans, animals, and environments.

Firstly, we will show how narratives about the consumption of exotic meat in wet markets reinforce the Euro-American binary imaginary of nature's externality and opposition to society. It is this imaginary that underpins the idea that an unknown virus can suddenly emerge to threaten the social order. Secondly, we will put this type of narrative under tension by showing that favourable conditions for the emergence of new viruses that could instigate a pandemic occur amid the most mundane practices of daily life, such as those of the meat processing industry. In our analysis global agribusiness is a contemporary example of a complex machine of social and environmental destruction closely associated with situations that favour catastrophes like the one we have been experiencing with COVID-19. In particular, in Brazil, the industry modernises historical forms of predatory exploitation that characterised the Global North's actions in the colonisation of the tropics. Our criticism is that the strict international health protocols followed by this type of industry act to divert attention from countless related problems such as dangerous production lines, the precarious and exploitative work of humans and animals, and environmental destruction. We argue that biosecurity technologies do much more to protect global corporations than to promote the health of local human and animal populations and environments.

A pandemic is more than just a virus; it is a multispecies event. It involves humans, institutions, artefacts, and technologies, as well as animals, microorganisms, and environments. It also involves social injustices, precarious work, and environmental degradation in what Bruno Latour called "a profound mutation in our relationship with the world" (2020, p. 24). Following Kirksey and Helmreich (2010), the challenge assumed here is to make anthropology more sensitive to emerging modes of coexistence. The key is to allow animals, plants, insects, soils, and microbes to appear together with humans in the composition of the social. Including, in this case, animals, viruses, humans and the environment as social players with readable biographies and



as political protagonists involved in health and disease processes.¹ Thus, we conclude the article by suggesting that instead of extolling contagion and the boundaries of contention between species, what we need are policies to integrate the care of humans, animals, and environments as a way of responding to critical events, such as the current COVID-19 pandemic.

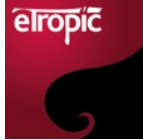
Performing Exotic Enemies

In January 2020, when the outbreak of an unknown pneumonia species began to spread rapidly from Wuhan city in central China, an origin story emerged. The infection would have started, according to the narrative, with consumption of the meat of some wild animal sold in the city's wet markets – seafood, snakes, civets, pangolins. Exotic animals are usually under suspicion of allowing a new virus to “jump out of nature to humans” (spillover). Speculations gained many versions, but it was the image of “bat soup” that captured the world's imagination as the source of the pandemic.²

The “bat soup” origin synthesises a kind of narrative that has become increasingly common in the universe of biosecurity policies. Its plot insists on relating “exotic” (from the point of view of Global North countries) eating habits with the beginning of a new infection among humans. Stories like this had already been told in earlier epidemic episodes this century involving avian influenza, swine flu, and SARS (Keck, 2010, 2020; MacPhail, 2014; Mason, 2016; Porter, 2019; Segata, 2020). The idea is that certain non-human animals operate as natural reservoirs of pathogens such as viruses, bacteria, or protozoa. Through direct or indirect contact via bites, ingestion, fluid or waste exchanges, these pathogens can cross the species boundary and reach humans. Severe Acute Respiratory Syndrome (SARS-CoV-1), for example, which was responsible for about 800 deaths between 2002-2004 and at the time considered by the World Health Organization (WHO) to be the most severe infectious disease of the century with socioeconomic repercussions that paralysed the Asian continent, was initially characterised (like COVID-19) as a racially Chinese zoonosis transmitted from

¹ This work is part of the project “Covid-19 in Brazil: analysis and response to the social impacts of the pandemic among health professionals and the isolated population” of the Rede Covid-19 Humanidades MCTI, funded by the Ministry of Science, Technology and Innovations – MCTI (Convênio Ref.: 0464/20 FINEP/UFGRS). A Portuguese version of this work was previously published in *Tessituras - revista de antropologia e arqueologia*, vol. 8 (2), 2020.

² See, for instance, “Coronavírus pode ter sido transmitido...”, 2020. Traces of the virus were also found in sewage samples from several cities with dates before 2020 (Lodder & Husman, 2020). Also, there were speculations that the virus had a laboratory origin - a theory now predominantly refuted, as indicated by the study in the journal *Nature* (Andersen et al., 2020). See also “How did Coronavirus...” 2020.

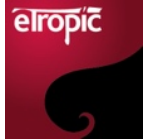


the consumption of some civet varieties, a so-called exotic animal which is found in the tropics and sold in wet markets.³

Processes involving contamination between humans and animals have complex ecologies and mechanics, but two explanatory trends stand out. The first, more classic, is that of *cybernetic-epidemiological reasoning*. It focuses on the different disease transmission stages between animals (*enzootic-epizooty*) and how this process progressed at population level until culminating in human infection (*zoonosis*). It is almost always used in situations where there is prior knowledge of the pathogen and its transmitters or vectors. Generally speaking, there are three different levels of circulation of a pathogen: it is found first among a given population of a specific animal species (*enzooty*); then, in the epizootic phase, it would begin to circulate and reproduce, generating events of more significant mortality (*kill-offs*); finally, in a “more linear than circular” way, the pathogen would reach humans, crossing the barrier between species and generating a zoonotic infection. Such is the case of cycles involving protozoa, sandflies, and dogs in the development of Leishmaniasis viruses, mosquitoes in Yellow Fever, or bacteria and rodents in Leptospirosis. This model was formative for explanatory theories and research methods on zoonoses.

The second explanation is called *emergence* (Keck & Lynteris, 2018; Keck, 2020). This model's emphasis becomes the moment when new pathogens move from animals to humans jumping between species – the *spillover*. It is a random and inconvenient encounter that involves viruses, animals, environments, and humans. It can cause a dangerous combination of relational events capable of generating, for example, a viral mutation. The previous idea of a cycle, now gives way to a chain of events since a single encounter between person and animal is enough for the “leap” to reach humans. This type of model allows speculating on the notion of “patient zero” and the contaminant, which is increasingly incorporated into media, technical and popular discourses, and which has shaped many of the explanations about the origin of COVID-19. One of the social consequences of this model is the overvaluation of the idea that a multispecies encounter could trigger an epidemic. And it also sets the scene for a single species to be identified and converted into a “human enemy”. It is in this human-animal interface that global health dynamics are reconfigured, since the

³ Public opinion often accuses the civet of transmitting disease, but there is little debate about its use as a labor force to “produce” a variety of rare coffee, Kopi Luwak, extracted from its feces. In order to serve “Western refined flavor markets,” these animals are forced to eat large quantities of coffee beans. According to Mason (2016, p. 46), civets were eventually “absolved” of their guilt in transmitting the virus since Chinese health authorities conjured that “humans would have infected small carnivores and not the other way around.”



possibility of pandemic emergence starts to mark every interaction between people and animals – such as in the recent case of minks.⁴

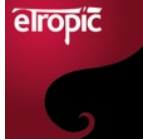
The narrative of Wuhan's wet markets as the epicenter of the zoonotic leap of Sars-CoV-2 follows the line of this *emergence* model. However, based on the work of anthropologist Alex Nading (2013), we argue that such an approach can contribute to a certain obscuration of how the interface between humans and animals works, and how multispecies contact and intimacy with non-human materialities (bacteria, fungi, and other microscopic life forms) builds the right environments for these diseases to evolve. Accordingly, it is necessary to think about more fluid and interactive borders between humans and animals, and not barriers and jumps (Nading, 2013). Nading suggests the idea of *entanglement* – where thinking with humans, animals, and pathogenic microorganisms collectively builds landscapes of coexistence where health and disease are just some of the relationships involved. Thinking through COVID-19 challenges essentialist conceptions regarding contagion at both a theoretical-discursive-epidemiological level and at the level of the materiality of viruses, which, the novel coronavirus shows, thrive on discontinuities and contradictions – or grey and fluid zones – between humans, animals and environments (that they together build and live in).

Intentional Invisibility of the Common Enemy

The other narrative involving the pandemic and meat consumption seems less appealing than the explanatory sensibilities of the virus's origin (story). Nevertheless, the worsening spread of novel coronavirus within the global large-scale meat processing agribusiness, especially meat-packing companies and slaughterhouses, also tells a story. Unlike the exotic characterisations with which Chinese wet markets are usually described, these “modern spaces”, obedient to strict sanitary protocols, quietly operate in the transformation of animals raised in a regime of confinement into various “essential protein” commodities (aka meat).⁵

⁴ During the process of reviewing this article, a new “enemy of humans” emerged in Northern Europe. Minks, the animals that in the haute couture industry become “mink coats” have been accused of transmitting the new coronavirus. The slaughter of 17 million of them started in November 2020. See more in “Dinamarca sacrificará milhões de doninhas...”, 2020.

⁵ We refer here to animals raised in the modern industrial production regime. The modern form, as Perrota (2016) argues, is one that “deals with the productive structure institutionalized and regulated by the State, in addition to corresponding, in modern and industrial societies, to the model responsible for most of the production of this food product” (Perrota, 2016, p.73).



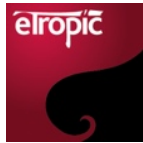
Recently, production plants from this giant industry have been associated with numerous outbreaks of COVID-19 contamination in countries like the United States, Germany, and Brazil.⁶ The high rates of infection recorded in this type of industry among workers, their families and communities, resulted in the suspension of several establishments in the sector. In the southern Brazil State of Rio Grande do Sul, where we have developed our study, there were 5,804 confirmed cases of COVID-19 among workers in the slaughterhouse sector in the first six months of the pandemic between March and September, 2020.

By May 11, 2020, five state slaughterhouses had been partially or totally closed. On this date, the state government in conjunction with the Ministry of Agriculture, created a task force to investigate the situation of these industries. The task force was in charge of regularising the situation of establishments “in extreme situations”; that is, with activities suspended by court order due to outbreaks of the virus among employees. In Passo Fundo, a city in the north of Rio Grande do Sul, the industry shutdown for 15 days, generating, in mid-May, a protest organised by employees and outsourced workers for the industry’s reopening. According to an interview conducted by local radio, workers emphasised that all preventive safety measures required by the Public Ministry of Labor (MPT) had been put in place, and they feared for their jobs. According to one interviewee, more than nine thousand families depend directly or indirectly on the activities of the city’s slaughterhouse (LOBO, 2020). At the time of the mobilisation, nineteen meat processing plants were closed in Rio Grande do Sul (and another six in the neighboring state of Santa Catarina). Rio Grande do Sul had almost 500 confirmed cases of the disease among workers in the sector. In addition, more than thirty civil inquiries and three public actions have been initiated in court alleging irregularities in these industries.⁷

At the Federal level, the mobilisation around meat processing and slaughtering industries concerning COVID-19 began to occur as early as the end of March 2020, shortly after the first most publicly recognised impacts of the pandemic in the country, and the beginning of attempts to establish social distancing and isolation. On March 31, the Public Ministry of Labor (MPT) issued a joint note with guidelines to industries, prescribing the immediate adoption of a series of measures (Brasil, 2020a). Among the main ones, we highlight those related to social distancing and social isolation (from

⁶ In the USA, meat-packing companies and slaughterhouses were considered local centers for transmitting the virus and called “the weakest link in the food chain”. See, for example, “The food chain’s...” (2020). In Germany, more than 1000 confirmed cases of COVID-19 had been reported from a single slaughterhouse at Germany’s largest meat-processing plant. See “Coronavirus...”, 2020. In Brazil, the states of Santa Catarina and Rio Grande do Sul gained prominence due to the huge number of cases of COVID-19 among slaughterhouse workers. See, “Por que os frigoríficos...”, 2020.

⁷ See also “Segundo MPT...”, 2020 and “Com casos de coronavírus...”, 2020.

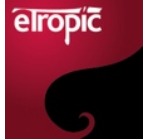


the minimum distance of 1.8m between each employee, to suspensions of work contracts, flexible working hours, removal of employees belonging to risk groups, work from home office, and dismissals). The other recommendations involved the sanitisation of environments, the use of PPE (personal protective equipment), masks, ventilation of spaces, and supporting the cost of tests for workers suspected of having the virus. The note also recognised meat processing plants as conducive to the transmission of the coronavirus, both because of the virus's characteristics and because of the environmental working conditions (Brazil 2020b).

However, the fast publication of Brazil's ministry of labor joint note failed to prevent a series of meat-packing companies and slaughterhouses from becoming epicentres of the disease over the following months. In June 2020, the number of meat industry workers testing positive for the new coronavirus reached 32% of cases in Rio Grande do Sul – $\frac{1}{3}$ of the infected population in the State at that time – suggesting that work with meat accounted for a large share of the internalisation of the disease in the state. On the 3rd of that month, the bulletin relating to *Epidemiological Week 22*, organised by the *State Health Surveillance Center* of RS - CEVS (2020), included in their classification of outbreaks the nature of the establishment of the occurrence. Three different categories were added, with "Category 1" dedicated specifically to Industries intended to manufacture food products (dairy and refrigerated products) and the other two categories reserved for companies in general and long-term institutions such as nursing homes and penitentiaries. In previous bulletins, discrimination as to the industry sector of origin of the novel coronavirus outbreak was restricted to "companies" and "closed institutions".⁸

In addition to the risks associated with COVID-19, as explained in the ministry of labor joint note, the slaughterhouse work environment was also identified as responsible for several other types of threats to its workers' health. The slaughter or meat industry in the country concentrates high levels of accidents, intoxications, chronic infectious/parasitic diseases, and higher rates of interpersonal violence and alcoholism. Among the most frequent diseases of these workers (in relation to those in other sectors) are cancers of the airways and lungs, infections such as tuberculosis,

⁸ In addition to creating a specific category for slaughterhouses and dairy products in order to map outbreaks, another political movement called attention to the positioning of meat industry as an "essential service". This category, which defines which services should continue fully or partially during the pandemic, announced by both then President Donald Trump and the Ministry of Agriculture, Livestock and Supply of Brazil (MAPA) (Brasil, 2020a), added another element to the field of disputes that constitutes the present moment. In the executive order, the then President even mentioned that the meat production chain (beef, pork, and poultry) constitutes the United States' critical infrastructure and that the necessary mitigation measures have dramatically affected that infrastructure. See "Executive order...", 2020.



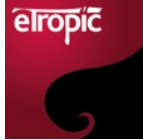
diarrhea, gastroenteritis and septicemias, in addition to cuts, lacerations, amputations, and repetitive strain injuries (Brasil, 2020c).

The meat industry is part of what is most widely described as agribusiness, and accounts for more than a quarter of Brazil's economy. In public opinion, this industry is commonly called "the locomotive of Brazil". This economic factor is expressed in the urgent call for agribusiness to continue "full steam ahead". However, in addition to economic reasoning, the category of meat processing as an "essential service" refers to older questions surrounding agribusiness in southern Brazil. They are constituted by a kind of identity bias (an imaginary that associates gaucho and barbecue) as well as a particular discourse on dietary regimes animated by evolutionary arguments. According to Sordi (2016), in his ethnographic research on the meat industry in the Rio Grande do Sul, a speaker at one of the International Meat Productive Chain Fair (FEICORTE) symposia stated: "we have evolved by eating meat". The speaker further promoted that "the brain has developed, and 70% of the brain is fat, we need fat [...] it was from the consumption of meat that man went through to dominate the food chain" (Sordi, 2016, p. 54).

In the context of the pandemic, this centrality of meat in the diet also appeared in the disapproval note prepared by Brazilian associations⁹ regarding the decision to ban production plants in the state's municipalities of Lajeado and Passo Fundo. In the note, it is suggested that the lack of meat on supermarket shelves could cause social chaos: "with the stoppage of food production, there is a risk of inflation and shortages. Closed units can mean the absence of products in supermarkets. Processes that promote a decrease in food supply may, in the future, lead to social chaos."¹⁰ This note resonates with Lapegna and Otero's (2016) criticism concerning transgenic (genetically modified) crops and the worldwide movement to increase the meat industry. According to their analysis, the promise of food democratisation in economically vulnerable countries is linked with the idea that with meat on the table life looks excellent and fair, despite the industry's long, unhealthy and precarious workloads. With this economic and cultural observance of meat, it is little wonder that even with the intense coronavirus transmissions recorded in meat-packing companies in several countries,

⁹ Among the associations that signed the note were the Brazilian Animal Protein Association (ABPA), the Gaúcha Poultry Association (ASGAV), the Union of Poultry Products Industries in the State of Rio Grande do Sul (SIPARGS), the Union of Poultry Industries Pork Products of the State of Rio Grande do Sul (SIPS) and the Association of Pigs Breeders of Rio Grande do Sul (ACSURS).

¹⁰ See "Nota de repúdio...", 2020.



pandemics such as this one from Sars-CoV-2, nevertheless do not raise speculation regarding an origin in the “leap” of a virus coming from intensive livestock production.¹¹

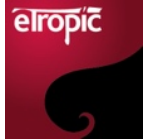
Finally, another consequence of COVID-19 in the meat industry – experienced mainly by the American reality but threatening Brazilian companies – would be that of the mass slaughter of animals due to the closure of slaughterhouses. In the United States since April 8 2020, some of the largest meat processing companies (Tyson Foods, JBS, Smithfield Foods, among others) have been temporarily closed. Farmers who normally sold their livestock to processing plants suddenly had to deal with overcrowding in confined spaces due to a lack of buyers. As a result, the emotions of countless animal protectionists were shaken in a perverse movement of trying to sensitize them to the need to kill animals so that they suffered less. Some zootechnical interventions were adopted to reduce the space that the animals occupied in order to avoid mass slaughter — among them, increasing the temperature of the pig barns to cause discomfort and disinterest in food, and changing the formula of the feed so that it was less appetizing. However, “it is a domino effect,” said one of the farmers interviewed by The New York Times in a May 14 report. With no better alternatives, the report stated, farmers had to look for ways to kill their animals: euthanasia, carbon dioxide channelled through ventilation, and gunfire. According to another farmer quoted in the report, “there are farmers who cannot finish their sentences when they talk about what they need to do. This will cause people to leave the farms. We will have suicides in rural America.”¹²

Biosecurity, Capitalism, and Intensive Farming Diseases

Stories with meat have even more to reveal. Food preferences in China go beyond exotic imaginaries of civets, pangolins, or bat soup. The country is one of the largest

¹¹ An exception may be an alternative attempt to trace the origins of Sars-CoV-2 from a causal relationship that researchers developed from universities in the United Kingdom and Brazil (Fiebrig et al., 2020). The paper suggests a threefold relationship between bats, industrial pigs and humans, that moves from the Chinese wet markets hypothesis and reaches industrial farms. In the argument, these humid and warm pig breeding environments would attract hungry bats, and the low immunity of pigs raised at large scale would be the facilitator for the first jump. The digestive system of pigs is similar to that of humans, as well as the biochemistry of its glycoproteins lining the throat, bronchi, lungs, and intestine. Since mucosal tissue is the primary “carrier” of the virus, the hypothesis is that its evolution, from pigs to humans, could have been less cunning and more facilitated than the hypotheses involving other animals - pangolins and seafood, for example (Fiebrig et al., 2020). According to explanatory models of the jump, it turns out that while the encounter between an infected animal and an unsuspecting human being can trigger a deadly pandemic, a series of other encounters is necessary for the transmission and persistence of the virus to allow its expansion. However, Fiebrig et al.'s (2020) article seems to be a story that only transfers the tired models of zoonotic explanations to other contexts. It would be interesting to further investigate the theses of the article with new research, which could help us to rethink the explanation of pandemics in other lands.

¹² See “Meat plants closures...”, 2020. Regarding care practices between producers and their animals, also check Law (2010).



importers of meat – chicken, pork, beef – produced in Brazil. The commercial volume is so robust that it represented more than a ¼ of beef production and more than half of the pork production in 2019.¹³ Despite the fact that large portions of China's meat is sourced from Brazil, because of the outbreak in Wuhan, Brazilian politicians felt at liberty to accuse China of the pandemic's origin. They demanded China take responsibility for COVID-19 and raised suspicions of a conspiracy.¹⁴ In the meantime, a few batches of chicken wings – imported to China from Brazil – were found to be infected with the coronavirus and became embroiled in xenophobic reactions and diplomatic malpractice, even as they revealed that there are more expansive toxic problems in these global meat markets. Amid disputes over the precise position of the virus – whether it was on the packaging or directly on the surface of the wings – the World Health Organization (WHO) published a note stating that the meat was safe for consumption. However, what the WHO did not comment on was the dizzying increase of COVID-19 contamination amongst workers in the meat sector, which added to the industry's already precarious and unhealthy conditions.¹⁵

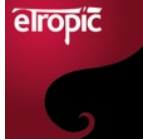
Much has also been written about the integration of markets into the global economy and the transport of goods, as well as international travel, airplanes, schools and hospitals, as areas of possible contagion par excellence (Segata & Mastrangelo, 2020). In a previous work, Bevilaqua (2013), for example, wrote about how species considered “invasive” participate in this transit between people and goods; nevertheless, the very definition of “invaders” almost always remains dependent on the intentional action of humans. Yet viruses – besides the image of indomitable entities and violators of the norm – depend on a series of conditions cultivated by the *relations between* laws, humans, transport, and environments. In Bevilaqua's words:

The analyses show that the growing variety of goods and means of transport increases the number of species transported and the routes for their transfer to new locations. While the more frequent movement of goods through a more significant number of countries increases the pace and

¹³ See “Exportação de carne bovina...”, 2020, and “Metade das exportações...”, 2020.

¹⁴ See, for example, the troubled relations between Brazil and China during the pandemic, beginning with the resumption of imports after what was supposed to be the end of the then Chinese epidemic of the new coronavirus, in March 2020: “China volta a importar carne do Brasil...” (2020), “Brasil dobra vendas...” (2020), and “China suspende importações...”, 2020. However, in addition to meat, moods between countries changed with accusations by Brazilian politicians that China was responsible for the pandemic, as in the following cases: “Eduardo Bolsonaro...” (2020), and “Celso de Mello abre inquérito...”, 2020.

¹⁵ “Authorities in Shenzhen, China, detect frozen chicken wings from a refrigerator at the Aurora de Santa Catarina company (the third-largest company in Brazil in processing pork and chicken). [...] ABPA (Brazilian Animal Protein Association) says that the contamination of the packaging may have occurred during transport/export, and insists that there is no evidence that meat can transmit the virus”. See “Frango brasileiro...” (2020) and “Frango...”, 2020.



variety of introductions, faster means of transport can multiply the chances of an organism surviving in transit (Bevilaqua, 2013, p. 111).¹⁶

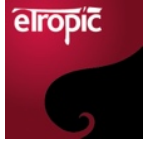
There is a long list of other places and circumstances understood to be relevant to the transmission of SARS-CoV-2 in the context of the 2020 pandemic: going to the supermarket, the races, using public transportation, restaurants and bars, and workspaces such as offices and industries. Although the circulation of the virus stretches the borders of nation-states in the dispute for accountability and in the agendas of containment strategies, its expansion is incorporated into already standardised and assured records of humans, objects, goods, and animal circulations. Therefore, the path of the virus also draws socio-political geographies. And thus it is necessary to put under tension the biosafety narrative as conceived from the Global North countries. Although it is said to be indiscriminate and that it affects all humans regardless of their race, gender, or socioeconomic situation, those most affected by the coronavirus disease are usually exposed to the various vulnerabilities and inequalities of the social fabric. The unhealthy landscapes of meat processing plants provide a sample of these places of exposure responsible for the worsening of the pandemic.

Thus, despite the frequent exoticism in which the origin of a virus is told, it is in the most ordinary everyday life that their stories of contamination are written. The meat processing industry is an example of this. It weaves a myriad of intimate encounters between humans, short-lived animals, low resistance to disease, highly toxic chemical and organic waste, and relationships of precarious work and shared suffering between humans and animals. Coexistence and contagion, disease affection and risk, life and death are regularly involved in these environments.¹⁷

In his recent work, anthropologist Alex Blanchette (2020) describes the unequal loads of Black and Latin bodies amid the American pork industry's precarious ecologies. He highlights the role of racial capitalism which drives migrants to excessive degrees of

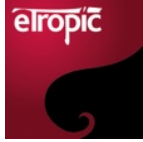
¹⁶ It is not the focus here, but there are evident links between the virus and the indomitable mushrooms of Anna Tsing (2015). Both transgress limits, circumvent systems, and question borders – above all, the control and the human imagination of the exception itself (Segata, 2020). Nevertheless, in the present work, we are more concerned with investigating how the virus's survival depends on a series of concrete – and, many times, already existing – articulations, which evidence the “ordinary” character of the epidemic despite its uniqueness, than with just philosophical consequences. See also Heather Paxson's (2008) notion of microbiopolitics and how Pasteurian policies that help sustain biosafety discourses try to impose vertical models of relationships between humans, animals, microorganisms, and environments, which facilitate the implementation of global infrastructures of food agribusiness.

¹⁷ In mind here we have the work of Haraway (2009) and how she repositioned the relationship between humans and animals in laboratories. In her argument, it is not a question of merely taking animals as objects of human exploitation. In addition to instrumental relationships, both humans and animals are exploited as labor force in research institutions and they share countless loads of suffering.



porous contact with potentially contaminating substances. These are silent processes that intersect and embody capitalism and the Anthropocene and their racial, class, and multispecies hierarchies. An example described in Blanchette's ethnography is illustrative. Ponds surrounding pig manure farms receive high loads of antibiotics and other substances not processed by the porcine digestive system. The intense sun of the United States' southern deserts causes the liquid part of this manure to evaporate, taking the residual chemical particles with it. With rainfall, they reach the human and other animal populations of these regions and settle directly into their bodies, crossing the skin's porous borders. The dry part of the manure turns into dust. It settles in the lungs of workers and neighbours of these corporations through their breathing. Blacks, Latin migrants, and pigs, are precarious workers exploited by agrifood capitalism. They share situations of intense exploitation and suffering. Humans need to deal with manure, offal, and production lines that involve very low temperatures and accidents with sharp objects. For their part, the pigs work for these corporations on full-time shifts – 24 hours a day, seven days a week. Pigs do not rest, they need to eat the processed feed intensively in order to produce muscle and fat in the shortest possible time to be recognised as “profitable work partners.”

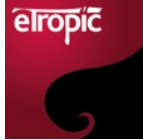
Similarly in Brazil, many of the COVID-19 contaminated meatpackers are young Black men, primary migrants from Venezuela and Haiti, and Indigenous people working in extremely precarious conditions (Granada et al., 2021). This situation invites us to draw parallels with colonialism and its long heritage of exploitation, particularly in the tropics. In this regard, Brazil has a colonial relation with the meat industry. The State of Rio Grande do Sul, for example, was a powerful international center of the beef jerky industry in the 19th century based on slave labor. White narratives repeatedly denied this history. Nevertheless, numerous works based on archival research have revealed evidence that slavery was one of the cruelest in Brazil, since the wounds on the bodies of slaves, resulting from constant punishment, were exposed to working conditions involving salt used to dry meat. The giant pieces of meat the men carried also intensified the precarious working conditions (Gutierrez, 2001; Koosby, 2021). Additionally, this meat labour history reveals environmental degradation related to untreated waste – rivers of blood and guts and clouds of rot and stench – and its association with other contaminations such as Plague (Schwartzmann, 2010). Contaminated rats travelled on trains that transported the cattle and the beef jerky between Brazil, Uruguay, and Argentina. In short, in both the past and the present, exploitation, precarious and racialised work, environmental degradation and pandemics seem to be intensely associated with the meat-processing industry.



In contemporary Brazil, swine landscapes and their smelly ecologies, with waste contaminated water and environmental degradation, have multiplied in recent decades. Small farmers from the interior have been converted into “rural entrepreneurs” who outsource animal production to large, networked corporations. The emergence of genetic engineering and international health protocols are facilitators of this extractivist and neoliberalist meat agribusiness (Segata, 2020a). The massive industry outlines uneven geographies but we are pacified by the promise of feeding the people, especially with meat, at low cost.

Biosecurity technologies endorse this scheme. They were designed, beginning in the 1970s, as laboratory protocols involved in the growing arena of genetic engineering. However, they have become increasingly robust political containment systems that define and distribute risks and vulnerabilities from almost always militarised imaginative performances. Data mining systems, geolocation software, and DNA technologies are part of the recent apparatus that makes it possible to identify the presence of an “invisible enemy” quickly – decipher its genome, map its transmission mechanics, and its circulation routes. It is an algorithmic and molecular surveillance system that echoes the technocratic fantasies of ubiquity and real-time (Caduff, 2015; Lakoff, 2017; Segata, 2020a; 2020b). These technologies are able to show the nature and performance of the viruses - their genetic structures and mutations – and model contamination and death scenarios based on this information. Nevertheless, by focusing on the viruses themselves, these technologies are not sensitive enough to capture the lack of water with which to wash hands in most of Brazil’s impoverished communities (Segata 2020c). They are also not calibrated to detect the crowded buses that the agroindustry charters to transport their workers in the interior of Rio Grande do Sul, nor to realise that the poor, Blacks, women, and Indigenous people are converted into “essential service” to maintain the so-called “new normal” of the elites and the white middle class. These are some of the countless materialities, practices, and discourses, that favor and enhance the performance of the virus. The virus is just one of the many components of the pandemic. And the complexity of the pandemic cannot be summed up by just by viruses.

The point is that an increasingly broad imaginary has shaped a global project to convert health into a security issue and into a single commodity in actuarial markets (Segata, 2020a). This change in biosafety scale and nature has often been brought about and justified by an elastic idea of globalisation. It is responsible for expanding the production and international trade of products of animal and vegetable origin, the circulation of people, and knowledge and techniques of microbiology. It is a scenario constructed from catastrophe speeches about terrorist cells infiltrating among

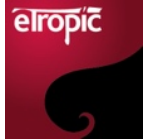


migrants and refugees, especially Blacks, the poor, Latin Americans, Arabs – or mutant superbugs resistant to antibiotics and deadly strains of a dormant virus that crosses oceans through someone who had a bowl of bat soup for dinner. Thus, different areas of interest, such as that of health and climate emergencies, food autonomy and terrorism, crossed paths in the sights of State actions for the surveillance and control of humans, animals, artefacts, and environments (Caduff, 2014; Segata, 2020a; 2020b). Biosecurity policies are emerging forms of governmentality that favour large corporations of agrifood capitalism and foreign policies of neoliberal states. Biosecurity erects ever more rigid borders between nations, cultures, and species; and in the voluntary lack of skills to develop a more inclusive multispecies politics, it creates spaces of war and separation, instead of encounters and sharing.

Conclusions and Contagions

As we have shown throughout this work, there is a chronic disproportion between humans and animals when we tell contagion stories. Zoonoses and vector diseases often suggest asymmetries based on the general idea that “nature and animals” are *foreign types* that threaten “human societies and lives”. The framework’s central axis still rests on large divisions – nature and culture, humans and animals, tormentor and victim, contaminant and contaminated. Based on these binary models zoonoses and vector diseases are usually treated as one directional – from animals to humans. And this in turn gives way to the emergence of biosafety beyond the limits of laboratory processes. Biosecurity becomes an increasingly robust form of containment policy, as if humans were always in the sights of an enemy and on the verge of an imminent war against other humans, animals, microorganisms, and environments. Yet these are environments that humans, animals and microorganism both produce and share (Segata, 2020). A multispecies ethnographic perspective – in this instance involving disease and health – has helped us to put under tension narratives that support the fantasy of human exception. Notions like entanglement have repositioned health and disease as complex interactive processes between humans, animals, microbes, and environments. Health and illness are not just a one-way victim-tormentor business. What comes on the scene are the always unexpected, situated, contingent, and never complete encounters – a co-production, a becoming (Nading, 2013; Keck & Lynteris, 2018). In short, a different policy of coexistence with its forms of engagement and belonging.

In terms of how the COVID-19 pandemic and meat consumption have written stories, multispecies ethnographies allow us to introduce reflections on ways of living and



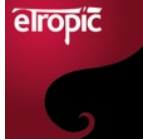
dying together. They help us to highlight the meat agroindustry and its situations of shared suffering between species, which continues to be stubbornly obliterated by exotic narratives. Thus, if meat-packing companies and slaughterhouses cannot be considered entirely safe for either their human workers or animals, it is evident that the overexposure of Chinese wet markets as being responsible for the emergence of the pandemic is only a way to divert attention from the responsibilities of the large scale meat industry. The evident precariousness of the presumed safety of food produced in industrial environments calls into question the narrative about the risks against health, morality, and civility represented by unregulated meat.¹⁸

Pandemics are critical events that devastate lives and projects. However, it is necessary to situate them. There are materialities, speeches, and particular practices that act on multiple vulnerabilities, risks, and forms of illness (Segata, 2020). The meat industry is just one of many manifestations of this profound catastrophe that crosses our lives with those of other species and environments. The current question is how to think about methods to deal with occupational health policy in a world of increasingly complex capitalist substances.

As Ailton Krenak (2020, p. 20) notes, everyone (in Brazil) well remembers “the campaign *agro is tech, agro is pop, agro is everything*. (So), this calamity that we are living on the planet today can present her account to agribusiness”. And this ‘account’ needs serious scrutiny. Since 2005 the World Health Organization (WHO) has been instructing us to use nomenclatures of viruses and infections encoded with letters and numbers without the geographical identifications which were previously embedded in the terms Spanish Flu, Nile Fever, or Zika virus. The argument is to mitigate stigmatisation and persecution of populations such as in the “Chinese virus” for the case of COVID-19. However, philogeographers, such as Rob Wallace (2020) – interested in understanding the geographical origin of certain virus strains – questions this measure. While recognising the stigmatising potential of geographically named viruses, the criticism of this practice suggests an attempt to disrupt epidemiological research to map the evolution and spread of pathogens in order to calm the moods of countries that benefit from large agribusiness corporations and that fund the WHO.

Geography cannot be reduced to a political-spatial demarcation. It involves studying the dynamics of occupation and appropriation of environments. There is robust

¹⁸ According to Perrota (2020), until the beginning of the pandemic, the meat industry still enjoyed an individual status as more sanitary, controlled, and safe than the Chinese wet markets. Wet markets like Wuhan, for example, are typically described as dirty and contaminating environments where people eat wild animals, raised or captured inappropriately or cruelly, supporting “some arguments that surround the public’s imagination and offer justifications for their rejection and persecution.” (Perrota, 2020, p. 2).



evidence of pathogens' exponential appearance in rapidly changing geographies, such as those housing emerging conurbations, monoculture crops, and animal farms in confinement. For Wallace (2020), the geographical identification of the origin of a virus and its infections would be a way to hold governments, states, and corporations responsible for the emergence of the virus accountable. In his words:

A more nuanced taxonomy is preferable. Once the factories that originated the last virulent outbreaks have been identified, we can name the new strains according to their corporate origins: the Bernard Matthews strain, the Charoen Pokphand virus, the Tyson cluster [all food industry conglomerates, especially meat-based]. Whatever the nomenclature, the reputation will be tarnished, not by intolerance or injustice, but by the infamy of governments and companies that have endeavored to put many millions of people in danger (Wallace, 2020, p. 57).

Catastrophes like pandemics are not only enacted with viruses. If there are enemies, capitalism is the truest of them – and it is not invisible. Like COVID-19, capitalism is also syndemic (a synergistic epidemic). The difference is that capitalism is a type of long death that enters the body and operates in the flesh, its industry that of suffering and chronic exploitation.¹⁹ The point is that we “have to stop developing and start to get involved” (Krenak, 2020, p. 24). Therefore, we must question more sharply the role of neoliberalism in the cultivation and intensive creation of diseases. The multispecies resistance to global capitalism must involve subsidies for the elaboration of coexistence policies and joint care for humans, animals, and environments.

¹⁹ Here we keep in mind the idea of “long illness”, explored by Fleischer (2018) regarding “disease chronicization” policies as well as Singer & Rylko-Bauer’s (2021) syndemics as a framework for analysing COVID-19.

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Making Sense of Pandemic COVID-19 and its Affect(abilities) in the Indian Context

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Abstract

This article seeks to reflect on pandemic COVID-19 and its diverse affect(abilities) in the context of India. After the outbreak of the novel coronavirus in India, the government resorted to a number of restrictive measures including quarantine, lockdown, self-isolation, and self-monitoring in order to contain the rapid spread of the new virus. This article argues that the pandemic has rendered “historical ruptures” to the world at large, and seeks to examine how it has affected the ‘usual’ ways of living of marginalised people in India, including how migrant labourers have had to strive to come to terms with the dreadful consequences of the pandemic. Furthermore, this article puts into focus how certain governmental measures are brought into effect to check the affect(abilities) of COVID-19. In order to elaborate on these affect(abilities) certain critical philosophical standpoints are drawn. In the opening section, bio-philosophical nuances of illness are expounded. These are followed, in the second section, by a discussion of neuroeconomical aspects of these affect(abilities). In the third section, theoretical notions of potentiality, singularity, and transpolitical becomings are examined through Continental philosophies. Finally, particularities of the Indian context are critically elucidated in the context of affect(abilities) of pandemic COVID-19.

Keywords: Deleuze and Guattari, bio-philosophy of illness, India, affect(abilities), rhizomatics, neuroeconomics, COVID-19 pandemic

Cartography of Illness: *(Bio)philosophising Potentialities*

My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking. (Sontag, 1978, p. 3)

In *Illness as Metaphor*, Susan Sontag rightly puts forward that illness cannot be reduced to a mere metaphor, for the rhetorical functionality of metaphor restrains one from understanding varied *nuances* of illness. Illness could at once be understood as *a multiplicity of disorder* and at times be regarded as an *intra-corporeal otherness* to healthiness. Now, one may pause and think: can illness be mapped onto-epistemologically? Does illness have *onticological* manifestation? Is illness a (trans)ductive signifier which gets developed by means of *individuation*? Is illness *plastic* in nature? These questions are raised not only to problematise the narrative of illness, but also to make readers think *though* and *beyond* illness as a *method* of critical investigation.

The notion of illness is certainly fluid in nature, for the functional operation of illness in a body is *rhizomatic*. In this regard, one may take recourse to *A Thousand Plateaus* to account for the functioning of a rhizome, in which Gilles Deleuze and Félix Guattari argue that rhizomatics refers to the systematic and processual development of a rhizome, and explain the aberrant movement of a phenomenon. According to them, rhizomatics has six principles including 'principles of connection and heterogeneity', 'principle of multiplicity', 'principle of asignifying rupture', and 'principles of cartography and decalcomania' (1987, pp. 7-12). It is true that illness matches characteristics of a rhizome, for it is after all a *multiplicity* and is connected to the healthiness of one's being.

When a body becomes diseased, it falls into illness and consequently loses causal connections between different body functionalities. It seems to be difficult for one to mark the point of origin of an illness. Although dissemination of illness is contingent upon *intra-corporeal* and *trans-corporeal* interactions, illness lies within a healthy body. Heterogeneous manifestations of illness often make it difficult for a physician to keep track of how an illness *transversally* goes across a body. At this point, it needs to be mentioned that ontology of an illness is external to itself and thus seems to be hard to configure. But it is undeniably true that some onto-epistemological strands could be developed to uncover varied nuances of illness.

A healthy body is always in contact with its surrounding environment and is conditioned by the interface between inward flows of environmental stimuli and outward flows of bodily responses. It can be argued that environmental stimuli in consonance with bodily *disorders* trigger illness into being. This contention can be critiqued on the ground that illness travels through genetic coding and decoding in successive generations, and is capable of affecting a *healthy* body in a given situation. In other words, illness can be (em)bodied in various ways and an (em)bodied illness develops through *ontical* alignment with healthiness and ontological negotiations with a host of bodily functionalities. Here, one may refer to “Theorizing Health and Illness: Functionalism, Subjectivity and Reflexivity” where Henderikus J. Stam persuasively argues in favour of the theorisation of illness in the following terms: “. . . [my] conception of theory is primarily governed by its reflexive properties or the claim that the researcher shares in a nontrivial way the practices of the community that he or she investigates, practices that are premised on shared linguistic and cultural customs” (2000, p. 274). Whereas Stam insists on the importance of reflexivity while examining illness, Shaun Gallagher emphasises “relational authenticity” while delving deep into the illness. Gallagher argues in “The Cure for Existential Inauthenticity”:

If humans are (ontologically and existentially) embodied and embedded (physically and socially), if this in fact describes their facticity and the way they are, and if being-with is not just hard wired, but entirely dependent on interaction with others, so that we understand self as relational or socially situated, it would be strange to suggest that the authentic life is nonrelational, or in any way non-intersubjective. (2018, p. 11)

This means that the “being” of illness has to be understood in terms of “being with”, for illness cannot be studied in isolation. Illness interacts both with inter-subjective factors including contagion, physical proximity, and so on, and intra-subjective factors featuring causal connectivity between bodily organs, supply of neuronal stimuli, cognitive responses, etc.

Nikolas Rose is an eminent neuro-politician who re-examines the “politics of life” in the “bio-tech century”. He pertinently observes that with the advancement of bio-technology across the world, clinical experimentations on “life” are in vigorous movement, and these result in manufacturing bio-technologically advanced “forms” of life through employing “vital politics”. Rose holds that: “the vital politics of our own century looks rather different. It is neither delimited by the poles of illness and health, nor focused on eliminating pathology to protect the destiny of the nation. Rather, it is concerned with our growing capacities to control, manage, engineer, reshape, and

modulate the very vital capacities of human beings as living creatures” (2007, p. 3). What is important to note here is that various mechanisms are devised to improve the capacities of human beings so that illness can be combated. In parallel, Rose speaks of “ethopolitics”, the connections between ethics and biological functions of a body. He explains the term ethnopolitics in reference “to attempts to shape the conduct of human beings by acting upon their sentiments, beliefs, and values—in short, by acting on ethics” (2007, p. 27). It is argued in this article that an understanding of ethopolitics is needed in order to deal with the illness-life interface in a better way. The exercises of ethical values impact biological functionality of bodily organs and thus are worthy of consideration.

Brad Evans is an important critical thinker who propounds the concept of “liberal terror” in the context of the post-9/11 scenario and argues that terror gets disseminated through advanced networks of connection and eventually turns out to be a “state of normality”. In other words, after the 9/11 terror strikes, people learned to live with “terror” as part of the everyday as it became one of the global ‘imaginaries of threat’. As Evans puts it: “Potentiality thus becomes synonymous with the ability to give rise to something new by intensively unleashing those forces which are present and yet to be actualized in every given situation” (2013, p. 85). Drawing on Evans’s critical insights, it is argued that human potentialities are worth bio-philosophising, for potentiality is constitutive of a combination of biological functionalities conditioned by one’s philosophical orientations. In other words, bio-philosophising potentialities entails rationalisation of illness’s *coexistence* with healthiness, *de-stratifying* operational codifications of potentiality in the domain of illness, and epistemic realignment of potentiality with (em)bodied illness.

Pandemic COVID-19’s Affect(abilities): *Neuroeconomical Reflections*

The COVID-19 pandemic began to impact the lives of Indian citizens from early March, 2020, which led the Indian Prime Minister, Narendra Modi, to roll out a nation-wide lockdown in order to interrupt the chain of virus transmission. Initially, it was assumed that those people who had travel histories and were returning to India from nations where COVID-19 had hit the hardest were considered the most “potent” threats to the unaffected people of India. Therefore, the Indian government had resorted to a number of measures to intercept travellers with obvious symptoms of COVID-19. These included the checking of body temperatures using thermal guns, putting symptomatic travellers in quarantine homes, and so on. On 24 March, 2020, the Indian Prime Minister announced that the country should go under complete lockdown for 21 days and rationalised this bold step by arguing that the imposition of lockdown would interrupt the chain of transmission, thereby restricting the spread of COVID-19 within certain zones. Later, more lockdowns were periodically brought into

effect in order to cease the spread of the coronavirus. Foreign travel bans were also imposed to stop Indian citizens from going abroad. Alongside these measures, the government had intended “unlocking phases” to bring the lives of Indian citizens back to normality. However, with the rapid transmission of COVID-19 in the country, the Indian people were introduced to new security measures, including: further lockdowns, physical distancing, quarantine, home isolation, work from home, and so on.

The imposition of lockdown entails complete shutdown of all sectors of activity — commercial, public, governmental, and more. This also further highlights and reinforces the digital divide between marginalised and affluent people. For example, the imposition of lockdown necessitates that people switch to online modes of communication in order to continue their services. One of the significant affect(abilities) of Pandemic COVID-19 is its adverse impacts on economical flows. It has undoubtedly made the lives of marginalised people miserable. On the one hand, the government forces everyone to stay indoors in order to remain unaffected by the virus; on the other hand, marginalised people feel the extreme economic necessity to go outside their homes (or places of rest) in order to earn a daily living. Furthermore, physical distancing generates a kind of detachment among people, which leads them to suspect each other. In other words, whereas doctors place insistence on “physical distancing” to break the spread of COVID-19, the populace, in reality, cannot easily conform to the principles of physical distancing and misconstrue it in different ways. There are some occasions like wedding ceremonies, funeral rites, and so on, where physical interactions are important, but due to COVID-19 protocols, people are discouraged from attending these. While the average daily incomes of marginalised people after the outbreak have drastically gone down, death tolls related to COVID-19 are on the rise. As a result, impoverished people have to continue to strive to earn a daily living to survive this pandemic – including for costs associated with increased death rituals. Quarantine and self-isolation are two important restrictive measures that are employed to de-escalate the transmission of COVID-19. However, social thinkers have raised questions regarding the utility of these measures in a developing country like India where only a handful of people can avail themselves of advanced medical facilities. Thus, while poor people can only quarantine themselves at home, rich and affluent people can afford to quarantine themselves in private hospitals where emergency medical support is available. So the imposition of both “quarantine” and “self-isolation” leaves heterogeneous impacts on the common people of India. Similarly, “work from home” culture is thought to be an alternative to the usual modes of employment activity, but this mode of work is heavily contingent upon uninterrupted Internet services and one’s full acquaintance with technology. There are so many people in India who out of penury cannot buy technological

devices (such as smart phones or computers) and are thus unable to adjust to these *new modalities of existence* to survive the pandemic.

As is evident from the above, affect(abilities) of pandemic COVID-19 are not merely restricted to *affectation* of the healthy body and infusion of *functional disorder* into the ordered interactions among different corporeal organs. It seeks to cover neuroeconomical issues as well. At this point, it is necessary to stop to consider: what is an affect? And how do affect(abilities) function? In their manuscript *What is Philosophy?*, Gilles Deleuze and Félix Guattari have articulated “affects” as “*precisely these nonhuman becomings of man*” (1991, p. 169). In other words, affect is ontologically different from affection, and affect(abilities) can be understood in terms of “non-human becomings” which help one figure out the capacities of affect. Thus affect(abilities) of pandemic COVID-19 function not by means of merely *affecting* others but in terms of “non-human becomings”. In other words, affects of pandemic COVID-19 suggest not just how much individuals have suffered, but how the pandemic deterritorializes *neuroeconomical* wellbeing of individuals.

What is neuroeconomics? How are neuroeconomical trajectories connected with the affects of pandemic COVID-19? These questions need to be answered to clarify how pandemic COVID-19 forces people of India to indulge in neuroeconomical realignments in ways of living during these trying times – especially marginalised peoples. Simply speaking, neuroeconomics connotes an interdisciplinary critical tool of enquiry which helps one understand the neuronal ability of a person in making a decision when economical issues are at work. At this point, one may be reminded of Nikolas Rose who in *The Politics of Life Itself: Bio-medicine, Power and Subjectivity in the Twenty-first Century*, has put forward the idea of “bioeconomy”:

For the bioeconomy to emerge as a space to be mapped, managed, and understood, it needs to be conceptualized as a set of processes and relations that are amenable to knowledge, that can be known and theorized, that can become the field or target of programs that seek to evaluate and increase the power of nations or corporations by acting within and upon that economy. And the bioeconomy has indeed emerged as a governable, and governed, space. (2007, p. 33)

Rose argues that “bioeconomy” is both a “governable” and “governed” space in the sense that economic activity, like decision making, is impacted by the biological functions of a body. Taking recourse to Rose’s insight, one may posit that neuronal factors are worthy of consideration, for these regulate and deregulate economic efficiencies of a person. As Nikolas Rose and Joelle Abi-Rached observe in *Neuro:*

The New Brain Sciences and the Management of the Mind: “We encounter neuroeconomics, which argues for the importance of studying the neurobiological underpinnings of economic behavior such as decision making” (2013, p.6).

In the context of India, neuroeconomical reflections can be employed to understand the nuanced affect(abilities) of the COVID-19 pandemic. Poor migrant workers, in particular, have had to strike a balance between their neuronal activities and economic decisions during the unfolding of the pandemic situation. In praxis, disjunctive interactions between neuronal activity and economic decision-making have resulted in the untimely deaths of migrant workers.

The governmental measures like “lockdown” and “physical distancing”, among others, put migrant workers’ neuroeconomical abilities to the test. Penury and poor conditions of living in public quarantine centres led migrant workers to hinge on their “neuromolecular style of thought” (Rose & Abi-Rached, 2013, p. 43). Rose and Abi-Rached explain “neuromolecular style of thought” in the following terms:

1. The brain is an organ like any other.
4. At that level, the key processes are those of neurotransmission, that is to say, communication along and between neurons. Communication is a combination of chemical transmission (across the synaptic cleft) and electrical transmission (down the neuron itself), and neurons are of different types, in part depending on the neurotransmitters that they use—dopamine, serotonin, and so forth.
7. All mental processes reside *in the brain* (where else could they reside!), and each mental process will reflect, or be mediated by, or have something variously described as a correlate, an underpinning, or a basis, in brain events.
8. Thus any mental state or process (normal or abnormal), and the behavior associated with that state or process (normal or abnormal), will have a relation—exactly what relation is in dispute—with a potentially observable material process in the organic functioning of the neuromolecular processes in the brain. (2013, p. 43)

Rose and Abi-Rached’s formulation suggests how thoughts are systemically processed in the brain. In this regard, one may rationally argue that neurotransmitters interact with economical thoughts thereby leading individuals to make a decision. When individuals have to take on the blows of pandemic COVID-19, they

have to rest on their neuroeconomical thoughts to overcome the adverse situation. Disjunctive interactions between neuro-transmitters and economical thoughts put individuals at risk.

Migrant labourers were strongly affected by job losses across different work sectors, and after the announcement of a nation-wide lockdown were confined at different places. Initially no serious attention was paid to them, this led them to conceive of finding alternative ways of getting back home so that they did not have to face discrimination and humiliation. However, these labourers also became stuck in that on the one hand, neuronal impulses insisted that they needed to go back to their homes otherwise they would die of starvation; but on the other hand, their poor economic conditions forced them to commit errors while making decisions during their return journeys. Consequently, they failed on occasions to connect neuronal factors to economic activity. Thus pandemic COVID-19 triggered both the forced dislocation of migrant labourers and the necessity for them to return to their home villages, while unable to afford the expense of transport. Additionally, due to the cessation of all public transport services in India, they had to travel by foot.

A couple of factual events underscore this poignant corollary of pandemic COVID-19 in the Indian context. A group of sixteen migrant workers, out of sheer financial crisis, chose to travel by foot to return to their homes finding their way by walking along the railway tracks. However, midway, they became exhausted and at night lay down on the railway tracks. A freight train reportedly ran over the sleeping bodies. Fourteen migrant workers were killed on the spot and the remaining two died from their injuries on the way to the hospital. In social media, various photos of injured and deceased migrant labourers were posted to show how they suffered the dreadful consequences of pandemic COVID-19.

In an online newspaper article "Coronavirus in India: Desperate migrant workers trapped in lockdown", Geeta Pandey observes:

There had been rumours of train services restarting, and the workers had gathered defying rules of social distancing, putting themselves and others at risk. They demanded that authorities arrange transport to send them back to their hometowns and villages so they could be with their families. The police, instead, used sticks to disperse them. (2020, n.p.)

This excerpt points out how disjunctive interactions between neuro-transmitters and extreme penury have led numerous migrant labourers to flout governmental impositions pertaining to health security.

One may refer to another incident in this regard. In a news article, it was reported that the local administration of Bareilly had sprayed disinfectant onto a group of migrant labourers before allowing them to go home. This incident shocked the nation and brought out how migrant labourers were inhumanly treated during lockdown. In “Outrage in India as migrants sprayed with disinfectant to fight coronavirus”, Alasdair Pal reports:

Indian health workers caused outrage on Monday by spraying a group of migrants with disinfectant, amid fears that a large scale movement of people from cities to the countryside risked spreading the coronavirus. (2020, n.p.)

This unfortunate incident implies that the local government, instead of encouraging migrant labourers to use face masks and hand sanitizers, sprayed disinfectant on them, as one would do with animals. Had migrant labourers been more powerful and important to the local government, they would have been treated in a different manner. Furthermore, disruptive interactions between neuronal activity and penury prevented the workers from voicing out against this unequal and inhuman treatment.

In an influential article “Borders of an Epidemic”, Ranabir Samaddar raises several unsettling questions which bear enormous significance in the context of the pandemic situation:

Can we imagine a society based on collective practices to help the health of populations, including large-scale behaviour modifications, without a large scale expansion of forms of coercion and surveillance? What will collective “care of the self” mean in such circumstances, an alternative politics of life? How will that principle of care of the self admit self-coercion? Can we pose this question at all if workers are forced to choose between life and livelihood? (2020, p.12)

Samaddar’s questions suggest that pandemic COVID-19 has not only affected neuroeconomical abilities of migrant labourers, but has also twisted the ethics and politics of care. In a nutshell, pandemic COVID-19 has reshaped and redefined *care*, *caring for*, and *being cared for*. In contrast to Samaddar’s standpoint, it can be argued that pandemic COVID-19 is a chain of moments, momentums, and movements, which needs to be singularized. Here, one may be reminded of Slavoj Žižek’s *Pandemic! COVID-19 Shakes the World* which seeks to unearth the impacts of pandemic at the global level. In this work, Žižek persuasively argues: “A strong

state is needed in times of epidemics since large-scale measures like quarantines have to be performed with military discipline” (2020, n.p.). Following Žižek’s argument, one may contend that government cannot but implement strict restrictions like quarantine, home isolation, lockdown, and so on to contain the rapid dissemination of COVID-19. Keeping both these (counter)-arguments in mind, it can be put forward that COVID-19 has rendered the lives of migrant labourers miserable as much as it has left the Indian government clueless and confused.

Potentiality, Singularity and (Trans)political Becoming(s)

The unprecedented outbreak of COVID-19 in India has not only questioned the present modalities of (exist)entiality but has also forced impoverished people in India, in particular, to look out for better alternatives so that the consequences of pandemic COVID-19 can be fought against. Modalities of (exist)entiality can be understood as referring to the *conditions and mechanisms of living* in a given spatio-temporality. Here, one may be reminded of Giorgio Agamben’s intervention into the nuances of potentiality:

Impotentiality . . . is a privation contrary to potentiality. Thus all potentiality is impotentiality of the same and with respect to the same. . . . It means that in its originary structure, *dynamis*, potentiality, maintains itself in relation to its own privation, its own *steresis*, its own non-Being. . . . To be potential means: to be one’s own lack, to be in relation to one’s own incapacity. Beings that exist in the mode of potentiality are capable of their own impotentiality; and only in this way do they become potential. They can be because they are in relation to their own non-Being. (1999, pp. 181-182)

Agamben argues that in order to find potentiality, one has to get into *potentiality’s impotentiality*, for it is the non-being of potentiality which defines what potentiality is. Based on Agamben’s insights on potentiality, one may put forward in this context that pandemic Covid-19 has actually put (im)potentialities of individuals to the test.

Before the dreadful outbreak of the COVID-19 pandemic in India, poor and marginalised people living on the fringes of Indian society used to lead otherwise relatively stable and secure lives. For example, in India, there are innumerable impoverished people who spend days and nights in railway stations, bus terminals, empty tunnels, under flyovers, on pavements, and so on. There are other countless people who live in ghettos and shanties. These people had definite sources of income, ways of living their lives and ways of staying positive despite facing endless misery and suffering. In short, they had their own ways of dealing with these

circumstances. But the rapid dissemination of COVID-19 has altered the lifestyles of marginalised people and has forced them to explore their (im)potentialities. It means that these downtrodden people are now coerced to find alternative ways of earning livelihoods, ways of having secure shelters, and ways of staying uninfected and unaffected. They also face different kinds of humiliation for not being able to comply with technologically monitored and well-administered ways of living. Financial constraints coupled with administrative restrictions on life render these people uniformed and confused. On the one hand, they become victims of the 'politics of care' owing to their cornered positions in society; and on the other, they cannot comply with governmental restrictions on Indian life. It pushes them to rely on the exploration of (im)potentialities that entails enhancement of potentiality in the sense that the deeper one engages oneself with (im)potentialities, the quicker one encounters potentialities. In the context of migrant workers in India, it is true that they willy-nilly attempt to explore their (im)potentialities to come to terms with the adverse impacts of COVID-19. In other words, the more they engage themselves with the non-being of potentiality, the more they are able to unearth their unexplored potentialities.

The notion of singularity connotes the state of being one and it is worth considering in exposing the affect(abilities) of pandemic COVID-19 in the Indian context. The concept of singularity is theorized by Gilles Deleuze in *The Logic of Sense*:

. . . a singularity may be grasped in two ways: in its existence and distribution, but also in its nature, in conformity with which it extends and spreads out in a determined direction over a line of ordinary points. . . . A singular point is extended analytically over a series of ordinary points up to the vicinity of another singularity. . . . (1990, p.109)

Deleuze means that the notion of singularity is elusive in nature and cannot be exactly figured out. Yet, singularity plays a key role in the process of individuation – which is not tantamount to being an “individual”. This critical excerpt also suggests that the idea of singularity has to be figured out in terms of “existence” and “distribution”, for one plane of singularity slides into another while passing through the process of individuation. What is even more interesting is that the notion of singularity is inextricably connected to the ‘zone of indetermination’ which is an ‘open space’ of its ‘nomadic distribution’. Put differently, the actualization of singularity is contingent upon its aberrant becomings. In the context of the outbreak of pandemic COVID-19 in India, one may tenably put forward that the pandemic has actualized diverse points of singularity thereby leading migrant workers to engage themselves in bringing out their hitherto unexplored ‘potentials’. It means that aberrant

becomings of COVID-19 lead downtrodden and marginalised people to experience ontical and ontological shifts in singularity. For example, the spread of COVID-19 was initially restricted within those who had foreign travel histories. Later, however, the coronavirus started to percolate down the social strata and began to affect those who had no travel histories and had no clinical signs of physical infirmity. Subsequently, it began to affect communities and caused a significant rise in the number of people infected, and deaths.

Jean-Luc Nancy is another influential scholar, who in *The Sense of the World*, has understood the “singular” in the following terms: “The singular as essence is the essence existed, ek-sisted, expelled from essence itself, disencrysted of its essentiality, and this, once again, before the cyst has even formed” (1993, p. 31). Nancy means that the idea of the “singular” entrances into *ek-sistence* and thus is in the process of unfolding itself. Keeping Nancy’s intervention in mind, one may put forward the idea that pandemic COVID-19 does not “exist” but “ek-sists” in the world and thus its affect(abilities) seem to be difficult to map. COVID-19 is constantly unfolding itself and is thus transgressive in nature. Mapping the existence of COVID-19 cannot be complete as it possesses a differential singularity which cannot be categorised. In other words, territorialisation of the existence of COVID-19 falls short as the coronavirus disease advances through cutting and folding itself thereby producing multiple singularities.

At this critical juncture, one has to take into account the notion of (trans)political which has epistemic congruity with the ‘singular’ and processual unfolding of COVID-19. The idea of (trans)political is connotative of how ‘political’ gets displaced while passing through temporalities. Whereas political is usually understood in terms of *differentiation*, (trans)political, it is argued, can be grasped by means of *de-differentiation*. This contention connotes that in order to qualify the ‘political’, one has to rest on his/her differential progression. This means that no two points in the line of one’s progression are exactly alike in terms of structure and significance, which insinuates the fact that it is ‘becoming’ that helps one get considered under the category called ‘political’. On the other hand, *de-differentiation* implies the progressive regression of one’s being. It suggests that (trans)political lets the ‘political’ come out of itself and subsequently to move in and around “trans”. (Trans)political is at once an epistemic de-rooting of the ‘political’ and at times in “ek-sistential transience. Ranjan Ghosh’s recent book titled *Trans(in)fusion: Reflections for Critical Thinking* expatiated on the philosophy of “trans-”: “. . . trans is momentum, movement, particle-wave, complex, curiosity and care” (2021, p.2). Taking recourse to Ghosh’s enunciation, it can be argued that (trans)political could be held as a collective assemblage of ‘momentum’, ‘movement’, ‘particle-wave’, ‘complex’,

‘curiosity’ and ‘care’. It suggests that the idea of (trans)political questions the epistemological rigidity of the political and sets to unchain it further.

In the context of India, one has to take recourse to the (trans)political to preclude pandemic COVID-19 from being politicised. Soon after the outbreak, political parties in India began trying to figure out how to write the pandemic within political discourse so as to reach out to marginalised and downtrodden people. For example, Bharatiya Janata Party (BJP), the ruling political party in the Centre, rolled out different campaigns to help poor and marginalised people who could not come to terms with the consequences of COVID-19. The central government announced short, but effective, night curfews to contain the spread of the virus. Opposing this measure, opposition political parties began to rail against the central government’s curfews, motivating frontline workers on the ground that mere preventative measures were incapable of quenching the hungers of migrant workers who had lost their jobs, and stating that curfews could neither stop frontline workers from being easy prey to COVID-19, nor could they bring an end to it.

However, (trans)political interventions into the affect(abilities) of pandemic COVID-19 result in the remapping of the ‘political’ with ‘individuals’. COVID-19 is not exclusively a political event. There are multiple political dimensions to it and that is why the affects of COVID-19 exceed ‘political’ limits. It impacts not only poor migrant workers but those who belong to the centre of the society; thus additionally to profoundly affecting poor and marginalised people, COVID-19 has also taken many others at the mainstream of society. Here, one may think of people who are associated with emergency services. The demise of several doctors engaged in treating ailing COVID-19 patients, reminds one of COVID-19’s (trans)political trajectories which continuously defy the ‘political’ *status-quo*. COVID-19 in India has impacted people irrespective of gender, class, age, ethnicity, religion, caste, etc. Nevertheless, one must necessarily question whether the coronavirus affects all people equally. The answer is No. The affects of COVID-19 cannot be homogenized. The suffering and miseries of impoverished people incurred and induced by COVID-19 cannot be equal to that of rich and affluent people who have better access to advanced and expensive medical facilities.

Pandemic COVID-19 in the Indian Context: *Critical Reflections*

It has now become clear that the affect(abilities) of pandemic COVID-19 are pervasive in nature and are set to reorganise existing political and cultural patterns of governance in India. It is true that pandemic COVID-19 has been shuffling and reshuffling political and cultural configurations in India since its outbreak. More importantly, consequential developments of COVID-19 in the Indian context are

aberrant in nature. COVID-19 has not *affected* India homogeneously and has not produced similar outcomes in every corner. It suggests that COVID-19 may have forced rich people to stay indoors for their health security, but it has coerced poor people to look out for alternative sources of earning. In a way, it has made financial incapacities of downtrodden and migrant labourers even more evident than before. Additionally, the affects of COVID-19 are more deadly and severe for those who dwell in slums. Neither has COVID-19 impacted all the states in India homogeneously. Central, western and northern parts of India were more affected than the north-eastern part. Thus, the aberrant progression of COVID-19 sometimes results in misreading of its dire and dreadful impacts. In order to elaborate the dynamic flows of pandemic COVID-19 in India, one may take recourse to Félix Guattari's formulation of *schizo-analysis*. In *Chaosmosis: an ethico-aesthetic paradigm*, Guattari reflects:

Schizoanalysis, rather than moving in the direction of reductionist modelisations which simplify the complex, will work towards its complexification, its processual enrichment, towards the consistency of its virtual lines of bifurcation and differentiation, in short towards its ontological heterogeneity. (1995, p. 61)

Guattari propounds that schizo-analysis needs to be given due importance, for it can help one grasp "ontological heterogeneities". Whereas psychoanalytical insights provide models to simplify otherwise complex issues, schizo-analysis aims to complicate the complex. Schizo-analytic interventions into the fluidity of pandemic COVID-19 can facilitate in the exposition of how this unprecedented "event" ceases to be a mere political phenomenon. It connotes that schizoanalytic interventions into the *differential singularity* of COVID-19 can help one understand how COVID-19 finds various manifestations. For example, COVID-19 has not only called for a medical emergency across India, but also has exposed deplorable conditions and limited capacities of different medical institutions. COVID-19, in a way, renders miserable lives of poor people more complex by means of bringing existential crisis to their lives. One may think, in particular, of jobless migrant labourers who consider COVID-19 more as an economic and psychological onslaught than as a viral strike inasmuch as it puts them in utter financial crisis and under tremendous psychological trepidation.

Here, the idea of "chaos" is useful to call upon to interpret the affective disorders of pandemic COVID-19. In *What is Philosophy?*, Deleuze and Guattari have argued that chaos variables "are infinite *variabilities*, the appearing and disappearing of which coincide" (1991, p. 201). They mean that chaos can be understood as a point of convergence, where appearing and disappearing become coalesced. This

suggests that in a chaos, different kinds of forces are at work. There are certain forces which tend to produce something and there are other forces which seek to dismantle. In a way, chaos is a kind of “force-field” which is at once revolutionary in nature and at times turns out to be a *raison d’être* for liberal and progressive social reorganization. The idea of chaos can be brought to bear on the pandemic COVID-19 situation in India. With the onset of the coronavirus, existing social, political and cultural practices were disrupted and consequently resulted in the production of “chaos” in every field of action. Taking the critical views of Deleuze and Guattari into account, it can be argued that pandemic COVID-19 at once invalidates existing modes of living and communication in India and at times insists upon the ruling Indian government to introduce different modes of living and interactions — mask culture, physical distancing, online interactions, and so on. This contention can be grounded by drawing one’s attention to the fact that otherwise normal ways of life lead by marginalised people become severely affected by COVID-19 when the ruling Indian government is forced to bring certain medical measures into effect. For instance, before COVID-19 struck, poor people living in railway stations or slums used to either beg on railway platforms or engage themselves in various temporary work. But after the strict implementation of mask culture, quarantine, physical distancing, to name only a few, these people no longer had these opportunities to earn a living. In other words, COVID-19 alters the lives of marginal people who strive to earn their livings on a daily hand-to-mouth basis. It seems that COVID-19 makes their lives utterly chaotic, for normative patterns of life are heavily affected; but in reality, it forces them to look out for new means of income. It insists that people need to abide by and adjust to governmental instructions and interventions, while respectively taking on the challenges posed by COVID-19 to seek the means and meanings of life.

In “Pandemic is a Portal”, Arundhati Roy pertinently puts forward:

Whatever it is, coronavirus has made the mighty kneel and brought the world to a halt like nothing else could. Our minds are still racing back and forth, longing for a return to “normality,” trying to stitch our future to our past and refusing to acknowledge the rupture. But the rupture exists. And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality. Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. (2020, n.p.)

Roy articulates that COVID-19 has certainly caused ruptures, leading common people to long for “normality”. People belonging to marginalised sections of society—guest worker, migrant worker, slum dweller, beggar, porter, and so on — have to “rethink” how their ruptures with the past prepare them to come to terms with the trajectories of the future. The rhizomatic unfoldings of COVID-19 in reality result in multiple nuanced ruptures. And people work out various combinations to respond to these ruptures. In effect, the pandemic situation has led to the production and re-production of new connections and combinations that are required to withstand the onslaught of COVID-19. In a way, pandemic COVID-19 has not merely shattered “normal” ways of being and living, it leads people, including the marginalised of India, to “imagine” the world to come. And it also pushes people to push up against all sorts of COVID-19 induced “disruptions”. At this point, one may pause and ask: does pandemic COVID-19 really result in an *historical break*? This question can be problematised by noting that disruptive trajectories of COVID-19 are not restricted to the historicity of a territory but transcend the bounds of territorial historicity and impact economic, political and ecological spheres. Pandemic COVID-19 has brought about significant changes in economic, political and cultural spheres, including the dysfunction of local markets and re-escalation of political tension, among others. For instance, the functioning of regional markets become hugely disrupted, even as ‘physical distancing’ paves the way for online marketing to rise to the occasion. Yet, consequently, local businesses cannot compete with online outlets and face huge financial losses. In the ethical-economic-political arena it is unfortunately true that the pandemic situation sometimes leads a rich individual to be suspicious of a poor person on the grounds that the poor individual does not (can not) take adequate safety measures to keep him or herself unharmed – such as quarantining in isolation or having adequate soap and water facilities for hand washing – and thus may be a potential carrier of the virus. As these instances imply, pandemic COVID-19 is not just a virus that strikes at humanity at large, but its affect(abilities) transgress medical boundaries.

Conclusion by way of a Rhizome

Affect(abilities) of COVID-19 are many and multi-layered. On the one hand, dissemination of COVID-19 among multiple communities in India has led the ruling Indian government to impose certain administrative and medical restrictions on the movements of the entire populace of India. On the other hand, this sudden and forceful governmental imposition has severely affected marginalised people, including migrant workers, daily wage earners, guest workers, beggars, slum-dwellers, refugees, and so forth. This article has explored how the pandemic COVID-19 has to be considered a rhizome whose aberrant movement through class, age, location, body, gender, caste and race, among others, renders it an unmappable

phenomenon. COVID-19 advances through cutting and folding itself thereby providing productive interstices for analysis, and for understanding how the nature of COVID-19's affectation varies across people and places in India – unevenly. For instance, the movement of COVID-19 in a dense locality is faster which accounts for its higher affectability in a densely populated place. In a community, there are some people who are cleanly struck down by COVID-19 and there are other people who are potent carriers of the virus. It indicates that pandemic COVID-19 possesses *differential singularity* by means of which it qualifies to be called a rhizome. COVID-19 has been in the state of ceaseless becoming.

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Running Naked and Unmasked in Goa: Pleasure in the Pandemic

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Abstract

In November 2020, Indian celebrity Milind Soman posted a picture of himself on social media, which showed him running naked on a beach. He was charged with obscenity. This article considers the time and place of Soman's act over the alleged impropriety. The photograph was taken on a beach in Goa, the tropical setting serving as a pleasure periphery to India which annexed the region in 1961. Accordingly, a longer history of states of undress in Indian advertising, filmmaking, and tourism are considered here to apprehend how Goa has been posited in the Indian imagination as a destination for wanton self-gratification while local realities are undermined. The article thus interrogates what it means for Goa, whose economy is overly dependent on tourism, to serve as a vacation spot during the COVID-19 pandemic, especially when, in 2020, it had among the highest number of virus-related deaths in the country (Dias, 2020, par. 4). Using the metaphor of the celebrity who has no qualms about running naked and unmasked in Goa, this article enquires into what such events leave unrevealed in the economic requirement that some locales function as holiday destinations, even in the midst of a pandemic.

Keywords: Goa, India, Economic Liberalisation, Tourism, Hippies, Bollywood, COVID-19 pandemic

Birthday (Suit) in Paradise

“**H**[appy Birthday to me!](#)” Milind Soman’s Instagram post reads on 4 November, 2020. In it, the Indian model and actor is seen running on a beach in Goa while on holiday, (un)dressed for the occasion in his birthday suit. While it is apparent in the photograph (which the post credits his spouse Ankita Konwar for taking) that Soman is indeed naked, the camera catches him mid-stride, genitalia obscured. Reaction to the social media post oscillated from admiration for the still-fit-at-55 celebrity (Fernandes, 2020), to defense of his freedom of expression (HT Entertainment Desk, 2020b), to a charge of obscenity being brought against him (de Souza, 2020). All of these reactions had more to do with the person, Soman, rather than the place, Goa, where the celebrity indulged his whims. Although the alleged impropriety of nudity is a subject this article will engage with, my greater concern is with what Soman’s nakedness does not reveal, particularly in the midst of the ongoing Coronavirus pandemic and especially in relation to the tourism destination of Goa. As revealed by the now infamous photograph, it is not only Soman’s body that is uncovered in the picture, but also his face – he appears unmasked while on a public beach, abstaining from the use of that most commonplace piece of protection against the Coronavirus. A fitness enthusiast, Soman has declared that his interest in physical self-improvement began with his participation in an organisation that supports right-wing Hindu nationalism in India; Soman has stated that he saw his time as a youth with this group as simply being an extension of middle-class life and an opportunity to practice physical fitness (Mojo Story, 2020). Such nonchalance undermines the politicised links between class and caste in India which are also seen, in Soman’s explanation, to be connected to bodily upkeep. Known for running regularly in his home city of Bombay/Mumbai (MW Staff, 2013), one would be hard-pressed to imagine the man taking a jog down one of the crowded streets of his native town unmasked and without a stitch of clothing on, especially given his politics.

Indeed, it is Goa, or some skewed idea of it, that apparently makes it possible for visitors to act differently in the tropical locale than they would elsewhere. Following Nina Rao’s (1996) articulation of how developing nations turned to tourism for revenue-generation, making them pleasure peripheries to the first world (especially to pay down – albeit never able to pay off – international debts), Paul Routledge believes of Goa that India has made this tropical beach location “one of the world’s pleasure peripheries, a cultural space for the leisure consumption of tourists divorced from the needs and concerns of everyday life” (2000, p. 2652). And even as Goa was positioned by the Indian government to serve as a site of pleasure for Western tourists, the resulting presence of white bodies in Goa, in addition to marketing strategies that draw “upon the state’s [Portuguese] colonial past ..., [allows] Goa [to be] viewed from within ... India as a cultural ‘other’” (Routledge, 2000, p.2652). Presented as such to

domestic Indian tourists, the image created of a Goa that is “exotic, easy going, westernised, promiscuous, and alcoholic” (Routledge, 2000, p.2652) sets the former Portuguese colony as a pleasure periphery to India where, seemingly, anything goes, even while a pandemic continues to rage.

Figure 1. Pandemic Paradise



Illustration by Angela Ferrão, 2021.

Viewing Soman's career as an advertising model within the trajectory of the liberalisation of India's economy, a governmental move that was made in the early-1990s, my article will also consider how Goa came to be imagined, culturally and socioeconomically, as a holiday destination for Indians in this period. Yet, tracing the history of holidaying in Goa from the previous century, I additionally contemplate how the region has played a role in the politicised escapism of hippies at one extreme and the pursuit of leisure for Indians in the post-liberalisation era on the other. Nonetheless, in both cases, I apprehend how notions of bodily display have meant, or come to mean, different things – freedom for hippies versus self-care for Indians – and how Goa has served as the locale for these manifestations of identity-making. That such self-expression is gendered is germane to my discussion of how visual cultures that display bodies in various states of undress, borne of advertising, Indian cinema, and social and other media, have come to fix Goa as a tropical holiday destination historically and in the economic relations between the region and the country, leaving little room for the diversification of Goa's economy. My thoughts on how a recursive, intermediated, and multi-generic visual culture have shaped Goa's economic fortunes as a site for tourism are in keeping with Routledge's understanding of how

Goa is imaged as a place of ... permissiveness, ... a terrain upon which tourists can project their fantasies, and do whatever they want, unconstrained by their own society's social mores ... Indian tourists [view Goa] as a carefree place where males can indulge in sexual behaviour that would be prohibited elsewhere in India. (2000, p. 2652)

That Goa, a Portuguese colony from 1510, was annexed by India in 1961, thirteen years after the latter's own independence from the British, heavily inflects the colonial relationship I trace between the two. It is especially this power differential, undergirded by history and economics, that I centre as the cause for the unrelenting presence of Indian tourists in Goa even as this state "has the highest number of deaths per million in India" in the wake of the Coronavirus pandemic (Dias, 2020, par. 4). As a celebrity tourist running naked and unmasked on a Goan beach, Soman's act allegorically represents the freedom Indians feel in Goa while it simultaneously covers up any revelation of how the pandemic has affected the local populace.

The History of Holidaying in Goa

As will be laid bare, nakedness is an integral part of how Goa came to be a tourism destination. Yet, this is a story that begins far away from the shores of the Konkan tropics; it has its roots in the discontent of a generation of youth in mid to late-1960s' America – the hippies. At first, Timothy Miller reckons in *The Hippies and American Values*, that the alienation young people were feeling during this period resulted "not so much [in] a confrontation with mainstream culture as a simple withdrawal from it ... Withdrawal often meant heading for a hip commune" (2011, p. xviii). Although

[t]he widespread sense of the counterculture was that ... dominant American culture ... had become a series of meaningless institutions that transcended persons and developed lives of their own[,] ... even dropping out was hard to do. Hippie communes were not welcome in many neighborhoods. (Miller, 2011, p. xviii)

This resulted in disenfranchised young hippies looking elsewhere to disconnect from American cultural values, the East becoming a much-craved destination. However, this desire to separate from one's society was not novel, Miller notes, the very history of the mythic "founding" of America having been reliant on those "early European settlers ... who saw themselves as having to withdraw from society and head for the wilderness to find satisfaction" (2011, p. 108).

In *The Return of the Vanishing American*, Leslie Fiedler contends with the early modern European entry into the lands of America's First Peoples, Native Americans, characterising this trespassing by whites as a search for the "radically alien other, an Indian" (1968, p.24). This tryst was meant to bring about "a metamorphosis of the WASP into something neither White nor Red (sometimes by adoption, sometimes by sheer emulation, but never by actual miscegenation), or else to the annihilation of the Indian" (Fiedler, 1968, p.24). Indeed, as Ned Blackhawk points out, the story of the creation of the United States cannot be understood without including the encounter between whites and Native people: "U.S. history and American Indian history must be understood together and as mutually interanimated" (2007, p. 1166). With the Americas conquered, whites needed to look elsewhere for renewal, a search for new others that transforms "the woodman which the ex-European becomes ... [into] the hunter, the trapper, the frontiersman, the pioneer, [and] at last the cowboy – or maybe next-to-last, for after him comes the beatnik, the hippie, one more wild man" (Fiedler, 1968, p. 25).

Fiedler's apprehension of transformativity, desired by whites as the product of European contact with Native Americans, is replete with the (stereotypical and) homogenising language of the 1960s (and earlier) in its description of America's First Peoples. The use of the misnomer "Indian," which has been reinterpretedly adopted by Native peoples (Blackhawk, 2007, p. 1166), connotes the origins of the term from Columbus' erroneous Westward journey in search of the Indies. Synchronously, it links how the geographically distant lands of the Americas and South Asia came to be colonised by European oceanic expeditions. Even though Columbus had lost his way while looking for the Indies, the globe "is mythologically as well as geographically round; West becomes East, our whole vast land ... a Passage to India," muses Fiedler (1968, p. 27).

In so saying, Fiedler demonstrates the continuity of white Euro-American self-exploration as a metaphorical and physical journey that has continually relied upon seeking an elsewhere, the European "discovery" of America no different from the hippies' foray into India. The mid-twentieth century journey to the East, Arun Saldanha writes, is telling of the cultural milieu where the "love of India of Jack Kerouac, Allen Ginsberg, George Harrison, and ... their fans said as much about their own whiteness as about India. Sixties exoticist imaginations of India are but one instance of a wider yearning of adventurous whites to ... attain otherness" (2007, p. 19). And although it is true that hippies made their way to South Asia to find themselves, what has often been left out of the record is how this moment was also transformative for those on the receiving end of this encounter between West and East. The sixties was not only an era of change for the West; in Goa, it was the moment during which Portuguese colonialism ended and the tiny region was annexed by India in 1961.

Apart from its transference between Portugal and India, another major change that took place in Goa at this time, had as much to do with challenging caste hierarchies as it did feudalism. The Goa, Daman and Diu Agricultural Tenancy Act of 1964 owed much to the leadership of Goa's first post-Portuguese era Chief Minister. As Parag Parobo outlines in *India's First Democratic Revolution: Dayanand Bandodkar and the Rise of Bahujan in Goa*,

[t]he story of land reforms in Goa is unlike that of other states ... [T]he crucial difference was the social dynamism of the [newly elected] government. Implemented by Chief Minister Dayanand Bandodkar, who was of lower caste origins and a capitalist, land reforms were designed to destroy the upper castes' dominance based on land. (2015, pp. 145-146)

Dating their arrival at two years after the promulgation of the Tenancy Act, Raghuraman Trichur says of the hippies (not all of them only American) that came to Goa in 1966 by way of Nepal, that their inadvertent hosts were the Kharvis, a fishing community who "belonged to the lowest rung of the Catholic community in Goa" (2013, pp. 101-102). Trichur explains that, instead of turning into informal hospitality-providers, the Kharvis should have benefitted from the recently instituted Tenancy Act which had given them ownership of the plots of land they had traditionally lived off in exchange for services rendered to their feudal landlords (2013, p. 101). Nevertheless, their "abject marginalization and poverty" kept them from reaping the benefits of these legal changes while the advent of the commercialisation of fishing was also beginning to cut into their traditional livelihoods (Trichur, 2013, pp. 101-102).

Accordingly, the Kharvi community used their residences by the sea "to earn extra money" (Trichur, 2013, p. 103), as Goan beaches became the preferred destination for hippies who presumably wished to commune with nature. That this included nudism was a carryover from their countercultural rebelliousness, a trait associated with their "new sexuality" as much as a symbolic freeing from (and protest against) mainstream US societal mores (Miller, 2011, pp. 30-31). Being naked and one with nature in Goa is reminiscent of Fiedler's observation of how the ex-Europeans went to the wilds of America to reinvent themselves, the adventure-seeking woodman thereupon becoming, in turns, the pioneer, the cowboy, and then the India-bound hippie. The Kharvis would then, presumably, have had to parallel what Natives had been to whites in America: an autochthonous and unchanging other. Due to their simple lifestyles, their coast-bound livelihoods, and attire suited to seafaring activities and coastal life, Kharvi people may have readily matched the image of what hippies expected of a people native to this eastern destination. Trichur conveys that the Kharvi hosts knew

exactly what beliefs their guests projected onto them, “that the hippies viewed them as poor and primitive” (2013, p. 103). This notwithstanding, the hippies did not interact with Kharvis with casteist prejudice and the economic exchange between them allowed members of this fishing community to achieve a greater degree of economic and social mobility than prevailing circumstances permitted (Trichur, 2013, p. 103). This being the case, Trichur concludes from his interviews with Kharvi people that they largely left the hippies to their ways, their co-existence being mutually beneficial.

Figure 2. Escape to Goa

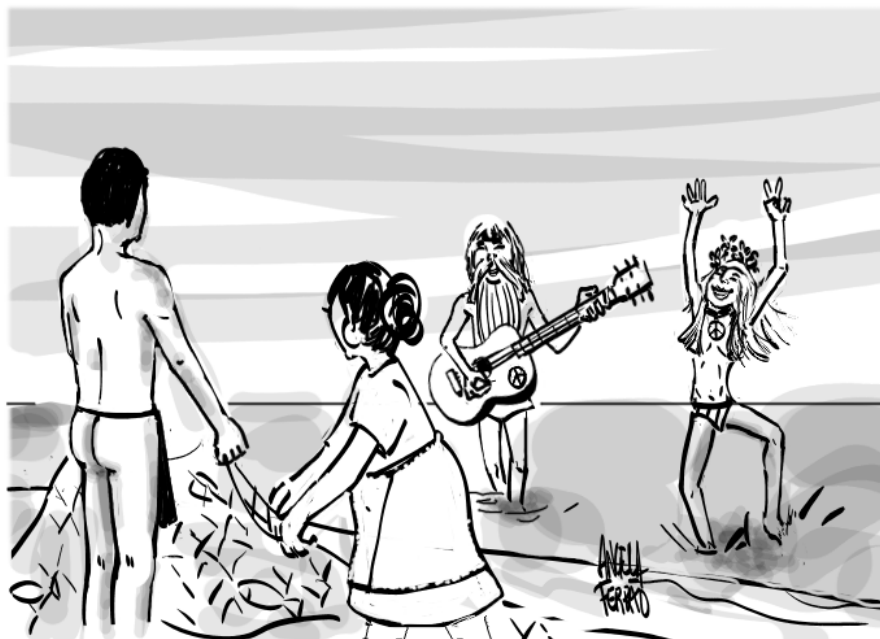


Illustration by Angela Ferrão, 2021.

From these humble beginnings, tourism in Goa burgeoned into an industry. The enterprising Kharvi community leading the way for others on Goa’s coastal belt to model their home businesses after. With more hippies arriving in the 1970s, the need for lodgings increased. Government loans in that decade, and the next, allowed for the further growth of tourism, this also being the time during which Goa got what Trichur classifies as its “first capital-intensive beach resort” (2013, pp. 105-106). Operated by a (non-Goan) Indian-origin international conglomerate, the Fort Aguada Beach Resort signaled an irrevocable change in Goan tourism. This resort heralded the overtaking of Goan beaches by hotels of various styles and star-classifications. Multinational hotel chains became a mainstay. By the 1990s, Goan tourism found itself firmly within the grasp of the nation’s neoliberal political economy. As Routledge apprehends, the nineties were named “the decade of tourism” by the Indian government, following its “Eighth Plan (1992-97) [which] argues that tourism contributes substantially to foreign exchange earnings and that the future expansion of tourism should be mainly through the aggressive promotion of luxury tourist

developments through the private sector” (2000, p. 2648). These initial strategies may have been directed at attracting foreigners but, with the liberalisation of the Indian economy, drew Indian tourists to Goa, too. Goa, which had once been a beach enclave that brought together a local fishing community and the West’s disenfranchised youth, would, in the decades following its annexation, turn into India’s playground, a site for its nakedly brazen excess.

Liberalisation: Of Economy and Body

Ironically, Goa’s former status as a refuge for the anti-establishment hippies led to the advent of commercialised tourism which, since the liberalisation of the country’s economy in the 1990s, has brought in hordes of tourists from within India – celebrities like Milind Soman included. In addition to its coastal location, while Goa was geographically (and, since its annexation, politically) part of India, what made it desirable to Indians was its difference from India, its Iberianisation the result of having been a Portuguese colony for nearly 500 years (Kandolkar, 2020). The liberalisation of India’s economy put Goa within the reach of Indians looking for a nearby holiday destination. As Rekha Datta elucidates, liberalisation was a “watershed moment for India ... [T]he country was going through a culture shift ... By mid-1991, led by Prime Minister Narasimha Rao..., India introduced economic liberalization with a greater role of the market and reduced role of the state...” (2018, p. 105). But liberalisation did not only effect a cultural shift in the state’s relationship with the economy, the resulting financial boom for some sections of the populace also affected their lifestyles. In an article for *The New York Times* titled “‘The Pirate Days are Over’: Goa’s Nude Hippies give Way to India’s Yuppies,” Maria Abi-Habib opines that the “concept of vacation is relatively new for many Indians, a product of the economic liberalization ... In a country of 1.3 billion, if just 1 percent of the population joins the middle class, that means 13 million more people with the ability to take vacations” (2019, pars. 11-12). Despite these financial and cultural changes, India’s economy has only been showing “7 percent growth every year for the last 18 years [until 2019], ... [which] has directed the tourism internally, to places like Goa” (Abi-Habib, 2019, par. 13).

Apart from assuming lifestyle choices that included holidaying, self-attention became another avenue of expressing a sense of confidence imbued by economic change. In *Muscular India: Masculinity, Mobility & the New Middle Class*, Michiel Baas (2020) makes the case for how the upsurge of opportunities borne out of India’s new fiscal path in the nineties, also translated into a focus on fitness. Ajay Gehlawat more specifically ties the rise of a particular form of embodied masculinity to liberalisation in India by indicating how the new economy created a nexus between Bollywood, the national cinema, and commercial marketing which employed “metrosexual” film stars

whose bodies were gym-sculpted and often on display in films and advertisements of the period (2015, pp. 92-93).

Even as the Indian middle classes began to invest in fitness to express bodily confidence, inspired in part by Bollywood's male stars and the products they shilled by baring their bodies, holidaying in Goa was also part of this cultural and economic moment. Although a logical but rather glib connection could be made between Goa's location and its beaches being an apt place for Indian vacationers to engage in consumerist leisure that involves putting one's body on display in tropical weather, a more direct link is apparent, for cinematic and advertising industries paralleled Bollywood's setting of its films in Goa and the rise of the location as a preferred vacation spot for Indians. If this suggests that Bollywood advertised Goa to Indians, it did so by pandering to the conception that Goa was a pleasure periphery to the nation. As an example of such enticement, especially as it indicates how Goa began to factor into the Indian middle-class imaginary as a location for fulfilling impulses of masculine self-making through travel, I offer the case of a road-trip film set in a Goa with no Goans.

In a "listicle" for a travel magazine, Sarah Khan muses that "it's hardly a surprise that a beautifully shot Bollywood movie could have a major impact on a destination's tourism fortunes" (2020, par. 2). Connecting the cinematic with tourism and capitalism, the travel-writer goes on to remark of the Farhan Akhtar-directed *Dil Chahta Hai* that the "2001 movie ... depicting the lives of urban Indian youth ... [who] take a memorable road trip ... [to] Goa [has] inspired countless [other] similar road trips" (Khan, 2020, par. 11). That *Dil Chahta Hai*, a film of the road trip genre which signals a "journey of self-discoveries" (Baugh, 2020, p. 3) motivated a generation to make analogous excursions to Goa, brings to mind the earlier travels of hippies to the same destination to find themselves.

What distinguishes the trajectories of these two different sets of travelers is that the latter seek out Goa not to make a political, or even spiritual, statement, but as a site of consumptive leisure. Rejuvenated, their return to their jobs in the mainland reinscribes them as good economic middle-class citizens – unlike the hippies who shirked work and the war draft. Produced within a decade of India's economic liberalisation, *Dil Chahta Hai* stars actors Amir Khan and Saif Ali Khan, who Gehlawat (2015) inscribes as being physically fit metrosexuals who were as integral to Bollywood as to marketing campaigns. Linking advertising, holidaying, and film fantasy, the actors' shirtless bodies in *Dil Chahta Hai* are evocative of performatively proper masculinity. The friends' economic status is gestured at through their toned bare bodies while the film's resolution in the three finding heterosexual love abjures any threat of their homosociality possibly having any other meaning. In the meanwhile,

Goa serves solely as a setting at pivotal moments of the film, its locale being where Indian men of means take a break or work out life's dilemmas.

A place of pleasure, Goa in the film renders Goans themselves invisible – they are neither major characters in the storyline nor are the actors themselves Goan. Several other Bollywood films similarly set in Goa also establish a visual culture of beach-holidaying that privileges Indian but not Goan subjectivity; where the films ostensibly have Goan characters, the roles are generally not played by Goan actors and the language medium is Hindi and not any of Goa's regional tongues, like Konkani or Marathi. Films of this ilk include the *Golmaal* series (2006-2010), *Dum Maaro Dum* (2011), *Go Goa Gone* (2013), and *Dear Zindagi* (2016) among others. In the decades following liberalisation, that Bollywood has "advertised" Goa as India's beach and party destination has resulted in a steady stream of tourists – even during the pandemic. Reporting on just this state of affairs in December 2020, Chryselle Dias remarks: "Tune into social media and you'll find 'mask-less' updates from actors, models, well-known journalists and other privileged folks from around the country who have escaped their homes ... to be 'safe' in Goa" (2020, par. 6).

In "Almost Forgot COVID Existed": Confessions from Indians who Partied like there's no Pandemic," a tellingly titled article for *Vice*, Pallavi Pundir and Shamani Joshi interview several revelers who visited Goa to see out 2020. The views they recorded are but a small percentage of the four million people they believe came to the state at the end of the year (2021, par. 9). The conversations Pundir and Joshi had with New Year-partiers veer from the fearful, "It felt like a stampede waiting to happen. Nobody gave a flying fuck" (2021, par. 9) – to the hedonistic, "I partied every single day, at every different venue possible" (2021, par. 1). Somewhere in between, there appears some indication that there are those in Goa whose livelihoods are tourism-dependent and who bear the brunt of the cavalier attitudes of libertine merrymakers. As one interviewee recalls of their visit to a casino: "The staff was reminding people to wear masks" (Pundir & Joshi, 2021, par. 10).

Pundir and Joshi's interviews, and the cynical tone in Dias' earlier mentioned article, stress the disjunction between the notion of all being well for tourists in Goa and the realities of locals. Most obviously, these tourists choose to remain oblivious to the high virus-related death toll in Goa (Dias, 2020, par. 4). Consider, too, that even the number of known infections and deaths in Goa might be unrepresentative of a fuller picture as "India has been witnessing underreporting and misreporting of COVID-19 cases" with "Goa ... among the 10 worst states for COVID-19 data reporting" (Pundir & Joshi, 2021, par. 8). The revels of tourists in Goa at New Year's Eve and the social media posts by mask-less celebrities is indicative of the impunity with which visitors to Goa operate. Not only was the wearing of masks while outdoors made mandatory in the

region by governmental decree as early as April 2020 (a few weeks into the nationwide declaration of the pandemic), but fines were to be levied against those not complying with this requirement (PTI, 2020). In the face of such flouting of this pandemic-related law, Dias also pinpoints how the visibility of fun in Goa is recursively created and perpetuated via social media, just as is the case with Soman's use of Instagram to showcase his naked pleasure run on the beach.

Not strictly speaking a Bollywood star who could be placed in the same constellation as the aforementioned Khans, Soman's trajectory has nevertheless crossed over between modeling and acting. Traversing between the remits of marketing and entertainment industries in a career that put him in the public eye in the 1990s, as the next section will highlight, Soman's bare body has performed an essential role in demonstrating the relationship between the liberalisation of India's economy and the making of middle-class masculine identity. The episode I began with – Soman's unclothed romp on a Goan beach as viewed on social media – was not the first time he was seen in the altogether by the Indian public. Just as one can relate the growth of Indian tourism in Goa to the liberalisation of India's economy, a comparable link is to be made between the country's recent fiscal history and the little sagas of Soman's public nakedness. A gendered display, Soman's publicly bare-bodied legacy renders male privilege as middle-classness. Contrastingly, what the next section will take up is how women's bodies are differently positioned in relation to such identity-making.

Forever Eve

Pre-empting the later episode of being bare on the beach in Goa, in May 2020 Soman mused on social media about how his infamous 1995 footwear advertisement with Madhu Sapre would be received in the present day (HT Entertainment Desk, 2020a). The black-and-white photograph by Prabuddha Dasgupta, taken for the 1995 print advertisement, depicts Soman and Sapre cleaved to one another, a snake clinging to, and partially concealing, their chiseled nudity. Completing the Adam and Eve allusion, instead of fig leaves, the two are seen wearing only the sports shoes that the advertisement is for. That this advertisement for footwear would be a precursor for Soman's barefoot, naked, and unmasked run on a beach in Goa twenty-five years later also merits discussion of how the earlier image exemplifies the intersection between the country's economic liberalisation and resultant middle-class identity-making through physical embodiment. While the advertisement feeds into the larger connections I have been making between the development of India's economy and its facilitation of a consumptive relationship between the country and Goa, connecting the two images of Soman's unclad appearance also uncovers the disjunction between the kinds of attention paid to men and women's bodies when they are on public display.

Deemed highly controversial at the time of its publication, it would take fourteen years for the two models to be acquitted of obscenity charges (HT Entertainment Desk, 2009). “This advertisement was, and still is, a landmark moment for Indian advertising,” Tansha Vohra comments, adding that the attention it drew would have been multiplied further were it produced in the age of digital media (2017, par. 5). As already indicated, the featuring of physically fit bodies in advertising in India in the 1990s was emblematic of, catered to, and capitalistically inspired a generation that had begun to have more disposable income and were beginning to regard their own bodies as sites of investment. But what this particular advertisement did was to situate a woman’s body within the imaginary of success and fitness in the era of liberalisation. While I previously mentioned Michiel Baas’ book *Muscular India: Masculinity, Mobility & the New Middle Class* in exploring how physical fitness came to be valued as part of middle-class identity-making in late-twentieth century India, as can be implied from the title, women’s bodies are not its focus. Thereupon, what forms of agency might be seen in Sapre’s nudity?

In scrutinising another famous nude image from the 1990s, that of the American actor Demi Moore as she appears, heavily pregnant, on the August 1991 cover of *Vanity Fair*, photographed by Annie Leibovitz, Imogen Tyler takes cognisance of how the “only items [the actor] is wearing in the image are diamond earrings and a large diamond ring.... The diamonds signify wealth, success, class and stardom” (2001, p. 74). Discounting the large snake wrapped around their bodies, the only garb Sapre and Soman sport in their advertisement are sneakers. Although clearly not as demonstrative of success as diamonds, athletic and casual wear had come to be associated with middle-class style in India, because of increased disposable income, an interest in fitness, and the desire to holiday (especially in Goa) amongst those of that echelon.

Given the crossover between advertising and entertainment industries, Bollywood films from the period can again be relied upon to evidence these style choices. Calling Bollywood “an important trendsetter,” Ezra Gilani credits the films *Kuch Kuch Hota Hai* (1998) and *Kabhi Khushi Kabhie Gham* (2001), both directed by Karan Johar, for popularising the casual clothing company GAP in India, because it “was the go-to brand for styling upper-class characters in [such] films” (2020, par. 2). The writer especially calls out Shah Rukh Khan’s character’s affinity for the label in *Kuch Kuch Hota Hai*, which “[created] a domino effect for wardrobe stylists on Indian film sets” (Gilani, 2020, par. 2). For Gehlawat, Shah Rukh Khan’s position as “[o]ne of the first Bollywood stars to become a celebrity endorser in [the] new liberalized era” was in tandem with the “creation of [Khan as] a new type of Bollywood hero, the yuppie persona” who became the quintessential metrosexual of the nineties (2015, p. 92).

Thus, while Gehlawat places Khan's stardom in his ability to bridge Indian film and advertising industries, Gilani detects the role the star played in the kind of filmic product placement that made casual wear a middle-class mainstay. Gilani adds that the lasting impact of such efforts has been that even after two decades of the release of *Kuch Kuch Hota Hai*, street vendors are to be seen selling knockoffs of the GAP label in Colaba, a tony area of Bombay/Mumbai (2020, par. 4). In noting Khan's ability to promote a brand so effectively, that items of a particular brand of casual wear can connote middle-class success, speaks to the ability of celebrity, aided by film and advertising, to dictate taste and markers of achievement. In their 1995 advertisement, wearing nothing but the sneakers the image promotes, Soman and Sapre's athletic bodies draw attention to their confidence as subjects with the means to exercise and have time for leisure. So, although not jewels like the ones worn by Moore in her *Vanity Fair* cover, the shoes on the Indian models were still meant to resonate as symbols of class for the audience the advertisement was directed towards.

To this end, the image places Sapre and Soman, as a heterosexual couple (coincidentally partnered at that time), on par in terms of class standing, both toned and equally bare except for the identical shoes. In this regard, there is precedence to be found in Renaissance art. In "Gender and Shame in Masaccio's Expulsion from the Garden of Eden," James Clifton studies the appearance of the biblical first couple in Renaissance art:

Built into the Adam and Eve story – indeed essential to it – are both similarity (humanness) and opposition (male/female).... [S]he had to be like him ... enough to fulfill a role that the animals could not, but different from him enough to establish human sexuality and, by extension, human beings. Masaccio's Adam and Eve stride together in the same direction, both experiencing ... the same emotion, ... visible in gesture, as well as in anatomy. (1999, p. 641)

In the Eden-inspired footwear advertisement, Sapre and Soman together meet the gaze of the viewer, unashamed of their nudity.

A similar lack of shame would be in evidence decades later in Soman's Instagram photograph, where his uncovered appearance flagrantly advertises his appearance. This shameless self-promotion both balked laws linked to morality and safety advice related to the pandemic (i.e. wearing a mask), the brouhaha that followed further achieving the goal of keeping Soman's name in the headlines and securing his brand, as it were. Contrast Sapre and Soman's unabashed nudity with Tyler's likening of Moore's pregnant body to the virginal Madonnas of Renaissance paintings, meant to

be “devoid of sexual desire, as also evoked by “Moore’s indeterminable gaze” (2001, p. 75). But unlike the Renaissance paintings of the Madonna, Moore’s nudity causes

[h]er glowing white purity [to have] an ambivalent relationship to the sexuality her pregnant body simultaneously exudes ... If Moore had been shot directly returning the gaze of the spectator ... this image would have been more difficult to accept, as it would have been more readily interpreted as inappropriately sexually inviting. (Tyler, 2001, p. 75)

In contrast, looking directly into the camera, and also eliciting the biblical, Sapre’s Eve is defiantly sexual as she is unembarrassed in meeting the viewer’s gaze.

Such a depiction of Eve runs counter to representations of the biblical first woman in Renaissance art, even as “Edenic sexuality ... [is] a virtually unavoidable aspect of the story of Adam and Eve,” Clifton declares (1999, p. 642). Explaining that the bible itself “gives little explicit indication of the emotions experienced by the primeval couple” at the time of their eviction from Eden, Clifton believes that “artists [took] recourse to their own imagination” to imbue their depictions of the couple with shamefulness and, in this, created a gendered difference in shaping the expression of such affect (1999, p. 642). Of Masaccio’s fifteenth century work specifically, Clifton argues that the painter

responded to the implication that both Adam and Eve experienced shame at their nakedness – hence the iconographic requisite of their nudity.... A finer point may be made, however: that [their] gestures differ according to persistent, gender specific notions of shame; namely, that the man, as a primarily rational being, experiences intellectual (or spiritual) shame and thus covers his face (or head) as the seat of reason, whereas the woman, as a primarily carnal being, experiences sexual [or bodily] shame and thus covers her erogenous zones. (1999, p. 642)

Neither the differentiated shame of Masaccio’s early-Renaissance art is to be seen in Sapre and Soman’s bodily gestures in the advertisement, nor the gendered imbalance of such emotion, with Sapre’s Eve placing her visible hand, not on her own body, but Soman’s arm. But just as sexual and bodily shame came to be associated with the figure of Eve in Renaissance art, so too did Sapre experience the fallout of the footwear advertisement in different fashion from Soman.

Even though both models were charged with violating the Indecent Representation of Women Act, 1986, the very name of this law already connotes a lack of self-

representational agency on the part of women and infers, in its use, who of the two should be considered the more indecent party. Once the controversy abated, and perhaps even because of it, Soman continued to make a name for himself, going from being a model to an actor. In contrast, Sapre, who in 1992 had been the second runner up in the Miss Universe pageant as India's representative, saw her star fade until she fell out of the Indian entertainment industry entirely; she subsequently left the country and now lives in Italy (Sharma, 2016).

Writing about the November 2020 incident of Soman's alleged impropriety, legal expert Faisal Sherwani ascertains that Section 294 of the Indian Penal Code (IPC), 1860, under which the celebrity was charged, is

from colonial times, with roots in the Victorian era. Section 294 of the IPC deals with obscenity, along with Section 292 and 293. The expression "obscenity", or what is "obscene" is not clearly defined in the IPC. In fact, Section 292 in its current form didn't exist in 1860, when the code was framed. It was inserted in 1925, so that makes it colonial, but yes with roots in the Victorian sense of puritanical existence.... There were fixed notions of what was "moral" and "acceptable." (2020, par. 3)

Of these Victorian ethics and their foundational role in creating the IPC, Anjali Arondekar holds that Lord Macaulay, who crafted the code, did so as much to make uniform a legal framework for governance across British India as to institute a secularised notion of morality to traverse the religious divides of colonial South Asia (2009, p. 77). In addition to the Indecent Representation of Women Act, Soman and Sapre had also been charged under Section 292(A) of the IPC, but as Sherwani (2020) sees it, the code is itself an unreliable source of gauging obscenity. "For a book or object to be obscene, Section 292 of the IPC says it must be lascivious or prurient or have the effect of depraving or corrupting someone," Shruti Sundar Ray offers, but also apprehends how "[t]he terms 'lascivious', 'prurient', 'deprave' and 'corrupt' have not been clearly defined, leaving room for interpretation by courts" (2020, par. 6).

The open-endedness of how obscenity is defined by the IPC may protect freedom of speech even as it restricts some expression of it (Ray, 2020, par. 11). But what remains questionable is why India retains a Victorian-era and colonially moralising set of laws (George, 2014). Further, that charges of obscenity affect the lives of women differently than they do men seems to be proven by the trajectories of Soman and Sapre's careers following the 1995 footwear advertisement and the resulting allegations of immorality. Twenty-five years later, that Soman was again charged for inappropriate conduct without a woman present in the frame of the image that went

viral on social media, may imply that the specter of immorality still always looms for men as well. But note that in the same week as Soman's naked run in Goa, Poonam Pandey, an Indian woman model and actor, was arrested for "shooting an 'indecent video'" while also on holiday in Goa ([*Scroll.in*] Staff, 2020, par. 2). The allegation of indecency also suggesting nudity, the content of Pandey's video has not been made publicly available in the way that Soman's Instagram post has, and yet, the charges brought against Soman did not result in an arrest, revealing what many Twitter users called out as a gendered double standard ([*Scroll.in*] Staff, 2020, par. 5-7).

Thinking through the liberalisation of India's economy and how it changed the consumerist habits of the Indian middle-class, both in their desire for beach holidays and moulding their bodies physically, I have been indicating how India's visual culture (which encompasses advertising, film, and social media) has spoken to and fed such identity-making processes. Within this, I have also highlighted how the legalities relating to displays of the body and impropriety can affect men and women differently. Using Soman as a subject whose public nudity has bookended the beginnings of India's economic liberalisation and the present moment, I have aimed to show how nudity sets into relief the pursuit of leisure and fitness as a marker of socioeconomic status. Attendant to this is the desire for holidaymaking, with Goa factoring into the Indian middle-class' imagination as a local pleasure destination especially because of the economic changes of the 1990s. Nevertheless, when women subjects present themselves in a fashion legally deemed obscene, the toll upon them is far greater than for their male counterparts, as I have pointed out in the cases of Sapre and Pandey in relation to Soman. Although Pandey, like Sapre, met a different fate than Soman – alleged impropriety being the connection between them – that Pandey and Soman thought that Goa, in the midst of a pandemic, could serve as a place of such great escape that they could doff their clothes, and record the events, still bears further scrutiny.

Goa without Goans

In this concluding section, I want to return to the nakedness of the title of Abi-Habib's article, with its reference to Goa's yesteryears: "The Pirate Days are Over': Goa's Nude Hippies Give Way to India's Yuppies." The allusion in the headline is borne out by the anecdote the piece opens with, one about Elisabeth Ramnacher, a German woman who came to Goa in the 1980s and stayed on to run a café: "Yogini [Ramnacher's preferred name] wanted to show her employees what Goa used to look like back in its hippie days. The only trouble was, she couldn't find a picture of herself with clothes on" (Abi-Habib, 2019, par. 1). The journalist goes on to underscore how "the original countercultural community is now gone," due to a long lapse in time and economic changes; "[t]oday, Goa's renegade lifestyle attracts an entirely new type of

traveler – young Indians who are flocking here [but] not to find themselves, as the hippies once did” (Abi-Habib, 2019, pars. 4-5).

Abi-Habib’s pronouncement may take stock of the changed demographics of Goa’s sojourners, but in so doing cleaves the desires of the Indian yuppies from the erstwhile hippies and also divorces the alleged “lifestyle” of Goa from any connection it may have to the region’s natives. In fact, although I have indicated how the liberalisation of India’s economy made Goa the preferred holiday destination for the country’s “yuppies,” the Indian desire for Goa predates the 1990s and has much to do with the nudity of the now long-gone hippies. For instance, “The Goan Paradise” was the cover story of the 7 June, 1970 issue of the now defunct magazine *The Illustrated Weekly of India*. Focused on Goa, the issue contains several thematic articles, including a feature on Bhandarkar, the then-Union Territory’s first Chief Minister but, as the cover promises, the real draw is the beach paradise. An article titled “The Golden Sands of Calangute,” which names a beach in Goa still popular with tourists, is short on story, relying heavily on several images of semi-clad white men and women (“Anzar,” 1970, pp. 20-22).

In the picture-heavy piece, Naosherwan “Anzar” opens pithily: “To Goa and its wide stretch of beach have come flower children – from the world over. They spend their hours here, smoking *charas*, making love and discussing the Hereafter. Some Goans approve; some do not” (1970, p. 20). Stage set, “Anzar” goes on to interview the hippie characters the story is peopled with, their traits whittled down to a few defining phrases: Anne mentions her parents who are good people “[b]ut they are always at me. I can’t do my thing;” Arthur, who “uses the word ‘groovy’ to describe nearly everything” declares that “LSD is groovy;” and Lucy, the rebel, who after being reported by the Dean of her school for attending an anti-Vietnam rally, was slapped by her mother and “walked out...” (1970, pp. 21-22).

Mise-en-scène adequately established, “Anzar” goes on to provide exegesis: “It is now proved that psychedelic drugs damage chromosomes and even cause mental derangement ... [T]hese flower children are attracted to hippiedom because of the freedom of sex ... [They] bear children without having solemnized a ritual wedding” (1970, p. 22). The moralising tone is inescapable, even as the dubiousness of whether “Anzar” actually conducted any interviews is matched by the questionable veracity of his generalised claims about “hippiedom.” And titillation is never far, as when “Anzar” conveys Lucy’s confession of her “sexual perversions ... ‘My friends call me a ‘queer’ ... I like Ian. He has beautiful vibrations. I like Sarah too. We like fondling each other. She now spends a lot of time with her baby”” (1970, p. 22). The anticlimax occurs with “Anzar”’s revelation of local disdain for the hippie’s nudist ways, which even led to a complaint to the Chief Minister (1970, p. 22).

But in the denouement of this little story set in Goa, “Anzar” offers this beautiful vignette:

At Calangute, the beach reaches out to the sea as fishing boats leave their moorings and drift out to the vast expanse, just as the flower children watch the world drift by ... I return to the din of the city with my heart-strings still attached to the melody of nature that pervades the atmosphere at this land’s end. (1970, p. 22)

At various turns, “Anzar” disavows the immoral, liberal, anti-establishment, and “queer” ways of the hippies, but then at other moments is drawn in by their lack of worldliness and detachment from middle-class institutional constraints. In closing, what “Anzar” perhaps unwittingly reveals, is not only a sense of attraction (in every sense of the word) for the hippies and their lifestyles, but also a desire to emulate this freedom that allows one to escape “the din of the city,” that place of middle-class life. That “Anzar” locates this mystically salubrious place at “land’s end,” attaches Goa to, but away from, India, distanced as much by imagination as by cultural difference because of its Portuguese colonial past. Presented to the middle-class readership of *The Illustrated Weekly of India*, “The Goa Paradise” had to at once titillate with the promise of nude white bodies while diligently calling out their immorality. In all of this, “Anzar” makes scant mention of Goans themselves, hippies being the main draw and Goa being a paradise Indians could imagine as their own future getaway.

It would take the liberalisation of India’s economy to fulfill the fantasy of coming to the paradise at land’s end sketched out by the magazine. But the promise of nudity on Goan beaches never left the Indian imagination, even if the hippies had packed up and left decades before. On a regular basis, Goa’s present Chief Minister finds himself having to negate claims that nude parties are commonplace in Goa (PTI, 2019). Aimed at Indian tourists, posters for such events promise the presence of “10-15 foreigners” in addition to Indian women at these nude events (PTI, 2019, par. 3). Perhaps related to this belief that Goa offers up the possibility of nudity, if not sex itself, it is not uncommon to hear of incidents of white women tourists being harassed on Goan beaches by men they describe as being Indian (Nair, 2020). Again, what such news coverage fails to address is why tourists from abroad and India continue to swarm Goa’s beaches during a pandemic and, more to the point, do not address the safety of Goan locals, choosing instead to focus on the plight of visitors.

The lack of attention to the needs of Goans themselves is very much in keeping with the state’s agenda when it comes to putting profits over people. Chryselle Dias conveys the thoughts of the Goan satirical cartoonist Angela Ferrão who says of the

state government's handling of tourism and the ongoing pandemic that it has "endlessly promoted Goa as just a setting ... They never mention the people who have created this beautiful vibe ... [Tourists think] everything goes here" (2020, par. 7). Commissioned by the government of Goa to envision a plan for the state's future as a tourism destination over the next twenty-five years, the multinational corporation KPMG unveiled its Tourism Master Plan (TMP) in 2016. Invested in bringing business from elsewhere into Goa, replete with the language of neoliberalism, the TMP delineates the role of Goans themselves as "Hosts", [and] sets out how it will '[develop] training programs on customer service'" (Ferrão, 2016, par. 6). But, "what does it mean when a government-commissioned master plan only foresees the role of the people of its state as 'hosts' and not as entrepreneurs or innovators?" (Ferrão, 2016, par. 6). If KPMG's TMP is evidence of the Goan government's divestment of responsibility for tourism planning onto a corporation, then its handling of healthcare in the state equally demonstrates its failure to put the welfare of its own residents first. Mirroring the problems of the underfunded health care system in the country where, according to a World Bank study, "[a]t under 1 per cent of its GDP spent on public health, India ranks among the lowest globally," conditions at "Goa's state-run medical facilities ... [have been] worsened by [the] pandemic" (Ferrão, 2021, p. 123). Officially reopening Goa's border to tourists in the last quarter of 2020, the Goan government did so as COVID-19 infections in Goa were at "the highest percentage per million in the country" and the state's medical facilities were not capable of dealing with the onslaught (Menezes, 2020, par. 5).

"As a state that relies heavily on tourism revenues, December is an important month for the Goan economy. Particularly in a year when the state faced its steepest contraction, the party season became even more essential," write Pundir and Joshi, reflecting back on 2020 (2021, par. 14). Though Pundir and Joshi do not explicitly link the actions of the Goan government with an aim to ameliorate this economic decline, they take notice of how, in the lead up to New Year's Eve, the state resumed a flight schedule that was "near-normal" and that the Chief Minister announced there were no plans to "impose night curfew" when such limitations were in place elsewhere in India (2021, pars. 3-4). Despite their noncommittal inclusion of these pieces of information, Pundir and Joshi find it necessary to add that, as evidenced in India in 2020, "rising COVID-19 infections coincide[d] with the swift opening up of state borders and commercial activities" (2021, par. 6). Writing from Goa, Vivek Menezes echoes Angela Ferrão's sentiments about the government's lack of care for its residents, as well as the *laissez faire* attitude many tourists have on their visits to Goa:

A party destination at the best of times, the state is being overwhelmed by visitors during the pandemic who have scant regard for health and safety...

A vast majority of Goa's citizens agree that the state economy — like everywhere else — needed to get back on track. But they are appalled by how irresponsibly the gates were thrown open, with zero enforcement of the government's own stated precautions. (2020, pars. 1 and 15).

Continuing the lament about the current state of affairs in the region, Dias notes how masklessness amongst tourists is rife, with little done to enforce this simple precautionary measure (2020, par. 8).

Also unmasked, when Soman stripped down on the beach in Goa and recorded the event on social media, his post was meant to suggest carefreeness. Occurring decades after the hippies had done the same thing in the same place, the celebrity's actions come across as an act of self-indulgence, especially as the pandemic takes so many lives in Goa. As the demographic of tourists coming to Goa has changed over the decades since its annexation by India, what has also altered is the role tourism has played in shaping India's economic and cultural relationship with Goa. Evidence of this is to be seen in various forms of media over the years, including film, advertising, print and online publications, and social media. Fixed as India's pleasure periphery, Goa's economy remains so beholden to tourism that it has prematurely thrown open its borders to holidaymakers while the pandemic continues. If twenty-five years ago, Soman's nudity and its outcome was a case study of gendered difference as India entered a new economic landscape, then the most recent episode of his unclothedness emphasises the ongoing consumptively hierarchical relationship between India and Goa, liberalisation and naked pleasures entwined. But in the midst of all seemingly laid bare, what goes unseen is the toll on the locale at land's end, a place catering to the pleasures of others as if it had no people and problems of its own.

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Miami in Transformation during the COVID-19 Pandemic: A Participatory Visual Culture Analysis

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Abstract

While the impact of the COVID-19 pandemic has been felt around the world, Miami, Florida is one example of the specific and unique ways in which this pandemic is experienced. Drawing on the concepts of visual culture analysis and disaster literature, this article analyses how the COVID-19 pandemic transformed the everyday lives of people living in this subtropical American city. Specifically, this study draws on data collected from a digital participatory photography project implemented in July 2020, as the novel coronavirus began to rapidly spread. Through an inductive thematic analysis of participants' photographs and captions, we discovered that the COVID-19 pandemic transformed not only basic daily needs but also lead to recognition of privilege and an awareness of the needs and vulnerabilities of others. While many of the complexities illustrated in this study are left unresolved, the photos and captions are useful examples of how visual depictions can be used to inform and realign the ways in which people interpret and respond to global public health crises.

Keywords: COVID-19 pandemic, Miami, Visual Culture, participatory photography methods, epidemics, coronavirus and economic insecurity

Miami – The Capital of Latin America

Miami is nestled between the Everglades – a grassy wetland area – and the Atlantic Ocean. It is composed of several eclectic neighbourhoods, including Little Haiti, Little Havana, Historic Overtown, and the island of Miami Beach. In popular culture and tourist brochures, Miami is often characterized by its sandy beaches, chic restaurants, nightclubs, and neon lights. The city is also known for its rich cultural, linguistic, and culinary heritage brought about by an aggregation of full-time residents, many of whom are first generation migrants from Latin America and the Caribbean (Portes & Armony, 2018), as well as its part-time residents – escaping northern American winters – known as "snowbirds" (Coates et al., 2002), and tourists of various national and international backgrounds (Park et al., 2006; Day et al., 2013). Architecturally, the environment ranges from dense high-rises to laidback residential and recreational areas – some of which closely resemble iconic Caribbean getaways – and a host of historical sites attributed to Native American populations and different waves of Caribbean, Latin American, and European migration. It is not uncommon, for example, to visit areas where the dominant language is not English, and where one is virtually transported from one's imagining of the United States into a Copa Cabana bar, a Cuban Cafe, a Port-au-Prince restaurant, or a French-Canadian ice cream parlour.

While this unique demographic which supports a complex economic make-up has led to a 21% population growth rate over the last decade (Elliot et al., 2017), it also presents challenges when confronted with devastating catastrophes, such as hurricanes and wave surges, that periodically halt economic stability and growth (Schuman, 2013; Gaffney & Eeckely, 2020). The warm weather and tropical climate also make Miami a desirable real estate market for international investors, creating an economic and housing inequality – and associated vulnerability – comparable to New York (Evans et al., 2014; McPherson, 2017). Also, tourism-dependent economies, like those present in Miami, rely on the ability to rapidly assess both physical damage and damage to the tourism industry in order to foster economic and social recovery (Schumann, 2013). While the city has been able to quickly bounce back following temporary disasters like hurricanes, the impact of prolonged social distancing and safer-at-home orders required to combat the coronavirus disease 2019 (COVID-19) has created a deep and long-term impact that the city has only begun to assess (Gaffney & Eeckely, 2020). As pandemics and health epidemics are becoming more common (Bedford et al., 2019), it is important to critically analyse and assess the impacts that these events have on the people and places that experience them. Thus, this article investigates how the COVID-19 pandemic transformed everyday life for people living and residing in Miami, Florida.

Visual Cultures in Disasters, Epidemics and Pandemics

Over the past decade the use of visual methods has received increased attention and importance in both community and academic settings. The exponential growth in visual representations of daily life and experiences on online platforms like Twitter, Facebook, and YouTube have advanced visual materials into contemporary culture, while visual research methods use visual materials (photographs, videos, drawings, etc.) in social science research and empirical inquiry to understand different phenomena and experiences, or to answer a research question (Grady, 2008; Mitchell, 2011; Pauwels, 2011; Rose, 2014). The use of visual methods has been adopted by a range of disciplines including anthropology, sociology, education, and public policy (Pink, 2003; Wiles et al., 2011; Rose, 2014) and has been the focus of a wide variety of journals and handbooks (Stanczak, 2007; Mitchell, 2011; Margolis & Pauwels, 2011; Emmison et al., 2012; Pink, 2021). The emerging popularity of visual methods stems from the multidimensional aspects they bring to qualitative research, such as eliciting underlining emotions that are difficult to communicate, and visually exposing intangible facets of cultural life (Lorenz & Bettira, 2009). The practice of understanding visual materials as being embedded within shared social, cultural, and situational experiences is known as visual culture research (Sturken & Cartwright, 2009; Evans & Hall, 1999; Mirzoeff, 2009). Thus, not all visual methodology is considered visual culture research; it is how the researcher analyses visual data that determines this distinction (Rose, 2014). It is precisely because visual culture can highlight shared experiences that makes this approach an important tool in understanding complex social problems like disasters, epidemics and pandemics.

Visual culture research has been used to understand the contexts shaping depictions of many different crisis events¹ including the HIV/AIDS epidemic (Cooter & Stein, 2010), plagues (Lynteris, 2018), earthquakes (Weisenfeld, 2012), terrorist attacks (Stubblefield, 2014) and, more recently, the COVID-19 pandemic (Callender et al., 2020). Within these analyses, visual culture is typically examined from an historical anthropological perspective using pre-existing visual materials such as public health posters or famous photographs (see Cooter & Stein, 2010). While important, these conversations are often analysed from expert opinions of events, leaving out community understandings and framing of these events. This experiential aspect is critical because disasters have a “totalizing” effect meaning disasters can impact and change almost every aspect of society and culture, requiring a reordering and reprioritization of social relationships and everyday needs (Das & Singh, 1995;

¹ Disasters and crisis events are used interchangeably in this article. Disasters is a broader term used to identify any event that causes major physical damage and/or loss of life (Oliver-Smith, 1996). Epidemics and pandemics are specific to diseases that spread throughout communities (epidemics) and then globally (pandemics) (Harrison, 2016).

Sahlins, 2017) and the construction of new ways of life (Oliver-Smith, 1996; Kelly et al., 2019).

While the COVID-19 pandemic is still unfolding in Miami and across the world, much emerging research highlights the multifaceted and complex ways that the COVID-19 pandemic has affected social and cultural environments. The transboundary nature of the pandemic has required unprecedented responses that have impacted several aspects of daily life, including international travel (Wilson & Chen, 2020), social gatherings (Imber-Black, 2020), schooling (Azevedo et al., 2020), people's interaction with the local and global economy (Ibn-Mohammed et al., 2021; Stubbs et al. 2021; Ozili & Arun, 2020), and mortality and health outcomes (Cullen et al., 2020; Yoo & Managi, 2020). In Miami, many people are dependent on the tourism industry, and the proportion of vulnerable populations is high, including an aging population, immigrants who lack documentation, and an elevated concentration of persons living with HIV/AIDS). Daily life during the pandemic has also been impacted by shifting regulations, confusion or uncertainty about the future, and shortages of critical supplies.² The complex nature of COVID-19 highlights a need to examine these complexities by drawing upon the visual culture of the pandemic to uncover not only individual experiences but also underlining transformations to life and culture within Miami. While exploring pandemics through visual culture is a growing area of research (see Cooter & Stein, 2010; Davis, 2013; Engelmann, 2018), it is still uncommon to find analyses that incorporate a wide range of visual perspectives from the everyday experiences of residents living through disaster events. Therefore, the goal of this research project has been to provide an opportunity for research participants (called artist-participants³) to describe their own interpretations of the pandemic. This adds participant perspectives that are common in other participatory visual research projects but are often missing in visual research on global epidemics/pandemics.

Adapting the PhotoVoice Methodology

At the onset of the pandemic, when social distancing guidelines were in full effect, our research team decided to build an online platform/virtual gallery for people to share photos and descriptions of their experiences with the COVID-19 pandemic and its associated health and safety protocols. The platform-gallery, named GREETINGS COVIDIANS, was envisioned as an adaptation of PhotoVoice – a participatory visual research method in which community members use photography, discussions, and

² Previous studies on Miami highlighted the short-term impact of the COVID-19 pandemic including endemic inequities within the hospitality and tourism sectors (Nissen & Russo, 2007); limitations to healthcare access among various groups, including people who are undocumented (Saint-Jean & Crandall, 2005; Portes et al., 2012); and in addition, HIV positivity rates that are disproportionately higher than the national average (Harkness et al., 2020).

³ This is a term used to acknowledge that the participants in this project were artists, though they may not have identified as "professional artists" because it may not have been their main source of income.

captions to analyse their daily realities and advocate for public dialogue and social/policy changes (Wang & Burris, 1997). In order to adhere to social distancing guidelines, and to make the opportunity to participate in the project available to anyone and everyone residing in Miami, we decided to forego photography and critical analysis workshops that are usually present in PhotoVoice projects (e.g., Graham et al., 2013; Padilla et al., 2019; Vertovec, 2020; Witkowski et al., 2020, 2021). Instead, we gathered photographs and captions through an online call for submissions that we then uploaded into a 'living' gallery with the hope that the online forum would encourage critical thought and potential discussions based around what viewers saw in the gallery and shared with their immediate social circles.⁴

In the submission call, participants were asked to submit a photo, title, and caption that described their experiences during the COVID-19 pandemic. The call was intentionally left open – there was no thematic focus, apart from COVID-19 in general – which allowed participants to guide the direction and focus of the broader research project. We encouraged people to look through their digital albums and submit photos they had already taken, and which they thought were interesting to share with other people around the world, or to think about something they wanted to share and then take an interesting photo and match it with a caption in order to convey that message.⁵

Although some images in the gallery may have also been used on social media platforms by participants, this adapted PhotoVoice method is different from methodologies that focus on social media analysis (e.g., Social Media Monitoring). Social media analysis is rarely participatory in the sense that participants' photographic posts are most often spontaneous and not always directed towards critical thinking (Graffigna & Riva, 2015). As such, our project's submission instructions offered guidance on critical reflections:

The photo and caption should describe how COVID-19 has impacted your life. There are several ways to do this! For example: how has COVID-19 impacted your public or personal life? Your social encounters? Or maybe the pandemic has reshaped your way of thinking or problem-solving approaches. Let us know in your captions and get as creative as you like! (text from Call for Submissions, July 10, 2020)

Therefore, our goals were to create a public forum based in diverse perspectives and critical analysis. We wanted to create a cathartic experience by allowing artist-participants a place to critically reflect, process, and view the changes happening not

⁴ The call was sent via email to faculty, staff, students, and alumni from roughly 120 different departments, research institutions, and administrative offices of a Florida-based university. The email encouraged recipients to forward the call to family and friends regardless of if those individuals lived in Miami.

⁵ For ethical purposes, no photographs that included illegal activity or children were included in the gallery.

only in their daily lives but also other people's lives during COVID-19. Some of the participants chose to direct their submissions towards celebrating essential workers, for instance construction labourers or food delivery drivers, and first responders such as nurses and other healthcare workers; while others chose to document transformations in their own lives.⁶ Overall, as a growing, 'living' gallery and online platform, we hoped that this would empower the broader community to make their own interpretations and amplify their unique perceptions of the ongoing global pandemic and the nuanced ways in which it was personally impacting their lives.⁷

For the purpose of this publication, the gallery's photographs, captions, and descriptions were analysed using inductive thematic coding stemming from two analytic frameworks: cultural theme analysis (Spradley, 2016; Ryan & Bernard, 2003) and textual analysis (Hughes, 2007). These analytic frameworks allowed the research team to identify gallery-wide themes. This initial approach also helped the research team limit the scope to photographs taken in Miami – since there were other submissions taken in other places in the world – without fully detaching them from the broader project.⁸ As a result, we could compare which photographs spoke to issues that were particular to Miami or to Miami as a tropical destination; thereby allowing us to examine how COVID-19 played out differently in a tropical location shaped by unique (tourism) economies as well as environmental circumstances that may have better prepared local residents considering their previous experiences associated with natural disasters like hurricanes.⁹

Transformations during the COVID-19 Pandemic

Three themes emerged that described how the artist-participants lives where transformed during the COVID-19 pandemic. The first theme – *"From stay-at-home orders to financial and housing equality"* – identified how participants' interpretations of the use of public and private space transformed during the pandemic. Their contributions highlighted not only the emptiness that many experienced due to social

⁶ Please visit <https://www.greetingscovidians.net/gallery> to see all the photo/caption contributions.

⁷ At the time of this publication, there were 74 submissions in the gallery. The artist-participants who took part in the project as a whole were between ages 18 to 82 years old. Twenty-six percent ($n=19$) identified as male, 58% ($n=43$) identified as female, and 16% ($n=12$) chose not to self-identify. There was also a significant distribution of racial/ethnic identities. Twenty-nine percent identified as white/Caucasian, 23% identified as Latino or Hispanic, 12% identified as Black/African American or Asian, and 35% decided not to identify their race/ethnicity. Most participants only submitted one photo, though there were five individuals who submitted two photos.

⁸ We were able to identify which photos were taken in Miami based on the zip codes the artist-participants included as part of the submission process.

⁹ To further our understandings of COVID-19 we drew from Critical Visual Methodology (CVM) (Rose 2016). To move from individual images to broader themes and narratives, we worked under the impression that, although visual images are culturally and socially constructed, they ultimately produce their "own effects" (Rose, 2016, p. 22). As such, images should first be analyzed as stand-alone examples of cultural expressions, and then considered within a broader spectrum of social, cultural, and historical influences.

distancing requirements but also the inequalities that exist in the housing market in Miami. The second theme – “*From personal protection to social statements*” – examined how everyday habits and behaviours, for instance, wearing personal protective equipment, were adopted to protect not only oneself but also other people in the community. This theme also highlighted how some participants used mask-wearing to make social statements. The third theme – “*From food services to food insecurity*” – revealed different scenarios of empowerment, whether it be through people producing their own food, to reflections on personal privilege. In the sections below, we examine these themes by analysing sample photographs and captions from the GREETINGS COVIDIANS gallery. For the sake of brevity, we do not include the full caption description with each photo.

Theme 1: From Stay-at-Home Orders to Financial and Housing Equality

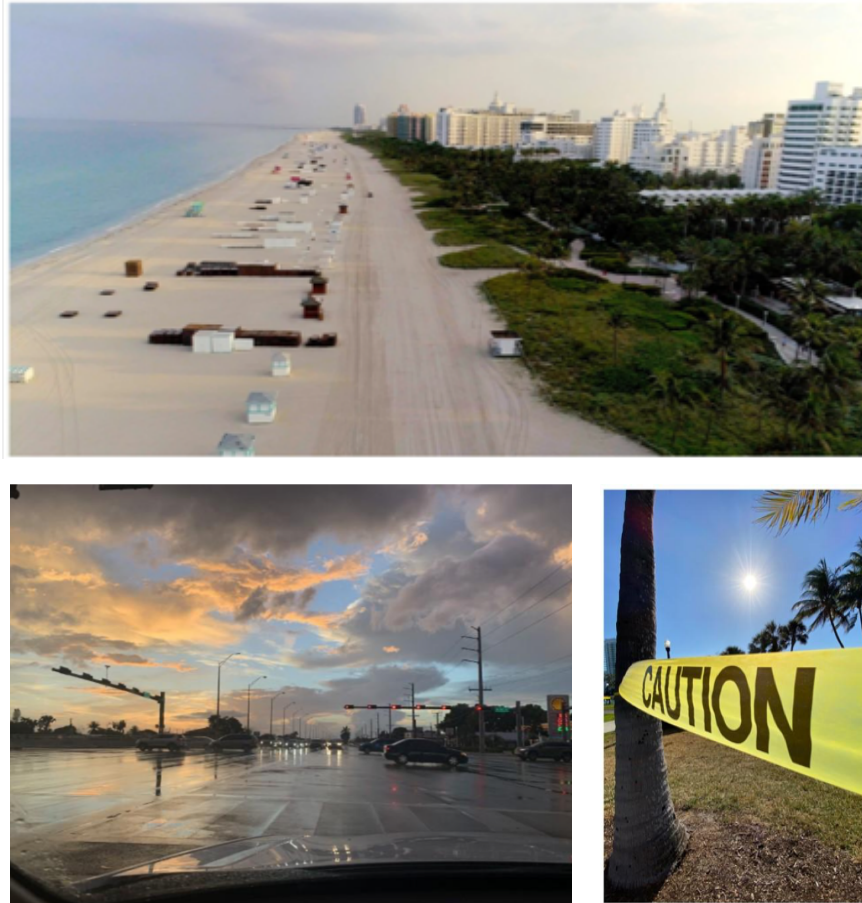
One of the most notable features of pre-pandemic Miami were the crowded sands of South Beach. When the pandemic hit Miami in early March 2020, the beaches were packed with college students from around the U.S. looking to participate in the yearly tradition of partying on the beach (Roberts, 2020). After COVID-19 began to spread throughout the area, leaders in Miami restricted access to beaches, restaurants and bars, preventing outdoor restaurants and party promoters from using foot traffic from beaches to lure in tourists – and virtually halting the all-day, all-night party atmosphere of Miami (Suarez, 2020). In an op-ed in the *New York Times*, the Mayor of Miami confirmed that he had contracted COVID-19 and would be taking the crisis seriously, stating: “This is not the time to shop for nonessentials, visit friends, attend parties, or work out at the gym. While this may seem inconvenient in the short term, it can make all the difference in the long run” (Suarez, 2020, p. 6).

The exodus of people from these popular tourist attractions conveyed the seriousness of the COVID-19 pandemic to Miami residents. Figure 1 shows three photographs from the gallery that visually depict the way places within Miami transformed. In the top figure, Danny Beard¹⁰ captured the novelty of this experience, providing the following description: “Empty beaches in Miami are far from normal.” This was echoed by artist-participant PJ, who described the lack of traffic in the photo on the bottom left of Figure 1, stating: “Miami is a busy city, and traffic is part and parcel of our daily lives. COVID-19 changed it for a couple of months.” While the first two photos within Figure 1 depicted the transformation of Miami as empty and devoid of the people that once visited these busy areas, the bottom right photo compared this transformation to a dangerous and hazardous situation. The anonymous artist-participant captioned this photo: “A synthetic yellow ribbon tied around a palm. Often, caution tape blocks off evidence of homicide, or prevents entry into hazardous construction sites. Today, the

¹⁰ Within this article, we use the “artist name.” This was an optional field on the submission form and may or may not be their given name. If an artist-participant’s name was not provided, we identify the photo as anonymous.

caution tape was out of place. We are witnessing an absence, the visibility of a not-yet-future event which can be prevented.”

Figure 1. *The Transformation of places in Miami*



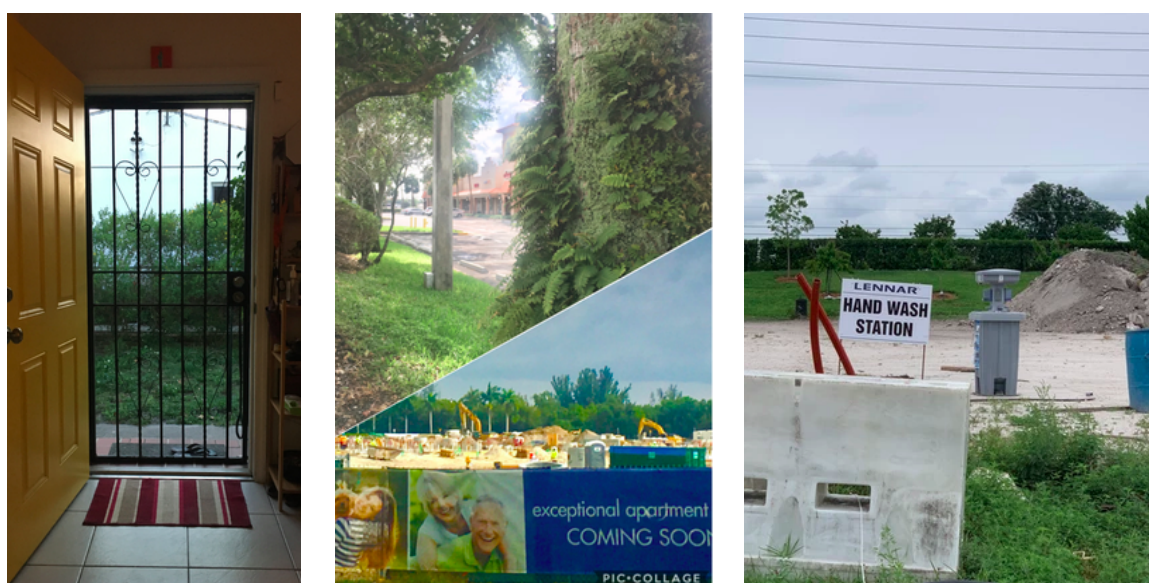
Top centre: *South Beach Closed, April 2020* by Danny Beard. Bottom left: *Empty Roads* by PJ. Bottom right: *Vigils on Zombie Island*, anonymous.

Within these pictures, the artists juxtaposed a beautiful sunny day (iconic of Miami) with emptiness and uncertainty about the future. These photos depict areas that used to be busy, open and welcoming to all. Following the pandemic, these places were blocked-off, inaccessible, and even considered potentially dangerous. The caution tape blocking off access to these public areas was notably “out-of-place” and “far from normal.” It signified much more than lack of access; it signified a loss of income and security for the people who rely on these places for their livelihood.

Similar to other places around the world, the people of Miami spent a considerable amount of time indoors during the pandemic; quarantining at home in order to prevent the spread of the virus. This is not necessarily new to Miami residents who must often comply with stay-at-home orders during hurricanes. However, the stay-at-home

orders issued by the Governor (Executive Order #2020-91) during the height of the pandemic lasted longer than similar orders for natural disasters. The residents in Miami Beach had an even longer local “safer-at-home” order starting on March 23, 2020 and lasting until May 15, 2020 (Miami Beach, 2020). The extended time at home highlighted the awareness of pre-existing vulnerabilities in affordable housing. These vulnerabilities are highlighted in Figure 2.

Figure 2. Inequalities Existing in the Miami Housing Market



Left: *Don't close the door*, anonymous. Centre: *DON'T SHOP! But let's be prepared to apartment hut across the street*, anonymous. Right: *The new construction site normal* by Michaela Moura-Kocoglu.

The left photo in Figure 2 was titled, *Don't close the door*, and depicts an open door with a closed security bar screen. The anonymous artist-participant provided the following caption:

A clean comfortable place to rest feels vital and the division between the inside and outside necessary. But, finding solace in the boundary makes me question my empathy and compassion, especially when there are so many people who lack the same luxuries. Shutting the screen is ok but don't close the door.

While surrounded by beautiful year-round weather, Miami is labelled one of the “nation's most unaffordable large [cities]” with 57% of residents spending 30% or more of their income on housing costs, a standard benchmark for affordability (Murray et al., 2020, p. 6). While most of the artist-participants represented in this article had certain privileges – such as smartphones with data plans, or digital cameras and computers

– it was notable that many recognized their privilege and used their photos to empathize and draw attention to the vulnerabilities of others.

During the height of the COVID-19 pandemic, the government issued the closure of businesses, including bars and dine-in options at restaurants. Owners were encouraged to allow their employees to work from home. However, many workers in the tourism industry – especially those who worked in bars and hotels, or on cruise lines – were laid off. While able to stay-at-home, they had concerns for making ends meet for paying rent or making payments on a home that was already unaffordable. Alternatively, construction businesses (as well as other industries) were deemed essential and continued to operate throughout the pandemic. While this allowed many workers to continue to receive wages, it also put them at greater risk of contracting the coronavirus. The artist-participant of the centre photo in Figure 2 highlighted this point in the photo's caption: "Division of Labor: consumers are prioritized...while some sectors of the labor market e.g., construction workers cannot. They must keep working on 'exceptional luxury apartments.'" Playing off the notion of the division of labour, this artist-participant drew attention to some of the inequalities experienced in the Miami housing market. The priority for safety and health was reserved for those who could afford to live in "luxury" apartments rather than the labourers who build such apartments. This underscores not only a class divide but an ethnic divide as well.

Michaela Moura-Kocoglu, the artist-participant of the right-hand photo in Figure 2, highlighted the vulnerability of these construction workers. Michaela gave the following description to her photo:

"Wash your hands" has become the mantra during this pandemic. Essential workers are the most vulnerable being disproportionately exposed to the risk of infection, and that includes construction workers. The majority of construction workers are Latino and Hispanics in South Florida, a population that is already at higher risk. Whether hand wash stations at construction sites will provide sufficient mitigation of risks, though, remains to be seen.

Theme 2: From Personal Protection to Social Statements

One of the most iconic elements of the pandemic — the wearing of personal protective equipment (PPE) in non-medical settings — was a major transformation during the COVID-19 pandemic. In the GREETINGS COVIDIANS gallery, PPE is textually or visually present in 39% of the entries. These submissions highlight resilience and determination among residents, as well as challenges and anxieties that are unique to

mask-wearing in tropical (hot and humid) environments like Miami. Additionally, along with the absence of a national or even a statewide mask mandate, leaders in Miami promoted local mask mandates with varying degrees of enforcement (Carter, 2020). Confusion over the benefit of masks and the politicization of pandemic responses have also polarized mask wearing, which is increasingly associated with additional social and political meanings. In the gallery, artist-participants largely characterized the practice as a burdensome, yet indispensable, response to the COVID-19 pandemic. Collectively, they engaged medical mask imagery in ways that functioned as a 'call to action' for unity, safety and compassion

Figure 3 shows three pictures from the gallery that depicted the ways that PPE transformed life in Miami. The photo on the top shows an anonymous artist-participant staring into the camera while sporting a yellow face mask. The artist-participant's sombre expression is juxtaposed with a picturesque view of a South Florida canal. The tension in the image is further articulated by its title – *Quarantine Sunset* – a choice that highlights the bittersweet consequences of isolating in a tropical environment; a beautiful view one cannot go forth and enjoy. The caption for the image asserts that “wearing a mask is the new normal,” and by extension, that the need to protect oneself (or parts of oneself) from one's surroundings has been normalized. Evident in the masks presented in this and other images throughout the gallery, is the way in which daily mask-wearing in non-medical settings, encapsulates transformations to ways of life. Although the length or permanence of such transformations is unclear, artist-participants largely chronicle mask-wearing and other changes as a 'new normal.'

The photo by Tina Love on the bottom left, depicts a person with a mask and fogged glasses. The caption proclaims: “Wearing mask and glasses during COVID is definitely the most annoying thing. We will never get used to it!” The image is a reminder that wearing a mask outside of a clinical setting – while common in areas with poor air quality or previous experience of respiratory epidemics – is foreign to South Florida in comparison to other localities (Cherrie et al., 2018). Physical discomfort due to heat and humidity may be exacerbated in the summer months when Miami's temperature averages 32-35° Celsius (89-95° Fahrenheit). However, artist-participants who communicated such issues promptly concluded their remarks with commitments that promoted wearing masks or asked others to do so. Tina Love, for example, closed the caption by stating: “But hey, at least we're protecting ourselves and those around us.”

Figure 3. The Transformation of Habits and the Use of Personal Protective Equipment (PPE)



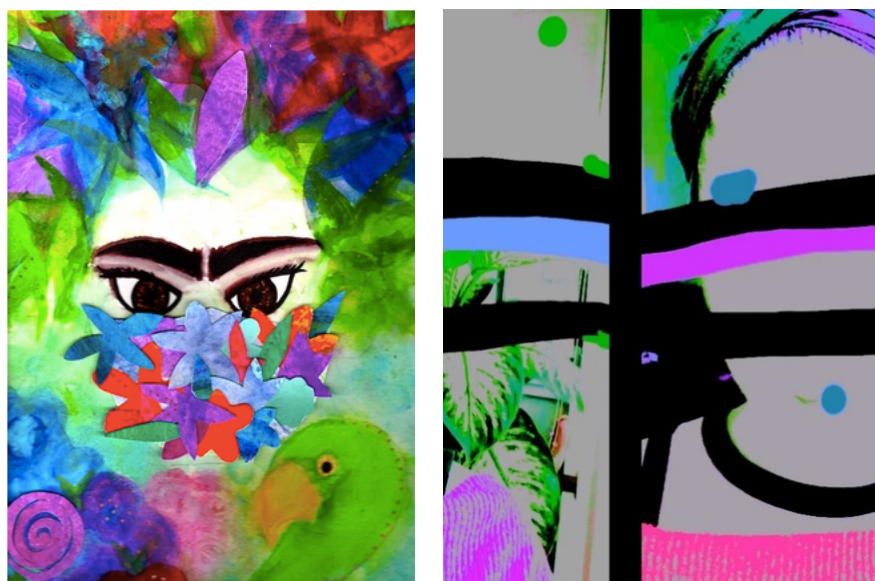
Top: *Quarantine Sunset, March 2020*, anonymous. Bottom left: *You never get used to it* by Tina Love. Bottom right: *El Beso Sano (The Healthy Kiss)* by Valentizabal.

The photo on the bottom right of Figure 3 depicts a couple in embrace whose intimacy is undeterred by their ‘new normal.’ The caption reads:

This image is of my parents having a kiss while waiting to get into a garden in Homestead. My parents have been married for 30 years and, despite their hardships during the pandemic, are extremely successful at communicating openly and finding the light in each other. Their love and support have kept me grounded for the past few months.

The photographer, whose option for a black-white filter accentuates the tropical palm foliage behind the couple, underscores the role of support and stability in overcoming the pandemic. While the masks function as both a barrier against the coronavirus and a symbol of COVID-19, the tenderness in their pose evokes resilience rather than restraint. Within the gallery, masks were not only transforming peoples' lives but were becoming a symbol for promoting collective good.

Figure 4. Social Statements on Wearing Masks



Left: *Wear a Mask: It's a Beautiful Thing to Do* by Aiza Perez-Prado.
Right: *The Uncovering/The Melting* by Liz Mariani אורית מייקל with.

In the left photo in Figure 4, artist-participant Aiza Perez-Prado depicts a carnivalesque, mixed-media rendition of mask wearing. In the piece, a pair of eyes loom above a decoupage mask amidst a carnival flurry of colourful shapes. A wide-eyed green bird is tucked in the corner, reminding viewers of South Florida and the tropics. The work illustrates the nuanced meanings of masks in material culture, from a medical necessity to a beautiful accessory, while its title urges viewers to “Wear a Mask: It’s a Beautiful Thing to Do.” This piece is representative of other GREETINGS COVIDIANS submissions in which mask imagery and poetry combine Miami aesthetics – such as tropical foliage and the Art Deco colours – with activism.

In the photo on the right-hand side in Figure 4, artist-participant Liz Mariani אורית מייקל ties a digitally manipulated portrait with an ode to ensure that covering ourselves from the coronavirus does not overshadow the need to uncover unresolved issues:

We should be wearing masks. But it's not just about covering. It's the Uncovering that's really moving this shift.... It's time to heal, to turn. To

open our eyes. To look where our emotional and spiritual muscles say it's impossible to look – because of our privileged and/or conditioned atrophy. This is hard. It's time to listen. to feel. to connect. to work. All the energies that have gone into misogyny, murder, colonialism, patriarchy, war, jails. All preserving pathways to death. These took planning and strategy.

The call to action proposed by Mariani is echoed by broader social events that have transpired alongside COVID-19. First, for many Miami residents and others across the U.S., the pandemic has underscored long standing racial inequalities. COVID-19 has also unfolded amidst the ongoing Black Lives Matter movement and parallel initiatives, such as Indigenous Lives Matter and Mothers Against Police Brutality. Political divisions on these issues have merged with pandemic responses. Anti-mask riots, for example, overlap with anti-social justice rhetoric, thus contributing to the politicization of supporting or foregoing public mask-wearing as intricate forms of political statements.

Theme 3: From Food Services to Food Insecurities

The way that people in Miami accessed food was another major transformation during the COVID-19 pandemic. Within the gallery, references to food are textually or visually presented in 10 entries. Submissions highlighted creativity and flexibility in the way people accessed food. When artist-participants decided to make or grow their own food, it was often presented as an act of empowerment — providing for their basic needs while limiting exposure to the virus. When artist-participants sought to purchase food either by using delivery services or visiting the grocery store, these photos were often accompanied by captions that highlighted their gratitude and/or privilege to have the means to use these services.

A large portion of the photos in the GREETINGS COVIDIANS gallery were submitted between July and August 2020. During this time, Miami was moving through Phase 1 reopening (25%-50% capacity in restaurants; bars closed) to Phase 2 (50% capacity in restaurants; bars open for seated service) (Re-Open Florida Task Force, 2020; Florida Health, 2021). Although restaurants and dine-in options were beginning to re-open with stipulations during this time,¹¹ local and state restrictions were still in place that limited access to these services. Throughout the pandemic, there were supply-chain delays, restaurant closures, and changing procedures at grocery stores and for public transportation systems. Stresses endured throughout these transformations, and fears of contracting the coronavirus may have been further exacerbated by previous trauma, such as hurricane-related food shortages or former economic

¹¹ Miami-Dade county moved through Phase 2 at a much slower pace than the rest of the state.

hardship. Thus, the following photos speak not only to how artist-participants were responding to changes in food acquisition – how Miami residents had to get creative and utilize alternative means for accessing food during the COVID-19 pandemic – but also to broader anxieties and vulnerabilities.

Figure 5. Food production and delivery transformations during COVID-19



Top: *Symbolic Sustenance*, anonymous. Bottom left: *Reuse me until I break*, anonymous. Bottom right: *Viral Risk versus emotional resilience*, anonymous.

The photo on the top centre in Figure 5 shows two handmade loaves of bread. For the artist-participant who submitted this photo, the bread represented “symbolic sustenance.” The artist-participant explained: “I began to bake bread. It seemed like the simplest thing I could do to feed my family. In the aftermath of Hurricane María in Puerto Rico I remember being constantly concerned about food. For some reason

baking during the quarantine made me feel less precarious.” In the aftermath of a hurricane, stores and restaurants are usually closed for a period-of-time to assess damages and begin the recovery process, or because of local power outages. Thus, people impacted by these natural disasters must often prepare their own food out of necessity. This not only satisfies their physiological needs but can also serves as a coping mechanism to deal with the mental stress of loss and being confined to one place (Losada-Baltar et al., 2020). The artist-participant who made the loaves of bread therefore utilizes those loaves to compare their early pandemic experiences with those experienced in the aftermath of a hurricane.

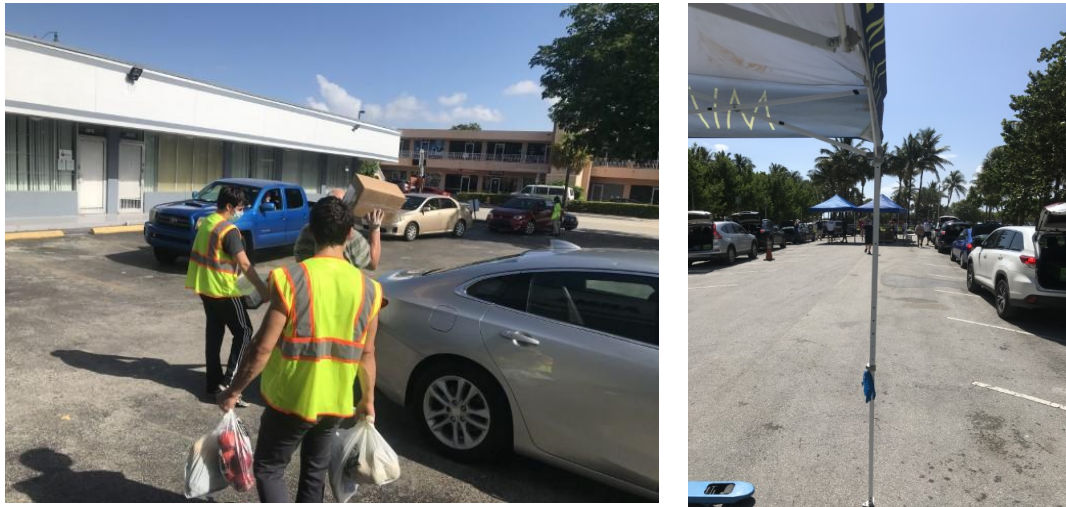
The photo on the bottom left of Figure 5 shows packaged food sitting next to a bottle of alcohol. The anonymous artist-participant states: “We rarely consider the mental health effects of seeing catastrophe in our every move. Viral risks need to be balanced with self-care and techniques for emotional resilience.” Both photos – the top centre and the bottom left – depict different coping mechanisms used to adapt to the challenges of living through a pandemic. These photos show that food (and beverage) is not only a necessary part of survival, but a way to bring comfort.

The photo on the bottom right of Figure 5 shows groceries sitting on the steps outside of an artist-participant’s house. This artist-participant described food delivery as a form of survival as well as a symbol of privilege, stating: “Survival in self-quarantine can divide us into economies of privilege and service. Invisible hands deliver life-sustaining goods to the homes of the privileged. But how do we use these privileges without breaking those who provide them?” They also use this space to give thanks to the “invisible hands [who] deliver [those goods],” revealing but one more way the artist-participants of the GREETINGS COVIDIANS project realized their positionality in relation to the people who were doing the necessary, albeit often unappreciated, tasks to maintain society.

While the artist-participants within this project generally did not experience food insecurity – a possible correlation with the ability to participate (i.e., submit photos) in this project – they did acknowledge the prevalence of this vulnerability during COVID-19, with some artist-participants even documenting their experiences helping others access food. Figure 6 depicts examples of these experiences.

The photo on the left of Figure 6 shows three people loading food into the trunk of a car. In its caption, artist-participant Nickolai describes the process of distributing food to Miami residents who had lost their jobs during COVID-19. Similar food distribution lines could be seen throughout the city at various locations.

Figure 6. Volunteering and Giving Back during COVID-19



Left: *Windows Up, Trunks Open*, by Nickolai. Right: *Undeveloped America*, by Sarah Sassen.

The photo on the right of Figure 6 was submitted by Sarah Sassen who narrates her experiences volunteering at another food distribution site, saying, “I volunteered every Saturday at the park together with many others and have seen so much love, caring and gratefulness from others. It breaks my heart to see others like this but it warms my heart to see how compassionate people are.” Volunteering in the aftermath of a crisis is nothing new in Miami. There are many instances of residents and institutions coming together to fulfil social needs in the aftermath of hurricanes and other natural disasters (see Ahmed & Maurana, 2000). The novelty of this documented experience is the willingness to give-back in the midst of an ongoing crisis event while danger and the potential risk of infection are still present.

Next Steps and Future Outlook

This article takes a visual culture approach to understand how the COVID-19 pandemic transformed the everyday lives of people living and residing in Miami, Florida. Using an adapted PhotoVoice methodology, we found three emergent themes that describe the impact of the pandemic on Miami residents. *From stay-at-home orders to financial and housing equality* portrayed the initial shock of the stay-at-home and social distancing requirements that transformed busy tourist attractions to empty and isolated places. This theme highlighted the physical and social transformation of Miami – especially the absence of people – but also the transformation of economic security, for instance, loss of jobs and furloughed workers, that compounds an already unaffordable market. *From personal protection to social statements* depicted the transformation of everyday behaviours to include the wearing of non-medical masks. While the behaviour of wearing a mask was a transformation in itself, the material

representation of the mask also transformed into a symbol of social action combating anti-mask movements and promoting the safety of others. *From food services to food insecurity* depicted the ways in which access to food was transformed during the pandemic.

Similar to other scholars who have described a re-shifting of priorities in the aftermath of disasters (e.g., Oliver-Smith, 1996; Faas & Barrios, 2015), we found that all three of these themes speak to a need to secure basic needs — housing and economic security (theme 1), physical and medical safety (theme 2), and food (theme 3). Present within these themes (particularly theme 3) was also the use of social memory, particularly the knowledge and experience of past disaster events such as tropical storms and hurricanes, to create resilience and cope with the current pandemic (Colten & Giancarlo, 2011). While individual resilience and coping mechanisms were present within the photo gallery, traditional community-level recovery and resilience mechanisms were challenged. Typically, tourist-dependent economies look to quickly repair their image in the aftermath of a disaster in order to begin receiving tourists again and return to normal business operations (Schumann, 2013; Mair et al., 2014). This quick turn-around was not possible in the crisis of the COVID-19 pandemic. Emerging studies have suggested that the uncertainty of when and if people can return to normal life can cause a sense of hopelessness and potentially negative societal behaviours (Usher et al., 2020). Instead of seeing this hopelessness portrayed in the photos submitted during the early onset of the pandemic, we saw a general concern for the wellbeing of others and a desire to use this disaster to transform systematic issues. In the words of one artist-participant (not pictured in this article):

“We all want to go back to ‘normal.’ I really do not...The ruthless and unnecessary poverty in a society where abundance is normal, is not normal. The millions of lives destroyed due to the institutionally racist history of this country is not normal.” (Anonymous)

While emerging reports on COVID-19 depicted young adults as reckless and willing to sacrifice the lives of others to party in Miami (Nagata, 2020; Roberts, 2020), our gallery depicted an awareness of economic privilege and a desire to use submitted photos and captions to create social change. While the gallery is not representative of the views or diversity of all people residing in Miami during COVID-19, it does present an alternative image to the one receiving attention within popular media, which plays on the negative outcomes of the pandemic.

While this project sheds light on the nuanced experienced of those living through a pandemic, more research is needed on the long-term impacts of COVID-19 on the everyday life of people residing in Miami. This study was limited in that recruitment

efforts initially targeted students, staff, and alumni at a Florida-based university. As recruitment for more participant-artists expands – and as other researchers contribute to the growing body of studies on COVID-19 – additional perspectives will come to light. Thus far, it is evident that most artist-participants used the GREETINGS COVIDIANS platform to draw awareness to underlying systematic issues in Florida, and to reflect on the perspectives of those experiencing housing, food, and economic insecurity. Given that university populations are not immune from such vulnerabilities, we are still analysing participant-artist responses while partnering with community organizations, including housing providers and support programs for persons living with HIV-AIDS. The goal of such partnerships, and of continuing our call for submissions, is to assess additional perspectives from Miami-based residents and to unravel the complex responses to an ongoing pandemic. Miami, as a tropical microcosm of diverse cultures, contributes to our understanding of COVID-19 experiences from several vantage points: systemic consequences of labour and social inequity typically associated with highly sought-out vacation environments, mask-wearing in hot and humid climates, and the resilience and vulnerabilities of residents who have experienced and overcome previous crisis events wrought by tropical environments. Future research should address gaps in knowledge and build on this research project to determine both short-term and long-term impacts on the social and cultural experiences of those living through a global pandemic.

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COVID-19: Learning from Past Funding Initiatives and their Dismissal in Southeast Asia

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Abstract

This article examines philanthropic funding of past efforts to control emerging infectious diseases in Southeast Asia and China. The recount, based on personal insights as a foundation professional and a review of both published and unpublished material, shows that American foundations and other like-minded donors identified the risks associated with zoonotic infections early on – including from the same coronavirus family that is causing the current COVID-19 pandemic – and were later followed by bilateral and multilateral donors investing greater resources. At the cusp of the 2000s, foundations played a leadership and catalyst role in advancing a transdisciplinary agenda to better understand and respond to new emerging threats and in building the necessary individual and institutional capacities for regional and local disease surveillance. For more than a decade, this concentration of resources and approaches was recognised as having contributed to better preparedness. Gradually, however, funding initiatives declined in value and intensity due to several internal and external factors. This article argues that COVID-19 arrives in the midst of an unfinished donor agenda and that it is important to reflect on why philanthropic foundations, and the development aid community more generally, found themselves unprepared for the pandemic in order to draw lessons for addressing today's crisis – and future outbreaks of emerging infectious diseases.

Keywords: philanthropy, development aid, emerging infectious diseases EIDs, COVID-19, pandemic, Southeast Asia, China

Philanthropy's Response to the Coronavirus Outbreak¹

Shortly after the outbreak of a new corona virus (SARS-CoV-2) causing the coronavirus disease (COVID-19) in Wuhan in December 2019, private donors became a crucial part of the collective response to the crisis. All over the country there was an outpouring of support from individuals, corporations, and foundations in an attempt to contain the epidemic within the Central China province of Hubei where Wuhan is located. According to the charity data platform, Yishan, as of April 2020 over 40,000 Chinese companies had contributed US\$ 5 billion to counter COVID-19 in the country. In the most affected province of Hubei, charitable donations surpassed the entire provincial fiscal budget allocated for disease control (He, 2020).

Wealthy Chinese philanthropists also quickly stepped in, most notable among them Jack Ma through his e-commerce giant Alibaba and namesake foundations. As a first step, he provided US\$ 144 million in medical supplies for Hubei province as the epicentre of the outbreak, before starting to fund vaccine development in other parts of China and abroad, and airlifting supplies all over the globe (Philanthropy News Digest, 2020). Top donors also included another two tech giants, search engine Baidu Inc and tech company Tencent Holdings, while firms in manufacturing, financial services and other sectors made multi-million donations for the provision of supplies, R&D and health education (He, 2020).

In the first months of 2020, the virus spread within China and to Southeast and East Asia, and was declared a Public Health Emergency of International Concern. As the transmission continued further across the globe and became a pandemic in March 2020, an increasing number of individual and corporate donations of all sizes poured in to provide relief, while more philanthropists and foundations became involved. In Europe, the Wellcome Trust's initial pledge of £10 million in February 2020 to accelerate research and support global efforts to tackle COVID-19 was followed by a multitude of wide-ranging commitments by foundations in Italy and other highly impacted countries to address the pandemic and protect the most vulnerable (European Foundation Center [EFC], 2020). In Southeast Asia, among other philanthropists, Indonesian Dato Sri Tahir of Mayapada Group and his Tahir Foundation donated US\$ 3.2 million to ease COVID-19's health and economic impacts in the country, and also made donations to Singapore and China (M2030, 2020); and Malaysia's property tycoon Tan Sri Lee Kim Yew helped deliver equipment and protective clothing to front-line workers (Lim, 2020). Further around the tropics in Africa, Trust Africa established the COVID-19 Africa Solidarity Fund to resource

¹ A shorter version of this article was previously published as an opinion piece in *New Mandala* (Sciortino, 2020) and republished in other online media. This paper has been significantly revised and updated.

Emergency Response Units deployed in several countries across the continent, starting from Senegal where the Trust is based (Sall, 2020).

Global media attention was especially captured by the pledges of American philanthropists. The first major commitment came in late January 2020 from the Bill and Melinda Gates Foundation (BMGF) and consisted of US\$ 5 million for the COVID-19 response in China and US\$ 10 million worldwide, followed in early February with a greater pledge of up to US\$ 100 million “to improve detection, isolation and treatment efforts; protect at-risk populations in Africa and South Asia; and accelerate the development of vaccines, drugs and diagnostics”, with even larger commitments ensuing in successive months (Bill & Melinda Gates Foundation [BMGF], 2020). Among other high profile donors, Twitter co-founder Jack Dorsey committed US\$ 1 billion in shares of his current company Square to the Smart Small charitable fund for global COVID-19 relief; Amazon’s Jeff Bezos donated US\$ 100 million for food banks; Facebook’s Mark Zuckerberg pledged US\$ 30 million to the Gates Foundation and Wellcome Trust’s joint research project, the COVID-19 Therapeutics Accelerator; and George Soros donated € 2 million for the emergency in the Italian city of Milan and in Hungary, later followed by a US\$ 130 million commitment of his Open Society Foundation to ameliorate the impacts of the epidemic in the United States and globally (Gaspard, 2020; Neate, 2020).

Amidst the widespread praise for the ‘generosity’ of the planet’s richest individuals and their foundations, some commentators voiced critiques (Intelligencer, 2020; Schleifer, 2020). It has been noted that this philanthropic wealth is based on the exploitation of loopholes in the same economic system that is creating unprecedented inequities (as highlighted by the pandemic); the amounts, no matter how staggering, are tiny when compared to the givers’ fortunes; less wealthy individuals donate greater proportions of their incomes; donations are a fraction of public funding and official development aid (ODA); commitments do not necessarily result in actual donations or may shift funds away from other programmes; and taxes would be a more effective and fair method than reliance on gratuities out of accumulated wealth to fund social safety nets and public health (Hamilton, 2020; Hobson, 2020; Schleifer, 2020; Theodore, 2020).

These warranted critiques have, however, been submerged under a deluge of social media conspiracy theories which blame the same global elites of exploiting COVID-19 to fill their wallets and impose malevolent agendas. Bill Gates, in particular, has become a main target of suspicion for having stated in 2015 that a ‘highly infectious virus’ would do more damage to humanity than war – his supposedly prescient knowledge being taken by some as ‘proof’ that he had manufactured COVID-19 (Wakefield, 2020). Such fake news may be believed only by ignoring – as many

unfortunately do – the substantial body of knowledge and experience accumulated through philanthropic practice over time regarding the likelihood of emerging infectious disease outbreaks and the severity of future pandemics.

In fact, philanthropy, generally defined as the use of private capital for the public good and social change (Jung & Harrow, 2015), has long played a role in supporting public health endeavours. Wealthy individuals and the philanthropic foundations they establish to grant funds to specific causes and strategic organisations have a distinguished history in the global fight against malaria, tuberculosis, HIV/AIDS; and, in more recent times, in the prevention and control of the growing number of newly emerging infectious diseases (EIDs). As philanthropists and development practitioners formulate strategic funding responses for the immediate COVID-19 pandemic crisis and beyond, it is important to look back to these seemingly forgotten initiatives to better understand why foundations, and more generally the global development community, found themselves unprepared for COVID-19 in spite of their accumulated experience; and, from this, draw lessons for addressing today's pandemic (and future ones).

This article contributes to this aim by presenting the extensive philanthropic work on newly EIDs that has occurred in Southeast Asia – with connections to China – over the past two decades from a participant's perspective. This time range and the choice of the region is not only related to my own career as a foundation and aid professional,² but has a relevance of its own. Subsequent to the AIDS pandemic in the 1980s³ there has in fact been an increase of other never-previously recognised pathogens with a prevalence in this part of Asia, among which are also viruses from the same Betacoronavirus family as COVID-19 (Fauci et al., 2005; Chao et al., 2020). Alongside personal insights and experience, the analysis draws on a review of both published and unpublished material to present an understanding of the donor landscape.

The analytical review demonstrates that early on, at the cusp of the 2000s, American foundations and other like-minded funders identified the risks associated with new waves of infectious diseases in the region and beyond (and here it is worth stressing in order to avoid further conspiracy theories that BMGF was not part of this pioneering group), with bilateral and multi-lateral donors investing much larger resources at a later

² Among other roles, the author served as a gender and reproductive health program officer in the Ford Foundation's Jakarta and Manila offices, as regional director of the Rockefeller Foundation's Southeast Asia Office in Bangkok, as a senior health adviser to AusAid, and as regional director for Southeast and East Asia at the International Development Research Centre (IDRC) in Singapore and is an adviser and consultant to various bilateral and multilateral donors in the region.

³ The rich philanthropic experiences with HIV/AIDS in Southeast Asia are not discussed here, but a separate in-depth analysis is surely worthy, as much could be learned for the current COVID-19 pandemic. Besides UN bodies, WHO and UNAIDS, foundations again played a pioneer role in supporting HIV prevention and the rights of People with HIV and other marginalised groups from the very start of the epidemic when countries resisted recognising the pandemic. Among the many foundations, the Ford Foundation deserves mention for its leadership in the early 1990s.

stage. However, this funding from philanthropic foundations and aid organisations as well as the allocations of partner governments, decreased towards the end of the last decade – shifting to other causes and modalities. The factors contributing to this funding shift as well as the programmes' strengths and shortcomings are revealing for the current pandemic. Furthermore, this closer scrutiny of the philanthropic and aid landscape can be instrumental in moving public discussion from a blind fascination with multi-million dollar figures and generalised comments on the good and evil of philanthropy per se, to a deeper assessment of the effectiveness and strategic value of funding approaches so as to improve the response to COVID-19 and future epidemic outbreaks.

Funding Infectious Disease Surveillance in the 2000s

As early as two decades ago, in 1999, the Rockefeller Foundation played a pioneering role in funding surveillance of emerging infectious diseases with pandemic potential in Southeast Asia and China (and later in Eastern and Southern Africa).⁴ With its support regional infectious disease surveillance networks were started or strengthened “to control cross-border outbreaks at their sources” (Bond et al., 2017, Abstract). At the time, global alarm was focused either on HIV/AIDS or on the localised diffusion of more familiar infectious diseases in Southeast Asia. These included diarrheal diseases like cholera, as well as malaria, dengue, pneumonia, typhoid, and tuberculosis (Coker et al., 2011; Bond et al., 2017). Yet, experts and practitioners on the ground in Southeast Asia had become concerned about the likelihood of this part of the region becoming a hotspot of new zoonotic outbreaks with significant transnational impacts. The rapid market integration between countries in the region and with China, the encroachment of humans on natural ecosystems, the large-scale wildlife trade, and the commercialisation of livestock were all important contributing factors.

Responding to these concerns, in 2001 the newly established Asia office of the Rockefeller Foundation in Bangkok launched the Cross-Border Health (CBH) component of its ‘Learning Across Boundaries in the Greater Mekong Subregion’ (LAB) programme, integrating pre-existing infectious disease surveillance work with grant-making on regional socio-economic dynamics and their transnational ramifications. While CBH granted an average of US\$ 2 million annually specifically for cross-border health, larger resources allocated to other components of the LAB during the years 2001-2007 funded interventions to address many of the socio-economic root

⁴ The initiative was spearheaded by Sarah McFarlane and later, for Southeast Asia, by Katherine Bond. A key convener role was played by Suwit Wibulpolprasert from the Ministry of Public Health, Thailand (see Bond et al., 2017). The author served at the time as regional director for Asia and was responsible for establishing the office in 2000 and conceptualising and overseeing the regional program, including work on cross-border health and the grant-making on regional surveillance networks when transferred from the head office to the regional offices.

causes of disease transmission which resulted from increased regional integration and mobility, lop-sided development, and mounting demands on shared natural resources in China and mainland Southeast Asia:

LAB proposed a broader vision of development as a systemic sociocultural and political transformation process, and invested in building the necessary capacities and institutional mechanisms to realize it. Grant-making supported the fostering of multidisciplinary knowledge and skills, the creation of multi-stakeholder venues and networks—inclusive of activists and public intellectuals so often ignored in regional policy debates—and the formation of regional governance systems and social movements to advocate for policy change and bring to public attention neglected, yet pressing, social development issues (Sciortino, 2016, p. 153)

In particular, CBH resourced the production of contextual knowledge and the building of intervention capacity to identify and stem transnational flows of infectious diseases. It also funded advocacy for public health policies considering gender and other societal structures and addressing the disproportionate impacts on the most vulnerable, particularly migrants and ethnic minorities in mountainous border areas. Learning from the HIV epidemic, civil society groups were considered key stakeholders in building community resilience and community-based surveillance, and it was stressed that mitigating fear and discrimination toward persons infected with, and affected by, infectious disease was crucial in controlling transmission (Sciortino, 2016).

CBH's centrepiece was the establishment in 1999 in Bangkok (formalised in 2001 in Kunming) of an inter-governmental disease-control mechanism involving the Ministry of Health of the six countries of the Greater Mekong Subregion (Cambodia, Laos, Myanmar, Thailand, Vietnam and China), named the *Mekong Basin Disease Surveillance Consortium* (MBDS). MBDS played a crucial trust-building role in joint efforts to contain consecutive outbreaks of the genetically related but diverse SARS-CoV (severe acute respiratory syndrome coronavirus) in 2002 and H5N1 avian influenza in 2003 – both starting in China and spreading to the surrounding region and beyond before finally self-exhausting; and of later EIDs originating from other regions, such as the H1N1 swine flu pandemic in 2009 (Coker et al., 2011; Matysiak, 2014; Phommasack et al., 2013; Bond et al., 2017). Three specific phases of development can be identified in the first decade of MBDS development. In the first phase (2001-2003) focus was on building the national and local surveillance capacity in every member country, including through provision of opportunities for medical doctors from member countries to enrol in the Field Epidemiology Training Program in Thailand. In the second phase (2004-2007) activities centred on cross-border collaboration in

outbreak control, like the joint control of the H5N1 outbreak on the Laos-Thailand border in 2007. And in the third phase (2008-2011), greater attention was given to regular exchange of information among the neighbouring countries, particularly with regard to the then-emerging H1N1, and to greater participation in international partnerships and networks (Phommasack, n.d.; Bond et al., 2017).

Eventually, the Rockefeller Foundation was joined by the Nuclear Threat Initiative (NTI), which also benefited from support by the Google Foundation or Google.org, and later, the Skoll Global Threats Fund in supporting MBDS and related endeavours (The Nuclear Threat Initiative [NTI], 2008). Over time, these and other foundations consistently funded transdisciplinary collaborations to promptly detect, identify and respond to infectious diseases in the region, including the first-ever simulation exercise in 2007 to assess readiness for an eventual pandemic influenza emergency (NTI, n.d.). The US and European foundations' emphasis on collaborative knowledge and institutional capacity building was also shared by other grant-making organisations. In particular, the Canadian semi-governmental International Development Research Centre (IDRC) launched, in 2006, the Asian Partnership on Emerging Infectious Diseases Research (APEIR) involving leading government, non-government and academic institutes in selected countries in Southeast Asia and China to better understand and address the root causes of epidemics and to ensure pro-poor risk reduction and coping strategies (Silkavute et al., 2013).

The APEIR network promoted multi-disciplinary policy-relevant research on emerging infectious diseases from an EcoHealth perspective, which examines human well-being in relation to the interplay of ecological and socio-economic systems drawing from the humanities and the natural, social and health sciences (Harrison et al., 2019; Mallee, 2017). In its second programme phase, focus was on Southeast Asia's thriving and often illegal wildlife trade and its implications for disease transmission to humans, and other social and environmental impacts. The programme aimed to assess pathogens and possible transmission pathways from animals to humans (International Development Research Centre [IDRC], 2020). Collaborative research examined the multiple functions of wildlife regionally, including as a source of protein for the poor, and recommended public education and regulatory measures to reduce illegal wildlife trade rather than abstract bans – a finding that counters the current frantic calls for the abolishment of wet markets, even those with no wild game (Lynteris & Fearnley, 2020).

As more tech-related foundations became engaged, there was also interest in supporting technological design and application to serve disease surveillance and other health needs. In 2008, ILab was started in Cambodia by Innovative Support to Emergencies Diseases and Disasters (InSEDD) with assistance from Google.org to

build technological capacity for addressing health, safety, and developmental issues in the region – including working closely with the Cambodia Communicable Disease Control unit to strengthen its information and communication systems (InSEDD, n.d.). In later years, various technological innovations were developed and tested with philanthropic support, such as the PODD, the Participatory One Health Disease Detection smartphone app for use by volunteers to collect data and report potential outbreaks to local government officials adopted in Chiang Rai, Thailand, with assistance from the Skoll Global Threats Fund (opendream, n.d.).

Learning from these rich experiences in Southeast Asia, foundations also aimed to contribute to global preparedness. At a meeting held by the Rockefeller Foundation and NTI at the Rockefeller Foundation Bellagio Conference Center in Italy in 2007, experts and practitioners identified three “vital concerns” in public health surveillance of emerging infectious diseases in developing countries that deserved greater attention and investment:

- (i) the need to build surveillance capacity, especially human and laboratory capacity, but also cross-border collaborative capacity; (ii) the need to develop and employ appropriate information and data-sharing technology to facilitate timely communication during times of emergency; and (iii) the need for a flexible approach to governance among the growing number of regional infectious disease surveillance networks that are self-assembling worldwide (Gresham et al., 2013, p. 2).

In response to the growing appreciation of intra-regional collaboration by regional disease surveillance networks across the world, foundations promoted global exchange of practices and innovations. Most importantly, NTI, the Rockefeller Foundation, Peter G. Peterson Foundation, the Fondation Mérieux, and the Skoll Global Threats Fund jointly supported six networks – MBDS and APEIR included – to establish the Connecting Organizations for Regional Disease Surveillance (CORDS) in 2012. This organisation facilitated the interaction between networks covering human and animal diseases, as well as their further interaction with relevant international bodies, especially the World Health Organization (WHO), World Organization for Animal Health (IOE), and the Food and Agriculture Organization of the United Nations (FAO), as well as other key stakeholders, “to improve global surveillance and mitigate the potential impact of disease outbreaks both from epidemic diseases and from the recrudescence of endemic diseases” (Rodin et al., 2013, “Letter”, para 3).

This pioneering philanthropic work was eventually reinforced by a flurry of bilateral and multilateral donor-supported initiatives in the region triggered by the occurrence of the SARS and H5N1 epidemics. The Asian Development Bank (ADB) with its first (2005-2009) and second (2010-2015) Greater Mekong Subregion Regional Communicable Diseases Projects allocated US\$ 38.75 million and US\$ 51 million respectively in grant and loan funds to the governments of Cambodia, Laos, Myanmar and Vietnam to strengthen health system capacity to address infectious diseases and support intraregional cooperation in health security (Asian Development Bank [ADB], 2016).

Significant resources were also invested by bilateral donors. AusAID (now dissolved into the Department of Trade and Foreign Affairs or DFAT) granted AUS\$ 194 million between 2006 and 2015 to strengthen human and animal health systems for the prevention and response to emerging infectious diseases in the Asia-Pacific region, focusing among other programmes, on: disease surveillance systems, health workforce epidemiological capacity, laboratories, and leadership and governance (Australian Government Department of Foreign Affairs and Trade [AGDFAT], n.d.).

USAID's Emerging Pandemic Threats (EPT) Program under the Lower Mekong Initiative (2011-2015) promoted early identification of dangerous pathogens in animals and routine disease detection in people (U.S. Department of State, 2012). With the emergence of the One Health concept as advocated by UN agencies around 2008, USAID also increasingly funded transdisciplinary interventions directed at the drivers of disease emergence. One Health brought together veterinary and human medicine to study human-animal disease transmission, and later broadened its scope to include varied agricultural and environmental challenges, with somewhat less emphasis on social sciences and humanities in comparison to EcoHealth (Harrison et al., 2019; Lemer & Berg, 2017). It has also been noted that One Health "is evolving on a large scale and at official levels, whereas EcoHealth operates at a more grass-root, pragmatic level" (Roger et al., 2016, para 2). Under its One Health Workforce project, USAID funded the establishment of the Southeast Asia One Health University Network (SEAOHUN) in 2011 to develop the next generation of integrated One Health specialists and practitioners (Gongal, 2012), whose expansion across Southeast Asian countries also received Korean and other bilateral support.

A decade after SARS and H5N1, this concentration of resources and multidisciplinary approaches was recognised as being substantial (Coker et al., 2011) and as having contributed to better preparedness and progress in achieving the core capacities required to control emerging infectious diseases (Horby et al., 2013). National and community surveillance systems had been built or strengthened even in poor resource countries like Cambodia, Laos and Myanmar. Collaborations with scientists in China had delivered new knowledge on the origin of the viruses and their transmission. For

SARS-CoV, it is now thought that it originated in bats, and civet cats were the intermediary reservoir host; while bears, monkeys, and the endangered pangolin were also investigated (Zhao et al., 2020). Similar collaborative investigations are now being conducted for SARS-CoV-2, but this time amidst heightened mistrust and political tensions (Dwyer, 2021). The emergence of the concepts of EcoHealth and One Health was seen as significant progress towards a more comprehensive approach to zoonotic diseases crucial to obtaining success in disease control, surveillance and research. Innovative activities had been initiated to realise integrated human and animal surveillance systems with a generic, non-species and non-threat specific scope to be able to identify unexpected challenges. More awareness was also raised on the socio-economic drivers and impacts of the epidemics. For instance, H5N1 discussions had been broadened to include exposure of unhealthy practices in the industrial poultry industry in China and Southeast Asia, and advocacy of compensation measures for farmers when the culling of backyard or free-range poultry was deemed necessary. Ethical and human rights issues were also highlighted in relation to intrusive epidemiological measures. Overall, there was optimism that countries could work together to fill the missing gaps and succeed in operationalising the now-formulated regional and national surveillance plans into concrete actions at the local level.

Decline of Donor Interest

Gradually, however, funding initiatives declined in value, scope and intensity due to both internal as well as external factors. Factors internal to grant-making institutions and more generally the philanthropic sector included a leadership transition at the Rockefeller Foundation, which led to the closure of LAB and CBH in 2007. So-called 'legacy grants' were given to complete ongoing efforts and a final five-year investment of US\$ 22 million for the now-renamed Disease Surveillance Networks (DSN) initiative was made. When the funding ended in 2012 an evaluation hastily concluded that the set goals had been achieved (The Rockefeller Foundation, n.d.). Likewise, at IDRC internal decisions caused the closing of the regional office for East and Southeast Asia in Singapore in 2013 with support for APEIR continuing at reduced capacity thereafter. More importantly, the emergence since 2000 of a more universalist, technocratic, and market-oriented paradigm in philanthropy – sparked by the establishment of BMGF, but grounded in changed political and economic changes across the globe – dismissed contextual, bottom-up and human rights-based approaches, narrowed health to technical processes, reduced partnerships with civil society, invested less in institutional capacity building and discouraged 'field office presence' in a 'flat world' consonant with uniform global initiatives (see Sciortino, 2016; 2017). A number of foundations left the area and those who stayed embraced a more technocratic agenda less responsive to socio-cultural and institutional contexts and with less direct funding

to local organisations and especially civil society groups.⁵ Engagement with China was also reduced owing to polarised views, more restrictive rules for overseas foundations in China and awe for the growing number of Chinese foundations (irrespective of their different priorities).

Among the external trends were donors' reductions of international aid, and, above all, a retrenchment from the social sector in favour of macro-economic and infrastructure investments. Some data suggest that, with the exception of an increase in funding to address Ebola, aid for the health sector stayed flat during the period 2010-2016 and declined thereafter (Bendavid et al., 2017; World Health Organization [WHO], 2019). This decline was clearly felt in Southeast Asia, which as a whole, scored low on foreign assistance prioritisation, and was regarded as ready to 'graduate' from aid – despite growing inequities, persistent vulnerabilities, weak health and social protection systems, worsening environmental degradation, and unresolved development challenges.

This less-resourced global health agenda generally focused on the 'established causes' of: mother and child health (MCH), reproductive health, and the three priority communicable diseases of HIV, malaria and tuberculosis. The agenda also began to increasingly emphasise non-communicable diseases (NCDs) – including cancer, cardiovascular diseases, and diabetes – as the leading causes of global death and disease worldwide, rather than infectious diseases. Concerns regarding NCDs being a major contributor to public expenditures and households' out-of-pocket spending eventually compelled the international donor community to focus on Universal Health Coverage (UHC). Much needed investments in health financing schemes, however, too often came at the cost of former programmes that had aimed at strengthening primary health services. The narrow definition of UHC as "a means of protection against the economic consequences of ill health" overshadowed the broader goal of achieving a universal right to health for entire populations and especially for the marginalised, which would require reaching beyond mere health service provision to emphasise preventive and promotive approaches and include deliberate efforts to address the determinants of health such as education, gender and sanitation (Abihiro & De Allegri, 2015). The privatisation and marketisation of health care – pursued by governments and donors alike – weakened interest in the funding of programmes to improve public health provision. Moreover, emphasis on short-term global interests acted to compromise the resourcing of long-term capacity building initiatives within national and community health systems.

⁵ For an extensive analysis of these changes see Sciortino 2016, 2017 & 2018.

With regards to infectious diseases, funding in the region was more narrowly targeted at malaria and to a lesser extent dengue fever and tuberculosis. In 2013 the BMGF in partnership with the WHO and bilateral donors launched an ambitious campaign to eliminate malaria from the Greater Mekong Subregion in order to prevent the emergence of drug and insecticide-resistant strains. This approach to achieve zero transmission came to dominate the donor agenda. In the same year, ADB established the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF) with US\$ 29 million in funds from Australia, the UK and Canada, which was later expanded with an additional US\$ 125 million worth of loans and grants for health security in the Greater Mekong Subregion countries and redirected from supporting malaria control to the more ambitious goal of totally eliminating this public health threat (Roth & Parry, 2018).

Meanwhile, attention regarding new and re-emerging diseases shifted to the US with the 2009-2010 H1N1 influenza (swine flu) pandemic; then to the Middle East during the MERS epidemic caused by another coronavirus in 2012; to the Americas for the duration of the Zika epidemic in 2015-2016; and across to Africa for the largest Ebola outbreak in 2014–2016 in West Africa, and again in 2018-2019 for another outbreak in the Democratic Republic of Congo. The fear of fast-spreading highly pathogenic epidemics from Asia had lessened as the impact of SARS and H5N1 avian influenza had been mainly limited within the region; and there was confidence that the spread of eventual recurring outbreaks could be contained (The National Health Service UK, 2017). As an indication of this sense of the changing perception of risk, funding from the United States' National Institute of Allergy and Infectious Diseases under the National Institutes of Health for coronavirus research was US \$104.7 million in 2004, dropped to US\$ 14.9 million by 2010, increased after MERS in 2012, to eventually reach US\$ 27.7 million in 2019 – still radically below the 2004 funding level. Resources were mainly allocated to influenza since it was rationalised that: “SARS hadn't come back, and other coronaviruses known to infect humans caused only common colds” (McKay & Dvorak, 2020, para 1).

On the 10th anniversary of SARS in 2013, a study assessing the prospects for EIDs prevention and control in East and Southeast Asia concluded that despite significant improvements and better preparedness, rapid changes in the region and the real possibility that new pathogens would emerge, indicated the continued need to ensure that “the capacity to predict and identify biologic threats and to protect the public's health does not stagnate as the memory of SARS fades” (Horby et al., 2013, last para). Similarly, a WHO expert meeting in February 2018 expressed fear of an inevitable ‘Disease X’, most probably of zoonotic origin, emerging from a number of hot spots, including southern China, and of greater epidemic proportions. Among the possible viruses that could emerge, as the president of the EcoHealth Alliance, Daszack, stated

at the meeting, were the hundreds identified coronaviruses which posed “a clear and present danger” (McKay & Dvorak, 2020, para 14).

These and other repeated expert warnings, were, however, largely ignored by the same philanthropic foundations and like-minded organisations that had spearheaded infectious disease surveillance at the very dawn of SARS. The warnings were likewise not heeded by donor agencies and national governments. With no perceived threat of an immediate outbreak, systemic pandemic preparedness became underfunded.

Learning from Past Efforts and their Dismissal

COVID-19 thus emerges in the midst of an unfinished agenda and makes the promising investments of the early 2000s look like a missed opportunity. Despite the popularity of conspiracy theories, they can be easily dismissed because, as the decades-long work presented above testifies, the emergence of a new strain of coronavirus linked to wild game in China is not surprising – and could and should have been expected. It is therefore important to look back in order to draw lessons from these previous efforts and analyse the factors that contributed to their dismissal.

The COVID-19 crisis alerts us to the fact that it is imperative that health – understood as socially determined and not just as a bio-medical issue – and health care, gain greater relevance in international funding (and government agendas). While donor funding, and especially funding by philanthropic foundations, forms a minimal part of global spending on health, they nevertheless remain an important supplement to local government and commercial resources in low and lower-middle income countries such as the majority of those of Southeast Asia. The pandemic likewise signals the need for greater public discussion regarding the prioritisation of funding. For instance, there could be a closer examination of the efficiency of concentrating resources in a vertical approach for ‘fighting’ specific diseases, foremost malaria, as has been the emphasis of recent foundation endeavours, especially by BMGF and its multi-lateral partners. A comparison could be made with a broad-based horizontal approach that builds system capacity to deal with a wider range of health problems and their underlying causes, as was the case with the early programmes focusing on strengthening disease surveillance capacity and supporting health system reforms for the public good.

Funding allocation should further revalue the acknowledgment by philanthropic foundations and like-minded organisations at the turn of the millennium, that health is intrinsically related to socio-cultural and political processes, shaped by specific contexts. COVID-19 is revealing that although the preventive measures at our disposal are meant for the entire global community, no homogeneous approach could be taken, since:

there is no universal guideline on their right mix and no consensus on the degree of enforcement required to ensure people's adherence. Achieving a successful mix of interventions both in the midst of the COVID-19 pandemic and for exit strategies is contextually defined (Sciortino & Saini, 2020, Section 2, para 2).

In view of this heterogeneity it is crucial to give more direct support to home-grown initiatives and organisations since they are best placed to work within local complexities. As we are seeing in this pandemic, the response to COVID-19 has been very much localised and it is the institutions on the ground (governments and non) that are acting. Foundations (and other donors) should re-emphasise direct grant-making to local organisations, rather than favouring international organisations, UN agencies and corporate contractors as their intermediaries. Grant-making strategies should be defined from the ground-up as was the case with the LAB and its CBH component, which were formulated after extensive consultation with local stakeholders. Furthermore, calls for proposals should not be prescriptive in order to allow local organisations to 'own' solutions rather than being reduced to 'implementers' of top-down defined strategies. A range of smaller and larger grants could be offered to include different types of organisations with varying levels of absorption capacity (see also Sciortino, 2016; 2017; 2018).

Foundations' insights from past experience have shown that medical interventions cannot be disjointed from issues of equity, people's rights, socio-economic justice and accountable governance of systems. These lessons appear to be particularly relevant today as COVID-19 highlights the profound inequities affecting marginalised groups and the tensions between individual freedoms and health security – as a July UN Secretary General's Policy Brief on the impact of COVID-19 on Southeast Asia comprehensively documents (UN, 2020). Many governments in this region are failing to take into account the rights and needs of the most socially vulnerable groups, especially informal workers and migrants. There is an urgency to advocate for more inclusive social protection and the provision of basic support:

The pledge to provide a safety net or any form of social security also poses another problem; whether it will cover migrant workers, informal, casual, domestic, and temporary workers equally. Although international law stipulates an obligation for states to eliminate any barrier for these workers to access the most basic form of social security, domestic laws and regulations in several ASEAN⁶ member

⁶ The Association of South East Asian Nations (ASEAN) is the regional body of countries in Southeast Asia, with the exception of Timor Leste.

states still exclude these people from fully practicing their rights (Virgil, 2020, para 5).

Supporting civil society groups and the representation of different sectors to express their specific views and needs is also essential in ensuring more balanced and rights-based decisions at a time when quarantine, isolation of patients and their families, technological tracking devices, and other intrusive measures, are being employed at an unprecedented scale. If we want to secure community voices at all levels, side-by-side governments and the corporate sector, a rethinking of development aid and a U-turn in philanthropy are required in order to stop the financial and political undermining of civil society that has been occurring over recent years (Sciortino, 2018).

The example set by past programmes also reminds us that geographical and disciplinary boundaries need to be transcended and that investments are required in order to continue to (re)build and maintain the capacity to do so. COVID-19 has demonstrated that the trust fostered by previous programmes has waned and countries have failed to coordinate with each other. After a period of limited activities, MBDS, now an official regional foundation, is reinstating some cross-border programmes in relation to the pandemic, but COVID-19 tracking is outside its realm – with its website showing regional data as reported by international platforms (MBDS, 2021). Regional sharing of information has remained minimal and national lockdowns have been imposed without bilateral or regional consultations (Vatiokis, 2020; Pham, 2020). For instance, in Thailand, the hastily announced border closure order in March 2020 triggered a mass exodus of migrants from Myanmar, Cambodia and Laos without time for preparation in their countries of origin (International Organization for Migration [IOM], 2020). Long-term strategies will be needed to rebuild the institutional trust for cross-border collaboration and tackle the geo-political, economic and cultural barriers that have halted it.

Similarly, the rationale for the interdisciplinary One Health or Ecohealth approach – or a combination of the two, possibly also in interaction with the more recent concept of Planetary Health (Lerner & Berg, 2017) – is clearly warranted, as we have been reminded recently by WHO statements that wildlife farms in Southern China may be a likely source of the pandemic and “the perfect conduit between a coronavirus-infected bat in Yunnan (or neighbouring Myanmar) and a Wuhan animal market” (Douceff, 2021, 2nd last para). Yet, if such an interdisciplinary approach is to function, greater efforts need to be made by governments and their international partners to support its institutionalisation at different levels and contextualisation in varied settings. Most importantly, radical steps are implied to reform economic and environmental systems.

Integrated research and action furthermore requires changes in the sectoral allocation of resources. While the Southeast Asian public is looking forward to the result of BMGF and others' investments for better coronavirus treatments and a COVID-19 vaccine, early philanthropic efforts such as those discussed in the previous sections remind us that technical, one-dimensional, solutions are not sufficient. Funding for social interventions is equally important in order to prevent and contain present and future epidemics and address their root causes, the inequities causing differential vulnerabilities, and the wide range of socio-economic impacts.

For philanthropic foundations and semi-public grant-making organisations like IDRC, their value may not necessarily be in the volume of funding. As stated before, in spite of public perception, the funds such foundations grant – with the possible exception of BMGF – are smaller than government resources and bilateral and multi-lateral donor funding. Rather, their strength, as was shown in the previous section, is their capacity at being responsive to local needs, directly supporting local initiatives and organisations to address these needs, and investing in critical issues and innovative approaches. They can offer visionary leadership in health as they can afford to take more risks than other donors, choose 'the road less travelled' to explore programmatic approaches, and use their convening power to get other stakeholders on board to maximize impact. However, as the above recount of foundations' engagement with emerging infectious diseases in Southeast Asia has shown, these qualities cannot be taken for granted. While foundations were at the *avant-garde* of emerging disease surveillance in the region in the early 2000s they gradually came to lose both their vision and their leadership. Deeper critical discussions regarding the performance of philanthropy and philanthropic foundations in addressing crucial development and health issues need to be held, including on the impacts of the aforementioned shift towards a more globalised, technocratic and business-oriented model of philanthropy. This discussion should be based on actual practices, rather than sweeping normative statements, as much of the public appraisal and criticism of philanthropy, briefly described in the introductory section, often tends to be.

The rupture caused by the COVID-19 pandemic may thus become an opportunity to examine philanthropic foundations' current *modus operandi* in Southeast Asia to assess whether they are still uniquely positioned to provide strategic, bold and socially-responsive funding, as they used to be at the beginning of the 2000s. If this is not the case, as observations and literature suggest, there is a growing urgency to investigate the transformative practices that can be revived or newly invented for the control of emerging infectious diseases and interconnected health, social and environmental issues. Paraphrasing Arundhati Roy's (2020) words, COVID-19 may be the portal to a new future, but reflection and change will be needed if philanthropy is to play a meaningful role in creating an eco-sustainable, healthier and more just world.

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“State of Intoxication:” Governing Alcohol and Disease in the Forests of British North Borneo

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Abstract

This article focuses on issues of alcohol consumption, disease and public health in British North Borneo in the 1920s and 1930s, a colonial territory along the periphery of empire. Drawing upon a range of sources – from reportage and memoranda, to local folk tales and oral tradition – it examines how the North Borneo Chartered Company administration responded to spiralling population decline and ill health amongst indigenous Murut communities. Amidst widespread economic stagnation, the company shunned vital public health infrastructure and medical aid, opting instead to govern behaviour and condemn alcohol consumption. This article shows how the company perpetuated racist assumptions concerning ostensible alcohol addiction amongst indigenous communities. It further suggests that the effects of Northern European and American temperance and prohibition movements impacted the Bornean tropics. While scholarly attention has been paid to issues of alcohol, disease and empire in the tropics, historiography has overlooked the role of lax colonial governance in semi-autonomous, atypical colonial spaces such as British North Borneo. This article ultimately serves as a vital corrective by showing how the legacies of commercial-colonial governance remain perceptible in Sabah today, a region still facing major socio-economic and public health pressures amidst the ongoing COVID-19 pandemic.

Keywords: British North Borneo, alcohol addiction, Murut depopulation, public health, tropical disease, colonial governance, Sabah, Southeast Asia

A Drinking Colony? Colonial Imaginaries of Borneo

Colonial imaginaries frequently cast the Southeast Asian tropics as inherently unhealthy and ungovernable. Nevertheless, imperial strategists and colonial agents also deemed the region as vital to colonise owing to its untapped strategic and economic value. Indeed, the emergence of an array of semi-autonomous colonial states across the island of Borneo in the late nineteenth century brought these issues to the fore.

As a simultaneously resource-rich and yet ostensibly disease-ridden island, desires to impose colonial authority, maintain social order and create a healthy built environment ranked high in colonial minds. While governing circles in British North Borneo (present day Sabah) addressed questions relating to sanitation, public behaviour and disease management, their policies primarily centred on maintaining healthy colonial lives, and on the preservation of colonial enterprise in its various forms (Copeland, 1935). Little serious concern was extended to “native” lives in the tropical hinterlands, where rural hospitals were little more than “dirt-floor sheds with stretchers or benches” (Manderson 1999, p. 103) and with so-called “jungle dispensaries” few and far between (Copeland 1935, p. 1235) (Figures 2 and 3). Inequalities in policy from afar bred even greater contrasts in public health on the ground, where indigenous ill health, mortality and depopulation were determined to derive from behavioural faults.

In the 1920s and 1930s, these issues played out in the pages of colonial memoranda and reportage, as well as in the burgeoning literature that engaged readers in the West. From the whisky and gin *pahit*-drinking bureaucrats of William Somerset Maugham’s ‘Before the Party’ and other short stories (Maugham, [1922] 2000), to the colonial reports that poured scorn over alleged sightings of “native” babies being fed alcoholic *tapai* [rice beer or wine] (Cook, [1924] 2007, p. 23), the purported perils of alcohol garnered significant attention. Across the United States and North-western Europe, Protestant temperance and prohibition movements accelerated in the early twentieth century. The religious, moralistic and economic dimensions of such movements from the temperate north permeated even the remote tropics of Borneo, where advocates of temperance jostled for attention with anti-slavery and anti-gambling lobbies in colonial circles. Indeed, examining the contested status of alcohol in British North Borneo in the 1920s and 1930s offers historians an important window into how such issues affected indigenous lives and colonial administrative practices in the tropics.

The British North Borneo Company’s anxieties over alcohol abuse, and at times its selective promotion of temperance, developed paradoxically amidst a widening colonial disregard for indigenous public health. Diseases and epidemics increasingly

ran rife amongst impoverished and marginalised communities in the 1920s. Routine outbreaks of hookworm, malaria, amoebic dysentery, influenza and measles, among other diseases, devastated indigenous Murut (and to a lesser extent Kadazandusun) communities (Copeland, 1935). The Murut, a minority ethnic group that constituted 9 percent of North Borneo's population according to the 1931 census, had declined sharply during the colonial period and bore the brunt of many of the public health issues facing the territory (Polunin & Saunders, 1958, p. 1007; Jones, 1967; *Colonial Reports: North Borneo, 1952, 1953*). The colonial state saw little point in actively combatting such epidemics in the hinterland, opting instead to govern behaviour rather than health, medication and sanitation (Simmonds, 1944, p. 187).¹ Profit-driven, and undermined by severe financial woes, the North Borneo Chartered Company saw these ostensibly unhealthy alcoholic practices as a threat to its plantation and resource-extraction economies, and ultimately the root cause of state-wide economic stagnation and political unrest. As a result, Murut depopulation accelerated at an alarming rate, and by the time the next census was recorded in 1951, the Murut population had decreased by 38.3 percent (*Colonial Reports: North Borneo, 1952, 1953*).

This article seeks to historicise the relationship between alcohol, disease and depopulation in British North Borneo, a colonial territory routinely undermined by administrative laxity, a wanton disdain for indigenous lives, and profit-minded, exploitative governance (Saunders, 2019 & 2020). It does so by examining how in the early 1920s, shifts in the colonial plantation economy, growing patterns of internal migration, and rising mortality rates upended the status quo in indigenous agricultural communities. It builds upon extensive work on alcohol and empire, public health and colonial policy, and the relationships between colonialism and indigeneity, showing how the colonial state considered alcohol consumption an epidemic of devastating proportions. As a disease of the mind, perhaps, or a highly infectious behavioural affliction, fears of alcohol abuse preyed on the colonial psyche as a more pressing pestilence than exotic diseases and tropical epidemics. At times, fears over the spread of drunkenness and disorder purportedly threatened the very survival of the North Borneo Chartered Company's commercial enterprises, which depended on extensive indigenous and imported labour.

Importantly, examining the relationship between alcohol policy and public health helps cast light on issues of disease and mortality in the colonial tropics. Such issues are typically framed in terms of exotic tropical diseases – malaria, dengue fever and dysentery, and their effects upon colonial bodies – but the moralistic dimensions of

¹ Indeed, in colonial medical circles there were frequent criticisms of the apparent 'apathetic attitude of the native people toward sanitation and European medicine ... [and] the consequent lack of co-operation' (Simmonds, 1944, p. 187).

alcohol consumption cut to the core of colonial sensibility in a state driven by commercial enterprise. Why, then, did the purported threat of alcohol consumption gain precedence over more pressing tropical disease epidemics? Why were the effects of alcohol addiction and disease framed in economic rather than public health terms? What does this reveal about colonial governance more broadly? Were colonial attempts at governing alcohol consumption ultimately misguided? These interrogatives become even more salient when considering the contemporary COVID-19 pandemic, in which Sabah has been affected disproportionately compared to wealthier states in Malaysia. As the events of the 1920s and 1930s show, effective governance and a clear understanding of the situation on the ground (rather than turning to scapegoats such as alcohol addiction) is necessary in order to deal with spiralling public health crises.

While a wealth of scholarship has been produced examining the role of disease, epidemiology and public health in Asia (Arnold, 1993; Anderson, 2006; Peckham, 2016) and that of alcohol, colonial policy and addiction in colonial contexts (see, for instance: Peters, 2002; Sasges, 2014; Warren, 2013), few studies have commented on the reported links between alcohol, disease and governance in Borneo and maritime Southeast Asia. Likewise, although scholars have written extensively on prohibition and temperance movements in the early twentieth century, much of this literature remains highly Western-centric, focusing primarily on the United States or North-western Europe (Butler et al., 2017, pp. 1-3). A key touchstone is the body of work focusing on colonial alcohol policy and local patterns of production and consumption across South Asia (Menon, 2015; Wald, 2018; Alagirisamy, 2019a) and Africa (Schler, 2002; Korieh, 2003). Similarly, recent studies examining temperance movements and race in both urban and plantation environments in colonial Southeast Asia have provided important interventions (Krishnan et al., 2014; Alagirisamy, 2019b). Despite this, tropical regions along the peripheries of empire such as Borneo remain neglected.

This article is structured into four subsections. Part one examines the role of alcohol addiction as a disease and lays out the relationship between colonial governance and local indigenous societies. Part two analyses how the sudden collapse in the availability of rice laid bare colonial assumptions about indigenous drinking. It argues that incomplete colonial knowledge of the Borneo interior gave rise to exaggerated assumptions and racial prejudice. The third part examines how colonial attempts to surveil the hinterland and extend their knowledge of indigenous society were connected to desires to maintain profitability for domestic shareholders in the metropole. The final part analyses colonial public health investigations. Although the state obtained more accurate demographic data by the early 1930s – which exposed the scale of indigenous suffering and depopulation – attempts to improve indigenous

public health were ultimately reflective of the grave inefficiency and unpreparedness of the chartered company state. Colonial theories and explanations of depopulation, especially concerning the ostensibly widespread nature of *tapai* addiction, remained in place until the late 1950s (Polunin, 1959). The legacies of this (and that of lax and ineffectual colonial governance more broadly) remain perceptible today. This is especially true when considering the fate of Sabah amidst the ongoing COVID-19 pandemic.

Alcohol, Addiction and Disease: A Colonial Dilemma

The links between addiction and disease have long been recognised in public health discourse (Ramalho, 2020). Despite being classified as a disease, sufferers of addiction continue to be stigmatised, marginalised and even reviled by health authorities and the public alike. Although addiction is endemic within all societies, its aetiology – and especially the language through which the disease is addressed – remains tinged with stigma and misperception. As Linda Richter and Susan E. Foster argue, “when a health condition is thought to derive from bad behaviour, a character flaw, or a moral deficit”, it elicits a different response than when it is “thought to derive from a genetic predisposition, a neurological disorder, or a medical disease” (2014, pp. 60-1). Katherine Pettus, for instance, traces the “modern concept and language” of addiction to the colonial-era opium trade and expansion of the British Empire, where colonial depictions of addiction were replete with racialised notions of “evil” and “abuse” (2019, pp. 197-203).

In British North Borneo, colonial stigmatisation of addiction even extended to cases where alcohol did not produce adverse behavioural or health issues. Sweeping claims and race-based generalisations emerged from rumour, hearsay and sporadic colonial visits to upland communities. Ostensible bad habits and nefarious practices were branded upon various ethnic and socio-economic groups by colonials. The colonial state, as the primary source of political power (and, as it would claim, also scientific knowledge and moral leadership) monopolised the epistemological parameters and definitions of addiction and vice (Copeland, 1935, pp. 1233-5). The complexity and heterogeneity of non-white societies in British North Borneo, as in British Malaya and the Dutch East Indies, elicited significant racial prejudice and oversimplified categorisations of indigenous societies and their cultures and customs. As Farish A. Noor writes, ethnic diversity in Malaya was frequently reduced in colonial discourse to three races that bore the “essential characteristics” of “idleness, criminality and drunkenness” (2016, p. 185). Similar categorisations were deployed by colonials in North Borneo, except that unlike in Malaya (where Malays were viewed as “idlers”, Chinese as “thieves”, and Indians as “drunkards”) drunkenness was believed to primarily afflict indigenous Murut and Kadazandusun communities.

As in much of the Southeast Asian tropics during the early twentieth century, Chinese minorities in Borneo were classed as frequently addicted to opium and prone to gambling (Wong, 2004, p. 97). Similarly, by sheer association or proximity, many were deemed facilitators of vice. In William Somerset Maugham's 'Before the Party', for instance, the malaria-afflicted and alcoholic District Officer, Harold Bannon, manages to evade the attempts of his wife and the governing Resident to prohibit whisky by procuring it from "the Chinese", who were all too eager to make a sale (Maugham, [1922] 2000, p. 168). Brimming with all manner of (sometimes contraband) goods, such businesses were frequently deemed sources of illicit produce, and thus vectors of vice.

Indeed, as can be seen in these examples concerning colonials, agency and blame was not accorded upon the flawed District Officer, but rather upon the purveyor of the alcohol – in this case, the Chinese shopkeeper. Other ethnic groups fared little better, with many subjected to colonial scrutiny and condemnation over their alleged propensity for drink, even if their habits were no more indulgent or celebratory than their colonial overlords. Labourers at rubber plantations, though at times permitted by the British North Borneo Company to gamble, drink and smoke opium as a way of keeping them from "being idle" and preventing unrest, were also classified as frequent addicts and drunkards (Wong, 2004, pp. 97–9). Many colonials feared that indigenous labourers, too, who were employed at colonial plantations en masse in the early twentieth century, would bring with them their unwanted drinking habits (De Silva, 2009, pp. 61-2). Like mosquitos, rats and other pestilential animals that spread disease, colonial authorities appeared to cast the indigenous worker as a vector of alcohol and drunkenness.

Yet for centuries, alcohol consumption had been an important aspect of life for many indigenous Kadazandusun and Murut communities across Borneo. The distilling of indigenous drinks such as *tapai* [rice beer], *tuak* [fermented palm sap] and *arak* [sugar cane spirit] were firmly rooted in cultural and culinary traditions.² Distillation, fermentation and consumption served as ties that bound many rural villages together, especially in times of celebration, reunion and mourning (Phelan, 2001, p. 35). Alcohol was also a social arena where women freely participated and played a central role in its production and consumption (Whitehouse, 1978, p. 28-30). For generations, tropical liquors formed a solid socio-cultural foundation upon which indigenous society functioned. Yet as colonial governance penetrated further into the Bornean environment in the 1920s and 1930s, such practices were increasingly scrutinised as

² *Tapai* is very popular in across Borneo and parts of Indonesia, while *arak* (*arrack*) can be found across Southeast Asia and the Indian subcontinent. *Tuak*, in its many forms, is also widespread. In southern India it is referred to as *toddy*, having similarly been fermented from palm sap (*neera*).

harbingers of disease. Indeed, while colonial drinks such as gin *pahits*, whisky sodas and quinine-laden tonics were deemed vital healthy reprieves from the torrid environment, “native” liquors were classed as harmful.

By the 1920s, indigenous alcohol consumption was increasingly decried in colonial directives as problematic, as were other aspects of indigenous living such as the physical *kampong* [village] itself. In the colonial period, the indigenous built environment was deemed a diseased space; an affirmation brought on by allegations of poor sanitation, shoddy construction and contamination from farm animals and pests (Simmons et. al., 1944, p. 387). Indeed, as Robert L. Winzeler points out, as late as the 1950s there were some social anthropologists who continued to view the *kampong*, and “longhouse society” in general, as “verging on anarchy” (2004, p. 9).

In the colonial period, as in contemporary Sabah today, healthcare infrastructure in North Borneo frequently lagged behind wealthier territories in the region, particularly in neighbouring Malaya. Shortfalls in public health mirrored the wider economic stagnation that characterised semi-autonomous chartered company rule (Massey, 2006, p. 58).

In today’s context, where governments the world over have sought to manage the spiralling COVID-19 pandemic, efforts to control public behaviour, activities and movement have taken precedence. Lockdowns, quarantines, social distancing, mask-wearing and in some cases even alcohol bans, have been utilised by disease-weary states in attempts to control public behaviour and limit the spread of the pandemic (Lim, 2020; Berger, 2020). The current limited and fraught availability of vaccines and the inability to effectively treat sufferers is likely to persist even after preventative inoculation becomes readily available, especially in poorer regions across the developing world, which face difficulties in securing vaccine orders.

Indeed, this is replicated within national and sub-national contexts, where poorer regions (that have historically been considered as more prone to alcohol abuse) face shortages in medical equipment and personnel relative to wealthier metropolitan centres. Within Malaysia, Sabah has been hit the hardest: in late October 2020, Sabah’s cumulative cases of COVID-19 had amounted to over 46% of Malaysia’s total, despite the state constituting only 12% of the country’s population. The trend has subsequently worsened, with 90% of Malaysia’s “sporadic cases” (defined by the WHO as “tip-of-the-iceberg-cases”, independent of known clusters) occurring in Sabah (Carruthers, 2020, p.4). The pandemic has had further unforeseen consequences, with, for instance, polio vaccination programmes in Sabah being interrupted by the spread of coronavirus (WHO 2020).

Similarly, in the 1920s and 1930s, fears of alcohol dependency preyed on the colonial psyche as a cause of further ill health and social decay. These views aligned with contemporaneous colonialist perceptions towards indigenous society as inherently flawed, vulnerable and in need of guidance. Such assumptions also reflected ongoing temperance and prohibition movements in the West (Yeomans, 2011, pp. 38-40). Alcohol was thus perceived as a placing undue strain on an already weak healthcare system. Many colonials questioned how tropical diseases such as malaria and dengue fever could be combatted, when an even more pernicious affliction in the form of alcohol and its accompanying vices was seen to be sweeping society. Understanding the legacies of past failures in colonial public health policy in British North Borneo therefore provides much-needed context for these contemporary pressures. Indeed, this achieves particular salience today, where in Sabah “traditional alcohol production and consumption [remains] ... interwoven into Bornean culture” (Pang et. al., 2020, p. 130). Only recently, in the late 2010s, have government efforts to ascertain alcohol “use disorders” amongst rural Kadazandusun communities become more culturally, linguistically and “ethnically sensitive”, whilst also claiming to achieve greater statistical reliability (Pang et. al., 2020, pp. 138-9). Despite this, colonial-era assumptions concerning indigenous alcohol dependency have cast a long shadow and continue to shape perceptions of indigenous life today.

Demographic Shifts and Impending Famine

Similar uncertainties were observable in North Borneo in the 1920s and 1930s. A perfect storm of economic reconfiguration, crop failure, spiralling disease, rising mortality and increasing demographic movement led to a deterioration in the quality of life for many of the colony’s poor and disenfranchised. The widespread unavailability of medical equipment, infrastructure and personnel, coupled with the state’s unwillingness to go out of its way to provide relief and aid, exacerbated conditions.

Prior to 1915, the territory was shaken by frequent conflicts and so-called “rebellions” (Tregonning, 1965, p. 199). During the early colonial period between the 1880s and early 1910s, the coastal-bound and politically vulnerable North Borneo Chartered Company waged numerous punitive expeditions, and later even wars, against indigenous *pangerans* [princes] and chiefs who were unwilling to relinquish their autonomy. It was only in 1915 that anti-colonial resistance was quashed, following the defeat of Ontoros Antanum and other Murut “rebels” (who are now recognised as freedom fighters) in the Rundum District in the southern highlands (Radius, 2012). But with increased political stability came greater colonial administrative penetration into the Bornean hinterlands in the 1920s and 1930s.

This heightened colonial-indigenous contact contributed to major economic shifts and demographic changes by the early 1920s. Remote indigenous society suffered disproportionately, experiencing major socio-economic dislocation. Once-prosperous *kampongs* declined rapidly due to a loss of young workers. Able-bodied men and women were increasingly drawn to colonial rubber plantations along the coastal lowlands, where they found themselves bound by strict indentures and debt bondage. This contributed to a widening labour shortage amongst indigenous rice-cultivation systems (Massey, 2006, p. 240). Stephen Holley argued that rubber plantations “disturbed *kampong* life”: adults would “trek to an estate to work ... leaving the old and infirm and their children to fend for themselves” (2004, p. 67).

Alongside this decline in the available workforce amongst indigenous agrarian communities, a major transnational rice crisis unfolded across Southeast Asia between 1919–21. The rapid proliferation of rubber, tobacco, tea and sugar crops in the early twentieth century contributed to stark demographic and employment shifts in colonial North Borneo, as well as Malaya, Sumatra, the Philippines and Ceylon. In these places, immigrant populations were rising, and rampant internal migration increasingly drew locals towards the coasts (Kratoska, 1990, pp. 115-6). In 1919, rice exports from Saigon in French Indochina and other rice-rich hubs plummeted by almost 50 percent, causing prices to double (Cherry, 2019, pp. 94-5). Matters worsened when it became clear that local production would not be able to compensate for import deficits, causing further speculative buying, soaring prices and dwindling reserves (Kratoska, 1990, p. 116).

In addition to these demographic and socio-economic transformations, worsening public health conditions wreaked havoc among vulnerable rural Murut communities (Polunin & Saunders, 1958). The chartered company’s Court of Directors in London was cognisant of proliferating ill health and its projected impact upon the territory’s indigenous minorities as early as 1922, but did little to ameliorate the situation (*State of North Borneo Official Gazette*, 1922, p. 38). As Ian Black argues, the British North Borneo Company sought “to rule at minimum cost” (1983, p. 32). The colonial government asserted that indigenous ill health, famine and population decline were caused by poor agricultural practices, laziness and drunkenness – each being, so it was claimed, the product of behavioural and moral defect. Colonial critiques frequently commented on the purported inefficiency of swidden techniques, as well as the alleged propensity to utilise vital rice reserves for the brewing of *tapai* (Cook, [1924] 2007, p. 23; Rutter, [1929] 1985, p. 86; Woolley, [1936] 2004, p. 55; Williams, 1965, p. 68-9). But these colonial castigations derived more from disdain and misunderstanding than from evidence or fact. As illustrated by Figure 1, for example, many indigenous Kadazandusun and Murut communities were capable agriculturalists. Although slash and burn agriculture was inherently inefficient – and common amongst rural

smallholdings where land was never in short supply – it alone did not account for the territory's food shortages (Dove, 1993, p. 137).

Likewise, the volume of rice utilised for *tapai* production had little direct effect upon available food reserves, as *tapai* formed a major source of nutrition and calorific intake (Merican & Yeoh, 2004, p. 247). Across much of Borneo, *tapai* recipes ranged from rice beer, to hearty soups or broths with rice grains intact, to firm alcoholic rice patties or cakes (*tapai pulut* [fermented sticky rice]). Indeed, as the fermentation of rice into alcoholic foodstuffs and drink “prevents ... spoilage and pathogenic microorganisms”, *tapai* (and its regional variants) was a valuable dietary component for many Southeast Asian communities (Haard et. al., 1999). Furthermore, as shown by Ganesan et. al. (2020), traditional food practices continue to “secure and safeguard community indigeneity” amongst Borneo's indigenous groups. Alcohol – as nutritious, calorific *tapai pulut* or as a beverage – had for generations been firmly rooted in Murut (and indeed also Kadazandusun) societies.

Figure 1: *Padi* [rice] farmers in North Borneo tend their crop.



By the 1930s more stable food production had been achieved.
Source: Woolley 1937; The National Archives CO 874/463.

Contrary to colonial assumptions, Murut folk songs and oral tradition from the 1920s indicated that while *tapai* consumption was important for leisure, brewing actually ceased in times of economic hardship and famine. In one such song, transcribed in 1929, the singer encourages their “brethren” to drink on a special occasion, before lamenting that they “seldom make *tapai*” in these times due to being “poor” and “needy”.

Ho ye, our brethren,
Drink ye the *tapai*,
Taste ye the brewing!
Yet drink ye freely.
Unlike our neighbours
We seldom make *tapai*:
We of a truth now
Are poor men and needy.
(Rutter, 1929, p. 115)

This anecdote contradicts colonial claims that even the poorest of Murut communities were drinking themselves into starvation and depopulation. Although lacking direct evidence, the colonial government continued to assert that the rice that was sporadically produced by indigenous smallholders was used for the brewing of *tapai* and other alcoholic beverages (Macaskie to Government Secretary, 1922, pp. 78-80). In colonial eyes, as well as being a drain on vital food reserves, alcohol consumption – often equated to abuse – was the main cause of lawlessness, idleness and sickness.

Living “in a permanent state of intoxication”?

Colonial attitudes concerning indigenous Murut alcohol consumption, rising ill health and depopulation derived from an increasing number of administrative and surveillance expeditions undertaken in the 1920s and 1930s (Kaur, 1994). This increased colonial surveillance – and thus greater colonial penetration into the hinterland – shaped the government’s assumptions surrounding local drinking patterns, even if they had little grounding in evidence or fact. Amarjit Kaur (1994, p. 8) has termed this a form of “government by expedition”, whereby colonial authorities sought to project influence in far-flung regions that would otherwise go months, if not years, without interaction with the state.

Ironically, as colonial visits to remote communities were often occasions in which alcohol would be served, officials developed a warped view of indigenous alcohol consumption that complemented already-entrenched bias (Moo-Tan, 2018, p. 129, 155). Indeed, this contributed to a cognitive dissonance within administrative circles

that *kampongs* were always spaces of hedonism and drunken revelry, simply because that is what was often witnessed, documented and in turn disseminated through colonial reportage and memoranda.

Rather than being a daily habit, however, alcohol consumption for many Murut communities was reserved for special occasions or festivities. One Murut folk song from 1927, for instance, was sung as “an invitation to drink ... on [the] arrival of a chief or party of well-known warriors”, a significant event:

Come, brothers,
Shame will fall on you:
Ye are slow to drink.
Follow in quick succession at the jar,
All ye that are in the house.
(Woolley, 1927, p. 366).

In peacetime, and on the back of increased colonial penetration into Borneo’s interior in the 1910s and 1920s, such traditions were even extended to welcome colonial officers as a show of goodwill. Another song, again from 1927, reveals how colonial inspections even elicited enthusiasm:

Not daily, not every day is it
That strangers visit, that men come to us.
A white *padi*-bird, a *kenawai* [European visitor],
Whilst many of us are here, has come to us.
(Woolley, 1927, p. 368-9).

Ironically, however, such colonial visits – serving as acts of surveillance or administrative function – were neither beneficial for the host communities nor viewed positively by officials. Tax collections were the bane of many vulnerable and cash-strapped societies across North Borneo (Massey, 2006, p. 249). Without ready access to money, and unable to produce marketable cash crops without neglecting rice cultivation, many Kadazandusun and Murut were condemned as lazy and prone to inebriation. As portrayed by one satirical poem that was published in *The British North Borneo Herald* in 1928, tax payments were reportedly only made willingly when *tapai* could be guaranteed afterwards:

Oh thou wert constant in the hills, your vigilance never lax;
Collecting *duits* [coins], the copper *duits* that pay our tax.
The *duits* were weighed, the tax is paid, we’ve journeyed from afar,
Hurrah! Hurrah! For Poll Tax, and for the *tapai* jar.
 (“Tenom Notes”, 1928, p. 93).

The indigenous drinker, parodied in government discourse as pliable, naïve and perhaps foolish, was a source of amusement to colonials. But this amusement concerning alcohol consumption was invariably accompanied by scorn and disdain that was, by the late 1920s, etched into the very fabric of colonial administration and society. Over time, this formed a discourse of “poverty propaganda”, to borrow Tracy Shildrick’s term, which “ensure[d] that myths and false pronouncements” about the poor and disenfranchised – in this case, Murut ethnic minorities – were disseminated widely. This resulted in a condition that was simultaneously “normalised” and yet “demonised” (Shildrick, 2018, p. 2).

The categorisation of indigenous societies as naïve, sickly and yet inherently menacing was part of a broader shift in the colonial psyche. Administrative confidence grew in tandem with more entrenched political authority and thus a greater interference in indigenous lives. What was once considered an innocent quirk of so-called “native” society increasingly became a source of concern and frustration for the colonial government, which sought to govern with as little financial outlay as possible (Black, 1983, p. 32). These shifts were further encapsulated by the official view amongst company bureaucrats that the colony had by 1922 transitioned from a tenuous “pioneer phase” to an apparently more stable “stage of development” (‘Annual Report on the West Coast Residency for 1922’, 1922, p. 373). In such an era shaped by notions of “progress” and the civilising mission, “development” was primarily viewed in terms of a capacity for profit, but also through the state’s self-assumed (though somewhat reluctant) role as the custodian of indigenous lives. Indeed, where in previous years there was little direct contact with Borneo’s forested and mountainous interior, by the 1920s it was increasingly becoming a site of governance.

Although the pacification of so-called “rebels” in 1915 gave rise to a heady colonial confidence in the colonial project, domestic shareholders and the company’s Court of Directors in London remained in constant need of (re)assurance. For the colonial government, indigenous ill health could not be publicly seen as deriving from colonial fault: new explanations were required to justify economic stagnation and low dividends. Colonial authorities were quick to cast the blame upon rampant alcoholism and ineffective rice allocation. Indeed, just as North Borneo’s populous urban ports were more frequently the sites of epidemic outbreaks of cholera, bubonic plague and influenza than remote upriver settlements, so too was alcohol consumption more a feature of prosperous (particularly colonial) coastal regions than it was amongst interior *kampongs*. As one European traveller penned in earlier years: “as they were oftener intoxicated”, the “natives” of the coastal lowlands were surely “more comfortable and better off” than their upland neighbours because they had enough rice reserves remaining to brew *tapai* (Hanitsch, 1900, p. 63). Such explanations would not sit well with wavering shareholders, however, who sought evidence that colonial

settlements were healthier, more orderly (and thus more productive) spaces than Borneo's torrid jungle.

The North Borneo Chartered Company's administrators played an active role in perpetuating negative perceptions of indigenous society among domestic audiences in Britain. Their work contributed to the growth of critiques (a sort of "poverty propaganda", perhaps) of indigenous living that straddled fact and fiction. Oscar Cook, District Officer for the colonial town of Semporna on the far east coast, for instance, wrote scathingly that Muruts were living "in a permanent state of intoxication" ([1924] 2007, p. 23). Upon retiring home to Britain, Cook contributed to a growing corpus of research produced by so-called "scholar administrators" that configured much of the orthodox academic and popular understandings of Borneo for years to come (Wong, 2004, p. 131-4). His descriptions of "native" drinking practices painted a picture of a society marred by rampant alcoholism and self-destruction:

Tapai drinking has always been a source of worry to the Government, for not only do the natives consume a very large portion of their potential food-crop in its manufacture, but many senseless crimes are committed by them when under its influence. Also, to a certain extent, it accounts for the high rate of infantile mortality, since fond mothers frequently give babies at their breasts a long suck at the straw, with a remark such as, "Poor baby, of course he wants his *tapai* too!" (Cook [1924] 2007, p. 23).

Another retired administrator-turned-writer, Owen Rutter, echoed these criticisms. Murut were "neither skilled nor prudent farmers", claimed Rutter in 1929. "So much [rice] is used for the manufacture of *tapai*" that supplementary foodstuffs, such as tapioca, corn, yam and cassava, were reportedly required to keep communities afloat (Rutter, [1929] 1985, p. 86, 93). There was a feeling among European plantation bosses, too, that bad habits were spreading from the interior to the workplace, where productivity was enforced by the meting out of violent punishment and the withholding of wages. One estate manager, for instance, claimed that after the indigenous labourers returned to the rubber plantation following "a recent [rice] harvest it was difficult to find a sober man among them for weeks at a time" (De Silva, 2009, pp. 61-2).

In fact, even under the watchful gaze of colonial supervisors, fears of alcohol consumption amongst indigenous workers continued to prey on colonial anxieties. On colonial surveillance trips across North Borneo's remoter regions, alcohol consumption was frequently blamed for delays and disturbances. George Cathcart Woolley, Resident of the Interior, and later Commissioner of Lands, bemoaned in his

diary in the early 1920s that he was often held up by so-called “coolies” who were too hungover to work, having been up all night drinking jars of *tapai* (Moo-Tan, 2018, p. 434). During an inspection of *Kampung* Benoni, a small township to the south of the major west coast trading port of Jesselton,³ Woolley recorded that he and his team of “coolies” stumbled upon an illicit *arak* still that was hidden “under a shed by the riverbank”. Curious, Woolley stopped to sample the local moonshine, which he described as “hot: sweet, but not pleasant”; the liquor apparently having been spoiled by Borneo’s tropical climate (Wong & Moo-Tan, 2015, p. 296). On another occasion, having sampled some local *tapai* from *Kampung* Tarawi, in the Penampang District, he described it as being warm, having “a musty nondescript” flavour, although likely “very mild in strength” (Wong & Moo-Tan, 2015, p. 165). These efforts by colonial administrators to surveil, sample, and later categorise indigenous alcohol usage, were part of a broader process linked to the acquisition of knowledge and the laying down of colonial rule (Wong, 2009, pp. 90-1).

Colonial Medical Investigations and Legacies of Administrative Neglect

Scientific missions and ethnographic projects in the 1920s and 1930s increasingly supported the government’s claims that rampant ill health and depopulation were products of behavioural defect and addiction. While census data collected every decade since 1891 revealed that the colony’s overall population was increasing, many Murut *kampung* communities were declining sharply (Jones, 1967). The scale of depopulation among vulnerable indigenous ethnic groups was not fully realised until 1931, when more accurate census data revealed the scale of low birth rates and infantile mortality (Singh, 2011, p. 27). Between 1921 and 1931, the Murut population plummeted by 19.5 percent, and between 1931 and 1951, numbers decreased by an additional 23.6 percent (Jones, 1967, p. 133). In previous years, the government had conceded that “no great reliance” could be placed upon official statistics and data collection measures. Natality data, in particular, was considered “far from accurate” (The British North Borneo (Chartered) Company, 1929, p. 32). According to official explanations, there was no accurate way of recording the frequency of births and deaths in the intervening years between the official census (‘Annual Report on the West Coast Residency for 1921’, 1921: 220). This was largely due to the fact that censuses in North Borneo “were taken exceptionally cheaply by any standards”, costing as little as 1,500 Malayan Dollars (Jones [1966] 2007, pp. 18-9).⁴

Although colonial knowledge of rural living conditions remained vague, assumptions surrounding supposed alcohol dependency continued to shape policy. Following the

³ Jesselton is now Kota Kinabalu, Sabah’s administrative capital.

⁴ Census costs in North Borneo between 1911-1931 ranged from as little as \$1,500-\$7,700. After the territory became a crown colony in 1946, census costs has risen to \$139,000 in 1960 (Jones [1966] 2007, pp. 18-9).

1931 census, the British North Borneo Company commissioned an investigation into indigenous health and the so-called threat of “racial extinction” in 1933 (Copeland, 1935). Headed by A. J. Copeland, District Surgeon for the Beaufort and Interior Residencies, the investigation sought to ascertain medical conditions and provide recommendations on how best to ameliorate declining indigenous public health.

Figure 2: “A small dispensary, with dressers and carrier”.



Source: Copeland 1935, p. 1235; The National Archives CO 531/25/8.

Figure 3: “A large temporary dispensary in process of erection”.



Source: Copeland 1935, p. 1235; The National Archives CO 531/25/8.

Throughout much of the 1930s, government healthcare and public health infrastructure remained notoriously inadequate. In the Beaufort and Interior Residencies alone (which constituted approximately one quarter of the colony's total land area) the medical staff consisted of a mere "six dressers" to deal with a population of 56,000 people (Copeland, 1935, p. 1233). Unsurprisingly, Copeland's report was highly incriminating and came as a shock to many metropolitan observers in Britain. It outlined the grave state of indigenous health in the colonial territory and painted a bleak picture of chartered company governance. Long afflicted by dirt-borne and infectious diseases, recent outbreaks of influenza and measles were described as the "last straws to break the camel's back" (Copeland, 1935, p. 1233). "Extinction", it was claimed, was a real likelihood.

Although these diseases were considered the main causes of depopulation, colonials still maintained their long-standing aversion towards indigenous behaviour and living conditions. Poor sanitation, communal long houses and propensity for drink, it was believed, were to blame for rampant disease. Copeland criticised the indigenous built environment as a major factor in causing high mortality rates. He derided Murut and Kadazandusun villages as being sites of contagion and depravity, detailing how "they live in primitive bamboo houses roofed with native thatch or *attap* ... a dark and gloomy dwelling". Copeland reiterated the age-old colonial criticisms of indigenous drinking practices, arguing that on many occasions it was difficult to even provide medical aid or "collect patients" because "villagers were either engaged in husbandry or in communal drinking parties". These wild, indulgent "drinking parties", he lambasted, lasted "day and night, until the supply [of *tapa*] is exhausted" (Copeland, 1935, pp. 1233-5).

Some official responses to Copeland's report in 1935 revealed a crude disregard for indigenous lives. H. R. Cowell, a company administrator, expressed relief that British North Borneo was ruled by a "commercial company" and not an official crown colony government: a semi-private commercial enterprise such as the North Borneo Chartered Company, he argued, was subject to different legal, political and moral obligations (Cowell, 1935). Responding to the dire state of affairs of indigenous health, Cowell stated that:

In any of the Colonies a criticism of this sort ... would bring a storm of Parliamentary questions about our ears. A commercial company is not expected to display so high a standard of social conscience. They must not kill; but need not strive consciously to keep alive. (Cowell, 1935)

Colonials such as H. R. Cowell exhibited a wanton disregard for indigenous lives. In his view, indigenous deaths were merely statistics, and their lives merely coincidental happenings on an island that supposedly existed for the extraction of commodities for colonial benefit and shareholder enrichment.

Although the report was scathing of the state of affairs, its recommendations ultimately reflected the wider chartered company context under which it was commissioned. In his conclusion, Copeland recommended simply that to combat malaria and other tropical diseases, urgent supplies of quinine were required (1935, pp. 1239).⁵ Ultimately, medical reports such as these represented a weak attempt by the North Borneo Chartered Company to ascertain living conditions amongst its subjects. Copeland likely understood that systemic change, under the company system, was unlikely to elicit backing amongst domestic shareholders and bureaucrats. As such, in the years that followed, only incremental change was enacted. While in 1933 there were only six healthcare workers in the Beaufort and Interior Residencies, by 1937 the number had increased to 54, comprising seven nurses, two midwives and 45 “dressers” who were under the command of colonial medical officers (Simmons et. al., 1944, p. 387). Despite this increase, medical offerings in the remote jungle and mountain regions remained woefully inadequate compared to the wealthier port cities of Sandakan and Jesselton.

The legacies of this colonial paradigm lasted well into the 1950s, and even beyond eventual decolonisation in 1963. It was only in 1959 that ethnographers and medical officials decided that alcohol was ultimately not to blame for depopulation and ill health among Murut ethnic minorities. Ivan Polunin, medical doctor and filmmaker, reported in 1959 that although the Murut “have the reputation of drinking large quantities of alcohol”, this was “probably less” than “in some European countries” (1959, p. 315, 320). In fact, Polunin was unusually perceptive when it came to understanding how colonials formed and perpetuated biased knowledge of indigenous health. “With regard to the effects of alcohol”, wrote Polunin, “it is especially dangerous to draw conclusions from inadequate data in a field where prejudices are rife” (1959, pp. 325-6).

Colonial prejudice thus played a key role in the creation, and subsequent perpetuation, of explanations for indigenous ill health in North Borneo. Alcohol entered the colonial psyche as a pernicious yet eerily familiar vice. It became a convenient explanation for rising mortality, low natality and widespread afflictions of infectious diseases across the entire territory, as well as instances of disorder and criminality. The ostensible moral and behavioural faults of the Murut in particular, though ultimately fictitious and

⁵ Copeland detailed that some 22,000 people were in urgent need of quinine, and that current annual distribution was far too little, amounting to less than 23 kilograms in total for the Beaufort and Interior Residencies.

exaggeratory, provided a useful means for colonials to absolve themselves of administrative neglect and disinterest, while continuing to reap dividends and profits for metropolitan shareholders. It was only after the Second World War, in the final years before decolonisation and merger with the Federation of Malaya, that serious consideration was given to ameliorating the lives of North Borneo's deprived and disenfranchised rural poor.

Alcohol's Afterlives

This article has explored the impact of alcohol in colonial governance and public health in British North Borneo, a colony along the periphery of empire in the early twentieth century. It has shown that, rather than being "in a permanent state of intoxication" (Cook [1924] 2007, p. 23), in which *kampongs* were alleged to frequently devolve into a "frightful pandemonium" (Harrisson [1938, reprint] 1988, p. 80), claims of indigenous alcohol abuse were used as convenient excuses for the lax and profit-minded British North Borneo Company.

Specifically, this article has argued that the island of Borneo, which was frequently cast in colonial imaginaries as an inherently unhealthy and ungovernable tropical environment, became a space in which colonialism could operate in an unchecked vacuum. In this sense, the only real pressures exerted on the North Borneo Chartered Company government (especially after 1915) were the necessities to meet the metropole's demands for profit and to combat economic stagnation. In marked contrast, indigenous public health, as well as education services and wider social infrastructure which had long been left by the wayside, were further worsened by colonial disinterest, inaccurate census data and the inherent difficulties posed by geographic distance and economic dislocation.

Through the analysis of Murut folk and oral traditions, it is contended that the consumption of indigenous alcohols such as *tapai* were an innocuous feature of local culture. This is contrary to orthodox assumptions, which alleged that communities facing famine would waste vital foodstuffs in the pursuit of alcohol brewing and hedonistic drunkenness. By linking to wider discourses on Anglo-American and North-western European temperance and prohibition movements, this article has argued that colonial policy was anchored to growing anxieties in the West that derived from the moral and religious concerns surrounding alcohol in the 1920s and 1930s. Indeed, while colonial lives in the tropics were awash with liquor and alcohol dependency – ranging from the anti-malarial properties of quinine administered as gin and tonics, to the ill health brought on by alcoholism – colonials sought to paint a picture of respectability and superiority. And in this process, based in rumour and hearsay,

colonials instead cast alcohol addiction as afflicting the colony's indigenous peoples, especially those of the rural, poorer regions.

This article has furthermore shown that the desires to surveil, and in turn take control of the epistemological parameters of so-called alcohol abuse, was a core component of the colonial state's attempts to leverage authority. Part one of this article introduced colonial desires to govern behaviour rather than disease by showing how alleged alcoholism and instances of ostensibly poor conduct amongst indigenous society were used to absolve colonial governance. Part two explored the development of ontological and epistemological anxieties surrounding governance in a financially tenuous, though increasingly politically entrenched, colonial state. It revealed how anxieties over productivity and profit, alongside racist tropes concerning indigenous society, gave rise to exaggerated assumptions about the relationship between alcohol and ill health. Part three turned to colonial attempts to surveil the densely rivered and forested hinterland, where desires to maintain profitability for shareholders resulted in crude and lax medical policies. The final section focused on the laggard colonial responses to widespread ill health and depopulation by showing how, even following the publication of highly incriminating reports about colonial governance, some officials maintained their explicit, unconscionable aversion to helping marginalised Murut communities. The feeling that the North Borneo Chartered Company "need not strive to consciously keep alive" characterised semi-autonomous commercial governance in the tropics: simultaneously a proving ground for colonial administration, and a space where old and outdated colonial habits seldom changed. The legacies of widespread inequalities in public health resources and infrastructure – relative to wealthier and better-connected urban centres – are again perceptible as Sabah stands to be affected disproportionately amidst the ongoing COVID-19 pandemic.

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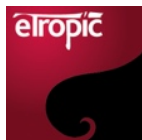
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'Pestilential Emanations', Medical Knowledge, and Stigmatisation in Saint-Louis, Senegal, 1854-1920

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Abstract

This article shows how French doctors based in Saint-Louis-du-Sénégal, the capital of colonial Senegal, conceptualised the Senegambian region as a diseased environment and Africans as carriers of infectious agents. It explains how perceptions of the hot tropical climate, combined with outbreaks of epidemic diseases and seasonal allergies, were instrumental in the processes of urban transformation through hygienic measures such as waste removal, the closing of cemeteries, and the imposition of new building codes. The article also shows how the stigmatisation of Africans was implicated in the forced removal of the urban poor – firstly from the city centre, and later from the entire city-island. Colonial medical knowledge in Senegal was initially based on the miasma theory, however, germ theory was adopted in the aftermath of the 1900 yellow fever epidemic. Both theories, in relation with racialism, impacted the urban landscape in Saint-Louis, Senegal.

Keywords: Senegal, Saint-Louis, Colonial Africa, Yellow fever, epidemic diseases, forced removals, urban planning, urban poor, tropical climate

Epidemic Cities

Colonial cities – mostly situated in the world's Tropics – formed major links between Europe and its dependencies and were instrumental in articulating the flows of capital: commodities (exported raw materials and imported manufactured goods), people, cultural practices, tastes, and lifestyles. They became the “nerve centres” of colonial exploitation and the location for banks, agency houses, insurance and shipping companies. Colonial cities also served as social technologies with the power to control the local population through systems of classification and symbolic codes. Thus, the built environment of colonial cities reflected the division of the society along economic, social, racial, and cultural lines (King, 1990). Segregation was a complex process that took decades to implement and the authorities deployed several strategies (and their rationalisations) ranging from disease, to hygiene/sanitation, to lifestyles and building codes.

Taking into consideration the background of previous studies of urban segregation in Africa, this article narrows to a more specific goal to show how French doctors based in Saint-Louis-du-Sénégal, the capital and port city of colonial Senegal, conceptualised the Senegambian region as a diseased environment and Africans as carriers of infectious agents, and how this produced a medical knowledge that led to the stigmatisation of both the environment and the indigenous urban poor. Epidemic outbreaks of diseases, but especially outbreaks of endemic yellow fever, provided the most important justification for the forced removal of the poor from the city centre, and eventually from the entire island-city.

Urban Landscapes: Disease, Sanitation, Lifestyles and Building Codes

Colonial urban segregation was based on several strategies involving overlapping notions from medical knowledge regarding disease, urban strategies of hygiene and sanitation, sociocultural ideas about lifestyles, and technocratic principles involving building codes. Scholarship in the last three decades has especially shed light on the role of epidemic and endemic diseases in shaping the processes of urban planning, including the location and sustainability of a city, and particularly how diseases were used in the rationalisation of urban segregation. Most studies have focused on yellow fever, malaria, bubonic plague, cholera, smallpox and the influenza pandemic. This research has produced situated studies of colonial cities from across Africa in relation to disease outbreaks and their corresponding strategies of urban segregation.

Using the evidence drawn from across the continent, Philip Curtin argued that although malaria provided the most important argument for segregation, yellow fever and other diseases also played a role (Curtin, 1985). In the regions of West Africa, Christophe Wondji studied how recurrent outbreaks of yellow fever in Grand-Bassam, the capital of the French Côte d'Ivoire, between 1899 and 1903, led the colonial authorities to move the entire capital to Bingerville (Wondji, 1972). Studies of Freetown, the capital of Sierra Leone under British colonial rule, have shown that the perception that Europeans were at considerably higher risk than other races of contracting malaria and dying, weighted heavily in the decision to create the Hill Station area as an exclusive colonial residential space. The decision was not purely medical, but translated the racial thinking of the time (Frankel & Western, 1988). In another study of Freetown, Odile Goerg argued that the transition from miasma theory to germ theory in the early twentieth century resulted in the stigmatisation of individuals or groups believed to be responsible for the multiplication of mosquitoes in the capital – the colonial authorities blamed the Africans for it, while the Creoles suspected the new migrants to the city (Goerg, 2015). In her earlier study of Conakry, the capital of Guinea, she demonstrated that the division of the city into zones and the creation of “une ville européenne” (a European city) resulted in a de facto segregation based on racialised classes (Goerg, 1998).

The spread to some colonial cities of the third great bubonic plague pandemic, which originated in subtropical Yunnan in southern China in 1894 before striking the rest of the world, provided an opportune justification for the implementation of segregation based on rationalisations of hygiene and sanitation. Let us start with South Africa. In a seminal article, Maynard W. Swanson has shown how the outbreak of bubonic plague in Cape Town and Port Elizabeth between 1900 and 1909 led local authorities to identify the plague with the African population and to implement racial residential segregation (Swanson, 1977). Swanson has also examined several factors which contributed to the implementation of segregation in Durban between the 1870s and 1900, these included: the threat of cholera and smallpox, the fear of competition for jobs and for trade against the Indians, and anti-black racism (Swanson, 1983). Other studies of sanitary segregation include Skotnes-Brown's exploration of the relation between human-animal health in the context of bubonic plague outbreaks in South Africa (Skotnes-Brown, 2020). Howard Philip has identified the linkages between the 1918 influenza pandemic and the furthering of discriminatory residential segregation laws (Philip, 1990). Harriet Deacon's study of racial segregation in Cape Town, South Africa, contended that medical and scientific discourses played an important role in making the case for urban segregation (Deacon, 1996). And finally, Bill Freund has compared the process of segregation in Durban, South Africa, and Abidjan, Côte d'Ivoire (Freund, 2001).

In West Africa, Raymond Betts has demonstrated that the 1914 bubonic plague epidemic in Dakar, Senegal, helped accelerate the policy of urban residential segregation, which was already discussed in 1901 in the context of anti-yellow fever measures (Betts, 1971). Thus the plague provided a justification for segregation which was already desired on racial grounds. Elikia Mbokolo has examined the link between the outbreak of bubonic plague in Dakar in 1914 and the implementation of notions of sanitary segregation (Mbokolo, 1982). Spencer H. Brown has described the poor sanitary conditions in Lagos that forced the municipal authorities to look for a healthier site for a European settlement outside the city (Brown, 1992). Myron Echenberg has revealed how the anxiety associated with urban expansion and its effects on sanitation, rather than epidemiological concerns, inspired the French colonial administration's response to the 1914 bubonic plague epidemic in Dakar (Echenberg, 2002). Liora Bigon has examined the impact of anti-bubonic plague practices on colonial urban planning policies in Dakar in 1914, Lagos in 1924, and Kumasi in 1924 (Bigon, 2016). Ngalamulume has shown how the French authorities identified the 1917 bubonic plague epidemic in Saint-Louis with the poor residents of the Guet-Ndar slum, declared a state of emergency based on unsanitary conditions, and evacuated all the slum residents (Ngalamulume, 2006).

Across the continent in East Africa, Dar es Salaam in colonial Tanganyika (present day Tanzania) was the focus of Sarah Smiley's study, which showed how a German colonial report noted that malaria was endemic to all areas of the city, including European residential neighbourhoods, and that hygiene measures such as draining areas would not eradicate the problem; thus, in this instance, racial segregation was not solely based on medical arguments to do with disease or on practices of sanitation, but were embedded within constructions codes which prepared the ground for the policy of social segregation, instigated under German colonialism and continued by the British colonial administration (Smiley, 2009).

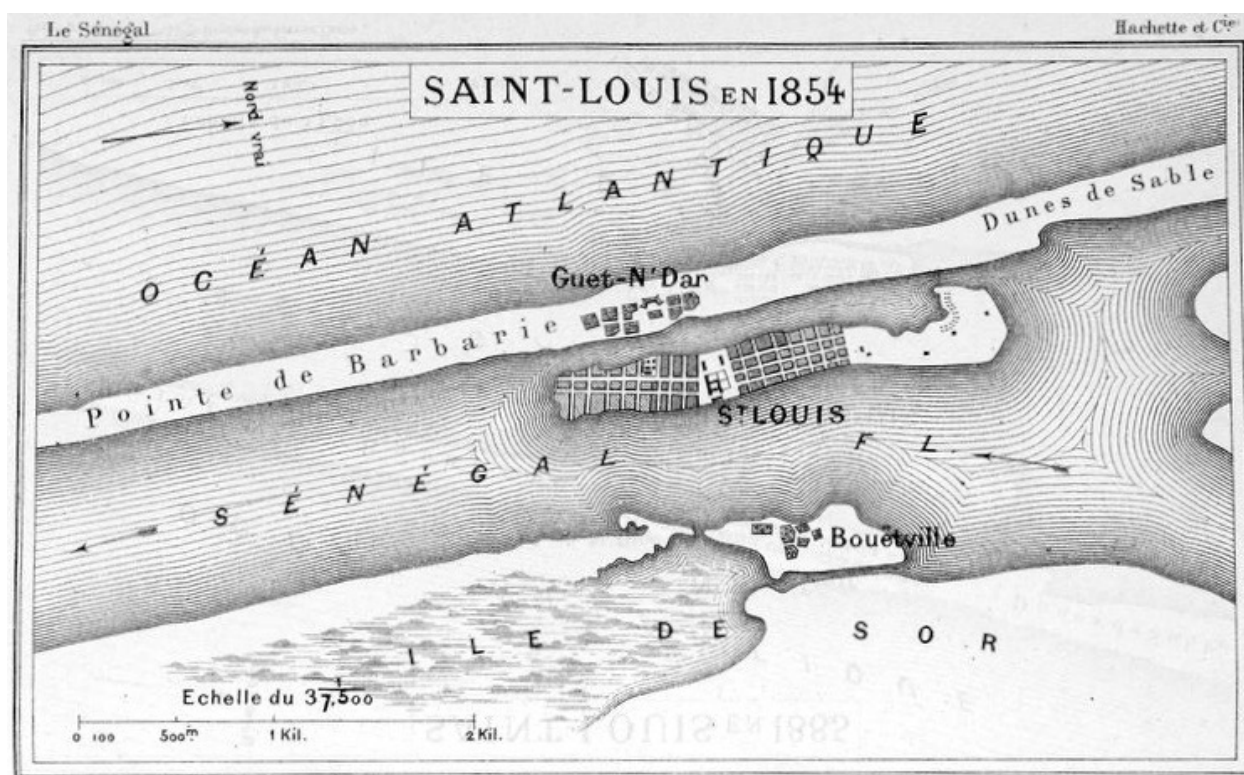
Although this list is not exhaustive, the scholarship has greatly contributed to our understanding of the ways in which medical knowledge framed the understanding of the disease environment and how such an understanding stereotyped the Africans as carriers of, and more resistant to, disease and inspired segregationist schemes. Yet, little is known about the factors that provided the justification for residential segregation in Saint-Louis, Senegal. This article will focus on the ways in which the colonial doctors conceptualised Senegal, and Senegambia,¹ as a tropical land full of dangers, stigmatised the Africans as

¹ Senegambia comprises the tropical zone between the Sahel and the Guinea forests, and is geographically bound by the Senegal and Gambian Rivers. It includes Senegal, Guinea-Bissau, The Gambia, and parts of Mali, Mauritania and Guinea.

carriers of pathogens and thus a threat to the Europeans' health, and framed outbreaks of yellow fever epidemics as the key justification for the removal of the urban poor from the city centre. Sanitary segregation was desired by the colonists on social (racist) grounds, but due to the specificity of the city's history, its implementation was along lines of (racialised) class.

Saint-Louis-du-Sénégal

Figure 1. Saint - Louis en 1854



Source: Faidherbe, L. (1889). *Le Sénégal. La France en Afrique Occidentale* (p. 76). Paris, Librairie Hachette Et Cie. Retrieved from Schomburg Center for Research in Black Culture, Jean Blackwell Hutson Research and Reference Div. The New York Public Library <https://digitalcollections.nypl.org/items/510d47dc-83bf-a3d9-e040-e00a18064a99>

Saint-Louis started as a fishing village inhabited by the Wolof fishermen on the Ndar Island near the mouth of the Senegal River. French merchants opened a trading post on the island in 1659. On the west side, the small arm of the Senegal River separates the island from a strip of land called Langue de Barbarie, which connects Saint-Louis to the continent and where two neighbourhoods were erected: Guet Ndar in the south and Ndar Toute in the north. The big arm of the Senegal River separates Saint-Louis Island from

Sor Island where the two villages of Bouetville and Sor would later stand. French merchants transformed Saint-Louis into a central place in a triangle of international trade that connected southern France to West Africa and the Caribbean. It became the capital of colonial Senegal (and of Mauritania until 1946), and, for a few years, the capital of French West Africa. Unions between Frenchmen and African women gave rise to a *métis* (biracial) community who would play an important role in commerce, politics, and liberal professions (Brigaud & Vast, 1987; Zuccarelli, 1987; Bornadel, 1992; Sinou, 1993; Dozon, 2012; Ngalamulume, 2012; Jones, 2013). In the mid-nineteenth century, the coexistence between whites, blacks, and *métis* began to be questioned as the hygienic conditions, seasonal allergies from dusty air and moulds (depending on the tropical wet or dry seasons), and endemic and epidemic diseases worried the administration.

Production and Reproduction of Medical Knowledge

The challenge posed by the hot tropical climate, the epidemic and endemic diseases, as well as seasonal allergies, helped increase the visibility of the French colonial doctor in Saint-Louis. He (they were all men) possessed medical authority and competence, and reproduced, articulated, and circulated the medical knowledge produced in France. Medical knowledge reproduced in a colonial situation comes under the rubric of 'colonial medicine', and colonial medicine was in turn a branch of "colonial science" – an expression used by French sociologist Pierre Bourdieu to designate all the producers and scientific productions in colonial situations dependent on the local colonial power but relatively autonomous from "metropolitan science". The colonial medical discourse would borrow from the colonial discourses of anthropology (on otherness and the inequality of races), psychology (on primitive mentality), geography (on the environment, the "tropics"), linguistics (languages and dialects), history, ethnology and sociology (on cultures), and law (on legal dualism) (Singaravélou, 2011, p. 25). The French colonial doctor, thus, had a considerable scientific capital, which stemmed not only from the academic credentials granted by the Navy schools of medicine at Brest, Cherbourg, and Toulon, as well as by the civilian schools of medicine in Paris, Montpellier, and Bordeaux, but also from the Colonial Science Academy, the Paris Geographical Society, and the Collège de France. In the face of the constant challenge from the hot climate and diseases (especially malaria, yellow fever, dengue fever, and smallpox), such scientific capital would be deployed and reproduced within an increasing number of health boards: the Council of Council of Hygiene and Public Salubrity established in 1867; the Hygiene Commission in 1874; the Permanent Sanitary Co., 1881; the Municipal Sanitary Co., 1884; and the Municipal Hygiene Service, 1905. These were Presided over by Chief Medical Officers,

the General Secretary of the Government or an Interior Director. (*Moniteur du Sénégal et Dépendances*, 1867-1887; *Bulletin Administratif du Senegal*, 1905.)

Colonial doctors' voices were predominant on these health boards, which examined the epidemiological situation in the colony and made recommendations concerning the appropriate sanitary measures to be adopted. Most of the health boards were presided over by the Chief Medical Officer (*médecin en chef*) and included the mayor, two additional doctors, the Chief pharmacist, the hospital administrator, the engineering service Chief, the veterinarian of the Spahi troops, the port captain, and two local notables (one *négociant* [merchant] and one property owner). Due to their composition, these health boards operated under pressure from external political and economic constraints, which reduced their autonomy. Although the doctors' voices within these health boards was preponderant, the final recommendations from their deliberations often represented a compromise between the interests of public health and those of commerce and civil liberties.

The outbreaks of great yellow fever epidemics in 1867, 1878, 1880-81, and 1900 offered the colonial doctor the opportunity to construct medical knowledge that underlined the dangers of the tropical climate and the local environment, the differential susceptibility of different "races" to different diseases, and the possibility of "acclimatisation". The theory of acclimatisation was developed by Dr Jean-Christian-Marc Boudin. The main topics discussed in his work included medical meteorology and geology, statistical laws of the population and mortality, the geographical distribution of diseases, and the comparative pathology of human races. His theory of acclimatisation explored the possibility, variability, or flexibility of organisms to adapt to different climatic conditions (Boudin, 1857). The theory had practical applications in several domains, including agriculture, settlement schemes, sport, and human health. With reference to the colonial situation, the understanding was that it was possible for individuals and "races" to adapt to tropical climate through limited "seasoning", appropriate lifestyles, diet, hygiene, and medicine. His work posed the central problem of the colonies and became "the paradigmatic colonial science" (Osborne, 2000). It weighted heavily on climatic determinism, which precluded a good understanding of diseases, such as malaria (Anderson, 1992, pp. 135-157; Harrison, 1996; Dunlap, 1997; Bankoff, 2001; Last & Porta, 2018; Minar, 2019).

These ideas about the dangers of the tropical climate and the possibility of adaptation dominated the French medical thinking in Saint-Louis, a city that was characterised since its beginning by the coexistence between whites, blacks from "good families" (the middle class), the *métis*, and the urban poor (*indigènes*). Beginning in the mid-nineteenth

century, the *indigènes* were blamed for throwing garbage, kitchen waste, and other rubbish in the streets, public spaces, along the docks, and on the banks of the Senegal River, which made an unbearable stench. Also, drying fish and using horses and mules for transportation resulted in the accumulation of waste matter in the streets. In addition, regular fires during the cold season (January-April) destroyed the urban poor's thatched-roofed huts, even in the city centre where three thousand huts, many of them contiguous to the houses inhabited by the French, the *métis*, and the black elite were located. There were other sources of tension, including begging and "noise" associated with childbirth, baptism, and marriage ceremonies. In 1856, Governor Louis Léon Faidherbe prohibited begging in the city by "a great number of strangers" as well as by the Koranic school students (*talibés*). Three years later, he undertook the forced removal of a group of *indigènes* from the city centre and destroyed 226 huts during an operation known as the "*bataille de la paillette*" (war on shacks). In 1861, the operation continued and resulted in the destruction of the remaining eighty huts still standing in the city centre between Saint-Jean Street in the north and Ribet Street in the south, thus clearing fourteen streets of shacks (*Moniteur du Sénégal et Dépendances*, 1861).

Environmental Factors and Human-Made Activities

Yellow fever served as the most often used legitimisation for the forced removal of the urban poor from the city centre. During the first meeting of the Hygiene and Public Salubrity Council held on January 10 and 11, 1868 in the wake of the first great yellow fever epidemic, and presided over by the Chief Medical Officer, the participants were urged to: a) identify the causes of insalubrity in Saint-Louis and its neighborhoods and to make recommendations on how to eliminate them; b) to define the causes of the outbreak of the 1867 yellow fever epidemic and the appropriate means of preventing it from returning; and c) to examine the cemeteries located in the slums of Guet Ndar (for the Muslims) and Sor at the entrance of the Faidherbe Bridge (for the Catholics) and to recommend either their maintenance, enlargement, or removal from the city. The written questions submitted to the Council by the *Ordonnateur* [authorising officer] pointed to two secondary causes of yellow fever contained in the dominant epidemiological theory of the disease, including pestilential emanations (miasmas) from the two cemeteries and the unsanitary conditions (A.N.S./H20, 1868).

In their responses to the questions submitted by the *Ordonnateur*, the three doctors who dominated the debate within the Hygiene and Public Salubrity Council – Dr L. Huot, Dr Beaussier, and Dr Bancal – reproduced the medical knowledge elaborated in France and adapted it to the local situation. On the first day of their meeting, Dr Huot, Chief Medical

Officer, identified the rainy season (*hivernage*) during the hot summer months when the temperature reached 27 degrees Celsius, and stagnant water, as the primary causes of yellow fever – but their list also included other causes such as hygiene and sanitation, a lack of which was associated with the urban poor. The association of the rainy season (*hivernage*) with winter in Europe was justified by the fact that it was the most difficult and depressing season for the Europeans due to the rain. He explained that the areas of stagnant water everywhere in the city led to the decomposition of all sorts of organic matter, which secreted “pernicious emanations”, the deadly poisonous vapour (“miasma”), that was perceived as a pathogen. Given the paucity of funds for the paving of the streets, he recommended the placement of bags of sand in different parts of the city that could be used to fill in areas of standing water. He also discussed the nature of the terrain in the south and east of the Sor slum, which was low and swampy, “with yellowish water where grew the mangroves and where the disease finds the telluric dispositions that contribute to giving it the terrible power that it has in these lands.” He recommended the construction of a rainwater drainage canal (A.N.S./H20, 1868).

Dr Huot also mentioned secondary causes of yellow fever. The “filth of the *indigènes*” was discussed at great length. While acknowledging the lack of a waste management service, doctors blamed the urban poor for leaving garbage lying on the ground, on the streets, and on the docks. They discussed the situation of unsanitary houses where cases of yellow fever and deaths were reported and recommended to sanitize, fumigate, and whitewash them, and to take similar measures for the objects that belonged to the victims of yellow fever. Other unsanitary houses that needed to be disinfected included some stores that contained dry cow skins, the slaughterhouses, and depots with greasy substances. The theory behind this laundry list was (contingent) contagionism. Doctors emphasised the “essential” difference between Europeans and Africans as follows:

If one sometimes finds the factors of insalubrity in the houses where the Europeans lived, what are we to think of the huts inhabited by the *indigènes*? There is no doubt among the members of the Council that if we were to ask of the inhabitants of these shacks a bit more cleanliness on their bodies, under their thatched roofs and in their interior courts, we would increase the chances of salubrity of the country (A.N.S./H 20, 1868).

Concerning the issue of unsanitary houses, the Council members recommended the implementation in Senegal of the legislation relative to the sanitation of insalubrious houses that was already in effect in France (the law of 13 April, 1850), and created a

permanent Hygiene Commission that would enforce the cleanliness of houses. If they expected the Europeans to comply with the new regulations related to home visits, they anticipated more resistance from the *indigènes* who, in contrast, were expected to refuse access to their dwellings. In the process of creating new laws and commissions, the Council members were constructing the Europeans as sanitary citizens and the *indigènes* as unsanitary subjects, and thus preparing the ground for their eventual forced removal. They saw the urban poor's huts as "the ideal ground for receiving the germ of the disastrous scourge" (A.N.S./H 20, 1868).

Another preoccupation of the Council members was the lack of fresh drinking water in Saint-Louis during the dry and cold season (January-April) when the absence of rain lowered the level of the Senegal River surrounding the city and allowed the influx of the salty ocean. This prompted the colonial administration to distribute to civil servants and the military four litres per day of fresh drinking water collected from upstream and stored in cisterns. Doctors concluded that the unclean drinking water, the climate, and the soil formed "a fatal triad to the European", thus affirming the differential susceptibility of whites and blacks to different diseases (A.N.S./H 20, 1868).

During the second meeting of the Hygiene and Public Salubrity Council, the next day on January 11, 1868, the three doctors determined that although the previous year's yellow fever epidemic was imported to Saint-Louis, it nevertheless found locally "the necessary conditions for taking on the disastrous character that its passage showed" (A.N.S./H 20, 1868). They again elaborated on the local conditions in question, including the topography of the land, the frequent breezes from the south, the two cemeteries located in the slums of Guet-Ndar and Sor, and the repulsive "pestilential emanations" they released. In their analysis, these local conditions of Saint-Louis helped explain the high mortality rate observed during the previous epidemic. This discussion of the causes of the outbreak of the 1867 yellow fever epidemic underlined a division between contagionists who supported the theory of the external origin of the disease, and the localists who insisted on the preponderance of the local environmental conditions in disease production. However, in practice, this division was not as entrenched as it might sound. All depended on the specific local circumstances (A.N.S./H 20, 1868).

The following recommendations they listed suggests that the Council members had made a correct observation by associating the rainy season with the outbreak of yellow fever, even if they did not draw a connection with the multiplication of mosquitoes. These recommendations stipulated that before the arrival of *hivernage*, the colonial administration had to confine the European troops to their garrisons, to isolate the sick

and the convalescents, and to increase hospital bedding. Of importance to urban planning and the city landscape, the Council members urged the immediate closure of the Catholic cemetery in Sor with the interdiction to use that space for other purposes for seven years; the creation of the new (Catholic) cemetery east of Bouetville on Sor Island at the entrance of Paris Street, with a capacity of 2,100 tombs; the closing of the Muslim cemetery located south of Guet-Ndar and the opening of a new Muslim cemetery in the northern part of Guet-Ndar slum two kilometers from the closest huts, with a capacity of 5,300 tombs. A keeper would maintain it. The administration also spent 6,000 francs to drain the stagnant water (A.N.S./20, 1868).

In 1873 the forced removal of the *indigènes* from the city centre continued to include the Saint-Paul Street in the north and the Saint-Joseph Street in the south (A.N.S., 1973, 1). And the authorities continued to complain about the filthy state of the Bouetville and Sor slums. Filth mainly from animal excrement was associated with the daily presence of a great number of cows and sheep in the area, but Mayor Brochet of Saint-Louis (1872-75) admitted that there was nothing he could do about it (A.N.S./H 20, 1874).

Dr L-J. B. Bérenger-Féraud who served as the Chief Medical Officer in Saint-Louis between May 1871 and November 1873, reaffirmed the theory that yellow fever was an imported disease and that (the) climate, (the) topography, and individual physiological and pathological factors constituted only the “secondary causes”. He described the climate of Senegambia as “insalubrious” and detrimental to the health of Europeans due to its location in the intertropical zone, with two seasons, one hot and humid (rainy) and the other cold and dry, and because of the influences from the Sahara Desert and the Atlantic Ocean. He affirmed that what was “different” about the topography of Senegambia was its salty clay soils (Bérenger-Féraud, 1878, pp. 325-53). In 1875, Dr A. Borius, a member of the Meteorological Society of France, also insisted on the strong correlation between the changing seasons and the emergence of weather-related diseases and allergies (Borius, 1875; 1879).

The 1878 yellow fever epidemic, which struck Saint-Louis during the *hivernage* months between mid-May and November, occurred in a city where residents had created vast problems of housing, waste, sewerage, and water supply and increased the quantity of breeding places for mosquitoes. By December, yellow fever had killed 652 Frenchmen out of a European population of 1,300 and an undetermined number of black residents. Such high mortality, and the anxiety associated with it, supported the authorities in their conviction that the separation between the Europeans and the *indigènes* was “an element

of first importance from the point of view of hygiene”, and that necessary steps were needed to implement the policy of segregation in new cities to be constituted in the future.

The “sanitation syndrome” (Swanson, 1977) characterised the responses of the colonial authorities to the 1878 great yellow fever epidemic, which provoked high mortality among the European population. They became concerned with the presence of herds of cows in the city, and with the horses and mules used for transport, and their stinking excrement. By May 1879, the authorities became nervous, partly because of the approaching rainy season and partly because of an influx into Saint-Louis of hundreds of European troops. On May 13, 1879, the Military Hospital director alerted the governor about the danger represented by the indigenous fishing industry that he described as a “foyer of infection” (A.N.S./H 22, 1879). His alert prompted the administration to convene an urgent meeting the next day. The Sanitary Commission, chaired by Pierre Carpot who represented the colonial administration, met to discuss new cases of diarrhoea accompanied by fever and vomiting. Dr Doué, Acting Chief Medical Officer, explained that the smoke reported by three officers crossing the Servatius Bridge was coming from the Guet-Ndar slum and that it was offensively smelly, and that it gave them nausea. He added that similar symptoms (fevers, diarrhoea, and vomiting) were reported among the troops in the garrison and the Europeans in the city. Pierre Carpot blamed Gaspard Devès, the mayor of Saint-Louis, for tolerating the large scale drying of fish in Guet-Ndar and for his unwillingness to implement the sanitary measures taken in 1873 and 1878 concerning the designation of one fish drying ground at the extreme south of the slum. Mayor Gaspard Devès vigorously rejected Carport’s accusations against his administration and informed the participants that the Municipal Council had already decided a year earlier (in 1878) to prohibit the drying of fish during *hivernage* between June and November. He also contested Dr Doué’s framing of the disease as caused by the smoke from the drying of fish in Guet-Ndar. A vote at the end of the debate resulted in a majority in favour of a ban on the drying of fish starting on 1 May of every year (A.N.S./H 22, 1879).

The anxiety about the hot rainy season (*hivernage*) was so overwhelming that, in the wake of the 1878 yellow fever epidemic, in addition to repatriation plans for the unnecessary personnel, Governor General Brière de l’Isle required the European personnel working outdoors to wear straw or felt wick hats “to preserve their temples and the neck” (A.N.S./H 32/17, 1880). Segregation, the authorities realised, could not apply to the existing capitals, such as Saint-Louis, Dakar, or Conakry, where it would not find supporters among the merchants who were primarily concerned with profit, not hygiene. However, further outbreaks of yellow fever epidemics would force them to enact

segregation measures within Saint-Louis in the sense of driving the *indigènes* out of the city-island (A.N.S./H 32/14, 1881).

When “one of the most terrible” yellow fever epidemic outbreaks struck the city in late July 1881, it killed 503 Frenchmen, including Governor de Lanneau (A.N.S./H 32/14, 1881). The authorities again focused their attention on the local sanitary conditions. The Hygiene Commission admitted that “a great number of houses in Saint-Louis have a justified reputation for insalubrity” because of repeated deaths from yellow fever reported there every year. Owners of those houses were required to whitewash their homes and to fumigate the objects that had been in contact with the sick and the deceased (A.N.S., Hygiene Commission, 1881). They mobilised the Police Commissioner for the supervision of the sanitation operations in the city (A.N.S./H 32/10, 1881). The Director of Political Affairs even requested that the chiefs of the Guet-Ndar, Ndar Toute, and Bouetville slums contribute to the sanitation efforts with twenty residents each, but there was little enthusiasm from the latter (A.N.S./H 32/11, 1881). The authorities were also preoccupied with overcrowding and the interaction between people and animals, which they saw as the breeding ground for the outbreak of the 1881 “terrible” yellow fever epidemic that they perceived as the prolongation of the 1878 epidemic (Ngalamulume, 1996, p. 129). The Hygiene and Public Salubrity Council members who met on September 7, 1881 focused their attention on the cemeteries in the two slums surrounding the city and described them as a “permanent danger” to the city residents’ health because of the “infectious emanations” that the tombs released. They proposed three solutions to the problem: a) to use six layers of materials to cover the old tombs (in the order of lime, sand, smashed charcoal, sand, lime, and clay) and five substantial layers for the new tombs (lime, sand, smashed charcoal, sand, and lime), while knowing that the administration had to order charcoal from France; b) to dig the tombs deeper where the soil allowed a 1.5 metre depth; and c) to simply merge two cemeteries into one. The last proposed solution reflected a lack of cultural sensitivity from the participants who did not anticipate the possibility of conflicts when Catholic and Muslim burial rituals would be performed sometimes simultaneously (A.N.S./H 2, 1881).

The consensus among health officials was that once imported in 1878, yellow fever became endemic to Senegal. The evidence suggested that after the 1878 urban form of yellow fever subsided, the disease spread into the countryside probably following the movement of troops, traders or other city residents who had fled the city while incubating the disease. Thus, the later 1880-81 outbreaks in Senegal were considered a transformation from a now endemic to an epidemic disease. The 1880-81 urban epidemic probably started in Saint-Louis, as the *Aedes aegypti*, the yellow fever mosquito that had

adapted to breeding in the city, spread the virus as a specific urban outbreak different from the jungle form of yellow fever. The resultant epidemic caused 80 deaths in 1880 (Annales du Sénégal, 1881, p. 55).

In his comprehensive post-epidemic report, the Chief Medical Officer had a ready-made list of epidemic 'culprits'. First, he indicated that the "two factors that played a role in the production and reproduction of the disease" included the climate of Senegambia, with its high June-July temperatures reaching 27 degrees Celsius, and heavy rainfall averaging 668 mm that resulted in stagnant waters forming "large ponds" in the northern part of the city. Second, he noted the garbage and household wastes that polluted the banks of the Senegal River. And third and lastly, the doctor's report delved into the thorny issue of "crowded houses". He explained that the houses inhabited by the Europeans were surrounded by numerous huts belonging to the *indigènes* "to whom cleanliness was far from being a virtue and private hygiene was an empty word", adding that blacks shared their huts with domestic animals (A.N.S./H 32/14, 1882, p. 4). He enumerated other "secondary causes" of the now endemic yellow fever, including the location of the city-island near the mouth of the river; a city barely above sea level with a relatively large population; organic matter, mainly of animal origin, in the yellowish water; constantly high temperatures, heavy humidity, abundant rains, and stagnant water during *hivernage*. In his view, all these factors formed an "electric surcharge", which helped explain the transition of yellow fever from endemicity to epidemic disease outbreaks (A.N.S./H 32/14, 1882, p. 4).

The Chief Medical Officer also recognised that there were two approaches to the threats posed by yellow fever, one emphasising the external origin and the other giving primacy to the local origin of the disease. The defenders of the external origin of yellow fever (the contagionists) recommended a surveillance program that enforced quarantine regulations targeting incoming ships, even if they also believed that local hygienic conditions played a role in the incidence of yellow fever. The defenders of the local origin of yellow fever (the localists) favoured sanitation and hygiene enforced by serious municipal police, the isolation of troops, the construction of docks, increased fines for non-compliers, the provision of safe drinking water, and (more importantly) "the removal of the *indigènes*' huts from the city centre first, and their progressive relocation to outside of the city-island" (A.N.S./H 32/14, pp. 14-15). The central administration in Paris considered both approaches, as the issuance of a few critical new pieces of legislation suggests. The implementation of the laws of 19 January, 7 March, and 13 April 1850 related to unsanitary housing, which was until then implemented in France, addressed the concerns of the localists and supporters of the residential segregation (*Moniteur du Sénégal*, 1882,

182) by underlining the unsanitary conditions of the overcrowded houses, which were viewed as “one imminent and fatal cause” of the reemergence of yellow fever (A.N.F.S.O.M./ XI/ d. 41, 1882). The authorities also prohibited the fishermen from drying fish in the city’s slums between 1 June and 15 December (*Bulletin Administratif*, 1885, pp.164-5). Another piece of legislation organised the quarantine stations (*Bulletin Administratif*, 1885, p. 488-490). Due to pressure from merchants, the automatic quarantine was lifted in 1897 despite the doctors’ fear that the return of the yellow fever epidemic would provoke the ruin of the colony. The merchants argued that the quarantine regime was incompatible with the “new science,” thus referring to the bacteriological revolution, which provided a scientific basis for the adoption of new public health measures concerning the vector control and the prevention of diarrheal diseases. Indeed, doctors in Senegal had ignored the role of the *stégomya* mosquito in the transmission of yellow fever, demonstrated in 1881 by Cuban physician Carlos (first and second name). In addition, the connection made in 1897 by British medical doctor Ronald Ross between the *anopheles* mosquito and the transmission of malaria called for the destruction of the vector (mosquito), changes to the environment (clearing of swamps and street cleaning), and the isolation of infected persons (Mathis, 1993, pp. 122, 142-4). However, the application of this germ theory in Senegal only gained momentum in the wake of the 1900 yellow fever epidemic.

The Application of the Germ Theory

When yellow fever re-emerged in Senegal in May 1900, the news provoked fear and panic, prompted the repatriation of non-essential personnel back to France, and the flight of hundreds of other Europeans, including the Governor General E. Chaudié. The embarrassment of the situation after yellow fever subsided weighted in the decision made by the central administration in Paris to send a sanitary mission of inquiry to Senegal between February and March 1901.

The Sanitary Mission’s overall report re-affirmed “the true origin” of yellow fever as an imported disease and that heat, humidity, and contagion were only secondary and aggravating conditions. The report underlined the differential mortality between specific groups of people in terms of “partial adaptation of different groups” to specific climatic conditions, such as hot dry air and night cooling, and the differential susceptibility of racial and ethnic groups to different diseases. Drawing from the official statistics, the report indicated that mortality due to yellow fever was almost zero among the *indigènes*, relatively low among the Syrians, and high among the Moroccans, especially the newcomers. The report emphasised the fact that the “indigenous races and those who

are associated with them are the most dangerous because they offer exclusively benign symptoms that escape surveillance" (A.N.S./H 48/1, 1901, pp. 10-11). The members of the mission of inquiry were reiterating a long-held belief among the colonial authorities that Africans had already acquired disease-reducing immunity due to their primary exposure to the pathogens since childhood. The Africans were perceived to be dangerous in that their immunity did not prevent reinfection and did not reduce transmissibility, which helps explain why the authorities framed yellow fever as the "white man's disease" (Ngalamulume, 2012). The *indigènes* were also to blame for

The constant and secular pollution of the soil and of the urban atmosphere, (...) the inveterate habits of uncleanness of the indigenous population living among the Europeans, the ignorance of the most elementary principles of hygiene regarding the removal of waste matters, (...) the insalubrity of most housing (...) (A.N.S./H 48/1, 1901). The report recommended, among other measures, surveillance of the fluctuating population (Moroccans, Syrians, crew members and passengers of ships or coasters) and of the *indigènes* who were in contact with the European population. Another measure related to urban hygiene urged the destruction of straw huts (A.N.S./H 49/57).

Dr E. Marchoux, one of the members of the Sanitary Mission who led the inquiry on urban hygiene, observed the presence of the unsanitary housing in some places in the city-island. He was appalled by the sight of two slums with straw huts still standing in both the northern and southern parts of Saint-Louis, despite the issuance of successive ordinances for their forced removal from the city-island because of filth and the threat of fire that they posed. He also saw numerous wooden planks, many in bad shape and dirty, particularly in the northern and southern parts of the city-island, where "a very dense population lived willy-nilly with many animals, such as lambs, calves, pigs, etc. They were even more unsanitary than the straw huts that can be periodically replaced because of normal wear or fire" (.). The forced removal of the urban poor from the city-island and their relocation to Bouetville on Sor Island once the swamps were drained became imperative. Considerations of immunity also informed the suggestion made by Dr Grall that the African troops, "active carriers of the epidemic disease", be separated from the European troops (A.N.S./H 48/1, 1901).

The 1900 yellow fever epidemic also heightened the epidemic of fear and anxiety about the dangers of the hot climate of Senegambia for the bodies of the French. Insolation was one of the most feared threats. Two examples will suffice. On October 24, 1900, Administrator Deresac-Villagrand of the territory of Tivaouane (Senegal), reported that Mr Piollet, a Frenchman, died from insolation on October 21, 1900. He explained that four

days earlier, Piollet was transplanting lettuce in his garden with his back to the sun and his head down, which did not allow his helmet to protect his neck. The evening before his death, he got hot in his bed and went to a seat on the veranda near a window that had one broken tile. When he woke up the next morning, he was freezing and went to warm up in bed. Around noon, he developed frightening symptoms, including suffocation, congestion, delirium with rale, tetanic convulsion, and prostration. A “jet of blood streamed out of his nose, and a few moments later, he breathed his last.” The administrator concluded that “Mr. Pollet did not die from an epidemic disease.” Almost the same symptoms were observed concerning Mr Perfetti Mancherat and Mr Médus (A.N.S./H 42/140, 1900). Another feared condition was called “tropical anemia,” which had the following symptoms: “Paleness of the skin, painful digestions, and vertigo associated with the defective functioning of the stomach and of the intestine, palpitations, breathlessness, [and] memory loss...” (Aubert, 1901, pp. 92-93),

The recommendations made by the members of the Sanitary Mission inspired reforms in the existing sanitary laws and emphasised the surveillance and rapid response to disease threats as well as a robust sanitation program initiated by the newly appointed governor general, Emile Roume, and continued by the Ponty administration. By 1902 the mosquito theory had gained acceptance in the light of the success stories coming from Cuba and Brazil and began to inform the sanitary laws and their enforcement, as well as the sanitation campaign. The new measures focused on the elimination of stagnant water, garbage, filth, discarded cans, vases, and containers around houses, and were enforced by agents who were sworn in and were authorized to penetrate inside private homes. The remaining *indigènes* still living in the northern and southern parts of the city-island became an easy target. They were known for their “old habits acquired over centuries”, their “contempt for hygiene”, and their “filthy dwellings” (A.N.S./H19, 1904), which made them particularly vulnerable to the provisions of the sanitary legislation related to unsanitary and dangerous buildings (A.N.S./H 19/10, 1904). Their dwellings did not respond to the new standards for safe housing (A.N.S./H 23, 1905, pp. 649-766). Since their huts could not be disinfected and were not appropriate for the installation of screens on the doors and windows, they were simply burned down and the *indigènes* were relocated to Sor Island (A.N.S./H 60, 1912). By 1912, the forced removal of the urban poor from the city-island was completed.

Segregated Urban Landscape

French doctors in Senegal conceptualised the Senegambian region as a diseased environment with its hot tropical climate and heavy rainfall that formed a breeding ground

for disease vectors, and its cold season that was filled with allergies. Doctors also defined the African urban poor as carriers of pathogens and blamed them for the unhygienic conditions of the urban environment. Doctors presided over most of the health boards which were created to examine the causes of epidemic diseases that posed serious threats to the operations of colonial administration and commercial activities, and to make recommendations to the municipal authorities. Other participants at the health board meetings represented competing interests and challenged or contested the doctors' opinions. Thus, the final recommendations to the colonial administration were often the result of a compromise between the interests of public health and those of commerce and civil liberties.

The early efforts to remove the urban poor from Saint-Louis' city centre started in the mid-nineteenth century under the governorship of Léon Louis Faidherbe and were justified as necessary to put an end to the "noise", begging, and regular fires that destroyed the urban poor's straw-roofed huts. The evidence presented here suggests that waves of yellow fever epidemic between 1867 and 1900, due of the high mortality and panic that they provoked, provided the strongest justification for residential segregation based on (racial) class – which was already desired by the colonials on social grounds. Given the history of racial mixing in Saint-Louis, in the application of segregation exception was made for the *métis* and blacks from "good families" – leaving the urban poor *indigènes* vulnerable to removal.

Saint-Louis was not alone. In the late nineteenth and early twentieth centuries, similar processes of marginalisation had accompanied outbreaks of epidemic diseases in other colonial cities in Africa and elsewhere throughout the tropics. The recommendations made by the Sanitary Mission in the wake of the 1900 yellow fever epidemic reaffirmed the credo of the differential susceptibility of different "races" and ethnic groups to various diseases and served to aid the 'contagionists' in their determination to pursue policies of segregation, as seen in the Sanitary's insistence on the separation between European and African troops, and particularly inscribed upon the urban landscape with the forced removal of the urban poor *indigènes* from the city-island.

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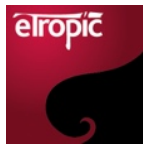
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Kuwamai: Historic Epidemics and Resilience of Cariban-Speaking Peoples, Northern Amazonia

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Abstract

How Amazonian Indigenous Peoples combatted emergent epidemic diseases in colonial times, and their innovative responses to epidemiological crises, has not received sufficient attention. This study outlines a clash of cultures and an entanglement of places and people related to pandemic diseases and epidemic death in the Eastern Guiana Highlands, northern Amazonia. By means of archival and historical sources, the article provides eyewitness insight into multiple waves of highly contagious epidemics that affected Cariban-speaking communities in Eastern Guiana – Suriname, French Guiana, and Brazilian Amapá – over the past 550 years. The paper commences with some general statements on illness and healing. Hitherto unpublished journal entries by the Governor of Suriname of an outbreak of the pox during the winter of 1743-1744 set the scene, these are followed by rare nineteenth and twentieth century historical accounts, and a novel interpretation of Wayana oral history – posited to be the first account of the spread of a viral disease in Amazonia in July 1542. The paper concludes with responses to the current COVID-19 pandemic from an indigenous etiology which demonstrates indigenous historical consciousness of the social present as related to events from the past.

Keywords: Colonial history, Amazonian historicities, Guiana, Amazonia, Wayana, pandemic viral diseases, voluntary isolation, indigenous etiology

Prologue: COVID-19 and the Wayana

The writing, editing, and finalising of this article took place during the extraordinary times of COVID-19, commonly referred to as the coronavirus. People closely follow the statistics on confirmed cases and mortality rates, and the consequent measures taken by governments attempting to cope with this pandemic. Amazonian Indigenous Peoples are not spared from COVID-19, and as I was writing this manuscript, I received notice that about 40 Wayana of the upper Maroni River, which forms the border between French Guiana and Suriname, had tested positive for COVID-19 and many more had fallen ill. During the editing process, I received notice that one Wayana man was airlifted to the hospital in Cayenne, where he passed away.

At the outset of the pandemic, in March 2020, Wayana leaders closed their airstrips for all non-medical transportation, and prevented people travelling up and downriver in order to insulate and protect their people. Nevertheless, the virus reached Wayana villages in southern French Guiana and Suriname. Social distancing measures were translated from French and Dutch into the Wayana language and distributed across Wayana villages.

Wayana and other Indigenous communities in northern Brazil were likewise not spared, as positive COVID-19 cases have been reported from the neighbouring *Terra Indígena Parque de Tumucumaque* in Brazil, despite measures to combat COVID-19.¹ The Indigenous Peoples fear, once again, for their lives as the confirmed cases and mortality rate in Brazil and neighbouring countries continue to rise at an alarming rate.

Yet the ongoing COVID-19 pandemic is not the first epidemic faced by Indigenous Amazonian communities. The current crisis may thus also raise awareness of what Indigenous communities in an increasingly globalised world have had to go through in multiple waves of epidemics since AD 1492.

Kuwamai and Indigenous Responses to Epidemiological Crises

This article assesses how in colonial times Cariban-speaking Indigenous Peoples of Eastern Guiana combatted emergent epidemic diseases. It reveals their innovative responses to epidemiological crises related to epidemic viral diseases with flu-like

¹ For example (websites accessed on August 1, 2020):

- <https://www.diariodoamapa.com.br/cadernos/geral/missao-tiriyo-governo-do-amapa-integra-acao-de-combate-a-covid-19-no-parque-indigena-tumucumaque/>;
- <https://www.folhape.com.br/noticias/militares-levam-covid-19-a-terra-indigena-remota-da-amazonia-afirmam-l/143140/>;
- <http://www.mpf.mp.br/pgp/noticias-pgp/mpf-recomenda-ao-governo-federal-providencias-para-combate-a-covid-19-na-terra-indigena-parque-do-tumucumaque>.

symptoms, and focuses on what the Wayana people call “*kuwama*”, a specific kind of *tilëkhem* (epidemic).

The Wayana reside in the upper regions of the northern Brazilian states of Amapá and Pará, southeast Suriname, and southwest French Guiana (Figure 1). One of the main ethnic units within the Wayana confederation are the Upului who originate from the Jari Valley along a northern tributary of the Amazon River. The Wayana and Upului languages belong to the Cariban language family, as does the language of the Caribs (Kalinya) who reside along the coast and coastal uplands of the Guianas – Guyana, Suriname and French Guiana.

The cosmology, epistemology and etiology of the various indigenous Cariban and Arawakan-speaking communities in Eastern Guiana is akin, particularly in how they relate to sickness and healing. From an indigenous perspective, a supernatural malevolent entity brings disease, nevertheless, there are great variations in remedies and in the execution of the healing process (Ahlbrinck, 1931; de Goeje, 1941, 1942, 1943, 1949; Penard, 1928; Roth, 1915). “Indigenous Peoples are aware that epidemic disease such as *kinderpokjes* [literally “children pox” – most likely smallpox, possibly chickenpox² (Janssens, 1981)], malaria-fever, dysentery, etc. are imported by white people and they assume that their own physicians are powerless against these diseases” (van Panhuys, 1936, p. 53; translation by the author). Other than this general statement, and as far as I am aware, no in-depth study was made of the indigenous etiology regarding these epidemic diseases in Eastern Guiana.

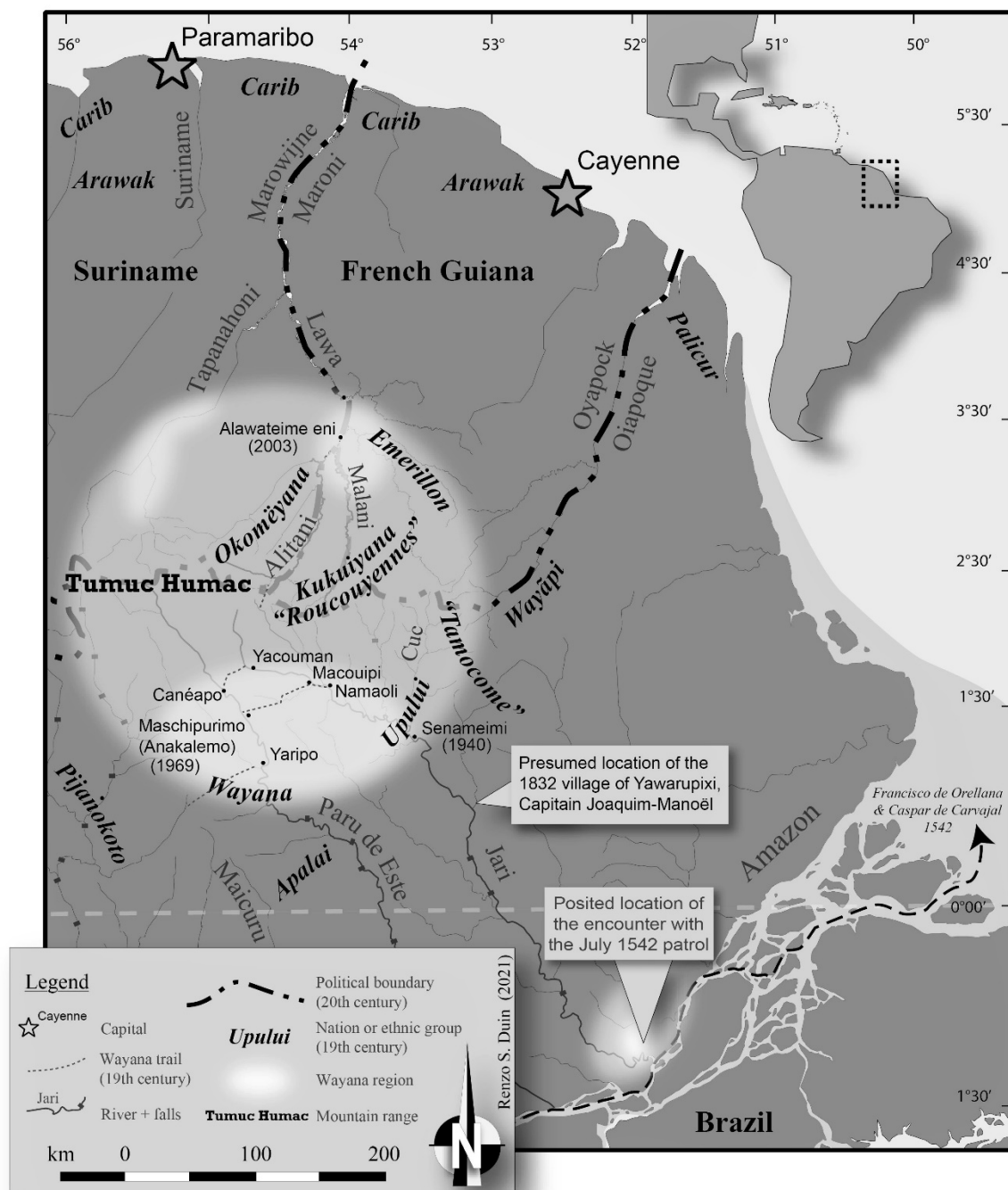
The present article discusses how these Cariban-speaking Amazonian Indigenous People responded to one of the most impactful processes in colonial history when Europeans – and the enslaved people which Europeans brought from Africa – set foot in the Americas, bringing with them a multitude of pathogenic microbes that the original inhabitants of the Americas had never previously experienced. This article is centred upon the indigenous etiology or the attribution of the cause or reason of the disease referred to as “*kuwama*” expressed in terms of historical and mythical explanation.

In order to understand the manner of causation of this disease, I will outline some fundamental concepts of how Cariban-speaking peoples in Guiana perceive disease and illness as these beliefs are described by missionaries and ethnographers in the early twentieth century (van Coll, 1903; Ahlbrinck, 1931; Gillin, 1936; de Goeje, 1941, 1943). Drawing on this “old data”, the article contributes to “a new ethnology...and a new history of the indigenous peoples of Amazonia and nearby areas...exposing a

² For more information on smallpox and chickenpox, see the Mayo clinic (website accessed on March 3, 2021):
<https://www.mayoclinic.org/diseases-conditions/smallpox/symptoms-causes/syc-20353027>
<https://www.mayoclinic.org/diseases-conditions/chickenpox/symptoms-causes/syc-20351282>

previously inconceivable dynamism to the region's societies" by means of "relating alternative histories, each with a unique perspective and voice" (Fausto & Heckenberger, 2007, p. 3, 19; Hill, 2009). This complexity of European documented history and Indigenous knowledge related through myth remains largely undocumented in the Guianas (Whitehead, 2003, p. 76), and in particular, there is a lack of documentation of indigenous responses to epidemiological crises.

Figure 1. Map of the Eastern Guianas indicating the location of peoples and places



Map location of peoples and places mentioned in this article. Source: author.

This multi-disciplinary analysis of archival documents, historical sources, and Wayana oral history, provides insight into indigenous historical consciousness and historicity pertaining to epidemic viral diseases. The devastating impact of the clash of cultures between Amazonian Indigenous Peoples and Western “civilization” has been well established, including the impact of European introduced diseases on indigenous populations of Guiana (Albert & Ramos, 2000; Hemming, 1978; Hurault, 1963, 1972). Likewise, ethno-historical insight into the multitude of communities (‘tribes’) in the Eastern Guiana Highlands, and the historical migrations of these communities, has been documented, and I refer to the ethno-historical studies conducted by Peter Rivière (1963), Jean-Marcel Hurault (1972), Pierre Grenand (1972) and Dominique Tilkin-Gallois (1986, 2005). These rich collections of historical documents are written in Dutch, French, German, English, Portuguese and Spanish, which has often resulted in an incomplete reading, or the exclusion of documents written in languages other than those of the researcher, let alone an indigenous perspective in the Wayana language or other indigenous languages. This paper offers a more inclusive discussion by incorporating colonial documentation from these European languages as well as Indigenous language documentation.

In what follows I first outline the indigenous etiology of “*kuwama*” before moving on to discuss this notion of epidemics within historical case studies. Entries from the journal of the Governor of Suriname on a highly contagious epidemic outbreak of the pox in the fall and winter of 1743-1744 sets the scene; it is followed by translations of the documentation of an outbreak of the “coughing disease” carried out by a Maroon ethnographer, this situation is further put into context through translations of rare Dutch and French historical accounts pertaining to epidemics and the demographic decline of Indigenous Peoples of the Eastern Guiana Highlands; I then show how Wayana oral history regarding a ritual dance reveals a longer history of indigenous awareness and fear of epidemics – and the fear of the return of the ‘malevolent entity’ Tamok; finally, we return to the social present. The ongoing COVID-19 pandemic may raise awareness of the affects and self-imposed measures of social distancing which Amazonian Indigenous Peoples have practiced in the past and maintain today, and the stress put on successive generations of Indigenous Peoples who have lived through long-term measures of social distancing and self-imposed social isolation.

Concepts of ‘Illness’ among Wayana and other Cariban-speakers

Before proceeding, let me briefly outline some general concepts of sickness and health among the Cariban-speaking peoples of Guiana. In the Wayana language, the state of being sick is expressed in terms of being “not healthy” – *wamela wai*: *uwame* means healthy, with the negation suffix *-la* and *wai* I am. In general, it is believed that sickness and death is brought upon a person due to the interference of a supernatural

malevolent entity (*yoroka*, Carib³; *jolok*, Wayana⁴) which can only be healed by means of the intervention of a *piai*-man (*püyéi*, Carib; *pījai* or *pījasi*, Wayana) (van Coll, 1903, pp. 523-528; Ahlbrinck, 1931, pp. 43, 399, 533; Gillin, 1936, pp. 176-180; Penard 1928; Chapuis, 2015; for a comparison with the Arawak in Guyana see: de Goeje, 1942). I use the Cariban term *piai* over the more popular *shaman*. The term ‘shaman’ is of Siberian origin, coming into use after the term *piai* – *peeai*, *payé* or *paygi* – had been introduced to Europe in the 1550’s (Harris, 1926, p. 92 [Harcourt, 1613]; Staden, 2008 [1557], p. 124). As analysed by John Gillin (1936, p. 179), “the first task of the consultant [the *piai*] is to determine which spirits [malevolent entities] are causing the trouble” – which is evidenced by fever (*atu*, Carib; *tījephe*, Wayana).

Rather than perceiving illness – “not being healthy” – as an isolated physical phenomenon, the *piai* often treats illness within the context of tensions and anxieties of intra- and interfamilial social relations. Healing of an individual is thus more than merely a corporeal cure of the physical being. Penard (1928) provides a description of the training of the *piai* (see also: de Goeje 1942). Some *piai* may be involved in dark practices, such as assault sorcery and witchcraft known as *kanaima* (Whitehead & Wright, 2004), or they may simply be accused of shooting “spirit stones” or other implements – bird beaks, glass, etc. – into a person’s body. The Wayana call these small malicious “arrows” *jolok pīle* (de Goeje, 1941, pp. 95-96). Consequently, many pains and ills are attributed to such attacks by a *piai* (Gillin, 1936, p. 173). Tobacco smoke from a long cigarette is the key implement of the *piai* for communicating with the ancestors and the malevolent entities (see Duin, 2015).

In order to restore the healthiness of a person, in the evening – preferably during a moonless night – and within the dark of a specially erected enclosure, or “consultation room” made from palm fronds (*tokai*, Carib; *tokai*, Wayana), the *piai* will meditate between the ailing, the deceased, the living, and the malevolent entities. Upon request, I have participated several times in such *tījumkai*-sessions⁵ performed by a Wayana *pījai* in search of the culprit responsible for the illness.

A special category of illness is what the Wayana call *kuwamai* or *kuwamasi*,⁶ typically identified as the epidemic common cold, sometimes developing into pneumonia (de Goeje, 1941, p. 95), consistent with flu-like symptoms or catarrh, i.e., the acute or chronic inflammation of a mucous membrane, especially in the upper airways (nose, pharynx), with non-purulent hypersecretion of its glands (Camargo & Tapinkili, 2010,

³ Spelling according to Ahlbrinck, 1931.

⁴ Spelling according to Camargo and Tapinkili, 2010.

⁵ *tījumkai* to invoke the ‘master’: *tīkai*: 1. to say, 2. to do. *jum*: 1. father; 2. master, origin (compare with the concept of the “Mothers” among the Yagua in Nord-East Peru as discussed by Jean-Pierre Chaumeil, 1983).

⁶ Alternatively spelled as *couamaye* (Crevaux, 1881; Coudreau, 1893, p. 543), *kuamai* (de Goeje, 1941, p. 95) or *kwamai* (de Goeje, 1949).

p.81). Wayana distinguish *kuwamai* from a regular fever (*tijephe*). As discussed in more detail below, European explorers visiting the Wayana villages at the turn of the twentieth century recurrently describe the occurrence of this epidemic illness with symptomatic fever, running nose and headache – a flu-like illness which cannot be cured by the local *piai* (*pijai*). Even today, Wayana fear catching a common cold.

These illnesses brought by Europeans that are incurable by the *piai* are often linked with shortness of breath (dyspnea; *pëlëmnë*, Wayana). This is addressed in the account by Kulijaman, an Apalai originating from the Paru d’Este who concludes: “*tilëkheme sike tilëmëphë lëken*” which Aimawale translated into French as “*on ne peut que mourir parce que c’est une épidémie*” [We can only die because it’s an epidemic] (Chapuis & Rivière, 2003, pp. 854-855 [translation to English by the author]).

Tilëkhem is being translated by both Aimawale and Takwali as “epidemic”, yet Camargo and Tapinkili (2010, p. 83) translate this term more generally as “*sentir la douleur, avoir mal*” [feeling pain, having pain], illustrated with the examples: “*iwane wilëkja*” [I have pain in my heart] and “*iwetepu wilëkja*” [I have pain in my stomach] from the root *-lëk*. This root should not be confused with the noun *ëlek* (wound, sore) or the root *-elëk* (killing, attacking). It may be related to *tilëmëphe* [to die]. For instance, after a hard day’s work one can express *tilëmahpoi* [I am dead tired!].

Neither Camargo and Tapinkili (2010), nor other linguists (pers. comm. Sérgio Meira, 2021), can provide further insight into the etymology of the term *kuwamai* or *kuwamasi*. An investigation of the etymology of the concepts of *tilëkhem* and *kuwamai* may provide more insight into the indigenous etiology, but is beyond the focus of this article. Of significance for this paper is how the Wayana and their ancestors have combatted emergent epidemic diseases – with *kuwamai* symptoms – since their introduction during colonial times.

Pox Outbreak in the Winter of 1743-1744 (Paramaribo, Suriname)

To set the scene to one of the most devastating processes in colonial history – that of Europeans bringing with them to the Americas a multitude of pathogenic microbes that the Indigenous inhabitants had never previously experienced – I present hitherto unpublished journal entries by the Governor of Suriname.⁷ During the winter of 1743-1744, the Governor of this Dutch colony noted in detail an outbreak of *kinderpokken* (“children pox”; most likely smallpox, possibly chickenpox). The following incidents occurred in Paramaribo, the capital of Suriname.

⁷ Nationaal Archief, Den Haag, Sociëteit van Suriname, nummer toegang 1.05.03, inventarisnummer 199, folios 330 till 510. All transcriptions and translations from Dutch to English are by the author.

On Sunday October 20, 1743, doctor Kiellman, “who was loved by everyone, possessing a fair mind, and a profound knowledge of his art, with the least of Charlatanry” (author’s translation),⁸ passed away and was buried the next day. In the following months, the Governor of Suriname dedicated several entries in his journal to the people fallen ill of this disease. Several high officials such as the Lord Commander, the Lord Fiscal, the Sales Master, the Director of the Mining Company, the Jewish Captain David Cohen Nassy, the Lutheran priest, and many others suffered from high fevers.

On Tuesday October 22, 1743, the Governor wrote that “in the house of Mr Crepij, there are 24 people – both white and black – who suffer from the pox,”⁹ and although Mr Gerrit Pater has recovered, his brother, Cornelis Pater, and his brother’s wife – the youngest daughter of Mr van de Schepper – are lying deadly sick.¹⁰ The latter would pass away in the night between Monday and Tuesday, November 5, 1743. The death of the wife of Cornelis Pater was very upsetting to the wife of the Governor who also suffered from strong fevers and delirium in the head.¹¹ In his journal, the Governor specified the condition of his wife and himself almost daily, and he stated that he is surrendered to the black servants, because his white servant is ill.¹² No wonder that on October 22 the Governor wrote: “one only hears of death and dying.”¹³

Of particular interest for this paper is the following incident that occurred in the summer of 1744. On Sunday, June 21, 1744, Andries la Gord, captain of the slave ship *Maria en Elisabeth* – having sailed from the coast of Africa – arrived in Paramaribo. Aboard were about 360 African people to be sold at the slave auction.¹⁴ On Tuesday, June 23, the Governor of Suriname wrote an entry in his journal citing the report of the Surgeon Major which stated that some of the Africans on board suffered from “*kinderpokken*” – smallpox – and that he therefore had called the General Court together. The Court decided to order the slave ship to return downstream, beyond the new fortress of New Amsterdam – located some 15 kilometers north of Paramaribo, facing the Atlantic Ocean – and to there remain in quarantine until further notice.

A week later, on Monday, June 29, three surgeons of the Court of Police were ordered to examine the African men, women, and children on board the slave ship. The three

⁸ “*die van elk bemind was, besittende een net verstand, en een grondige weetenschap van zijn kunst sonder de minste Charlatanerie.*” (Nationaal Archief, folio 331).

⁹ “*In ’t huis van de Heer Crepij leggen 24. so blanken als swarten aan de kinderpokjes*” (Nationaal Archief, folio 332). Jacques de Crepij was the owner of the sugar plantation Vreeland.

¹⁰ Gerrit Pater was a member of the Council of Police and Criminal Justice, and Gerard van de Schepper was the chairman of this Council of Police and Criminal Justice and Commander over the Forts and Militia.

¹¹ In this journal, the Governor did not write down the name of his wife, nor the name of the wife of Cornelis Pater.

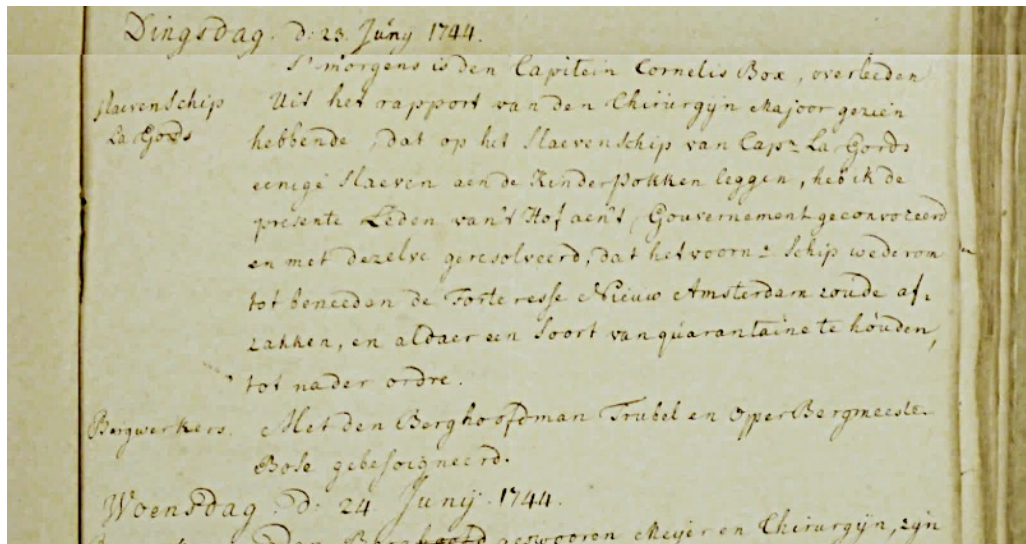
¹² (Nationaal Archief, folio 344).

¹³ Entry on October 22, 1743 (Nationaal Archief, folio 332).

¹⁴ This is not the place to discuss the trans-Atlantic slave trade, on which exists a vast body of literature.

surgeons returned the next day, reporting that all had recovered and none were infected with the pox. After a general court hearing it was decided to allow the ship to sail back upstream to Paramaribo, and on Monday July 6, 1744, the slave auction was held.¹⁵

Figure 2. Journal entry (June 23, 1744) by the Governor of Suriname.



Source: Nationaal Archief, Den Haag, Sociëteit van Suriname, nr 1.05.03, inv.nr 199, folio 513.

What is of particular note in these entries – which also alert us to colonial practices of slavery and the trans-Atlantic trade in African people – is the quarantining of a slave ship which could potentially bring a highly contagious viral disease from Africa into the Americas. This enforced quarantine has to be understood within the earlier context the winter of 1743–1744, which had seen many people in Paramaribo die from the “*Kinderpokjes*” (literally “children pox” – most likely smallpox *Variola*, possibly chickenpox *Varicella*) as recorded in the Governor’s journal.

Thus, based on the order to quarantine the slave ship *Maria en Elisabeth*, and the earlier recurrent entries of sickness and death, it is evident that the Governor was well aware of the epidemic spread of this highly contagious disease. Nevertheless, even while suffering symptoms of fever, he continued to preside in the Court of Police and in the Court of Justice.¹⁶ Moreover – according to other journal entries – the chairman of the Court of Police and Criminal Justice, Mr Gerard van de Schepper, and another member of this court, Mr Gerrit Pater, were also infected and potentially contagious.

¹⁵ (Nationaal Archief folio 519). Archival documents in the city archive of Amsterdam state that four other slave ships arrived in Paramaribo in 1744 with respectively 340, 400, 225, and 135 African men and women on board, of which respectively 30, 62, 32, and 12 passed away during the voyage. It is undetermined if these people died due to viral diseases or other causes. Neither is it specified how many people did not survive the voyage of the *Maria en Elisabeth*.

¹⁶ (Nationaal Archief, folio 346).

On Monday November 11, 1743, Mr Polak, the Accountant of the Contribution, died of the pox, and in his journal entry the Governor specified that Mr Polak's wife, his brother, and two children had recently passed due to the very same illness; dying in the same house in which remained nine children, most of whom were also suffering from the *kinderpokjes*.¹⁷ The severity of this epidemic was thus well-known to the Governor of Suriname.

Moreover, this pox outbreak was not restricted to the capital Paramaribo, as is demonstrated in the journal entry of Wednesday November 13, 1743:

Tidings received from a commando of the Mountaineers of the Mining Company that the Mountain Chief Bluher, a soldier, and a slave have passed, and that most all the Mountaineers and soldiers are ill again.

For many years, the Colony of Suriname has not been in such a sad state as at present, according to the testimony of the inhabitants, one hears everywhere only of the dead and the sick. The child pox, the hot fevers, and a kind of madness, have reigned here together for some time now. Entire households are almost extinct. (NL-HaNA, Sociëteit van Suriname, 1.05.03, inv.nr. 199, folio 350; transcription and translation from Dutch to English by the author).

Nevertheless, rather than taking measures of social distancing and self-isolation, the Governor of Suriname – both himself and his wife suffering from fever and delirium in the head – requested phlebotomy, to have his let blood, in order to continue to preside in the Court of Police and Criminal Justice.¹⁸ Well into the new year of 1744, the Governor's journal entries continue to report sickness, including of his own son, the Sales Master, and his son's wife. On January 25, the Governor wrote that he had suffered the entire week from the painful blisters that the entire country suffers.¹⁹ No social distancing measures to fight this epidemic thus seem to have been set in place – other than the quarantining of the slave ship *Maria en Elisabeth*, which was to occur after the deadly pox winter.

With this pox outbreak ongoing in Paramaribo, there is little to no information on how this highly contagious disease spread across the colony of Suriname. The Mountaineers of the Mining Company were active further upstream in the river Suriname and the Sara creek, and may well have infected the local Indigenous Peoples and Maroon communities residing in these areas. Moreover, several

¹⁷ (Nationaal Archief, folio 349).

¹⁸ (Nationaal Archief, folio 351).

¹⁹ (Nationaal Archief, folio 396).

commandos were sent out in search of enslaved people who had fled from the plantations. For example, in the journal entry of Sunday October 20, 1743, the Governor of Suriname specifically mentioned a commando that had been sent out to the river Saramacca, and that he well-received the Free Indigenous People who took part in this expedition, and who he further convinced to take part in a new expedition in search of the enslaved peoples who had fled from the plantations. Since the Governor of Suriname and many others of office were infected, it can be extrapolated that soldiers and citizens were likewise infected, and that Free Indigenous People would become infected during a stay in Paramaribo, and then would potentially spread the pox during expeditions, or upon returning to their villages away from the capital.

In the context of the spread of this infectious disease, it is of particular note that there is a general absence of Indigenous Peoples visiting the capital Paramaribo during the 'pox winter' of 1743-1744. Although the archival documents do not specify the ethnic identity of various Indigenous Peoples, who are simply referred to as "*Indianen*", nevertheless throughout his journals, the Governor of Suriname repeatedly mentions various bands of Free Indigenous Peoples ("*troupen vrije Indianen*") visiting Fort Zeelandia in Paramaribo – and who were well-received by the Governor. For instance, on Thursday May 16, 1743 – thus before the major pox outbreak during the winter of 1743-1744 – the Governor of Suriname wrote that several bands of Free Indigenous Peoples visited the Governor in Paramaribo this week;²⁰ yet the next entry of bands of Free Indigenous Peoples arriving at the Fort in Paramaribo – and being well-received by the Governor – is almost a year later on Wednesday, April 22, 1744 – after the major pox outbreak during the winter of 1743-1744.²¹ Then, another month later – as if upholding a period of quarantine – other bands of Free Indigenous Peoples arrived in the capital, to be well-received by the Governor on May 15, 19, and 23; on June 7 and 8; and further on July 3 and 15. The last two bands thus arrived in Paramaribo at the same time the earlier discussed slave ship *Maria en Elisabeth* had moored there.²²

One would have expected the bands of Free Indigenous Peoples to visit the capital sooner, for on December 24, 1743 – during the midst of the 'pox winter' – a ship had arrived in Paramaribo and within its cargo were several iron pots, several dozens of knives, scissors, mirrors, and 300 pounds of blue and white glass beads;²³ all trade items very much sought after by Indigenous Peoples of Suriname. I therefore argue that this hiatus in visits of bands of the Free Indigenous Peoples to Paramaribo during the Summer, Fall, and Winter of 1743-1744 is due to self-imposed social distancing measures by the Arawak- and/or Carib-speaking peoples, who must have been aware

²⁰ (Nationaal Archief, folio 175).

²¹ (Nationaal Archief, folio 462).

²² (Nationaal Archief, folio 518).

²³ (Nationaal Archief, folio 373, 374).

of the devastating epidemic of this highly contagious disease that had the capital Paramaribo, and the entire colony of Suriname, in its grip.

Tuberculosis, *Kuwamai*, and Western Medicine (20th Century Accounts)

On December 13, 1940, in the village of Senameini on the upper Jari River (see Figure 1) – two hundred years after the events in Paramaribo during the winter of 1743-44 and some five hundred kilometers south – Pajari told Lodewijk Schmidt that:

the ‘coughing disease’ [tuberculosis] is wiping out the Wayana people, and that in foreseeable time all Wayana will have disappeared. In the past, along both the rivers Jari and the Paru, there were numerous prosperous villages, each with a large population. Today only a few villages have remained with equally few inhabitants. This is all a result of the unfortunate ‘coughing’ disease. [...] Severely ill people, and those who were about to die, were placed in separate huts outside of the village (Duin, 2020, p. 69).

In addition, the Wayana told Lodewijk Schmidt – a Saramaka Maroon from the upper Suriname River – that “the medicines of the white man are excellent” and that “it is [the Ndjuka or Aucaner Maroons] who are bringing us the coughing disease that kills so many of our people, threatening to exterminate us” (Duin, 2020, p. 149). Schmidt, throughout his travels in Suriname, southern French Guiana and northern Brazil, provided a nuanced and touching description of the terrible effects of epidemic diseases such as tuberculosis – the ‘coughing disease’ – and influenza. Claudius de Goeje (1941, p. 95) remarked in a footnote that “[Morton C.] Kahn tested 70 Wayana of the Tapanahoni for tuberculosis, yet all tested negative” (translation and interpretation by the author). Oddly, in his investigation for tuberculin sensitivity among the Ndjuka or Aucaner Maroons of the Tapanahoni, of the 765 persons tested, only 18 or 2.3 % gave a positive reaction (Kahn, 1936). Whatever the disease was that infected the Wayana – based on the demographic data collected by Schmidt, who counted a mere 338 individuals across Brazil, Suriname and French Guiana – we can conclude that 1940 was the demographic nadir for the Wayana Indigenous People (Duin, 2020, p. 149).

The Wayana way of life – as with other Amazonian Indigenous Peoples – is such that a contagious disease, once introduced, will spread quickly. As has been noted by Schmidt: “Among the Trio, as among the Wayana, all inhabitants from a single village, as well as the potential guests, eat from a single pot. Everyone dips his piece of cassava bread in the same pepper pot, which facilitates the spread of the disease” (Duin, 2020, p. 69). Moreover, they share a single drinking cup (calabash or ladle)

from which cassava beer – pooled in a single large vessel – is shared amongst all guests (Figure 3). The death of a village leader, death of many inhabitants of a single village, or simply the fear for this pandemic ‘coughing disease’, appeared to be the main reason for moving an entire village further inland, away from the main river systems that were the means of transportation for the Europeans and African diaspora communities.

Figure 3. Traditional social gathering among the Wayana



Watercolor painting by Ronnie Tikame, private collection of the author.

Wayana social memory recalls one specific incident in which many people died after such a social gathering in which lots of cassava beer was consumed. Kulijaman also mentions this incident in his description of epidemics (discussed in the previous section on Concepts of ‘Illness’). The story goes:

« *Pijai nai numëk, oki eli tîtëimëtohme okpatëla wayana !* » [...] *Tîtëimëi jolok enokhe mane: mëlëme wayana, tîlëkhem pînmetau, umelele ijume, wayana mëlëlëtau tîlomoï ijume* (Chapuis & Rivière, 2003, pp. 856-859).

“A *pijai* (*pījai*) had arrived. He drank some cassava beer (*oki*), yet left when nobody offered him any more cassava beer!” [as this is considered a serious insult in Wayana society] He left to send a malevolent entity (*jolok*): and it is therefore that the people (*Wayana*) died one after the other, many Wayana died all at once (*tîlomoï*) (ibid., translation and interpretation by the author).

This incident took place in the early to mid-twentieth century in the Upper Maroni Basin. After attending a large social gathering where hundreds of litres of cassava beer were distributed, many people who had attended the event began to die, and the

other Wayana began to reason that this great dying (*tilomoi*) was the result of a malevolent entity (*jolok*) sent by a *piai* (*pījai*) who had attended the social gathering, but was not served any cassava beer. According to the surviving Wayana, the *piai* launched a revenge attack as a result of this grave insult.

In modern terminology such a social gathering would be labelled a “super spreader event”. In November 2020, at the height of the COVID-19 pandemic, this incident, well known in Wayana social memory, was discussed in the context of recommended social distancing measures to prevent the spread of the coronavirus. The Wayana with whom I had this discussion concurred that there is a resemblance between COVID-19 and the great dying incident of oral history. However, the discussants were not willing to go on record, precisely because, as Wayana social memory proclaims, the great dying was the result of a revenge attack by a certain *piai*.

One of the Wayana Elders further stated that because several *piai* have been ‘accused’ of revenge attacks, or due to their inability to heal people from modern highly contagious diseases, their lives are in danger. Moreover, as the profession of the *piai* has become too dangerous, the youth no longer want to be initiated into training to become a *piai* – which is itself becoming a dying profession. Today, the Wayana prefer western medication for diseases that the *piai* cannot cure. This is not to say that the introduction of paracetamol and other western medicines has replaced the role of the *piai*; rather, the Western doctor (*pinjou*) and the *piai* function alongside each other in contemporary Wayana society.

Voluntary Isolation as Extreme Survival Measure

Traditionally, as a result of a great dying, Wayana leave a village where many people died – what we would consider the site of a super spreader event – and establish a new village at some distance from the village which they suspect houses a malevolent entity (*jolok*); the site now a place to avoid. This social distancing practice of moving away from the village and the river where a *jolok* had caused great death, was taken up as an extreme survival measure, I posit, by several ethnic communities – such as the Akuliyo, Wajarikulé, Saloema, and Pianogotto – of the Eastern Guiana Highlands.

Eighteenth century archival documents demonstrate that the “Pianocottos or Akouris” violently resisted the request from the then Governor of Suriname to have peace (study in progress by the author). Almost two hundred years later, Father Willem Ahlbrinck (1929) – a Dutch Missionary with a keen interest in the languages and cultures of the various original inhabitants of Suriname – aimed in vain to establish ‘first contact’ with the ‘uncontacted’ Saloema and Pianogotto. On February 22, 1942, Piké, the village leader of the eponymous village located near the sources of the Paru

de Este, stated to Lodewijk Schmidt how the Trio used to live in peace with the Saloema, yet at present all contact has ceased (Duin, 2020, p. 130). Within our current knowledge, it is most certainly the fear of contamination from deadly diseases – such as the aforementioned pox epidemic of 1743-44 and the twentieth century ‘coughing disease’ – that was the main reason for the Saloema, Pianogotto, Wajarikulé and Akuliyo to not (re)establish friendly relations with Indigenous and Maroon traders, and they retreated into ‘voluntary isolation’ as an extreme survival measure.

Elsewhere, I have proposed that Indigenous communities such as the Akuliyo, Wajarikulé, and other so-called “uncontacted peoples” residing in the triangle between the Tumuc-Humac Mountains and the rivers Tapanahoni and Alitani (see Figure 1), imposed upon themselves an extreme strategy of social distancing or ‘voluntary isolation’ (Duin, 2020, 76-79). Instead of being a relic from ‘the Stone Age’ – as these ‘nomadic hunter/gatherer societies’ have been repeatedly portrayed throughout the twentieth century – their social organisation and social distancing measures are a product of globalising history. This extreme survival measure of ‘voluntary isolation’ was instigated in order to protect themselves against the continent-wide spread of diseases such as measles, influenza, small pox and chicken pox, introduced by the Europeans. That these Indigenous communities went into self-isolation – adopted a ‘nomadic’ lifestyle and abandoned their agricultural practices – is evidence of a decisive measure to fight the existential threat of European colonisation, rather than a measure of their natural condition of socio-political organisation.

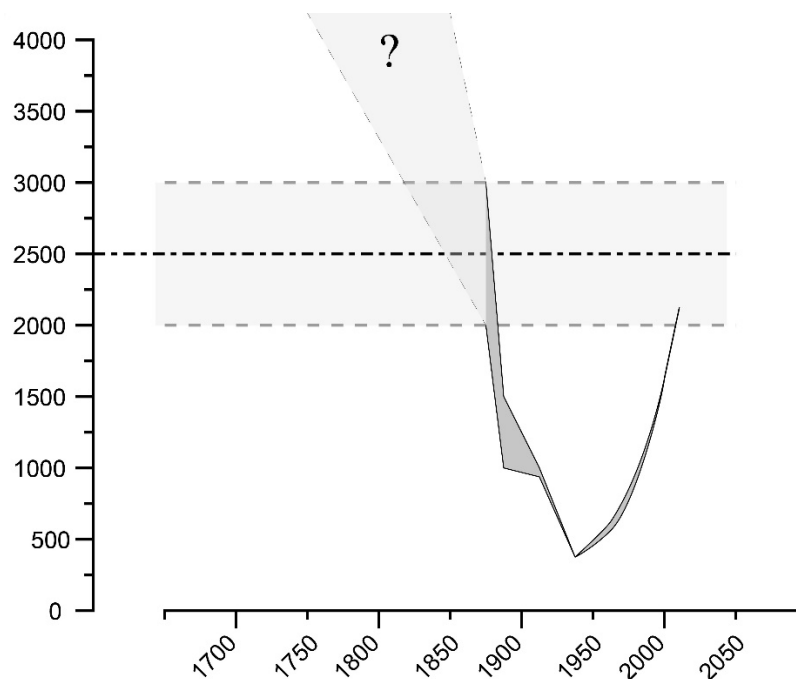
Demographic Decline (19th and early 20th Century Accounts)

Every nineteenth and early twentieth century explorer in the Eastern Guiana Highlands witnessed entire village populations suffering from fever, running nose and headache resulting from highly contagious viral diseases; or the village had already been abandoned and they merely witnessed freshly dug graves (see Leprieur, 1834; de Bauve 1835; Crevaux, 1883; Coudreau, 1893; de Goeje, 1941, 1949; Duin, 2020 [Schmidt, 1942]). Although such historical documents are rare, they consistently document how many Indigenous People fell ill after each visit by a European, often accompanied by individuals with African roots, typically Ndjuka or Aucaner Maroons.

The population estimates for the Guianas demonstrate an extremely sharp demographic decline, to almost complete annihilation, in the mid-twentieth century (Hurault, 1963, 1972; Duin, 2020; for the case of the Wayana see Figure 4). We must take into account that the first population estimates for the Wayana Indigenous community as a whole – provided by Jules Crevaux (1883) – occurred more than one hundred years after the aforementioned devastating pox outbreak in Suriname in the winter of 1743-1744, an epidemic which most likely affected the Indigenous

communities in the inland uplands, and which moreover possibly also caused the Akouris (Akuriyo) to migrate further inland. Descriptions made by eighteenth century explorers hint towards more socio-politically complex Indigenous societies with higher population numbers, although they do not provide specific population estimates. These higher population numbers supporting a socio-political organisation with elements of regional integration prior to 1850 are suggested by the sharp demographic decline accounted for in the late nineteenth and early twentieth century (Figure 4).

Figure 4. Demographic decline of the Wayana population



Source: compiled by the author.

During the eighteenth, nineteenth and early twentieth century, the surviving villagers self-isolated, moving away from the main rivers and becoming hostile towards Europeans and Africans as they feared a new outbreak of viral diseases for which their *piai* had no cure. In the aforementioned information on the 'coughing disease' gathered by the Maroon Lodewijk Schmidt in 1940-1942, he was told by the Wayana Pajari that there used to be large populations of Wayana along the rivers Jari and Paru (Brazilian Amapá), and that in foreseeable time they will all have disappeared due to the epidemic spread of viral diseases. Let me therefore briefly elaborate upon historical sources that may shed some light on what occurred along the rivers Jari and Paru prior to 1940. (See further elaboration in Duin, 2014).

On April 8, 1832, while exploring the Jari River, Adam de Bauve (1835) reported an outbreak of measles causing widespread death; including the sudden death of Hilario Feireire da Cruz, son of the colonel-governor of Macapá. According to de Bauve

(1835, p. 102), the Portuguese called this measles epidemic “*charampa*” (*sarampo*) and the French “*rougeole*” (see Duin, 2014, p. 746). Half a century later, in December 1888, Matawali reported to Henri Coudreau (1893, p. 369) that a smallpox outbreak above the sources of the Oyapock River had killed all inhabitants of a single village in just a few days. Coudreau stated that the informant Matawali was a Wayāpi man married to one of the last remaining members of the Tamokome community (see below). The decimated village, located on the left bank of the river Araguari, consisted of six houses, and, according to Coudreau must have fallen to the smallpox outbreak less than two years prior. He described in horrific detail the dreadful scene of “this village of the dead where neither ants, nor vultures, nor the winter rains, have been able to separate the skeletons of children from their mother’s corpses” (1893, p. 370). (All translations from French, Spanish, German and Dutch are by the author).

In the comprehensive *Ethnographic Survey of the Indians on the Divide of the Guianese and Amazonian River Systems*, Peter Rivière stated that “the Tamocomes can be dealt with quickly,” and he continued: “there are only four references to the tribe in the literature and the authors of two of those...never saw them.... The tribe is not significant and presumably disappeared” (1963, p. 189). This ethnographic survey was followed by ethno-historical studies conducted by Jean-Marcel Hurault (1972), Pierre Grenand (1972), and Dominique Tilkin-Gallois (1986), yet these studies mainly focused on the migration of the Wayāpi (Tupi-Guarani speakers) from the Xingu to the Oyapock River – in 1900 this river became the border between French Guiana and Brazilian Amapá – and their interactions with other nations in the area (see Duin, 2014, p. 745). The aforementioned horrifying detail of the demographic effects of epidemic death during the nineteenth century has not yet been foregrounded in these studies on the Tamocomes and the broader Eastern Guiana region, and thus the following short history, based on the author’s previous work (see Duin, 2014, p., 745-746), sets the past within an epidemiological context.

Drawing on the expedition reports by François Leprieur (1834) and Adam de Baube (1835) there is general consensus that the Tamocomes are a sub-group of the Wayāpi who in the early to mid-nineteenth century resided on the middle Jari region. The Tamocomes or “Tamokom (called Tamokū by the Wayāpi),” according to Pierre Grenand (1972, p. 107)²⁴ based on Coudreau (1893, p. 336), used to live in the south (i.e., south of the current Wayāpi settlements of the upper Oyapock) and were in contact with the Brazilians. In the 1850s, Grenand continued, the Tamokom with their leader Joachim Manuel, Yawalumiti (Yawarupixi), migrated to the Kouc [Cuc] where they intermarried with the Wayāpi. According to Dominique Tilkin-Gallois (1986, pp. 183-185), these Tomokomes or *tamo-ko* (Tamocomes or Tamokomes) are a sub-group of the Waiāpi-puku, the true Wayāpi. When Jules Crevaux (1883, p. 229) arrived

²⁴ All translations from French, Spanish, Dutch, German, Portuguese, and Wayana to English by the author.

at the creek Kouc [Cuc], on October 5, 1878, he realised that the Calayoua [*kalaiwa*] were not a distinct nation, but rather Oyampis [Wayãpi] who have close relations with Brazilians (Wayana today refer to non-indigenous Brazilians as *kalaiwa*). Grenand (1972, p. 118) proposed that these Calayoua [*kalaiwa*] met by Crevaux, were none other than the Tamokom [Tamocomes].

During the 1833 exploration of the source area of the Oyapock River, Leprieur (1834, p. 224) notes that the *Tamocomes* are a “tribe” of the nation of the Wayãpi residing along the Carapanatoube [Mapari] and Moucourou [Noucouru], tributaries of the river Jary [Jari], and follows this geographic placement with a short description of their physique and practices. A year earlier, on March 28, 1832, de Bauve (1835, pp. 96-98) had visited the settlement of Oarapixi, the leader of the Tamocomes, which lies at the mouth of the Carapanatouba [Mapari] at the place where the river Topipocho [upper Jari] turns into the river Jary [middle Jari]. Oarapixi [Yawarupixi] was not born a Tamokome, de Bauve continued, but resided among them being invited by the Tamokome of the river Piraouër (a tributary of the Cuc) and he was later appointed “*capitaine*” after one of their chiefs had passed away. De Bauve specified that, about one month before his arrival, this leader of the Tamocomes had been baptised ‘Joaquim Manoël’ by a missionary who had reached this area. Furthermore, de Bauve already noted in 1832 an absence of traditional body painting in red and black with *roucou* and *genipa* respectively, and an influence of European hairstyle and dress (1835, pp. 100-101).

Several decades later, in October 1889, Coudreau (1893, p. 331, 336) arrived in the village of Ouirá in the Upper Cuc Basin. Ouirá, the village leader, was thought to be fifty years old, providing an estimated year of birth at 1839 – about seven years after the aforementioned expedition by de Bauve. Moreover, Coudreau continued, Ouirá’s father is Yaouaroupicic who goes by his Christian name “Joaquim-Manoel”. Yaouaroupicic [Yawarupixi] is the very same person as Oarapixi or the Joaquim Manoël mentioned by de Bauve (1835, p. 97). According to Coudreau (1893, p. 336), when Yaouaroupicic travelled with his son Ouirá along the banks of the Grand-River – the Amazon – Ouirá received the Christian name of Joaquim.

Capitan Yaouaroupicic [Yawarupixi], Coudreau (1893, p. 336) continued, was a great leader who led the Wayãpi and Tamokome in one of their last migrations from the Amazon to the north. Coudreau stated that Yaouaroupicic was raised by the Brazilians of the Amazon, and that he spoke very well their language, i.e., Brazilian Portuguese. This resonates with Crevaux’s (1883, p. 229) statements regarding the Calayoua [*kalaiwa*] of the Cuc. Beyond the fundamental ethnohistoric facts for geo-positioning Indigenous Peoples, these primary sources contain critical information for contextualising the historical process.

Rather than an auto-denomination of a nation, *tamokome* thus appears to be a term of reference for a certain indigenous community who had strong ties with the non-indigenous Brazilians. That Tamocome (or Tamokome) is a mere term of reference, is indicated by the suffix *-me* (de Goeje 1946, pp. 125-126) which indicates that the informant was aware that these people are *not the 'true' Tamok*; but rather, only *like* Tamok (Tamok{o}~*me*). This leaves us with the question, who, or what, are the 'true' Tamok(o)? And why was this Wayāpi sub-group from the middle Jari, whose leaders were raised by the non-indigenous Brazilians and who spoke Brazilian Portuguese, named after Tamok?

Wayana Oral History: *Jolok Tamok* and *Wayana Tamok ukuknanom*²⁵

In 2000, while conducting fieldwork on Wayana socio-political organisation (Duin, 2009, 2012), a local *pījai* (*piai*) stopped by and asked me if he could see my folder with drawings (including copies of late nineteenth century engravings). When he saw Edouard Riou's engraving of the dance of the *pono* (Crevaux, 1883, p. 259),²⁶ he expressed in a loud voice "Tamok"! Claudius de Goeje (1941, pp. 111-113), in his brief cross-cultural analysis of the whip-dance, was the first to associate the name Tamok to the *pono*-dance described by Crevaux (1883:258). The social and cultural patterns and attitudes that gave rise to this ritual whip dance (*pono*), as well as the complexity of the related materiality, particularly the full body Tamok mask, have been discussed in detail elsewhere (Duin, 2014, 2021). What is important here, is how this ritual dance relates to Wayana concepts of illness and health – and especially viral epidemics.

In short, the whip-dance witnessed by Jules Crevaux on October 28, 1878, on the Upper Paru de Este and a decade later by Henri Coudreau (1893, pp. 174-185), according to a Wayana oral history recorded in 2003, were Wayana – specifically Upului, one of the core subgroups of the Wayana confederation – dancing in imitation of Tamok in order to mock the widespread death brought by the Malevolent Entity Jolok Tamok (Duin, 2009, pp. 517-526; 2012). This whip-dance is *par excellence* a "mode of consciousness of the social present, expressed in terms of the relation of that present to its past (and future)" (Turner, 1988, p. 279). The Malevolent Entity Jolok Tamok is at the same time beautiful and dangerous.

The Wayana|Upului dancing in imitation of Tamok did not have the original weapon of Tamok. The weapon of the Malevolent Entity Jolok Tamok brought epidemic death,

²⁵ This section and the next on the Return of the Malevolent Entity are succinct versions of the author's more elaborate study on the Tamok whip-dance (Duin, 2009, pp. 517-526; Duin, 2014, p.746-755), but in this case seen in the new light of viral epidemia.

²⁶ In his *Vocabulary*, Jules Crevaux (1882, p. 9) erroneously stated that *pono* is the name of the whip, whereas Henri Coudreau (1892, p. 25) corrected that the whip used during the *pono*-dance is named *taï*.

yet no person died during the performance of the whip-dance. The weapon of Tamok, is called *itain* or *Tamok tain*. Its root *tai* is also the root of *taitikai* (thundering; literally: 'it does *tai*' with the onomatopoeia '*tai*'). The Malevolent Entity Jolok Tamok, according to Wayana social memory, were carrying a 'thundering whip' causing 'thunder strikes' so powerful that they brought down trees as when clearing a farm plot, breaking the top of a big tree, and shattering houses into pieces, thereby destroying them and causing them to collapse (Duin, 2009: Table C-15, lines 10-23). These thundering sounds and their deadly effects – bringing down trees and houses – were so frightening that the inhabitants abandoned their village never to return to the site where this dreadful encounter took place. Elsewhere I have argued that this 'thundering whip' was a harquebus carried by the members of the Spanish foot patrol of July 1542 (Duin, 2009, 2014, 2021). The Malevolent Entity was European, and lethal – even after leaving.

Figure 5. The beautiful yet dangerous Malevolent Entity *Jolok Tamok*



Watercolor painting by Ronnie Tikaime; private collection of the author.

Significantly, after the 'thundering whip' and the Malevolent Entities had left the village the inhabitants were struck by an epidemic of fever and headaches, and children and pregnant woman died (Duin, 2009: Table C-15: lines 29–30). This is why Kulienpë emphasised that the Malevolent Entity Jolok Tamok was "without a master, they were of their own creation" (Duin, 2009, line 27). Not even the powerful *jolok-pijai* was able to contain the epidemic causing fever and death (Duin, 2009, line 31). The narrator, before concluding this narrative of the Jolok Tamok (Duin, 2009, line 28, 33), stated that after this event the people no longer intended to reside in this village where so many people had died and they left, never return to this river.

In the words of Kulienpë, recorded in the village Alawateimë eni, on January 10, 2003:

<i>Tipinkai molo ametak tëhalëi tot.</i>	They abandoned this village and
<i>Maka.</i>	went downstream. That was it.
<i>Moloinë tilëkhemihpe tot tëtihe;</i>	Later they were struck by epidemics;
<i>ijasitutpikom, ijasitutpikom</i>	heat, very hot temperatures; the
<i>mëwihnë; tilëkhem pëlëmnë,</i>	epidemics of being very tired, of
<i>jemnë, uputpë.</i>	fever, of headache.
<i>Tikai Tamok ijasitumhakan.</i>	Doings by the Tamok's painful heat.
<i>Malalë tilëkhem, malalë</i>	Thus were the epidemics, so through
<i>ijasitunkomke tilëmëphe</i>	the fever children could die, the
<i>muletom talan, wëliham wamela</i>	women who were a little sick [=
<i>hapon tëweihamo tilëmëphe.</i>	pregnant] would die.
[...]	[...]
<i>Masike elamhak Waijana</i>	This is how the Wayana got
<i>tëwëtihe. Sija umëkihela</i>	frightened. They never returned
<i>tëwëtihe; helëkwak umëkihela.</i>	here; they never would return to this
	river.

Translated from Wayana to French by Takwali Kulisa; translated from French to English by the author (Duin, 2009, p. 521).

Social Present: Return of the Malevolent Entity

It is said that after Tamok left, the Wayana|Upului were struck with fever and headaches, and many children and pregnant woman died. After this terrific and terrifying event of first encounter – with the ‘thundering whip’, the Malevolent Entity Jolok Tamok, outbreak of fever and death – the people abandoned the village. If my interpretation is correct, this is the first eye-witness account of an epidemic viral disease in Amazonia that has remained in Wayana social memory for over five hundred years. With the ongoing COVID-19 pandemic, Westerners may finally gain some empathy for the indigenous response of social distancing and the fear of outsiders who may potentially bring new waves of deadly viral diseases.

Kulienpë in his reflective conclusion to the oral history of the Malevolent Entity Jolok Tamok stated that “this is what Tamok did, the [uncontrollable] [Malevolent Entity] without master. The latter Tamok were numerous, are very powerful, powerful indeed, and incomparable with the [Malevolent Entities] that we know” (Duin, 2009, table C-15, lines 31-32). Other Malevolent Entities (*jolok*) have a Master (*jum*) via whom the *pījai* can control the caused sickness [compare with the concept of “Mothers” among

the Yagua in Nord-East Peru (Chaumeil, 1983)]. Since the Tamok have no Master – they are of their own creation – and because they have the Power, they are very strong *jolok* (Malevolent Entity). I argue that it is this uncontrollable viral disease that is the condition in which Tamok functions and that epidemic death is the real condition of its genesis; rather than the mourning of the death of an individual chief as suggested by Crevaux (1883, p. 258) and repeated without critical assessment by earlier (Roth, 1924, p. 665; Gillin, 1948, p. 852; Hemming, 1978, p. 194), and more recent scholars of Amazonia.

As discussed in more detail elsewhere (Duin, 2014), rather than being a mortuary ceremony, the Wayana|Upului were mocking epidemic death itself by means of a ritualised whip-dance (*pono*). When Crevaux and Coudreau recorded this whip-dance during the nineteenth century it was in full process of development, while simultaneously drawing on ancient Amazonian traditions and histories. The weapon of Tamok was the thundering whip, which was “*alakapuha katip*” (literally: “[sounding] like a gun[shot]”).²⁷ Yet more powerful than its ‘thunder strikes’ was the viral disease and mortality rate resulting from the first encounter with the Malevolent Entity Tamok.

Regarding the whip-dance event, it is vital to notice that although the Tamok dancers are strangers and potentially dangerous social others, they aid in the construction of the community roundhouse (*tukusipan*) and bring the gift of basketry and other small wooden utensils essential in the production of cassava beer – the life elixir and social lubricant of Amazonian societies. Then again, the communal sharing of cassava beer with people from other communities enabled the infinite spread of viral diseases over vast geographic spaces.

The historical situatedness of the Tamok whip-dance calls for a multi-dimensional analysis with the aim to gain insight into an indigenous approach to historical consciousness in Guiana. The nineteenth century Tamok whip-dance was an authentic and active historical process to engage with the social present because many Wayana were dying from a viral disease locally known as *kuwamai*. And this dance was active some forty-five years prior to the expeditions by Crevaux and Coudreau, de Bauve (1835, p. 102), and the reported measles outbreak on the Jari. No wonder the Indigenous People of the Jari must have thought ... “*the Malevolent Entity Jolok Tamok has returned!!!*”

²⁷ The Wayana name *alakapuha* is derived from *harquebus* (*arcabusa* in Spanish), with the typical interchange of the alveolar liquid/flap r/l; c/k; b/p; and s/h.

Epilogue

After submitting this manuscript, some events took place among the Wayana that need mentioning in this context, even though they are yet to be studied in further detail to be fully understood.

Indifferent towards the COVID-19 measures translated into the respective indigenous languages, and disregarding the large number of Wayana that fell sick in the spring of 2020 due to the coronavirus, Wayana only wear a facial mask when visiting the main administrative centres in Maripasoula, Saint-Laurent du Maroni, and in the capitals Cayenne and Paramaribo. They do not uphold social distancing measures when in the village or when traveling by canoe.

Wayana attribute illness, in particular vast spreading viral diseases due to pathogenic microbes, to the intervention of a malevolent entity (*jolok*). Because of the indigenous etiology relating illness to the intervention of a malevolent entity (*jolok*), in conjunction with the fact that the traditional *piai* is not effective against viral diseases introduced by Europeans and Afro-Surinamese, many indigenous people now turn to the Church.

It is surrealistic to witness a potential super spreader event which lasted three full days and was attended by hundreds of Wayana from across Suriname and French Guiana during the time of an increased enforcement of social distancing and other coronavirus measures worldwide. This is not the place to explore in depth the phenomenon of Christian conversion in Amazonia (Pollock, 1993; Albert & Ramos, 2000) and potential parallels with the Hallelujah-movement in Guyana (Butt Colson, 1994-1996). Since the turn of the twenty-first century, the Baptists Protestant Church supported by American evangelicals is gaining strength among the Wayana in Suriname and French Guiana. This phenomenon of Christian conversion is by and large situated within the general belief that *Jeisu Këleisuh* (Jesus Christ) offers a protective cloak (*soldati upo*) to protect against *seitënuh* (satan) – the malevolent entity (*jolok*). The belief in Christ offers a protection against illnesses brought by Europeans that the traditional *piai* cannot offer.

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Weep for the Coming of Men: Epidemic and Disease in Anglo-Western Colonial Writing of the South Pacific

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Abstract

During the nineteenth and early twentieth centuries, epidemics ravaged South Pacific islands after contact with Westerners. With no existing immunity to introduced diseases, consequent death tolls on these remote islands were catastrophic. During that period, a succession of significant Anglo-Western writers visited the South Pacific region: Herman Melville, Robert Louis Stevenson, Louis Becke, Jack London, and Fredrick O'Brien. In a remarkable literary conjunction, they each successively visited the Marquesas Islands, which became for them a microcosm of the epidemiological disaster they were witnessing across the Pacific. Instead of the tropical Eden they expected, these writers experienced and wrote about a tainted paradise corrupted and fatally ravaged by contact with Western societies. Even though these writers were looking through the prism of Social Darwinism and extinction discourse, they were all nevertheless appalled at the situation, and their writing is witness to their anguish. Unlike the typical Victorian-era traveller described by Mary Louise Pratt as the "seeing-man", who remained distanced in their writing from the environment around them, this group wrote with the authority of personal felt experience, bearing witness to the horrific impact of Western society on the physical and mental health of Pacific Island populations. The literary voice of this collection of writers continues to be not only a clear and powerful witness of the past, but also a warning to the present about the impact of 'civilisation' on Pacific Island peoples and cultures.

Keywords: epidemic disease, South Pacific, Literature, Herman Melville, Robert Louis Stevenson, Louis Becke, Jack London, Fredrick O'Brien

“Weep, wretched people of Tahiti, weep! But let it be for the coming and not the going of these wicked and ambitious men. One day you will know them better. . . . The day will come when you will be their slaves, as corrupted, as base, as wretched as they themselves”

– Denis Diderot *Supplément au Voyage de Bougainville*, 1796
(quotation from Judd, 1977, p. 585)

“Throughout the island world of the Pacific,” observes Robert Louis Stevenson at the beginning of his novel *The Ebb-Tide*, “scattered men of many European races and from almost every grade of society carry activity and disseminate disease” (Stevenson, 1996, p.7). This dissemination made such a rapid, profound, and destructive impact on South Pacific Island societies that the physical symptoms, argues Rod Edmond in *Representing the South Pacific*, became “a palpable sign of the contaminating power of European civilization.” So pervading was the contamination that as the literary trope of the tropical island Paradise developed over time, so too did “a counter-discourse of the diseased Pacific” (1997, p. 194). Alan Moorhead succinctly refers to this contamination as a ‘fatal impact’, with good reason, because the outcome for Indigenous people was all too frequently death (Campbell, 2011, p. 10). Island populations who had no previous exposure to European viruses were decimated by introduced disease within only a few years, resulting not only in drastic depopulation but also in the consequent loss of orally transmitted cultural histories and practices. As early as 1800, for example, cholera transmitted by survivors from the wreck of the American schooner *Argo* killed hundreds of Fijians; this was followed by a ship-borne epidemic of dysentery, and in 1875 a measles epidemic killed an estimated 40,000 people, about one third of the Fijian population (Gravelle, 2012, p. 31, 136). In 1893, a thousand Samoans died during a measles epidemic, while Tahitians were struck down by epidemics of smallpox in 1834, scarlet fever in 1847, and measles in 1854. Measles and whooping cough arrived in Hawai’i on board American ships in 1848 and 1849, killing an estimated 10,000 Islanders. By the end of the nineteenth century, the Indigenous population of Hawai’i had been reduced to 40,000, the New Zealand Maori population had declined by two-thirds, and by 1926 the population of the Marquesas Islands was reduced to 2,225 from an estimated 50,000. Songs and dances could no longer be performed there, Robert Louis Stevenson remarked, because there was no one alive who remembered the words and movements (Thompson, 2019, p. 23, 153, 154).

During the latter part of the nineteenth century and the early twentieth century, several significant Anglo-Western writers, Herman Melville (1819-1891), Robert Louis

Stevenson (1850-1894), Louis Becke (1855-1913), Jack London (1876-1916), and Frederick O'Brien (1869-1932), experienced and wrote about the impact of Westerners on the Pacific Islands. Remarkably, this collection of writers from widely dispersed geographic locations of America, Scotland, and Australia, ultimately became connected, when, in succession, they visited the same island group – the Marquesas. These writers subsequently produced a body of work that collectively bears witness to the depopulation, loss of custom and language, and physical and moral corruption that was devastating Pacific Island societies. The particular approach in each of their writings distinguishes these writers from the customary European male subject of colonial landscape discourse whom Mary Louise Pratt terms the “seeing-man,” that is, “he whose imperial eyes passively look out and possess” as the land submissively unfolds before them (1992, p. 7). This ‘seeing-man,’ she continues, is the protagonist of an “anti-conquest” whereby the passive “landscanning European eye seems powerless to act upon or interact with a landscape that offers itself” (1992, p. 60). Instead, Pratt argues, the writer of sensibility should interact with their environment through language in which the use of ‘I’ connects experience to person, giving that interactive written account an authority that “lies in the authenticity of somebody’s felt experience” (1992, p. 76). Information has value, she reasons, when it relates to the writer/traveller and their quest (1992, p. 77). Uniquely interrelated by their experiences in the same Pacific Island group, these writers – read together – produced a body of work that we can explore in order to perceive their interaction with their environment as, connecting experience to person, they bore authoritative personal witness to the consequences of Islander contact with white outsiders.

Following Herman Melville, each of these writers visited the Marquesas island group because they had read the account of his stay there in his novel *Typee* (orig. 1846), but their various visits were also part of lengthy periods spent in the South Pacific. They were all, then, more knowledgeable about and experienced with Island peoples and culture than the customary traveller, and so they were less likely to adopt the distanced view of Pratt’s ‘seeing-man.’ Since Melville’s time there, the Marquesas Islands had been brutally assaulted by successive epidemic outbreaks of introduced diseases: in particular, smallpox and tuberculosis. Frederick O’Brien estimated the pre-contact population of the Marquesas at approximately 160,000 people, although more recent writers such as Ian Campbell have estimated a lower 1773 population of 100,000 (2011, p. 196). Whichever the preferred pre-contact figure, O’Brien’s startling calculation that by 1919 only 2100 Marquesans had survived tallies with modern estimates and remains a tragic and brutal statement of loss (*White Shadows*, 1920, p. 129). These writers also understood that epidemics impact not only the physical body, and noted the depressing repercussions on Islander spiritual and psychological well-being due to drastic cultural change that was as much a potential killer as tuberculosis or smallpox. Their encounters with tropical place and Pacific persons are meeting

points of their rational, ordered, Western selves; and of the seeming disorder, unpredictability, and chaos around them that could so easily end in sickness and death.

Tropical Mortuaries

To understand the significance of these encounters, we need to briefly review some of the cultural history of the 'fatal impact' of Westerners on Pacific peoples. Because of the isolated nature of Pacific island geography, historic contact between Islanders and Europeans had been minimal prior to Captain Cook's three voyages and subsequent numerous landfalls throughout the Pacific, and Islanders had no immunity to many contagious diseases such as measles, smallpox, tuberculosis, syphilis, and leprosy. The key to the West's ability to dominate and conquer, then, may not have lain in who they were, but in what they brought with them: in this case, microbes. The result was that, as Patrick Brantlinger sums up so astutely, "from the time of Captain James Cook's momentous voyages between 1768 and 1779, the advent of Europeans spelled the transformation of South Pacific paradises . . . into tropical mortuaries" (2003, p. 141). Smallpox was by far the most destructive of these microbes, but venereal diseases also decimated Pacific Islanders; as syphilis spread through Pacific island populations it caused sterility and lowered birth rates, increasing depopulation already occurring due to influenza and smallpox deaths. Clearly, "few islands could have escaped lightly from the impact of foreigners in the Pacific. The population loss was severe and widespread" (Campbell, 2011, 198). Add leprosy to the fatal mix, and by the end of the nineteenth century the Pacific paradise of Melville's writings was now the disease-ravaged Pacific of the writings of Stevenson, Becke, London, and O'Brien.

What Westerners of the time evidently could not understand was that even if they believed they were racially superior and had arrived because of divine will, they were not masters of the biological changes they triggered throughout this remote Pacific world. Epidemic diseases such as smallpox, measles, and tuberculosis, which regularly swept through crowded Western nations, lay dormant within ship's officers and crews as they crossed the ocean, only to find new life and victims in the unexposed populations of the South Pacific. As their germs decimated Pacific islanders, Westerners saw a greater hand in what was to them a mysterious melting away of Indigenous populations, leaving lands seemingly open to acquisition. Perhaps, they proposed, these epidemics were divine punishment for 'native' outrages such as cannibalism and infanticide. Only Christian intervention, declared missionaries, could save these people, and conversion had to happen quickly before they all perished and their souls were lost (Brantlinger, 2003, p. 142). Ironically, in converting Pacific Islanders to Christianity, missionaries frequently committed

themselves to destroying the very cultures that sustained the souls they sought to save, and the customs and languages they wanted to study.

One justification for this cultural destruction was the theory that depopulation had already begun in the Pacific before Westerners arrived, caused by warfare, infanticide, and sacrificial customs (Brantlinger, 2003, 142). The missionary William Ellis, for example, supported this theory in his work *Polynesian Researches* [1829]. This Pacific Islander decline had been prophesied by their own priests, he maintains, and had then been hastened by the divine retribution of disease. As proof, Ellis quotes a Tahitian prophecy recorded earlier by John Davies in 1815:

The hibiscus shall grow, the coral shall spread or stretch out its branches, but man shall cease (Ellis, [1829] 1969, p. 103).

Ellis explains that the hibiscus was a rapidly spreading plant that invaded cultivated land, and that the species of branching coral could rapidly fill gaps in a lagoon that had previously allowed the passage of fish and canoes (1969, pp. 103-104). This was a warning that the traditional gods would punish the island by depriving the inhabitants of essential resources if they disobeyed the Indigenous priests. However, according to Davies and Ellis, because the old gods were not able to prevent the population from dying of disease, the Islanders had ignored this warning and accepted the Christian faith propounded by the missionaries who had enabled them to survive (1969, p. 104). Ellis uses this prophecy as an example of the triumph of Christian morals over what he took to be the immorality of animism, but, as we shall see, the collection of authors whose work we are going to explore also indulged in versions of this verse – with various intentions.

Herman Melville and *Typee*

Having deserted from his whaling ship in the Marquesas in 1842, the young Herman Melville remained for a short time on the largest island, Nuku Hiva, before returning to America where he wrote an account of his experience. *Typee: A Peep at Polynesian Life* (orig. 1846), his most popular published work during his lifetime, is a romanticised novelisation based on the castaway beachcomber experience that would become such a fashionable genre in Pacific literature (O'Brien, 2006, p. 145-6). Although *Typee* is set in a valley that Melville likens to "the gardens of paradise" (Rennie, 1995, p.190), he perceives a society that is already being affected by contact with European and American outsiders. "Among the islands of Polynesia," he declares, "no sooner are the images overturned, the temples demolished, and the idolaters converted into nominal Christians, than disease, vice, and premature death make their appearance" (*Typee*, 1982 [1846], p. 230). He accuses missionaries of being propagandists who

exaggerate the savagery of island conditions to further their own promotion of enlightenment. "Let the savages be civilized," he pleads, "but civilize them with benefits, and not with evils" (1982 [1846], p. 230). But it was not to be, and *Typee* and his later *Omoo: A Narrative of Adventures in the South Seas* (orig. 1847) resonate with anger and dismay at the detrimental changes occurring in the Marquesas and Society Islands that culminate in Melville's condemnation of all transformative missions, be they religious, economic, governmental, cultural, or scientific fact-gathering.

As Melville sails through a pestilent Pacific, just as Jack London likewise would during his later Pacific voyage in the *Snark*, he encounters Island populations and cultures already declining and dying – for which he lays the blame squarely on the intrusion of Western societies. "The enormities perpetrated in the South Seas upon some of the inoffensive islanders well-nigh pass belief," he states. "These things . . . happen at the very ends of the earth; they are done in a corner and there are none to reveal them" (1982 [1846], p. 37). Taking up the Tahitian prophecy previously recorded by Ellis, Melville rewrites the passage as:

'The coral waxes, the palm grows, and man departs,' says the Marquesan, and then he folds his hands (1982 [1846], p. 52).

Placing this prophecy in the mouth of a Marquesan Islander, instead of a Tahitian priest, alters its cultural context entirely. A prophecy of divine retribution to be enacted within a specific island environment becomes a trite justification of Islander fatalism in the face of death and depopulation. In replacing the hibiscus flower with the palm tree, Melville has inadvertently exemplified his own point that those not of the islands do not understand the culture they are destroying. In the Marquesan valley of the Taipi [Typee] people, Melville found a society still strong and vibrant, a physically perfect race who "in beauty of form surpassed anything I had ever seen," he marvels, and as far as he was concerned this remarkable, fragile beauty was directly due to the absence of interaction with Westerners (1982 [1846], p. 213-214). He was right, for only a few years later Robert Louis Stevenson would also bear witness to this same people's degradation and depopulation, their chronic illnesses and despair, and lament the destruction of the proud, strong people of Melville's novel (Stevenson, *In the South Seas*, 1922, p. 45-67).

Robert Louis Stevenson, *In the South Seas*

Both *Typee* and *Omoo* were as popular and influential outside the United States as within. Robert Louis Stevenson, for example, read them as a boy in Scotland and later claimed that they had encouraged a yearning in him to travel to the Pacific Islands (*South Sea Tales*, 1999, p. ix). However, by the time Stevenson eventually embarked

on his voyages through the Pacific, his constitution was nearly broken by a long battle with tuberculosis. Informed by his doctors that he must find a warmer climate or perish, Stevenson gained a commission to write travel articles for newspapers, and consequently he and his family made three voyages through the Pacific between 1888 and 1890, visiting most of the major island groups, including the Marquesas. Feeling that the tropical climate ameliorated his physical condition, he then settled in Samoa in 1890 for what would be the last four years of his life. His tuberculosis, and its accompanying spectre of an early death, prompted a natural empathy for the misery and disease he witnessed among Islanders, and which was expressed in his account of the voyages, *In The South Seas* (1922). Clearly thrilled to be following in the footsteps of his admired predecessor, he even planned his voyages to follow Melville's path through the Pacific (1922, p. 45). However, like Melville, Stevenson became disillusioned when he witnessed the reality of dispirited and diseased Islanders in contrast to the groups of ne'er-do-well whites drifting from island to island, along with profit-minded officials and missionaries bent on eradicating what they considered to be degrading and heathenish Islander customs. In their wake, many once-vibrant island societies were dying.

Although Stevenson had a reputation as a writer of romance and adventure, some of the first works of realism set in the South Seas came from his pen during these last few years of his life. Two themes would dominate these tales: the psychological devastation among Islanders caused by widespread epidemics and mortality; and the spiritual and moral blight that seemed to affect so many of the Westerners in the Pacific, corrupting their motives and actions. Stevenson dealt with these themes using different genres – addressing the Islanders in his non-fiction and travelogues, while focusing on the whites in his fiction. *The Ebb-Tide*, for example, is predominantly about the European experience in the Pacific. Yet as his writing progressed, his responses to those experiences evolved from boyish enthusiasm to a dying man's profound empathy with the Islanders involved in them. In the end, the islands of the South Pacific, and the plight of its Indigenous peoples, resonated with him deeply, inspiring some of his best work.

Initially, each island was for Stevenson a sensual encounter. "The first experience can never be repeated," he marvels at the beginning of *In the South Seas*. "The first love, the first sunrise, the first South Sea island, are memories apart, and touched a virginity of sense" (1922, p. 14-15). As his stay lengthened, he realised that although only one island could be the first, every island was an unknown world awaiting discovery: a new beginning. "Here was a fresh experience," anticipates the trader Wiltshire as he makes landfall in 'The Beach of Falesa'. "Even the tongue would be quite strange to me," he continues, "and the look of these woods and mountains, and the rare smell of them, renewed my blood" (Stevenson, 1999, p. 3). Yet, warns Stevenson in *The Ebb-Tide*,

these “undiscovered, the scarce believed-in” isles, hide the darkness of disease (1996: 75). Here, Herrick and his companions land on their dream island of white sands and green foliage only to find that smallpox has arrived ahead of them and twenty-nine of the thirty-three inhabitants have already died (1996, p. 82). Indeed, the longer Stevenson stayed and became involved in the reality of the South Seas, the more he realised that while each island might well be a new world, the entire Pacific was in fact an engrossing but complex world of economic, political, and environmental upheavals in which the impact of European colonisation often outraged him.

The Marquesas island group was both Stevenson’s first destination and perhaps the most dismaying of the archipelagos he visited. Heading first for the Marquesas was understandable; after all, the island of Nuku Hiva was the setting for Melville’s *Typee*, and so Stevenson saw it as a fitting location for his initiation into tropical life. Just like Jack London almost twenty years later, Stevenson had formed many of his fanciful ideas of the idyllic South Seas from reading *Typee*. He, too, borrows Melville’s quotation from Ellis, but again changes wording and context. Referring to it as a “sad Tahitian proverb,” and noting that reef, palm, and islander share the beach, he writes:

The coral waxes, the palm grows, but man departs (1922, p. 18).

Implying that of the three, Nature will still be there after the islanders have died out, these lines become part of Stevenson’s rhapsody on the Marquesan landscape and the physical perfection of the Islanders, and he is under no illusion about the mortality of this perfection. “There is no race more viable, and yet death reaps them with both hands,” he mourns (1922, p. 45). Here, where disease and depopulation have conspired to create an atmosphere of emotional surrender, Stevenson hears a young Nukuhivan woman prophesy not only the death of her infant, but the death of them all (1922, p. 44). As in so many other places in the Pacific, disease is taking a toll on the Marquesans which leaves Stevenson “staggered.” Around the time Melville visited the valley of Hapaa on Nuku Hiva, he notes, the population there was estimated at around four hundred, but the combined devastation of smallpox and tuberculosis has reduced that number to only two in a span of eighteen months. Of a family of seventeen stricken by tuberculosis, only one has survived (1922, p. 46). Other factors were in play as well: here in the Marquesas, as in Hawai’i, the population was in the grip of opium addiction and there was a drop in birth rates because of the effects of venereal disease. Consequently, Stevenson estimates that within forty years the wider area population had plummeted from six thousand to less than four hundred (1922, p. 24). In the next valley, he finds only empty foundations where once there had been numerous houses. Unsurprisingly, he observes that the Islanders had become profoundly depressed, suffering what he terms “a disease . . . of the will,” where they fall “easily into despondency . . . and sadness detaches him from life” (1922, p. 62).

So despairing and depressed had the Islanders become, he records, that rather than wait to be infected and die, they were killing themselves (1922, p. 50). There had been too much change too quickly, Stevenson concludes: "Where there have been fewest changes . . . there the race survives. Where there have been most . . . there it perishes" (1922, p. 63). A dying Stevenson had encountered what he perceives could be a dying Pacific.

However, as Stevenson voyages further by yacht and pen into the Pacific – beyond the Marquesas to the Paumotu, and then to the Gilbert group – *In The South Seas* becomes an account of "rebirth into an oceanic world capable of adaption and survival" (Edmond, 1997, 167). As he literally sails farther away from his European origins and feels more comfortable in his new environment, his writing about the Pacific also voyages farther from traditional European literary tropes and more becomes more alert to conventions of the region. Although he represents his entry into the Pacific as a meeting with death, Stevenson became so fascinated by and alert to the region's metamorphosis, and intrigued by its history and political future, that he decided to live there, writing one of the great historical texts of the Pacific, *A Footnote to History: Eight Years of Trouble in Samoa* (1892).

Louis Becke, the Trader Author

Like Melville and Stevenson before him, the writing of Australian Louis Becke was informed by his experiences. Living and working among Pacific islands over a period of about twelve years, he packed a lot into that time as sailor, trader, explorer, and ethnographer. Becke's prolific fiction and non-fiction *oeuvre* of some thirty-five volumes provides a valuable insight into the Pacific of the late nineteenth century that has been largely forgotten in more recent times by critics and historians alike. While Becke's literary work about the Pacific does not reference sickness and disease as frequently as that of Stevenson, London, or O'Brien, those issues certainly did not escape his notice. In his 1897 collection of articles and stories, *Wild Life in the Southern Seas*, he laments the depopulating of the Ellice Islands atoll clusters of Nukulaelae and Funafuti (now part of the nation of Tuvalu), initially by Chileans kidnapping and enslaving islanders as labourers. Then, following the islands becoming a provisioning port for whaling ships, death from "unknown and terrible diseases introduced by the white men," had "ravaged not Funafuti alone, but the whole group, and where there were once thousands, only hundreds could be counted." Becke claims that by 1880, the population of Funafuti (now the capital) had been reduced to only 170 people. So it seemed to him for a while that the Ellice (Tuvalu) Islanders might die out – although he later became more confident of their survival (1897, p. 24).

In the late 1880s, re-visiting the small French Polynesian atoll of Nukutavake in the Tuamotu group, Becke is shocked to the point of not being able to eat on finding that, during the years since he'd last seen them, "Death, in the hideous shape of small-pox, had been busy, taking the young and strong" (*The Call of the South*, 1908, p. 203). The population had been infected by the crew of a ship from Tahiti, the Islanders tell him, and in less than two months, one in three of the 310 Islanders had died. Those who had not become ill had then suffered from famine due to prolonged drought. God has deserted them, they declare, but the pragmatic Becke assures them God had nothing to do with it. Ordering supplies of food to be landed from his ship, he informs the Islanders that all the nearby islands had undergone the same periodically occurring drought, but rain was now already falling there as it would on this island within days. Which it did (1908, pp. 204-5). Becke declared more than once that Islander survival had nothing to do with the influence or activities of God or missionaries. On the contrary, when missionaries on Rakahanga and Manihiki in the Cook Islands blamed disease and depopulation on Islander women's immoral sexual behaviour with visiting whalers, Becke laid the blame squarely with missionaries whose policy of clothing Islanders in woollen Western-style garments was, he fumes, "disastrous." For centuries, these Islanders had successfully survived in their tropical environment wearing very little, and yet the Christian missionaries, "by some incomprehensible fatuity," had decided they needed to wear heavy clothes that became damp and then chilled them at night, leaving them prone to respiratory infection (1897, p. 108). Even the Islanders, he argued, asserted "that the ravages of pulmonary disease, to which they are particularly liable, first began to decimate them after they accepted Christianity" (1897, p. 109). Becke felt so strongly about these issues that he reiterated these claims about the causes of "the dreadful effects of European diseases" in a 1911 *Sydney Morning Herald* newspaper article, "The Dying-Out South Sea Islander." Referring to Strong's Island, now Kosrae, he described how disease had decimated the population "as it swept through them like a blast from Hell itself," reducing the population from thousands to less than 500 in only a few years (p. 7). He refutes theories that alcohol and firearms were the main causes of depopulation. Instead, he declares, it has been due to the wholesale adoption of European clothes and customs and to introduced European disease. Yet he remains adamant that, for many and complex reasons, while many will die, some will live and depopulation will not necessarily become extinction (1911, p. 7).

In one of his rare stories completely set on an island decimated by disease, 'Addie Ransom: A Memory of the Tokelaus', the Christian faith of the Nukutavau Islanders proves futile in preventing death from cholera brought there by some "infernal missionary brig" (1899, p. 116). Yet, the church bell still rings for service, "though half of the people are dead, and the other half are dying like rotten sheep," curses Wallis, one of the resident traders (1899, p. 115). This time, the version of Ellis' Tahitian

prophecy, derived from the Biblical book of Isaiah (40:7), is placed by Becke in the mouth of the island pastor:

*The grass withereth, the flower fadeth, because the spirit of the Lord
bloweth upon it. Surely the people is grass* (1899, p. 117).

The people are dying, the pastor implies, as a result of divine will. Not so, responds Becke: death has a will of its own. The question of divine will in the face of epidemic is raised again in another Becke story, "Susani," set on the islet of Funafala, part of Funafuti atoll in what is now Tuvalu. At the time of this story, Funafala has actually been abandoned in favour of the main island because most of the people had vanished "before the breath of the white man and his civilization and 'benefits,' which to the brown people mean death" (*The Tapu of Banderah*, 1901, p. 271). There, the narrator meets Susani, a young one-armed girl referred to as being "in God's special keeping" (1901, p. 276) for she wanders the island alone communing with nature and no harm ever comes to her. "God hath afflicted her, but yet He doth protect her," the local church deacon tells him (1901, p. 279). While it might appear to some observers that she is mentally challenged, Becke's protagonist declares she is instead blessed of God who has given her special insight. Yet, a year later when the narrator returns, disease has stricken them all, even Susani, and they arrive just in time to witness her death and hear her last words of blessing. Even being in 'God's special keeping' has not saved her in the face of the white man's disease, but yet her death has brought Islander and European together in this unlikely place in the Pacific.

Jack London's Pacific *Cruise of the Snark*

Jack London's yearning for the vast, tropical, Pacific Ocean with its scattered islands was also nurtured during his childhood reading of Melville and Robert Louis Stevenson. Reading *Typee*, he wrote in *The Cruise of the Snark*, "I dreamed over its pages . . . and resolved there and then, mightily, come what would, that when I had gained strength and years, I, too, would voyage to Typee" (1911, p. 138). Like Stevenson, he embarked on a voyage that would include many of the islands that Melville and Stevenson had visited, but initially he had only a fraction of his predecessor's empathy for the Islanders' situation. Self-taught and self-assured, London revelled in the extreme supremacist implications of the philosophies of both Friedrich Nietzsche and Herbert Spencer, viewing the white race as one of *übermensch* triumphing over the lower races in a Darwinian struggle for mastery. However, his own eventual struggle with tropical illness would lead to a more empathetic outlook.

Like Stevenson, Jack London is disillusioned when he finally reaches the valley of the Typee. "The Marquesans are perishing," he laments. Here, "life faints and stumbles and gasps itself away." Even in this "truly terrestrial paradise", asthma and tuberculosis are flourishing, and "everywhere, from the few grass huts, arises the racking cough or exhausted groan of wasted lungs." In valley after valley, "the last inhabitant has passed and the fertile soil has relapsed to jungle." The once-flourishing valley of Hapaa is now an "untenanted, howling, tropical wilderness" (1911, p. 144-5). Where Melville had lived among populous Edenic gardens, London finds a jungle inhabited by only a few lepers and Islanders dying of tuberculosis. The valley of Typee is "the abode of death," he mourns, "and the dozen survivors of the tribe were gasping feebly the last painful breaths of the race" (1911, p. 148). These people once lauded for their strength and beauty, living in an environment pure from the "microbes of disease," are being destroyed by contact with outsiders who have brought those very microbes with them (1911, p. 149). London initially puts this depopulation down to Social Darwinism. The white race, although it flourished "on impurity and corruption," was enabled to survive by a herd immunity derived from that very impurity, and thus natural selection ran its inevitable course. "We who are alive are the immune, the fit – the ones best constituted to live in a world of hostile micro-organisms," London propounds (1911, p. 150).

Yet as he sailed farther across the Pacific, London's convictions about survival of the fittest were severely tested. The man who judged the deaths of tropical Islanders from introduced disease as part of nature's course now found himself ill from diseases of the tropics. In Samoa, London suffered from a worsening leg ulcer that proved unresponsive to treatment and quickly turned into a serious case of infectious yaws. By the time they were sailing through the Solomons, everyone on the ship was suffering from them. "The *Snark* has been a hospital for months," London writes (1911, p. 275). The more distance they sailed, the longer grew the list of tropical maladies suffered by London and others on board: ptomaine poisoning, malaria, rheumatism, and blackwater fever. Finally, the tropics literally got under London's skin. Layer after layer of skin began to peel from his hands and body until he feared he had contracted leprosy from visiting the isolation colony on the Hawaiian island of Molokai; however, he had probably developed a severe case of ultra-violet light sensitivity. Eventually, he became so ill that their voyage on the *Snark* had to be abandoned while he was hospitalised in Sydney for five weeks, which was then followed by five months of recovery (1911, p. 281).

This journey into his own heart of darkness caused London to re-assess his assumptions about the superiority of the white race. He was forced into an admission about the defects of his body that shattered the foundations of the philosophy by which he had lived his life; an admission that would induce a profound change. After his return to California, and for the final seven years of his life, an empathy towards illness and infection was reflected in

his writing. Two examples that best evidence this change are the stories 'Good-bye, Jack' and 'Koolau the Leper' from his 1912 collection *The House of Pride*. "The legible evidence of Western disease on blemished native bodies haunted writing about the South Pacific from the early moments of contact," argues Rob Edmond (1997, p. 194), and these two stories are haunted, as we shall see, by the visible blemish of leprosy. In 'Good-bye, Jack,' both the character Jack Kersdale, a self-made man born of missionary parents in Hawai'i, and the narrator, can be read as versions of London: the narrator as a visitor being told about Hawai'i, including information regarding a leprosy epidemic and the leper colony on the island of Molokai; and Kersdale as the mouthpiece of the white colonial elites, spouting his fearlessness of a disease that "there wasn't a chance in a million for him or any other white man to catch" (1912, p. 105). He reveals that Hawai'i now has a bacteriological test that can detect leprosy, even though a person may have no visible signs of it. Kersdale, the superior, wealthy, physically fit white superman, for whom information-gathering about leprosy is a hobby, argues in favour of legally enforced leper deportation and isolation in an adaption of London's discussion of Molokai in *The Cruise of the Snark* (1911, p. 81-98). He insists that living conditions at Molokai are just fine and that those forced to live there are happy; blithely adding that, "I shouldn't mind going down there myself for the rest of my days," a statement that would return to haunt him (1912, p. 105).

The two men, joining many others, go to the dock to watch the lepers being put on board the ship for Molokai, from where the "living dead" will never return. Tragedy has become a tourist attraction. Looking at the passengers, the men are reminded again of the capriciousness of a disease that has no consciousness of race or age: many of the passengers, children as well as adults, whites as well as islanders, show no outward sign of leprosy. While Kersdale is engrossed in conversation about politics – insulated and uncaring about the sorrow around him – the narrator sees among the passengers Lucy Mokunui, a famous and beautiful Hawaiian singer who has toured the United States and been associated with some of the most prominent white men in society. Yet, discovering she has the disease, this striking woman has surrendered voluntarily. The narrator is shocked at her presence: unable to even look at her, he senses in her fate the possibilities of his own. If this could happen to "the epitome of all Polynesian charms," he wonders, "what might not my lot be? – or anybody's lot?" Seeing this famous woman in this situation forces him into an awareness not only of his mortality, but that "in life, we are in the midst of death" (1912, p. 116). Then, as the ship departs, Lucy suddenly spots Jack Kersdale and, reaching out towards him, calls goodbye. Kersdale pales, and leaping into his carriage speeds to the doctor's office muttering, "I never knew" (1912, p. 123). The very virility of this white superman has exposed him to, and confronted him with, the possibility of contagion, something he has declared only happens to Islanders. Worse, Lucy has publicly 'outed' him. The implications of her sensuous farewell are unmistakable, and what may have been an open secret among that society is secret no longer: Kersdale will

forever be under a cloud of suspicion. In this story, London is being critical of his previous attitude. Like Kersdale, he was convinced of his invulnerability because of his belief in the power of his masculinity and white racial superiority, only to be confronted by illness during his time in the Pacific that revealed to him his mortality and vulnerability.

'Koolau the Leper' is a companion piece to 'Good-bye, Jack' in that it uses a similar situation, the exiling of leprosy sufferers on Molokai, to recast London's Darwinian social beliefs. In this case, however, the story's protagonist is an Islander. Undeceived that Molokai is really a prison, Koolau and thirty lepers resist being exiled from their home island and take shelter in a deep valley accessible only by a narrow foot trail. Unlike Lucy Mokunui, leprosy has already damaged Koolau's body and thus, visibly branded, he cannot escape detection. For a while, he and his fellow rebels make this valley their home: planting food crops, building terraces, and constructing shelters. Armed police eventually arrive to remove them but are compelled to retreat when Koolau's group open fire. Despite being shelled by artillery, the rebels hold out for another two days but eventually all surrender, except Koolau. Avoiding capture, he disappears into the mountains where he dies two years later: in his own time, with dignity and strength, still clutching his rifle. He dies still his own free person. Disease is the pivotal point of this story: Koolau would not be this person or be in this situation if not for leprosy. Here, London steps into the mind of the sufferer, rather than watching the story unfold as a 'seeing-man,' and thus Koolau has a depth not possessed by the white supremacist Kersdale, who because of his colour and race has been in denial that he might contract the disease. London grasps the social and economic divisions inherent in this epidemic; the Indigenous islanders have lost their land and livelihood and, cut off from economic access, are exposed to a disease allegedly imported by the various immigrant labourers brought in to replace them. Because of their disfigurement, they are regarded as outcasts on their own island, deemed by society to have been rejected even by God, "for upon them had been placed the mark of the beast" (1912, p. 49). Their humanity reduced in the eyes of others, they have become like animals living in caves, "creatures who had once been men and women. But they were men and women no longer. They were monsters . . . who had the seeming of creatures who had been wracked in hell" (1912, p. 50). This is the writing of a Jack London who had been in his own hell, a man who truly knew not only what disease was, but what it felt like to experience and suffer with it. No longer superman, no longer the 'seeing-man,' London here reveals in this elegy the fallible man who had come to an uneasy peace with disease and death.

The *White Shadows* of Frederick O'Brien.

The later experience of writer Fredrick O'Brien in the Marquesas has much in common with Stevenson, Becke, and London. In fact, O'Brien knew the Londons and became a close friend of Charmian London after Jack's death in 1916. Like Becke, O'Brien turned

to writing books later in life, having travelled widely as a young man and then become a journalist. In 1913, he embarked on an extended journey through the South Pacific, visiting a number of islands and living in the Marquesas for a year. Despite its serious overtones and critique of the drastic and tragic impact of Western society on the South Pacific region, O'Brien's account of his sojourn in the Marquesas, *White Shadows in the South Seas* (1919), had an enormous impact on an American reading public seeking escape after the horrors of war, "setting in motion a wave of interest in South Pacific-themed material that would last a decade" (Geiger, 2007, p. 75). Its success was confirmed in 1928 when the title was used for MGM's first movie with sound, directed by W. S. 'Woody' van Dyke – although the plot was developed from a story in O'Brien's later *Atolls of the Sun*.

O'Brien became part of a post-World War I American literary movement towards a new idealised mythic frontier expressed in such novels of the period as Edison Marshall's *The Strength of the Pines* (1921) and Zane Grey's *The Man of the Forest* (1920). Like the work of O'Brien and London, Grey's later *Tales of Tahitian Waters* (1931) and his posthumous *The Reef Girl* (1977) would explore the familiar frontier trope by shifting it even further west into the Pacific. O'Brien seized upon his new-found popularity and quickly followed up *White Shadows* with two prequels, *Mystic Isles of the South Seas* (1921), and *Atolls of the Sun* (1922). All three books essentially narrate a single journey from San Francisco to Tahiti and on to the Tuamotu Archipelago and the Marquesas. A haunted "narrative of release mixed with memory and loss," *White Shadows in the South Seas* presents a paradise scarred by the tragic aftermath of 'fatal impact'. Critical and pessimistic, it does not overly romanticise this new frontier; rather, his narrative "questions the moral sanctity of frontier mentality by associating colonialism with genocide" (Geiger, 2007, p. 84). In this work, O'Brien challenges established clichés of the Pacific experience and his darker tone in many respects returns to that of Melville's critical comments about colonial impact. O'Brien's white shadows are the shadows of death, the shadows of the populations that have vanished due to contact with whiteness. In his Marquesas islands, the darkness of death remains a constant presence lurking among abundant tropical life and lushness.

Like Stevenson, London, and Becke, with whom he was familiar, O'Brien had pored over the pages of Melville as a boy and become enthralled by the dream of travelling to islands "isolated from the world for aeons" where remained "a living fragment of the childhood of our Caucasian race" (*White Shadows*, 1919, p.11, 21). Although his origin theories about Polynesian populations now read as outdated, O'Brien was sincerely saddened that, having finally encountered "the peoples of the great world," that 'living fragment' could now be dying as a result, and so his self-declared mission became to see Pacific Island people before they might disappear forever (1919, p. 12). This theme of impending extinction of Pacific Islanders in the wake of contact with Western society is one to which

O'Brien often returns, because this is all he can see will be the result of the devastation of these populations. "Their people perish," he writes, as he hikes into empty valleys "which each held a thousand or several thousand when the blight of the white man came" (1919, p. 21,102). Visiting Melville's valley of the *Typee*, O'Brien too finds it overgrown and fallen into ruin. In a valley nine miles long, once the home of "thousands of men and women whose bodies were as beautiful as the models for the statues the Greeks made, whose hearts were generous, and whose minds were eager to learn all good things," only a dozen sick people remain, surrounded by jungle and the empty stone foundation platforms for houses [*paepaes*] (1919, p. 223). Soon, he imagines, only ghosts will inhabit this place, for the Marquesan culture is disappearing along with the people. Houses built of traditional materials are being replaced by homes clad in timber planks with iron roofs; traditional axes are being replaced by guns, and ancestral songs and histories are being forgotten. O'Brien establishes a literary connection with those who have gone here before him by also indulging in ethno-ventriloquism in having an Islander speak those familiar lines introduced by Ellis:

The hibiscus shall grow, the coral shall spread, and man shall cease.

It will not be long, the Islander intones, until "We vanish like the small fish before the hunger of the *mako* [shark]" (1919, p. 107). For O'Brien, like some earlier writers, the Islanders have accepted their inevitable extinction. This is, of course, a perception of an outsider of this period, which is not to lessen an emotional and psychological reality. Seeing your family and relatives dying around you without any chance of aid must have engendered a demoralisation, despair, and hopelessness among Islanders that could be understood by empathetic witnesses.

Death surrounds O'Brien here amid paradise. The next ship to arrive brings with it influenza and tuberculosis, and soon those around him are coughing and dying. His neighbour coughs, then "her neighbor took it up, and then, like laughter in a school, it became impossible to resist, and down in the beach and up to the heights of the valley echoed with the distressing sounds" (1919, p. 125). Their deaths are a mutually, calmly, and fearlessly accepted inevitability, maintains O'Brien, for "this remnant of a race, overwhelmed by tragedy, can look on death only as a relief from the oppression of alien and unsympathetic white men" (1919, p. 127). Even the local Catholic priest holds the view that this island is just one example of a Polynesia that is dying. One hundred years previously there may have been 160,000 Marquesans, with 19,000 fighting men on the island of Nuka Hiva alone, estimates O'Brien, but now only 2100 Marquesans might remain alive (1919, p. 129). In their misery, the Islanders rage against the missionaries whose God seems to be punishing them and became renowned for their reluctance to convert. However, O'Brien suggests, there was another reason for Marquesan depopulation, and that was the shadow that had fallen over their cultural pursuits such as

dance, song, religious ceremony, and even ritual tattooing. This happy, emotional, humorous people were being denied their very heritage, and thus their mental as well as their physical well-being, under the rule of the white missionary and trader “who came here only to gratify his cupidity” (1919, p. 131). With their cultural activities, which marked the passing of the yearly round, taken away from them, Marquesans were losing their will to live a life that now seemed pointless. Even their names, which were related to their culture as each name referred to an experience or name of their ancestors and thus formed a link to their heritage, was being lost with the bestowing of English names (1919, p. 167). What would Christ think, he laments, “of the havoc wrought by men calling themselves Christians.” Westerners have contributed nothing positive to these people, he concludes; they have only taken from them (1919, p. 223).

Conclusion, Pacific Revival

For Melville, Stevenson, Becke, London, and O'Brien, the Marquesas Islands were a microcosm of what was happening to the Pacific region at that time. These writers formed a unique group because of their personal relationship to a particular Pacific place, and their work reveals the dire consequences over time of colonial contact with Pacific peoples, culminating in O'Brien's conviction that their eventual extinction was inevitable. Although some of these writers did see Islanders through that prism of Social Darwinism and extinction discourse to some degree, each writer was nevertheless appalled in their own way at the catastrophic effects of depopulation due to epidemics on Pacific islands, and their writing is witness to their anguish. Instead of distancing themselves by objective language as passive 'seeing-men,' they perceived the environment and peoples of the Pacific through the medium of literary language, enabling them to interact with the authority and authenticity of first-person felt experience. In the case of Jack London, this interaction was so profound that it changed his view of the region to one more tolerant and inclusive. Louis Becke, who lived among Islanders, spoke their languages, understood their customs, and listened to their stories, became an early spokesperson about Island issues. He believed that Pacific islanders should have been allowed to retain their own culture; as far as he was concerned, the impact of missionaries and their alteration of Islander life and culture was an epidemic in itself. By the time Frederick O'Brien arrived in the Marquesas in 1913, sickness and death due to disease introduced by Westerners had devastated the population and the culture of this archipelago to such an extent that O'Brien was convinced that the extinction of the Indigenous population was imminent.

These opinions of Melville, Stevenson, Becke, London, and O'Brien about the impact of disease and epidemics on Pacific Island populations and culture were influenced by their personal experience, as well as by the cultural philosophy of the time. Rather than writing as merely Pratt's 'seeing-man,' they connected experience to person and wrote as

explorers, cultural historians, and inhabitants of the South Pacific region. As such, these Anglo-American voices continue to be some of the clearest and most powerful witnesses to the ravages of Western society in the Pacific Islands during the colonial period. They were not only influenced by their encounters with Pacific Islands and the impact of Western diseases, but they were profoundly influenced by their contact (in some cases, prolonged contact) with the peoples and cultures of the islands. However, not only did Westerners have an impact on the Pacific Islands, but, such as in the case of this group of colonial writers for example, the Islands had an impact on them. Literary voices such as these are significant and worth re-examining because they mark a shift in Western literary and philosophical attitude about Pacific culture, and a willingness of the writer to reposition themselves contrary to common mores in regard to that culture.

Yet, as empathetic as they may be, these are Anglo-American colonial voices speaking of a diseased environment of epidemic issues in the South Pacific region during a specific period of time. Postcolonial Pacific Island peoples now speak out with their own strong voices about issues that impinge upon the islands, that relate to the past but are also part of the present. In his magnificent elegy for the Pacific Ocean, "Praise Song for Oceania," for example, Guam poet Craig Santos Perez praises the Pacific Ocean for, among many things, "your capacity for renewal", and for "your capacity/ to endure the violation/ of those who . . . pillage." Ultimately, he praises the Pacific for "our trans-oceanic/ past present and future/ flowing through/ our blood" (Perez, 2020, pp. 51-55). The Pacific environment, he suggests, lives on as the environment of us all and so deserves the care and praise of us all. In Witi Ihimaera's play, *Woman Far Walking* (2000), 160 years of colonial history is embodied in the figure of Te Tiuiti o Waitangi Mahana, enabling the play to explore key phases of Maori survival and struggle since colonisation, including surviving the 1918 Spanish influenza epidemic. Albert Wendt's novel *The Mango's Kiss* (2003) also explores the ramifications of the 1918 epidemic in the subsequent emergence of the Samoan independence organisation 'O le Mau,' providing insight not only into living through the epidemic but into both sides of the ensuing political struggle that eventually formed the present Samoa. Issues of the past are integral to the present, these writers tell us. Relationships between the West and the Pacific continue to include detrimental elements, such as nuclear contamination, the effects of Western diet, consumerism, global warming, and rising sea levels. Unfortunately, ongoing outbreaks of introduced diseases remain part of the present environment and Pacific discourses. These issues still require writers of today to bear witness.

In contemporary Islander literary discourse, that engagement with the relationship between local and global is ongoing, but now in its own voice: a new voice. As boundaries between local and global blur in the face of Islander diasporas, globalised cultures, and social media, the shared regional identity implied by Epili Hau'ofa's

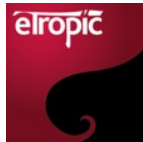
invitation to perceive the Pacific holistically as a “sea of islands” becomes a means by which the region can survive both materially, and ideologically (1994, pp. 152-3). The continuance of Pacific literary consciousness testifies to the survival of the region as more than a romantic concept, a hope or a dream, or a ‘dying pillow’ that Europeans must soften, but as a manifold, diverse, cultural place. To rephrase the quotation by Diderot that prefaced this paper: Weep not, peoples of the Pacific, for the coming of the man of the past, but praise in your new voice a sea of islands that flows in your blood.

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Impacts of Historical Pandemics on India: Through the Lens of 20th Century Hindi Literature

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Abstract

India has been swept by pandemics of plague, influenza, smallpox, cholera and other diseases. The scale and impact of these events was often cataclysmic and writers offered a glimpse into the everyday life of ordinary people who lost their lives and livelihoods and suffered the angst and trauma of mental, physical and emotional loss. This paper focuses on the devastation caused by pandemics especially in the Ganges deltaic plains of India. Through selected texts of 20th century Hindi writers – Munshi Premchand, Phanishwar Nath Renu, Suryakant Tripathi Nirala, Bhagwan Das, Harishankar Parsai, Pandey Bechan Sharma – this paper aims to bring forth the suffering and struggles against violence, social injustices and public health crises in India during waves of epidemics and pandemics when millions died as they tried to combat the rampant diseases.

Keywords: historical pandemics, 20th century Hindi Literature, pandemic literature, epidemics in India, cholera, smallpox, plague, influenza

*sab pareshaa.n hai.n ki aaKHir kis vabaa me.n vo mire
jin ko Gurbat ke alaava ko.ii biimaarii na thii*

*Everyone is worried about the epidemic that will get them
They who have no illness save poverty*

– Hasan Naim¹

Calamities have played a powerful role in the history of perpetual struggle of humanity to sustain and survive. These calamities impact human minds, behaviour, social organisation and cultural life (Sorokin, 1968). Among the most devastating calamities are pestilence, wars, revolutions and invasions. The outbreaks of pestilence have always influenced the lives and perceptions of the poorest to a much greater degree. The tropical countries of the Indian Ocean have often been described as a disease zone and India, in particular, as a quagmire of diseases and epidemics. The threat of pestilence and the epidemic fevers that presaged pandemic outbreaks would contribute to mix feelings of pity and fear. Waves of epidemics – like plague, influenza, smallpox, cholera, and other such diseases – would afflict a society in an intermittent manner, but the impact would be so intense that they would kill millions of people in that geographical area in a very short period of time. These tropical countries, it was believed, were impacted by pandemics due to the enervating climate and untidiness, but also in colonial times due to a lack of sanitation and the unavailability of social services for large populations. The resulting devastation caused people to dread the severity of the epidemics and although societies evolved mechanisms to cope with epidemic calamities, such crises could seldom be accommodated within the emotional structures of society (Evans, 2005, p. 150). Furthermore, these intermittently recurring diseases and epidemics of death were damaging and disruptive to social harmony. While natural disasters like earthquakes and floods would affect all groups of people in a similar fashion (although the poor, again, suffered more); epidemic diseases were driven by social and political factors that would impact the rate and intensity of damage, affecting different groups of people in different ways – and were especially disastrous for the poor sections of society. This means that men, women and children, rich and poor, housed and homeless, villagers and city dwellers – were impacted in different ways and degrees by the spread of epidemics (Evans, 2005, p.150). As a consequence, epidemics and pandemics received widely varied responses by different groups of people with diverging theories about the emergence and spread of the disease in the community. This resulted in tarnished relationships, distrust, conflict and even revolt and violence.

¹ Kafeel (2006). *Kulliyat-e-Hasan Naim*, p. 214

Deaths and Diseases

Reports on historical pandemics have been mostly covered as a Global North phenomenon with much less documentation on their effects in the vast areas of the tropical regions of the world, including India – a country that has repeatedly recorded massive death tolls due to viral epidemics. During waves of pandemics, the British colonial government tried to intervene and reach out to people through awareness programs on social distancing. However, it was a challenging task – especially because the ‘enemy’ in the case of a pandemic is often invisible, rapidly advancing and hard to explain to the masses. Furthermore, the healthcare system in India was unable to cater to the sudden increase in demands for medical attention, and the vulnerability of the situation prompted people to believe and spread rumours – making it even more difficult for state authorities to address issues of health and safety. Then again, colonialism itself further impacted the situation, both in its concentration of people in port centres of administration, and in its far-flung dispersal of people through trade.

The third plague pandemic had spread to Bombay from China by 1896 and waxed and waned throughout the world for the next five decades until 1959. In that time plague had caused over 15 million deaths, the majority of which were in India (Frith, 2012). Caused by *Yersinia pestis*, the bubonic disease spread primarily by infested fleas which were the vector between humans and rats, or (in the case of pneumonic plague) through an infected person – significantly affecting not just the mortality rate, but also the social, cultural and economic dynamics of communities and nations. The Spanish Flu pandemic, locally referred to as Bombay fever, was caused by a strain of influenza virus and in India in 1918 claimed an alarming figure of 12 million in just three months (Arnold, 2015). The spread of the disease was worsened by a failed monsoon and a resulting famine-like situation in many parts of the country. The rural population migrated to densely populated cities in search of food and jobs – and in turn aggravated the spread of the disease (Biswas, 2020). Smallpox, often accentuated by malnutrition and famine, had greater fatality in the tropics than in European countries and the 19th century British physicians in India had ranked it as one of the most destructive diseases of the time. Arnold (2015) claims that smallpox accounted for several million deaths in the late 19th century alone. In Calcutta, capital of British India, smallpox accounted for 21,000 fatalities between 1837 and 1869, representing 5-10% of all deaths. The disease was endemic to India with a strong seasonality, peaking during the mid-summer; and showed a pattern of appearing in a range of four to seven years and then being barely noticeable (Banthia & Dyson, 1999, p. 677)

Cholera became the most feared disease of the 19th century. It was a comma-shaped virus, *Vibrio cholerae*, that caused the disease which was endemic to the Ganges and

Brahmaputra rivers where they form a wide deltaic landscape as they enter the Bay of Bengal. The first cholera pandemic in 1817 is said to have broken out somewhere near the colonial port city of Calcutta [Kolkata]. It moved overland through present-day Thailand, Malaysia and Indonesia and travelled by waterways to Oman, reaching the Mediterranean in the West, China and Taiwan in the Far East and the island of Borneo in Southeast Asia. The second cholera pandemic is believed to have begun in 1829, again in India. During 1830, the disease travelled all the way through Russia into Europe and Great Britain, and reached the United States. The third wave of cholera pandemic is considered to be the deadliest. It emerged in 1852 in India and very rapidly spread through Iran to Europe and the rest of the world, and there were fourth, fifth and sixth pandemics to follow within the same century. Of course, the disease is much older, and it is believed that some Indian scriptures contain details of a certain illness that could be related to cholera, which would date the disease back 2500 years. With the arrival of the Portuguese in India in 1498, documentation of the disease began to be reported in various European journals. Gaspar Correa, a Portuguese historian in Goa, described the disease in his book *Legendary India*, published in 1543. He called it ‘moryxi’ and mentioned that the extent of vomiting and cramps could kill the afflicted by the end of the day (Whiteway et al., 2010). In 1563, another Portuguese doctor in Goa, Garcia da Orta published *Conversation on Simples and Drugs and Medical Materials from India*, a volume that contained the first modern description of cholera (Wendt, 1885, p. 3). The British and French colonial presences in India were marked by numerous cholera epidemics. Around 1760, the Scotsman James Lind described a condition called ‘mort de chien’ which meant a dog’s death. Calcutta witnessed cholera in 1781-1782, and it has been reported that a year later, around 20,000 pilgrims died in the holy city of Haridwar² – all within a span of just eight days (Gomez-Diaz, 2008, p. 96). Another cholera epidemic is reported to have broken out in August 1817 at Kumbh Mela³ in Jessore, some 60 miles from Calcutta.⁴ The district of Jessore was located on the upper Ganges⁵ river and abounded in marshes with stagnant water affecting the surroundings. Epidemic cholera rose with such rage that courts were shut-down and businesses were disrupted. In a report submitted to the government on 28th August, 1817, it was stated that the nature of the pestilence was not clear, however, “such was the energy of the disease in this its first onset and so fatally destructive was it of human life that in this district alone, it is reported to have within the space of a few weeks, cut off more than six thousand of the inhabitants” (Johnson, 2016 [1833], p. 76)

² Haridwar is an ancient city and important Hindu pilgrimage site in North India's Uttarakhand state, where the River Ganges exits the Himalayan foothills.

³ Kumbh Mela is a major pilgrimage and festival in Hinduism celebrated approximately every 12 years at four river-bank pilgrimage sites: the Allahabad, Haridwar, Nashik, and Ujjain

⁴ Calcutta is capital of West Bengal in India. It is located near the Bay of Bengal in the north east of the country on the left banks of the Hooghly River, a major tributary of the Ganges.

⁵ The Ganges or Ganga is a trans-boundary river of Asia which flows through India and Bangladesh. It is considered to be a pious river according to Hindu beliefs.

Thus, though the disease had been in India from earlier times; the mobility of the 20th century increased its spread beyond India. According to Snowden (2019), three major reasons can be understood for the increased mobility of cholera: British colonialism and its associated trade routes; religious pilgrimages and festivals, including the Haj which took Indian Muslims to Mecca; and the transport revolution involving railroads, steamships and the Suez Canal. All of these aggravated the epidemic situation and exposed the inefficiencies of the British government in India in handling such health concerns. Emphasising the impact of infectious diseases as greater than deaths in war, Jared M. Diamond in his popularly read (but academically critiqued) book 'Guns, Germs and Steel' points out that: "All those military histories glorifying great generals oversimplify the ego-deflating truth: the winners of past wars were not always the armies with the best generals and weapons but were often merely those bearing the nastiest germs to transmit to their enemies" (Diamond, 1998, pp.196-197).

Most often, the true causes of infectious diseases were not known and through the ages people imagined various causes for the occurrence of the dreaded calamity: God's punishment for sins have been invoked; miasmatic foul smells and vapours have been identified; cats and dogs exterminated; and disenfranchised immigrants and the poor blamed and forcefully isolated, expelled and prosecuted. The process of discovering medical causes of pestilences were gradual. Dr John Snow (1813 – 1858) proposed that cholera was a water bound disease, which effectually led to the development of water and waste sanitation systems. With the advancement in science, social historians and scientists observed that epidemic diseases that afflict a community do not occur randomly, and the social, economic, political and environmental framework of a society has a significant role to play in the spread or control of the disease and an epidemic. In the context of cholera – a disease transmitted by the oral-faecal route – the Industrial revolution and its pathology created favourable conditions for it to thrive. Chaotic and unplanned urbanisation, rapid demographic growth, crowded slums with inadequate water supplies, common toilets and unhygienic living conditions, absence of sewers – all of these created space for the cholera virus to afflict a place (Alalykin-Izvekov, 2020, p. 23).

Epidemic Stories

Pandemic literature, with a certain ease and empathy, takes us beyond statistics of deaths, devastations, and degrees of spread – to show its impact on the lives of families, friends and neighbours of the infected and dying. These stories in all ages have explored lethal infectious diseases, inviting readers to experience the trauma of millions impacted by the pandemics that destroyed towns and left generations scarred and scared. Robert Peckham argues that "epidemics make compelling stories" (2015,

p. 131) for they satiate our thirst for drama. He elaborates that the narrative arc of the 'pandemic thriller' moves gradually from the discovery of the deadly virus, through panic, to resolution. In some ways, these writings not only allow authors to express painful and horrifying experiences; they also endeavour to make sense of a world that is incomprehensible, unjust and ruthless. In India, pandemics and epidemics heavily impacted the lives of the people around the Ganges delta, including the regions of Bihar and Bengal in the northwest part of the country and some accompanying areas of Uttar Pradesh in north India. Since these affected areas are mostly Hindi speaking states, a lot of Hindi literature of the time (or reflecting on the past) documented deaths and diseases in great detail. Several references to pandemic waves can be traced in the literary works of established 20th century Hindi writers such as Munshi Premchand, Phanishwar Nath Renu, Suryakant Tripathi Nirala, Bhagwan Das, Harishankar Parsai, Pandey Bechan Sharma, and many others who offer glimpses into the lives of ordinary people and tell us how they survived, or succumbed to, deadly diseases. In these stories, notions of pandemics, plague and pestilence overlap, and the borders between different diseases: plague, cholera, influenza and smallpox are never separated, but rather, morph and overlap in the literary imagination.

Arabinda Samanta has rightly observed in the introduction to his book *Epidemics in Colonial Bengal* (2017) that in contrast to the range of scholarly studies available on social-epidemiological history of Africa, Europe and the Americas; disease remains a relatively less addressed field in South Asia. Any historical engagement with epidemic diseases requires situated locations; and India can be said to be "the largest disease laboratory in Asia throughout the entire colonial period" (p. 168). Thus, there are several questions that can be addressed in an articulation of disease in Hindi literature of 20th century India, here the main concern is: how victims perceived the disease, how waves of virus revealed vast disparities in social structures, and how pandemics and epidemics were constructed in the popular imagination.

Traces of Disease

We can find traces of pandemic interspersed between the pages of literature as they bring to the surface the hidden bodies, gaps, silences and layers of masked stories – fictitious or real. Recovering pandemics in literature requires recognising these traces and seeing their special quality. Casual references to pandemic may be located in Munshi Premchand's stories like *Idgah* (1933) or *Doodh ka Daam* (1934) and many others of the time. In the story, *Doodh ka Daam*, Bhungi lost her husband in the plague and had to work harder to raise her son, Mangal. In *Idgah*, Premchand mentions how four-year old Hamid, who lives with his grandmother, has lost both his parents to pandemic. His father died of cholera and his mother grew weaker and paler of some unknown disease until she finally succumbed to it. Hamid's grandmother, however,

hides the bitter truth from the little boy and tells him instead that his father will come back with lots of money and his mother has gone to Allah to bring lovely gifts for him (Hindikunj, 2020; Premchand, 2017).

The disease cholera was considered too disgusting to depict. McNeill writes:

The symptoms were particularly horrible: radical dehydration meant that a victim shrank into a wizened caricature of his former self within a few hours, while ruptured capillaries dissolved the skin, turning it black and blue. The effect was to make mortality uniquely visible: patterns of bodily decay were exacerbated and accelerated, as in a time lapse motion picture, to remind all who saw it of death's ugly horror and utter inevitability (1979, p. 261).

This may have been one of the reasons why writers often chose to merely mention characters dying or dead due to the disease, instead of elaborating on the final indignation of revealing symptoms of the patient. In the West, cholera disease was considered inferior and an invader from the East that "was too foul and degrading to give rise to extensive treatment in operas, novels and paintings in the manner of some other infectious diseases" (Snowden, 2019, p. 239). This was in contrast to how descriptions of tuberculosis were welcome in literary and artistic productions and the disease was perceived as an appropriate starting point for reflection upon the nature of beauty, genius, and spirituality.

Most historians who have studied the emergence, spread and impact of cholera on people and places have observed that it worked like "a test of social cohesion" – as R. J. Morris has put it – "to follow the cholera track was to watch the trust and cooperation between different parts of the society strained to the utmost" (1976, p. 152). Michael Durey, in another study agreed that it "unsettled the normal functioning of society and brought to the surface latent social antagonisms" (1979, p. 1). The disease constantly called up the common bourgeois belief that cholera spread amongst the community of "drunkards, layabouts, vagabonds and the idle, 'undeserving' poor" (Ranger, 1995, p. 155) in the most severe ways – and this view resonates in the literature of the times. In this way, a general perception of bourgeois society as the epitome of progress and civilisation strategically prevailed; while the poverty-stricken masses were held responsible for the spread of the disease. On the opposite side of this social divide, the poorer populace would interpret the relative immunity of the bourgeoisie as evidence of exploitation, injustice and cruelty towards the weaker sections of society, left to die in their masses.

It is difficult to clearly locate the social distribution of the disease, especially in an age when water supplies – one of the most significant vehicles of transmission of cholera – were mainly local in character. People shared water from neighbourhood wells or the local water supply, and if the water got contaminated it would infect the inhabitants. So, proximity to infected water was one cause for the spread of the disease. While cholera also infected the middle classes and rich sections of society, the proportion of infected poor were much higher.

The rich could flee from outbreaks with relative ease, their occupations did not usually bring them into contact with contaminated water, and their special employment of servants and ownership of spacious accommodation made it easier for them to maintain strict standards of hygiene and cleanliness. (Ranger, 1995, p. 157)

Places of Disease

The pandemic impacted all aspects of life – closing schools, colleges and businesses. Hospitals were overflowing with ailing patients; anguish and anxiety reigned in people's lives and on their faces. Most of these horrifying experiences went unphotographed and undocumented. When the pandemic arrives in a place, as in the village of the novel *Maila Aanchal*, it becomes the defining event that disrupts the earlier world of peace and progress and invades both body and community, showcasing how pandemic represented mass death and swept off populations. *Maila Aanchal* (1954) by Phanishwar Nath Renu was later translated into English by Indira Junghare as *The Soiled Border* (1991). Known as the first 'regional' novel in India, the story is set in the village Maryganj, of Purnea⁶ district in Bihar during 1946-48. As the author sets out to capture the complexities of life in the Indian village, he presents a sensitive, detailed picture of a locale gradually transforming under the compelling force of urbanisation. The novel is intriguing as it takes the reader into a dark world of extreme poverty, misery, hunger, and utter helplessness – caught in a trap of superstitions, but also lit from within by a "translucent beam of life" (Renu & Jalil, 2010, p. 3). Published just a few years after India gained independence from colonial Britain, the novel creates a powerful picture of village life and also studies the impact of modernism on the serenity of rural India, revealing cracks in the social fabric. Doctor Prashant, with his calm and incessant work for the well-being of the locals is an inspiring figure who sacrifices his own career to go to the desolate village with the idea bringing positive change in mental and physical health. The novel is based on a true story of doctor Alakh Niranjana, who battled not just infections and diseases but also

⁶ Purnea is one of the 38 districts of the Indian state of Bihar. It's surrounding lands lie on the alluvial tract of the Gangetic Plain, while the city itself lies on the banks of numerous tributaries of the Koshi River.

ignorance and superstitions in under-developed regions of Bihar. The dominance of the upper castes and the ugly character of the feudal society that prevailed in rural Bihar and in parts of Uttar Pradesh are brought out in the novel through the atrocities of the dominant castes over lower castes in the village of Maryaganj. Renu dexterously brings out the caste-driven politics practiced in India in descriptions of the imposition of power and domination of different *talas* (subdistricts). The novel also throws light on the anguish of ignorant villagers and lower caste people who lived in fear and uncertainty of the pandemic – which was one of the chief reasons for the disintegration of traditional social structures, and the cause of loss of lives and livelihoods.

In this case the epidemic was influenza. Poverty, absence of state intervention, and the alarming speed at which influenza spread across the country, incapacitated its victims. Moreover, the epidemic occurred at a time when India was undergoing unrest at multiple levels. Severe wartime shortages had escalated the price of basic commodities like food, clothing and kerosene; and large areas of drought and poor harvests threatened the masses with impending famine. A shortage of fodder made milk expensive for common use, and necessities like blankets were in short supply. All these factors were adding to the high mortality due to influenza. “A cross impact of underlying malnutrition, poverty and debility was widely recognized as intensifying the deadly impact of the disease” (Outka, 2020, p. 126). Writers wrestled with ways to represent the domestic spaces infected by epidemic disease or the climate of mourning it left in its wake – drawing on images of viral resurrection to suggest the endless yet spectral quality of these losses. Through novels and stories, we get a glimpse of how the domestic space was invaded by the diseases and families struggled to cope with the impact of virus. Pandemics made people reflect on the fleeting nature of existence and the vulnerability of all lives. In the poem *Bukhaar Mein Kavita*, Shrikant Verma writes how different people perish differently:

Colonies die/ Of Small pox and cholera
Well-known die/ Of cancer
Lawyers die/ Of blood pressure
No one dies/ Of their ill-deeds.
(Verma, 1992, p. 64)

Diseased Emotions

The lived experiences and heart wrenching stories of the period not only offer vivid portraits of physical suffering, they also emphasise hard-to-define emotional costs – tracing how a pandemic’s sudden and unexpected strike could break families beyond repair. One of the very prominent works on pandemic was ‘Kulli Bhaat’ (1938) by Suryakant Tripathi Nirala, translated into English as ‘A Life Misspent’ by Satti Khanna

(2016). This autobiographical book captures the anguish caused by the Spanish Flu pandemic that swept across India in 1918. Indian soldiers who were fortunate to return home alive, unwittingly carried with them the disease that spread across the country killing between ten and twenty million people. Nirala, in chapter three writes:

But the plague was raging in our village. What were we to do? The custom was to abandon one's house during the plague and encamp in orchards. The day we travelled from Bengal was the day villagers were abandoning their houses. Before we left for my in-laws', my father had two bamboo huts constructed under a mahua tree. (2016 [1938], p. 13)

Later in the chapter, Nirala describes how his father-in-law had come to take his daughter for the ceremonial return to her house. However, because the village was infected by 'plague', the girl's father had decided not to stay long, which offended Nirala's father. "He did not want to drink water from our wells and he wanted to leave before nightfall...." He further clarifies: "By the time I awoke, father-in-law had left with my wife. He didn't want her exposed to the plague" (2016 [1938], p. 13). The incident not only informs the reader of how the spread of pandemic was turning villages into abandoned places; it also brings forth the growing distrust and distance among people owing to the infectious disease. The young Nirala was devastated when he lost his teenage wife in the sweep of the disease. Later, he mourns the death of caretakers and an infant that dies in his lap. His description of the river Ganges laden with swollen, dead, abandoned, bodies bears witness to the magnitude of horrifying experiences that people had to go through in times of pandemic. "My family disappeared in the blink of an eye. All our sharecroppers and laborers died", he writes, poignant with pain (2016 [1938], p. 20). The grief expressed in Nirala's autobiography is also echoed in the Sanitary commissioner's report for 1918, where it is observed that all rivers across India were clogged up with bodies because of a shortage of firewood for cremation (Mills, 1986).

Similarly, in the story 'Plague ki Chudail' by Bhagwan Das and translated to English by Priyanka Sarkar, we come across a gloomy world where an entire city is in the grip of an epidemic. Bhagwan Das writes:

Last year, when the Plague entered Prayag and thousands of the poor as well as people in the homes of several merchants, zamindars, lawyers and deed writers started dying every day, the populace started abandoning their homes. Even a few of the doctors left town. (Das, 2020 [1908])

The emphasis that doctors too evacuated the locality highlights the fear of death over the service to humankind. The reaction of the doctors who fled, and the one we meet in the story, is in strong contrast to Dr Prashant of 'Maila Aanchal' who committed himself to serve humanity when he decided to leave his prosperous life behind in order to treat the villagers suffering from the pandemic. The doctor in 'Plague ki Chudail', in contrast, is very negligent of his duty; scared to put his life in any kind of danger. The writer tells us how he checks on Thakur Sahib's wife "and leaves immediately" (Das, 2020 [1908]). On his next visit, he sees her from a distance and declares her dead. He asks everyone to vacate the house immediately and doesn't bother performing the last rites. Due to his negligence the villagers were about to cremate the body which was still alive.

The human dilemma to stay by the side of loved ones accursed by pandemic disease, or to save one's own life, is described in many stories. Again in 'Plague ki Chudail',⁷ we come across the same conflict for Thakur Sahib, whose wife is afflicted with plague, and which puts him in a state of indecisiveness: "Thakur Sahib was faced with a dilemma. He could neither stay nor leave. If my staying here helped Bahuji⁸ in any way he told himself, I'd even risk my life. But when no medicine works on this disease, why should I put my life on the risk by staying?" (Das, 2020 [1908]). The same dilemma is seen, from a different perspective, in a neighbour who stays back with the dead body while everyone else flees. He reflects on how his duty as a neighbour requires him and anyone in the family or neighbourhood to not take a bath or eat anything until the body is cremated. However, in the current pandemic situation, where everyone was scared and concerned to save their own life and Thakur Sahib had also taken refuge in another house – what would happen to the corpse? According to Hindu rituals, the dead body is washed in a mixture of milk, yogurt, ghee and honey, and mantras are chanted. The body is then dressed in clean clothes, and if the woman is married and her husband is alive, she is dressed in red. The body, adorned with flowers, sandalwood and turmeric is placed in an inexpensive casket and as relatives and other close people chant hymns and pray for the departed, the body is carried by male family members to the cremation ground. Therefore, the neighbour is worried and concerned: "Would the body of this pious lady be taken on a thela or a trolley to the cremation ground"? In a contemplative mood as he pays a solemn farewell to the lady he "sat there quietly, mulling over the ways of the world and the transience of human relationships" (Das, 2020 [1908]). He tried to sing songs of Guru Nanak⁹ and Surdas¹⁰ that reflected on the transitory nature of life and its suffering and that resonated with

⁷ Witch

⁸ Bahuji is a way to address respectable married woman in some North Indian communities. It literally means daughter-in-law.

⁹ Guru Nanak, founder of the Sikh religion.

¹⁰ A 16th-century blind Hindu devotional Braj-bhasha poet and singer. Sang songs in praise of Lord Krishna.

greater truth; but he could only hum tunes, considering the sombreness of the situation.

The epidemics would even alter the burial rituals, and the priest in the story says that the shastras of Dharma dictated that anyone – and not just the family members, could cremate the body and the last rites could be performed later “when the time was right”. They could make an effigy of the departed to complete the ritual. The priest keeps changing his opinion to suit himself – or the convenience of the client – and hence even agrees to allow the body to be set afloat without cremation, as in the cases of “those who die of plague, cholera or any epidemic” (Das, 2020 [1908]). While the upper caste people like the priest or the Thakur abandon their responsibility towards the dead or dying; the task of disposing of infected bodies left the lower castes more vulnerable to disease. The story brings out how loyalties shift during times of epidemic and human values are set aside – and yet we meet characters like the old servant Satya Singh who was an epitome of truth, loyalty and service. When the servants who had accepted the job of cremating the dead body of Thakur’s wife dwindle and want to escape the task, Satya Singh reminds them of their moral duty. He says: “I don’t think that will be the right thing to do. It is our duty to fulfill master’s wishes and perform his wife’s last rites.” The statement not only highlights the virtue of Satya Singh as a human being committed to his principles; but also brings out the caste and class issues integral to the social hierarchy and which put lower caste people into vulnerable positions for catching infections. The servants offer him a good share of the thirty rupees they were given to perform the rituals, however, Satya Singh does not budge: “I am not dishonest. I can never do this”. The hypocrisy of the priest is brought out when he boasts that they need not be scared of the integrity of Satya Singh for even if he reveals the truth, Thakur will not believe him for “he has more faith in me than in that old man” (Das, 2020 [1908]). It is particularly telling that the Brahmin priest is depicted as false, greedy and manipulative and the Shudra servant selfless, honest and compassionate. In a very strategic manner, the author, Bhagwan Das inverts socially held associations of good and bad and makes his readers look at these dynamics from a fresh perspective.

Pandemic Horrors

David Arnold’s essay ‘Disease. Rumor and Panic in India’s Plague and Influenza Epidemics, 1896-1919’ published in the book *Empires of Panic*, states:

Disease – or the threat of it – has been a potent source of rumor and panic in modern times.... Perhaps, the greatest turmoil occurred in epidemic episodes that combined disease, rumor, and panic, united in a single moment of actual or incipient catastrophe, or those

epidemics whose causes and consequences were unknown and whose advance appeared so rapid and overwhelming as to be unstoppable (Arnold, 2015, p.111).

Panic has been defined as a psychological state or an emotionally charged group response – invariably construed as irrational – to some external menace, whether natural or man-made, actual or imagined. It connotes “a collective flight based on a hysterical belief” (Smelser, 1971, p. 169). Owing to the vast size and immense poverty of much of the population in India, the impacts of plague, cholera and influenza have been massive. A health officer had remarked: “In its rapidity of spread, the enormous number of its victims, and its total fatality, influenza in India reached a virulence before which even plague with all its horrors” faded “into insignificance” (Arnold, 2015, p. 112).

The horrifying experience of pandemic described in Harishankar Parsai’s autobiographical essay ‘Gardish Ke Din’ (1971) traces the miasmic atmosphere that illness may bring, and the horrors of pandemic memory become his central point of reference. He recalls the year of plague to be the most bitter memory of his childhood. Parsai describes how it may have been the year 1936 or 1937, he was in 8th grade when their area was infected by plague. The local people had abandoned their houses and moved to the jungles, making temporary habitats there in order to stay away from the centres and safe from the impact of the epidemic. However, the author’s family had been unable to vacate because their mother was severely ill. In the narrative he tells of how his family was the only one left in the entire neighbourhood. “Even the dogs had abandoned the colony. Our voices in the stillness of night seemed scary”, he observes with melancholy. To fight their fears, they would recite bhajans and devotional songs in front of their dying mother.

But every evening we would sit near our dying mother and sing the aarti¹¹ – ‘Om jai jagadish hare’.... Then one such terrifying night, Ma passed away. We let out loud howls of pain and grief. Suddenly some stray dogs appeared outside to offer support (Parsai, 2016 [1971]).

After her death, his father was emotionally broken and fearful of everything. Yet, pandemic had not only shaken his father from inside, the family also suffered set-backs in business, leading to financial loss and a day-to-day struggle to make ends meet. The essay talks at length about how families had to grope in “anxiety, uncertainty, disillusionment and fear” caused by plague (Parsai, 2016 [1971]).

¹¹ Aarti is a Hindu ritual where devotees light a lamp in front of the image of God and chant hymns

'Pahalwaan Ki Dholak'¹² (1944) by Phanishwar Nath Renu is another very popular story set in North India that depicts a gloomy winter night in a village impacted by a cholera pandemic. The story represents how the virus's ravages were often too much to face, creating an understandable disavowal mixed with bitter awareness. While we may agree that denial is a familiar feature in illness and in the aftermath of deaths from any cause, the pandemic created the perfect conditions for its perpetuation, combining a familiar disease in a radically new form burdened by mass deaths. The story starts with the description of a pandemic infected village where the inhabitants "like a fearful baby" are shaken by the horrifying impact of malaria and cholera. All that was to be seen in those bamboo huts in the quiet winter nights, Renu writes, was "darkness and spell-bound silence". He further describes how "there was no light on earth". Only the cries of jackals to break the silence in the air. "From the village huts, you could hear groans and pale voices saying 'Hey Ram! Hey Bhagwan'"¹³ – the only hope in such moments of despair (Renu in *Femina*, 2021 [1944]). And occasionally some wailing weak child saying "Ma" in such a soft voice that it would not make any difference to the ghastly grieving night. The anguish is not only felt by humans, but animals alike are quiet. The author observes how dogs would sense the stillness around and spend the entire day idly on the mounds of ashes – and join together to cry at night. The atmosphere evoked is nightmarish and grief-ridden. Among all this, the only sound that incessantly kept going all night was the wrestler's drum: "this sound filled the dead village with life" (Renu in *Femina*, 2021 [1944]).

The story 'Vibhats'¹⁴ by Pandey Bechan Sharma 'Ugra' is a morbid and macabre presentation of a tragic story of humankind. While many stories have described the insensitivity in people during times of pandemic; this one is a grippingly gruesome tale of utter inhumanity that creeps into a character, unbelievable and ghastly in his appearance as well as his acts. Through the character Sumera Jaat the writer forces us to think about the corrupting relationship of 'man' with money – and how far we are willing to go to be led by greed. Set to the backdrop of an influenza pandemic where the dead pile up day upon day, rot and smell invades the senses, havoc is rampant, and people abandon their loved ones – Sumera Jaat agrees to dispatch the dead in the river Ganges driven by greed to make more money, despite the danger to life involved in the task. The ugliness of the deed of throwing dead bodies in the river is described in horrifying detail, until the truth of his own acts dawns on him and fills him with disgust. Sick and alone, lying in his bed, "he saw, in Osari, he is eating Laila, the goat's corpse, and in the courtyard, the same banyan devil is eating the eleventh corpse of his cart, chewing it with tongs. The fire is burning. He is dancing – terrible"

¹² The Wrestler's Drum

¹³ Bhagwan is an epithet for a deity, translated as Lord.

¹⁴ Vibhats can be translated as something disgusting. It is one of the nine rasas of poetry.

(Hindisamay, n.d). The story not only evokes an atmosphere of the tropics with heat and humidity; but it also sets the stage for the cannibalistic dance hallucination that deranges Sumera Jaat. The lines between animal and human are blurred as boundaries are transgressed and human values blend with animalistic delight, reality disintegrates into the fantastic, and the natural and supernatural mix to create a tropical gothic world.¹⁵ As Daniel Serravalle de Sá observes:

Establishing the concept of Tropical Gothic as a critical term to investigate specific cultural traditions of the supernatural and the strange in the warmer parts of the globe is not an easy task. At first glance the expression itself seems to be rather contradictory; an oxymoron that combines the opposing ideas of 'solar' and 'gloom' in one concept. (Quoted in Lundberg et al., 2019, p. 9)

Epidemic Goddesses

The history of smallpox in India and the history of the Hindu Goddess of Smallpox are intertwined and yet different experiences of the interconnectedness of diseases and divinities. Resorting to faith in times of anxiety and distress has been a cultural response of humankind over the deep ages. In India, the worship of epidemic goddesses has been practiced since early times. Hariti was one such goddess, who continues to be worshipped especially in the Buddhist traditions. She was both the goddess of children and was invoked as a protector from smallpox. This twofold protection of children and against smallpox is significant. Indeed, the smallpox disease was so common that it was thought an almost inescapable ordeal to reach adulthood. Sir Sayyid Ahmad Khan observed:

Smallpox was the inevitable bridge which every child has to cross before entering into life; and recovery from the disease is considered second birth.... Other diseases are looked upon as accidental; but small-pox is regarded, as indeed it is, [as] almost universal. It touches the keenest of human susceptibilities; for there are thousands in this country who, though spared by it from death, still have traces of its violence in the deep marks on the face or the loss of an eye. (Khan & Muhammad, 1972)

A British medical officer records that in northern India the disease was so fatal that people did not count children as permanent members of the family until they had survived an attack of smallpox (Pringle, 1869).

¹⁵ On tropical gothic see Lundberg, et al. (2019).

The near inevitability of contacting and suffering from the the disease was a complex endemic scenario prevalent throughout India, and hence the popular faith in epidemic goddesses to protect or heal people of the disease was an important aspect of daily ritual life. Reading literature of the 20th century through the lens of the sweeping epidemics and pandemics that struck India throughout the 19th and 20th centuries, metaphors of modernism take on new meanings: we can observe fragmentation and disorder emerge as signs of delirium, and a brooding fear of an invisible enemy. This combination of fear and faith made people perceive epidemics as a manifestation of the goddesses' fury (for they could both bestow illness or relieve it) or, in the Christian tradition, God's fury. The sickness affected the poor above all – and poverty was (and still often is) popularly associated with vice. Hence, the idea emerged in society that the immoral were attacked by the dreadful disease. Uncertainty about the cause of disease has always been an intrinsic part of human life. This led to superstitions about ailments, and people resorting to all kinds of rumours in a state of panic. The other way to escape was to turn towards contagion goddesses like Hariti, hailed as the epidemic and mother goddess. A hymn to Hariti (translated by Miranda Shaw, 2006) reads:

*Terrifier of spirits who prey on pregnant women
Destroyer of smallpox and myriad diseases
A mother to her devotees
With limbs that cool like white sandalwood
I reverently praise the supreme yakshini
Mother of many children.
(cited in Battacharya, 2020)*

Hariti as a protector from diseases, especially smallpox, has a long and international history. The Chinese pilgrims I'tsing and Hsuan Tsang's travel diaries provide references to Hariti statues, while archaeological excavations date back Hariti statues to the time of Antonine Plague (Bhattacharya, 2020). Other popular fever goddesses are Sitala mata and Parnashabari,¹⁶ who became popular in the 19th century, specifically in relation to smallpox in Bengal and northern India.¹⁷ Olai Chandi for Hindus and Olai Bibi for Muslims are localised goddesses of cholera in Bengal, and Raktabati is considered the goddess of blood infections. Over the centuries, all of these goddesses have formed part of a common folk remedy during epidemics in order to thwart pestilence. In many parts of India, the only succour from raging fever or an epidemic infection could be had from the soothing faith in the healing touch of these

¹⁶ Parnashabari is a Hindu deity adopted as Buddhist deity of diseases. Her worship is believed to protect against out-breaks of epidemics. Statues of Paranasabari have been found in Pala period excavations in Dacca.

¹⁷ In south India, the goddess Mariamman is associated with bringing rains and curing diseases like smallpox and cholera. Considered a protector by many people, she has many temples in the South Indian diaspora.

goddesses. Poems were recited in complete reverence to Sitala mata¹⁸ the goddess of smallpox.

*White-bodied one, mounted on an ass, in your two
hands a broom and a full pot,
To mitigate fever, you asperse, from the full pot,
with the broom, the water of immortality.
Naked, with a winnowing fan on the head, your body
adorned with gold and many gems, three-eyed,
You are the quencher of the fierce heat of pustules;
Sitala, I worship you.*
(Nirmalananda, 1967, cited in Nicholas, 1981, p. 21)

The earliest mention of a Bengali poem about Sitala was composed in Saptagram (near Calcutta) and dates back to 1690. Gradually Sitala emerged from a minor deity to a major goddess of worship and faith, especially among the poor, including through literature, poetry, the performing arts and ritual. By the 19th century in colonial India, 'Sitala Mangal' texts – popular poems to Sitala based on performances of the narrative of the goddess and detailing types of poxes, symptoms and ailments – were found in the compositions by Nityananda Chakrabarty (Cakravartī, 1931).

Pestilential Phenomena

Phenomenon of calamity are one of the most powerful factors behind the turbulent trajectory of humanity's history. Since ancient times, waves of pestilence have played a revolutionary role in the processes of history with serious impact on human psychological, social, cultural and economic behaviour. Yet, epidemic calamities not only act to exacerbate existing issues in a society; they also offer opportunities to address problems – thus opening up creative and constructive ideas and concepts, and potentials for change. Literature is a powerful medium that offers ways to cope with the emotional trauma caused by pandemics and allows individuals, communities and nations to express, engage and empathise with the massive loss of lives and livelihoods.

Often the origin of infectious diseases in history have remained mysterious and obscure. And this is still often the case for modern pandemic origin stories. However, with recent developments in science, and with scholars putting forward ground-breaking ideas and theories on the complex phenomenon of pestilence; much

¹⁸ Sitala mata is Hindu goddess worshipped mostly in North India. She is an incarnation of Supreme Goddess Durga, and cures poxes, sores and diseases. The word 'shitala' literally means 'one who cools', in reference to fevers.

understanding has emerged on the causes, and the histories, of such diseases. These have revealed the intertwined patterns and dynamics of proliferation. As Sorokin points out: "The problem of alleviation and elimination of epidemics has its no less important social and cultural aspects. A wide society, desirous of being free from pestilence, would eliminate not only its biological roots but also the social cause of epidemics, famine, ignorance, revolution and war" (Sorokin, 1968, p. 301). According to him, humankind's cogitation about destiny and the whence, why and whither of society and humanity gets aggravated during times of crisis. These problems suddenly assume exceptional importance and thinkers often delve into such matters to examine, understand and reflect on the causes and consequences of such calamities as pandemics. While, on one hand, an enormous part of the population finds itself uprooted, ruined, mutilated and turned into displaced, dis-adjusted persons; on the other hand, such crises, as Thomas S. Kuhn points out "are a necessary precondition for the emergence of novel theories" (Kuhn, 1970, p. 77).

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Pandemics and 'Zombies': How to Think Tropical Imaginaries with Cinematic Cosmologies

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Abstract

The tropics in occidental imaginaries are typically coded as either edenic paradise or as hell. It is in the latter mode that they come to be linked with zombies, diseases, and questions relating to the autonomy of the human body. In this article I first summarise historical connections between colonialism and the tropics as expressed through dealings with disease set against a background of Christian-secular cosmology. I then further think the issue with two films that approach disease and the tropics through the zombie, which I conceive of as radical heteronomy. One film, *Zombi 2*, is a Euro-American engagement with the tropics as imagined from a temperate zone and a Christian tradition. The other, *Cemetery of Splendor*, is a Thai film that engages notions of disease and the autonomy of the human body from within the tropics and a Buddhist imaginary. I tie these questions of disease, 'zombies' and the tropics in with more general discussions of cosmologies, including those of the moderns. The displacement of modern ontological certainty (which is imagined through the zombie and conditioned by cultural and ideological imagination) opens a space for engaging the problem of a pandemic with notions of subjectivity and corporeality. An underlying thematic throughout this article is an argument for the importance of the cinema image in dealing with bio/socio/political issues. Here, in this translation of the cinematic world into discourse we are engaged at the intersection of tropics, disease, bodies and heteronomy.

Keywords: cinematic cosmologies, bio-social imaginaries, corporeal heteronomy, zombie cinema, tropical imaginaries, Buddhist imaginaries

Imagine two films, from different eras and film-making traditions. One ends with terrifying visions of an unstoppable disease transforming all human bodies at the very centre of empire. The other closes with a series of scenes: slowed down bodies, dream machines, communal sports in transforming landscapes – and an uncertain gaze into the distance. The argument presented in this paper follows the entanglements of our world, and as it progresses demonstrates how seemingly different entities – such as colonialism, film, bodies, cosmology and zombies – relate, and how these entities help us to think through issues such as disease and pandemics. And, hopefully, this thinking sheds light onto why the Euro-American film had to end apocalyptically with the tropical disease arriving in the metropolis to engulf the bodies of empire; while the Thai film could morph into transformed landscapes and a faraway gaze.

While the relation to the problem of pandemics may at times appear strained, it is because the thinking here is situated in cosmologies which conceptually precede pandemics as natureculture events. By not only showing that uncontrolled spreading disease doesn't necessarily have to be conceived of as a pandemic, but also how the escalation of tropical illness into something larger is built into Occidental cosmological imaginary, I seek to open up a space to think about why contemporary Western societies struggle to culturally innovate and produce more appropriate social imaginaries for dealing with epidemic and pandemic events (which, after all, are not unprecedented).

In order to open up this space for alternative notions of pandemic I will draw on two different yet relatable films, and think bio-social imaginaries through the problem of corporeal autonomy as it connects to disease, society, and the (non-)escalation into a pandemic. Drawing on the concept of the *zombie* enables us to think this issue at the borders of differing cosmologies. Here, a threefold constellation emerges: first, an account of – to put it in the words of Marshall Sahlins (1996) – a mainstream “Native Anthropology of Western Cosmology,” and the consideration of the two films as condensed cosmological propositions. One film, *Zombi 2* (Lucio Fulci, 1979), originating in a non-tropical country but filmed in the tropics, speaks of a colonial subconscious marked by Catholicism. The other, *Cemetery of Splendor* (รักที่ขอนแก่น, literally, Love in Khon Kaen, Apichatpong Weerasethakul, 2015) emerges from a tropical country and is concerned with, among other things, the bio-social weight of historical state-making violence and the ways in which to deal with it today. The former then includes, both in its filmmaking and narrative, a movement to and from the tropics, while the latter only moves from the tropics as a complete artefact; as the finished film it can then enter non-tropical worlds and through such encounters generate thought. On this note, both inquire into the issue of how the past impinges on the present,

articulated through bodies and health. In this paper, I further tease out these below-the-surface differences and similarities at play between the two films.

It should be noted that, contrary to the Italian gore master's work, the Thai director's films are not commonly categorised as horror. This is due to each film's formal conception regardless of the reality that both are populated with ghosts, the dead, disease and other common horror tropes – and are thus involved in thinking similar problems. Analogically, the sciences and humanities similarly actualise related questions within different contexts and with different tools, which likewise does not necessarily make their activities unrelated. The scientific logic I follow here is not one bound to representation, but one involved in problem-solving through generating new types of questions, and imaginaries – here linked by the concept of the zombie.

The figure of the zombie in occidental imagery comes to occupy the space between the implicit ideal of autonomy and the historical reality of heteronomy. As a concept, the zombie is no longer figurative, so I will not look for zombie-like shapes in the world, but rather for a node that connects at least some of the issues in the way zombie does by holding seemingly disparate things or concepts in relation: body / mind, centre / periphery, history / future / present, freedom / slavery, free will (autonomy) / external control (heteronomy), health / illness, temperate rationality / tropical proliferation. Importantly, there have been no zombies per se in Thai worlds (Ancuta, 2016a). There are figures, however – bodies that think some of the aforementioned fault-lines – in other ways. These fit smoothly into a minimal definition of the zombie beyond phenomenal appearance: a body with no evidence of autonomy; a sort of blank, devoid of consciousness.

Zombies are aporetic. In the Western world, they destabilise seemingly distinct metaphysical categories (Lauro & Embry, 2008, p. 91). They come to be limit-points between human and no-longer-human bodies – entities where autonomy deteriorates into a total lack of free-will beyond any hope of regaining some original, taken-for-granted normativity. Because they are not simply reducible to any pre-established categories, making of them a concept enables ingenious ways of connecting and, concomitantly, thinking. As limit-points, zombies operate on the borders where disease (as a manageable event) transforms into a pandemic (as something exceeding manageability). They cannot be contained. The Christian-secular cosmology is rarely able to engage this space, built as it is around radical difference between autonomy and heteronomy, which is why it is necessary to experiment with other worlds in order to think the unthinkable. Here, I demonstrate how and why films can help do exactly that.

On Using Cinema to Engage the Ineffable

Social imaginaries are intangible and ineffable. Present, yet absent. They structure and co-constitute reality, but when trying to grasp them discursively, they tend to disappear. Often this is because, while being collective, they are actualised through individuation. Their histories are intimately tied to hegemonic productions, or perhaps more accurately, stabilisations (Jasanoff & Kim, 2015, p. 4) within specific geohistories and biospheres. Moreover, imaginaries have an aesthetic dimension; they compose the surface of things. What appears does so from a process of differentiation, which includes even the most self-evidently non-cultural phenomena such as the human body. Thus, I engage bio-social imaginaries. Research has too often been focused *on* words and *through* words, while images and materiality in general tend to be thought about. Since the two orders are different, translation between images and words is necessary. What is not necessary is the hierarchy between word and image. In this instance, I can reorder the direction of thought. First, I present a translation from imagery to discourse; secondly, thought based on discourse. This article is a possible solution to the following problem: *what if one were to recode this order and attempt to think with images (and then translate into words)?* Thus, the aim is not to point to a film and show how it is an ideological codification of a reality beyond cinema, but to take (cinematic) imagery as at the same level of realness as other sensory realms. That is, to think through a more general problem with cinematic imagery, instead of having already thought through the problem in order to compare films with a pre-established image. The question therefore becomes, *how can the worlds created in cinema be of use for thinking through problems such as pandemics?*

Films do more than express a cultural and imageric unconscious, they also make it graspable and transform it. The cinematic apparatus operates materially to make what is present (yet imperceptible for the human sensorial apparatus) enter into consciousness and discourse. It works on those aspects of reality that seemed given but now become malleable; that which Walter Benjamin (1980) referred to as the 'optical unconscious'. The conditions for entering consciousness for these constituents of reality appeared only with camera technology. This includes, by extension of Benjamin, the cultural images formed historically that come to be our second nature. Differing technics at the intersections of power and history create different worlds, worlds that are very real, but also conditioned by history and localised natures. We are now squarely in the field of the post-human: humans as co-constituted by the non-human, including technologies, concepts and images. Here the speed of technological innovation increases and life worlds transform faster, and with them, following Benjamin (2002, p. 104), modes of human perception.

Meanwhile in the sciences, research is (often tacitly) focused on producing new entities for this world. This activity tends to be discursively hidden as science commonly remains tied to finding adequate representations of the world. In a way the products of science have a ghostly existence, as their very real role in producing nature is routinely disavowed. And this occurs by an epistemological slight-of-hand. (N)ature is coded as preceding the human, who belongs to the domain of (C)ulture. This figuration would have human animals incapable of changing (N)ature, despite the reality that entities (re)making nature continue to be produced ever more intensely. In one of his early works, Bruno Latour (1993) termed these entities *hybrids*. Media theory, interested as it is in the medium (that which is in-between) as well as Science & Technology Studies (STS), creates tools to engage precisely those activities that often go ignored, even when those activities prove central to the processes of generating objects (whether material or semiotic/cultural). Hence, such approaches often tend to engage what is called the material-semiotic (Lury, 2012), and clear a path out of the cosmological limits present within Christian-secular worlds.

Keeping this in mind, on the following pages I will engage pandemics as problems related to and co-constituted by colonial tropical imaginaries through two films that I take as sources of and for theory. As such, these pages are themselves acts of theory-fiction (Fisher, 2018). There is no world before techno-culturally constituted images; they are always already part of the world, and humans are constituted within such worlds.¹ The world is a process of fictionalisation, one that happens differently in different places. Euro-American cinematic codes are quite evidently globally dominant and bring about a certain unity (or at least illusion thereof); as European colonial history transformed into American capitalist hegemony, occidental products – including concepts and films – travel here more easily than those from elsewhere. And in traveling, they change through the establishing of new connections by entering new contexts (Tsing, 2005). Here, I am interested in how each of the two cinematic artefacts engages a creative transformation of these mostly unconscious codifications of (the historical layering of) tropical imagery. I confront these codifications as they are created in the geo-cultural position I find myself in, namely that of temperate Europe. What links the topics is the concept of the zombie insofar as it theorises the fault-lines between heteronomy and autonomy. Following Deleuze and Guattari (1994) I take concepts to be composed, connective and subject to change as they connect to other concepts. Hence, I will engage how the zombie also changes when it connects to a Christian-secular cosmos (via a specifically Catholic film) and a more recent, Buddhist-

1 Note that Said's *Orientalism* is precisely about how Europeans have constructed not just discourse, but images of the Other that tend to be taken as depictions of the Oriental real, even if all the employed codes are taken from Occidental sources and have only a tendentious relation to any reality out there. This does not take away the reality-making power of these images, indeed, for Europeans they are reality and because of Occidental military power they have very real effects on the places they are thought to refer to: "Therefore as much as the West itself, the Orient is an idea that has a history and a tradition of thought, imagery, and vocabulary that have given it reality and presence in and for the West" (1979, p. 5).

Animist one. With the help of cinematic imageries, I experimentally link concepts to different cosmologies (Hui, 2017). This linkage allows me to transmute the context at play within the two films into more expansive, cosmological accounts.

Cinema is an interesting technology, insofar as it enables us to reframe and slow down ever-changing reality – to make part of the flow of imaginaries concrete, graspable, and thus changeable in a quasi-controlled way. It renders possible the constitution of new realities (Deleuze, 1989). And, by virtue of being repeatable (albeit differentially with each localised projection), films enable an experimental attitude toward the critical creation of such imaginaries. What contemporary reality makes possible, through the globalisation of networks, is the coming together of vastly different objects (such as movies from different traditions). These encounters bring about new combinations, open new horizons by bringing awareness to how certain codes are just that: conventions that could be different. The choice of an Italian and a Thai film is not entirely accidental. The former thinks through the colonial legacy of tropical imaginaries that remain dominant even today, about forty years after the film's premiere. It helps me situate myself in the world, given that all thinking and acting is situated and objectivity resides in acknowledging and articulating one's position in the world (Haraway, 1988). The Thai film makes it possible to enact a difference within this framework, partially because my general research focus is on the Thai Buddhist tradition. Translation from different media spheres is a creative and daunting task, and the descriptions of scenes from the films aim at integrating imageries into discursive thought, all the while maintaining that the images themselves do something different than my quasi-ethnographic transcriptions of them. In order for all this to appear, I must first describe what I take to be common Euro-American imaginations of the tropics. Since – to playfully paraphrase the iconic anthropologist Marilyn Strathern (1992, p. 10) – it matters what images we use to think other images with.

A Particular Tropicology of the Moderns

The retrovirus connected to AIDS, as is well known, emerged only in the recent past within spaces of intensified contact between humans and non-humans, amid losses of biodiversity (Quammen, 2012). More often than not, these zones are found within the tropics where biological life is both more dense and highly differentiated, and which offer a plethora of resources for the recurring of modes of expansive capitalism from the temperate zones of the Global North. Resource extraction meanwhile leads to radically reshaped landscapes and, more often than not, to a reduction in the distance between human and non-human habitation. This correspondingly intensifies the transference and spread of ever-emerging, new or variant forms of disease. If life itself is anything, it is an overflowing creativity of organisms seeking to sustain their being for as long as possible. Many have little direct import on human organisms, many are

directly beneficial; while some – those commonly understood as diseases – are actively detrimental. At times, the transformation from beneficial to detrimental is not so much a question of substance, but of quantity. Clear borders between health and disease break down, as well as between body and not-body. After all, by now many of us will have gotten used to seeing and thinking one's body as also made up of allegedly foreign entities such as bacteria. Most readers will at least be aware of how vaccinations work. Taken philosophically, they act as a *pharmakon*; the status of which as either cure or poison is undecidable. Diseases and remedies, then, form in relation to other entities. As HIV travelled and continues to travel, it comes to interact also with social and imaginary bodies, not just organic and pharmacological ones. But, as Paula A. Treichler, pointed out: the “AIDS epidemic is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification” (1999, p. 11). Highlighting such research clarifies the connections and mutual affections between different spheres, including the entanglements with cultural imaginaries. As part of these relations, cinema offers itself as an experimental machine, for the images produced with the apparatus can express a cultural and historical unconscious in a way that makes it graspable for thought and discourse. Cinematic imaginaries, although habitually associated with a locality, in general draw on codes and images from a global film history; this aspect is especially significant for films made in places other than the most hegemonic countries.

The imaginary of the tropics and of disease in the West today is intimately tied to the colonial past and neocolonial present. Among the many figures that express this within popular culture is that of the zombie. By forming it into a more fully-fledged concept, the zombie becomes something particularly useful for contemporary thought as it draws together customarily disparate elements in a way other figures associated with disease cannot. To be precise, the *zombi* is an entity historically formed within Haitian *vodou* practices as a combination of various factors, some of them originating in West African *vodun* (Rath, 2014; Dillon, 2019). It is still articulated for us, Western knowledge makers, through other practices than those it emerged in, and should not be haphazardly conflated. The zombie meanwhile is the conceptual articulation that, while based in *zombi* history (or rather the encounter of Haitian and hegemonic Euro-bourgeois worlds) is a related but not entirely identical entity. As a concept it has no referential functioning in relation to the world. The *zombi* have de facto existence, at least as far as I – who has not lived with *vodou* practitioners but who can consult relevant literature (Montgomery, 2019) – can tell. Zombies of popular culture accordingly really exist, but they do so differently. The film scholar Nicole Brenez (1998) approaches bodies as something to be constructed, where the organic body most of us habitually inhabit, is just one possibility among others. This renders the organic body into something that is not just historical, but always partly imaginary. What is possible in lived bodies (qua assemblages), after all, differs in history/time and

culture/place. Culture is onto-epistemological: or as some like to term it, culture is *natureculture*. The *zombi* becomes something different in various ethnobiological realities; keeping in mind that what is commonly considered biology is also an ethnobiology – that of occidental science (Anderson et al., 2011). Contemporary anthropological and sociological research methods have made it possible to perceive how European biology became popularised specifically within the colonial reality of 19th century England (Strathern, 2017). Further, the very formation of biological taxonomy (Tsing, 2005) and the biological human (Haraway, 1989) was an extrapolation of Christian cosmology – a cosmology which simultaneously disavowed the agency of indigenous peoples constitutive in the creation of the field. All of this is connected to Christian-coded tropes of (N)ature, wherein tropics oscillate between paradise and hell. The human body, famously, is one that devolves from perfection in paradise to imperfection in and as history. And eventually, with the Enlightenment transcoding of medieval debased cosmology, the image of the normativised “healthy” body takes the place of the fallen one. A body that is only secondarily diseased, but which – once encountering the undecidable status of the tropics as both paradise and hell – demands to be rethought. Engaging cosmological imaginaries that do not immediately reterritorialize biomedical research onto variations of the Christian body – a practice which (to me) detracts quite a substantial part of the potential of scientific practice – opens possible paths beyond these ingrained, dualist, exclusionary cosmologies. To paraphrase Deleuze's *Spinoza* (1990): we don't know yet what a body can do. Bodies circulate among cinematic imaginaries in the widest possible sense, just as bodies become with different media spheres.

The Zombie between Colonialism and Tropical Disease

“The tropical diseases posed an immediate and pressing problem: 'Could the white races colonise the tropics?' Or would they be unable to do so because of the hostile environment”? (Lock & Nguyen, 2010, p. 149). Tropical disease is intimately linked with colonial expansion and the making docile of bodies for capitalist production. European bodies in all their variety were, for a long time, unable to sustain themselves in the tropics. The solution to this problem is tied to both slavery and later, as well as concurrently, indentured servanthood, technoculture, and the remaking of worlds through material intervention. This remaking transformed the tropics into something liveable for (at least the minimal amount of) European bodies required to stabilise the flow of goods and energy from the South to the North (Headrick, 1981; Curtin, 1998; Schiebinger, 2004). Disease was thus to be eradicated from the tropics – but more precisely, what was being produced was a reality from which human bodies could gain a more robust independence from the environment.² The organisation of knowledge

² The effect of vaccines and Western medicine on non-white bodies being incidental and still very much contested, as we see with pharmaceutical companies and their ongoing knowledge extraction from indigenous

around autonomy, the pre-philosophical supposition that humans are autonomous, effectuated material realities wherein some privileged bodies actually became, in a sense, more autonomous (by virtue of no longer being as affected by the different tropical diseases). The implementation of networks of medicinal institutions, the gradual eradication of certain dangerous species (the negative effects of chemicals coming to haunt reality only with a delay) and similar reality-building material interventions created the conditions for experiencing a body as largely autonomous, only secondarily prone to illness. What was at a time a position tenable only by ardent idealists eventually became self-evident for life as lived by the privileged. For a materialist such as myself, embodied experience may very well be one of autonomy (at least if one was raised in a society that presupposes such a concept), all the while remaining heteronomous in material reality (to be discursively constructed through scientific means) – ontologically, bodies are never fully heteronomous, but constituted differently according to variable material-semiotics. The reality of experienced autonomy that so comes to be, requires the reorganisation of flows toward imperial centres and the paths that lead there, which include modernising science and medical infrastructure. However, as is well known, not all bodies in the tropics are granted access to said infrastructure. One cannot thus say that the tropics have simply become more like temperate zones, insofar as they support the experience of self as autonomous and disease as the incursion of an outside. Other bodies complexify such a description. The very positionality of non-privileged bodies as not fully inside the material reality of medical infrastructures or, less materially, a Cartesian cosmology, enables the understanding of local reality as multiple and to discursively extract alternative, critical descriptions of the conditions for bodies in the tropics. Lock and Nguyen explicitly point out the intertwining of biomedicine and the imperial project (Lock & Nguyen, p. 146ff.); while Achille Mbembe singles out quinine in an example that demonstrates how colonial networks make certain biomedical realities possible in order to increase “the white man’s capacities to acclimatize to the tropics” (2019, pp. 23-24). What is articulated in these biomedical histories is that the condition which seemingly granted autonomy for privileged bodies also spelled the reduction of autonomy for the exploited. However, tropical diseases such as malaria remain stark reminders of the limits of such autonomy, contra Enlightenment thought and imaginaries that presuppose a conceptual and real autonomy. I propose here that the zombie articulates this gap between implicit cultural presuppositions (autonomy-granting order) and real-world problematics (autonomy-reducing exploitation) in excess of the tools that the Western tradition I work in (and seek to transform) offer. The point is not to contest the scientific creation of medicines, the power of which can be tested; rather, I want to make explicit the commonly suppressed connection between biomedicine and colonialism enabled through the substantivist conception of

practices without any concomitant reciprocity when it comes to formalised medicine (See especially Schiebinger, 2009, for a critical discussion).

man as biologically, simply, “there”. Fear of exotic disease is not merely metaphorical of the fear of non-white bodies; it is also very literal, as there remain figures lurking in the world we are not or cannot be accustomed to. Even as the most privileged person with access to all the healthcare in the world, in going to the tropics one might still get infected; one's life may become radically transformed into a being full of dependence on others and technology. And exotic disease can also infect from the periphery; the colonised tropics to the centre of the colonial metropolis – for now, at least. Probably forever.³ Such events become coded as pandemics and Lucio Fulci's 1979 film *Zombi 2* enables us to grasp their relation with Christian cosmology.

Catholic Zombi(e) Apocalypse

Darkness. A shape, barely outlined, fills most of the frame. To the left, an out of focus green background, light giving shape to a piece of fabric. A hand is raised into the frame, turns a gun straight at me. Drums beating faintly somewhere in the background. Counter image. A body wrapped in white cloth raises itself. Haltingly, miraculously. I see the gun, barrel deliberately turning. A shot. The head explodes as the torn cloth exposes red, fleshy insides, now hanging out. The mass reverberates from the impact. The camera lingers on the gore. It insists on the horror as an objective witness of that which rationality cannot grasp. Back to the gun, that other source of all pervasive all pervasive in the American cinema, the one Fulci at times seems to lampoon. It is slowly lowered as I am zoomed out to the dark shape of a body inside a tropical hut. Paradise seems already lost. No face is visible. All is lit from the back, the outside. I am in the dark. The human soul, the integrated body, has no place here. “The boat can leave now. Tell the crew.” Abrupt cut to black. Zombie, the alternative title. Pumping beat jolts into existence. Somewhere between synthesizer and heartbeat. All is already mediated by technology. The titles commence, engulfed by hauntingly melancholy music. The beat becomes part of the tapestry. The music transforms its affectivity into a pressing expectation that something cosmic will occur. Or has it already?

The Catholic-Italian filmmaker and medicine dropout Lucio Fulci's output is entrenched in the horrors of the flesh, where the organic body rarely holds onto its optimal contours. These figures often take on a muddy, boggy quality. Their borders less distinct. The insides of vertebrate organisms take over the skin. This is also very literal cinema, an excess of gore, for which Fulci is known. In these works, the temporariness

³ As a side note, this reframes the narrative trope of Amerindian bodies as being especially prone to disease, through which their active and metaphysically motivated extermination at the hands of Europeans becomes merely an unintended consequence, perhaps made most famous through the misinformed work of Jared Diamond. The white man will do all he can to rid himself of culpability in the perpetration of extractive capitalism based on racial hierarchies. As it becomes ever clearer that civilisation is barbarism, it becomes the role of Godlike Nature to do the dirty work for him. Alas, feminist and other critical work in science studies keep showing the intertwining of nature and culture, driving the God of the white man, the one who could always be referenced for any imperial project, hopefully finally out of History and Nature, present and future.

of the vessel that is the body, is to be perceived sensually, not intellectually. “Bodies simply live and die, but the soul truly lives through Christ. Christ’s own suffering is a focal point in that God became flesh and thus experienced all of the suffering that this corruptible, sinful flesh is equated with. As Paul says, ‘the wages of sin is death,’ and it is this sinful death-world of pain, suffering, and decay from which Christ saved us through his sacrifice” (Moreman, 2018, p. 103). Fulci insisted that his work was not to be taken as social commentary (Moreman, 2018, p. 76) and watching this cinema of little narrative but much visceral sense, it becomes surprising that anybody would insist otherwise. This is especially the case for his Lovecraftian phase from the late 70s to the early 80s, during which the imaginaries put together lack any redemption, any sense of possible escape from the base senselessness of the world. One might take them as prime examples of the baroque in Walter Benjamin’s conception: the material world, including bodies, disintegrates into pieces that can never be fully part of any unity; hence Benjamin focuses on the role of corpses in the *Trauerspiel* (Moreman, 2018, pp. 235ff.). Corpses bring close the horror of being a body, the heaviness of corporeal existence – a very Catholic thing indeed. Here is not so much a perversion of resurrection (as the zombie, the undead often come to be), but rather a refusal of resurrection as these brown corpora appear to be made of the earth. And in *Zombi 2*, this perversion is clearly articulated through the ambivalent status of tropical paradise as, in this place, very real infestation transforms bodies.⁴ Physical, maggoty, from the earth, the underneath. Zombies here are not articulated as slave bodies cannibalized by colonial masters, or relatedly as images of social death (Dalton, 2018); what is put forward is apocalyptic transformation, limitless contagion. In a dualist world, where body and soul are essentially different, there is no check on the terrors of always already sinful flesh. Echoes of this ring through the common words employed to describe radical contagion: *Epidemia*, “Upon People”; *Pandemia*, “All People”. Disease comes from outside the human. As it makes its way into organic and social bodies, all people become othered in the baroque underbelly of modernity. In this Catholic world, a body is already that other, as it was enacted in the very origins of humanity as told in the Biblical story of the Fall; which makes man the origin of evil (or at least the co-origin, depending on the status given to the devil). Humanity becomes inherently wicked, even corporeally disposed to evil: “Man cannot not sin, as Augustine said” (Sahlins, 1996, p. 396). This is more than a mere misfortune, as in foundational myths of other realities, it is constitutive: “Bodies simply live and die, but the soul truly

4 Lucio Fulci makes his understanding of Paradise and Hell very explicit in discussing another of his films: “[M]y idea was to make an absolute film, with all the horrors of our world. It’s a plotless film: a house, people, and dead men coming from The Beyond. There’s no logic to it, just a succession of images. The Sea of Darkness, for instance, is an absolute world, an immobile world where every horizon is similar. I think each man chooses his own inner hell, corresponding to his hidden vices. So I am not afraid of Hell, since Hell is already in us. Curiously enough, I can’t imagine a Paradise exists, though I am a Catholic - but perhaps God has left me? - yet I have often envisaged Hell, since we live in a society where only Hell can be perceived. Finally, I realize that Paradise is indescribable. Imagination is much stronger when it is pressed by the terrors of Hell” (Schlockoff, 1982, p. 54).

lives through Christ. Christ's own suffering is a focal point in that God became flesh and thus experienced all of the suffering that this corruptible, sinful flesh is equated with. As Paul says, "the wages of sin is death," and it is this sinful death-world of pain, suffering, and decay from which Christ saved us through his sacrifice" (Moreman, 2018, p. 103). Sahlins notes this dualism remains constitutive of modernity: "Still, God was merciful. He gave us Economics. By Adam Smith's time, human misery had been transformed into the positive science of how we make the best of our eternal insufficiencies, the most possible satisfaction from means that are less than our wants. It was the same miserable condition envisioned in Christian cosmology, only bourgeoisified, an elevation of free will into rational choice, which offered a more cheerful view of the material opportunities afforded by human suffering. The genesis of Economics was the economics of Genesis" (Sahlins, 1996 p. 397). Fulci's film radicalizes the constitutive paradox within the integration of a rational soul and the fallen body, conceptually linked to the inanimate. Treating the organism as merely dead flesh was central in the emergence of modern medicine. Much psychology, not just in its pop variations, continues to locate the self in the mind or the brain, as mere structural variants of the soul (McKinnon 2005; Ohnuki-Tierney 1994; Lock-Farquhar 2007). Common sense remains proudly Cartesian. Healing here becomes located in the ephemerality of some inner space of a human, not in the reorganisation of social ties and material conditions. The Enlightenment self becomes exposed in Fulci's radicalised Catholic cinema as the projection of the soul onto the body, always exceeded by it. However, consciousness is – as contemporary critical research keeps showing – the mere tip of the iceberg of complex entanglements. In the film it becomes clear that intentional action is useless in the course of the world; little wonder when the whole world has changed. The petrifying terror experienced by the characters shocks their bodies into paralysis. They cannot move, even as the infested steadily approach. The body is already beyond control of the mind, already disassociated. There is no escaping the horrors of disease and decay.

A boat, the skyline of New York barely visible through its sails. The blues of a light ocean now render the image. Brightness, sunlight, daylight. The vessel advances to the left, swaying, almost directionless. As the camera-eye tilts to follow the swaying movement I am made aware of boats abandon. Immediately, I connect this to an earlier statement, bringing to mind the crew's uncanny disappearance. Calming sounds of the sea, of waves rocking the boat. From all kinds of half-possible camera angles the boat is constructed as being by itself, the tows and sails wantonly move against the azure seas and skies. Now a clear framing against the iconic skyline. Detritus seen on the deck, trash moving as the boat continues to sway. Gradually, images integrate into the world of New York City. Picture perfect postcard associations are mobilised. (And will continue to be once the story moves back to the tropics: diving, clear waters, sunlit palm havens). Beneath the beauty lies death and decay. Not quite

a full apocalypse of course; rather, radical otherness, as zombies continue to move. Something other lurks beneath these ideals. "Yeah, she looks abandoned. The only question is, why?" remarks a presumed representative of the harbour patrol. As officers scramble on board they encounter chaos but no real clues. Something is afoot; one of them, given the privilege of a point of view shot, notices millipedes on the piano. Suddenly a grotesque body crawls into the space, the shocked officer is inexplicably overcome by it's slow strength, as if predestined to perish. As he rips away part of the body's flesh, we see his face, confused and desperate, his neck gets bitten by the body. Fragmented editing as another encounter follows. The camera unexpectedly leaves behind clear continuity as lens changes produce dizzying hypersubjectivism. On the deck, the other cop shoots the figure as it approaches him. Repeatedly. Only the thrust of the shots appears to redirect the body as it is hurled into the sea. The sun flares behind the skyscrapers of the city, and the image commonly associated with tourism takes on a dark undertone, regardless of its surface pleasures. This cannot be the end of the zombie. And immediately I am thrown into a journalist office, bustling, working, the sun being kept out by shades. The white walls and desks make the red and blue bits pop. There was blood, now there is plastic.

Here it started in the tropics. A witty and consequential inversion of a more common beginning in the cosmopolitan centre that can be linked to the reorganisation of perception enacted by research on plantations in the Caribbean and their links to the emergence of industrial capitalism. "As Sidney Mintz has argued, sugarcane plantations were the model for factories during industrialization; factories built plantation-style alienation into their plans" (Tsing, 2016, p. 40). As seen from the tropics, European modernity becomes something other. As seen from the tropics, the incursion of the Americas by zombies becomes something other. Fulci creates a film as if drenched in tropicalia, he does not mobilise the darkness of expressionist imagery; if anything the camera actualises almost documentary realism in its insistence on wide frames and over-lit scenes. Sun and summer are not exactly the opposite of darkness, they are merely something that has not yet become what it is destined to be. Fulci will consistently draw on clichéd images of tropical paradise, including the overt sexualisation of female bodies basking in the sun or under water. But all are idyllic activities to be touched by the d(r)ead. A zombie, from which a female diver makes a lucky escape, attacks a shark and bites off a chunk of its flesh. Non-human nature isn't safe either. Images of decay and death recur. Bodies full of blood and pus, as if turned inside out, populate this world. Even the nominally healthy are usually shown to be sweating and unkempt. The tropics are a space where human bodies suffer, where any easy sense of autonomy goes to die. They are a space where white bodies filled with hubris come, certain of their autonomy, only to bring back with them unknown terrors.

The island where much of the film takes place has a clear hierarchy. The white doctor making experiments, “doing science”, is indisputably the most powerful person. His wife is shown in their luxurious house which, if not for her death through a zombie attack, would be any colonial tourist's dream. Meanwhile the Afro-Caribbean natives are poor, and dying of this mysterious disease. They, unlike the white characters, are never shown to be able to go back and forth from the island. Unless, that is, they become zombies. The colonial situation is laid out concisely, without the necessity of words. The doctor, later shown to be the person in the first image of the film, further links the themes of disease, tropics and zombies. “Fulci’s zombie films not only pick up on the idea that the colonial encounter is a medical encounter, but medical power is always linked to the supernatural – and sovereign – power to raise the dead” (Thacker, 2015, p. 37). The construction of paradisiacal (N)ature is deployed to overcode the reality of the Americas having been inhabited before colonisation, and to obscure the fact that America's indigenous peoples had long been shaping the landscape (just not in the ways Europeans were able or willing to notice). This overcoding draws heavily on Christian cosmology and imagery. The Fulci film, critically, does so in respect to its potential for perversion. After all, the zombie in a Christian context is a perversion of the rite of communion (Moreman, 2018, pp. 93ff.). Here, the land from which the zombie springs becomes part of the inversion. Paradise becomes hell. In the world of Fulci's variant of Catholicism, paradise has always been hell.

The zombie thus emerged from the tropics, where the (N)ature that whites encountered was ever more than the paradise imagined. A rift opens between Nature as paradise and purity, and tropics as biological excess and hell. The zombie then – as approached through the generally Christian structuring of modern cosmology at the crossroads of humanity and paradise, and specifically Catholic practices relating the finite human body and the infinite body of God through consumption – enables us to productively explore the laden history of European colonialism without losing its cosmological specificity. In particular, exploring this issue through the concept of the zombie makes it possible to link general attitudes toward medicine, health and the fears of tropical disease (more often than not linked to human bodies arriving from warmer lands as carriers of disease, literal or metaphorical). Fulci's film suggests that perhaps the overdeveloped countries have no choice but to be radically transformed once the tropicalised unconscious returns, both metaphorically and physically. And it will return, at least as long as the tropics as spaces of intensified transformation remain classified with the outside, the other. In direct relation to contemporary popular discourses, the pandemic is coded to some kind of other, say 'bat soup' or the endangered tropical pangolin – mystifying a reality wherein capitalism creates the conditions of intensified encounters between species. And capitalist Euro-America is already part of this connected reality. A world where the lives and health of those to

whom whiteness is accessible are actually entangled with those to whom it's inaccessible.

The final scene – the living dead walking the Brooklyn Bridge – is only one of horror for those to whom radical becomings go against a putative human nature based in free will as over or against the relationality of a sinful body. The zombie meanwhile can act as a radical affirmation of heteronomy and an impersonal will to persist in life.

Taking Care of Tropical Zombies

While Fulci's film clearly situates itself within the relation between the imaginary of 'Euro-American' temperate zones and the colonised tropical other, Apichatpong Weerasethakul's 2015, *Cemetery of Splendor*, is a film from a tropical country, which has never been 'colonised', and in which the relation to the Occident is present at the edges of the film through the protagonist's American husband. Both films mobilise imaginaries of course: the geographical Euro-America film very much constituted by zones other than the temperate one, as much as the current state of Thailand is by a variety of climates. However, the fears of mass contagion by a tropical disease cannot be articulated in the same way, for, from a Siamese position, there can be no space fully outside the tropics, except as a hypothetical other constituted through circulating popular imaginaries. Furthermore, Weerasethakul's films think even the most gruesome of histories as part of the contemporary, unlike what is common in Euro-America as well as official modern Thai state policy, where the suppression of the real history of violence that created and continues to condition these modernist projects is discursively and symbolically hidden and generally disavowed.

Heavy machinery renders the surrounding workers insignificant. Earth has already been displaced just outside the porch. The labourers stand idle, in a semi circle, their legs covered by grass. The excavator turns and brings forth soil out of a ditch. The workers seem entranced. A flag moves in the wind. On a decaying basketball court soldiers leisurely wave in a military green truck so as to help navigate the uneven terrain. "Stop!" Nothing happens. It is impossible to tell whether this occurs as a dream or not. The eerie presence of the soldiers enabling connections with the violent pasts of state-making and US supported suppression of communists. A male body is lying in a hospital bed by open windows in a wooden building. The leaves outside move in a barely discernible breeze. Intravenous gear hangs by the bed, a line leads from the bag. Pills are on the night table. Barely any movement is present. Immediately three lines connected in an air of mystery. The past unearthed that affects the present. Bodies slowed down, barely moving. All framed by omnipresent, buoyant nature.

A film as material culture is made up of internal and external relations, intertwined and changeable. While formed in one environment, it enters others. Internal relations appear in relation to external ones. Here, in this translation of the cinematic world into discourse, the external is formed as the intersection of tropics, disease, bodies and heteronomy. Yet the internal carries relations from where it emerged: some traces of Thai practices, already drawing on a globalised space. To externalise some of these relations for the reader to perceive, I have to necessarily propose some anthropological categories created in relation to Siamese *worldings*. I urge the reader to treat them tentatively and not as simple or full representations of something other. Rather, they are meant as conceptual or imageric transformations into academic discourse as one world-making practice among many. The same, of course, goes for the Euro-American worlds engaged previously.

The images locate the viewer in a city (presumably, given the title, *Khon Kaen*) at the confluence of two abstract lines produced by disruptions: vertical – machinery digs up the past from the lower archaeological layers in the earth, a past, as we will later learn, that has now come to have direct impact on some present bodies; horizontal – the obviously human-made, such as buildings, and that which more directly escapes simple human control, the natural world. The Thai *thammachaat* (ธรรมชาต) has the literal translated meaning “order of what is” (Rennesson, 2019, p. 10) and as such is closer to the Ancient Greek word for order, *kosmos*. The nature/culture distinction subterraneously organising the Fulci film is displaced in Weerasethakul's film onto one of gradual change in a movement from centres of culture/power/order to the peripheries of wilderness/disorder. These are not mutually exclusive, rather they are (or at least were traditionally) multiple circles of competing influence (Tambiah, 2013). One has to find a place so that everything is in order, but this order is always prone to disruptions (Rennesson, 2019, p. 10); for example, by construction work. The disorderly wild *pa thuean* (ป่าเถื่อน) becomes a space of intensified change, as boundaries between entities turn even more porous (Langford, 2013). Here, rapid change might lead to full disintegration at the limit-point of death (and subsequent rebirth) or to becoming some other entity, as borders between beings have never been stable. Weerasethakul's work actualises this jungle systematically as a border zone world in different variations through each single film (Boehler, 2011). Yet, with disease the distance between body and jungle imaginary is disrupted, no longer at the outside, it is brought inside us.

Disease – in this case a strange sleeping sickness – thus takes on a special role, as it engages the disintegration of organic and social bodies in the very centre of the order. As all kinds of bodies move between the force fields of integration through civilisation and disintegration through the wild (traversing along the lines of the good/bad more than the good/evil distinction), health as such is never simply given but

already enacted through “good” social and material practices of care (Cassaniti, 2018; Aulino, 2019). The questions the film asks can then be formulated as: *what if these boundaries have become more radically unstable close to the centre due to past socially karmic* (Walters, 2003) *offenses*, and *what possible course of action can alleviate the resulting paralysis?* The sleeping sickness that afflicts some bodies in this film and cannot be clearly grasped medically expresses itself as a radical heteronomy, a limit point in a world where full autonomy, as conceived within the Buddhist tradition, can only be achieved as a liberating social and historical unbecoming by achieving *nibbana*. At the other end of (dis)continuity is full heteronomy, as in total determination by karmic laws which bring about a subject. The anthropologist Alan Klima (2002, p. 269ff) mediated a Thai monk's explanation of this concept for Western academic readers with a focus on awareness of karmic consequences, or the lack thereof. *Kamma*, apart from being laws governing the universe, is also action (physical or mental), and actions produce consequences – leaving traces that will constitute your future self. Instinct here becomes not the true nature of the animals we are, as in post-Darwinian common sense, but a lack of awareness and/or conscious ignorance of being embedded in *kammic* laws that go far beyond superficial materialist cause and effect. It comes of little surprise then that it is better to be reborn as a human than as an animal or deity, as the latter are much more strongly entwined with *kammic* effects. And being reborn human is better than as an animal, asserting that the more instinctive, the more simply built an entity is, the more defined it is by karmic webs. It is better than being a deity, because their lives and material conditions are much more blissful than those of humans. In other words, being reborn as a human means having the conditions, internal and external, for stronger autonomy. In the film, the recurring imagery of bodies as imperfect and subject to change, and often explicitly tied to the outside through medical equipment, potently expresses the post-human condition. Further, the director's work is known for how it connects past and present, memories and sci-fi elements into realities without a clearly accessible ground for the really real, and as such they are filled with imagery generative for thinking in post-human ways without falling back onto common tropes of organic bodies clearly separated from their surroundings.

This film presents a special case. The heteronomy of the zombie-like bound to hospital beds is tied to physical context, which implies a cessation of *kammic* production as there is neither bodily nor intellectual activity. The bodies are fully dependent on outside circumstance, generated by the irruption of a violent past into the present. The unknown and seemingly unknowable disease creates social and, if left untreated, physical death – if not for the activity of others, the medical staff and non-medical relations that keep the singular being within reality. As the characters try to engage this new situation, no single explanation, no single frame of reference takes precedence. The discussions around the disease in the film – where it comes from,

how it can be dealt with – never fall into an assertion of superiority of the one over the other. Rather, the possibility that people do not, or cannot know, is being held open. Such a reality is not a postmodern hellscape of random assertions; rather, it is one where entirely different procedures to account for social-biological effectiveness are being created. This differs strongly from Modern Western ontology organised around one Truth. Of course, there are advantages to the latter, as the creativity of science has abundantly shown. When it comes to dealing with people and the wider world, the insistence on one correct solution to a problem, however, becomes a hegemonic, exclusionary practice that cuts off possibilities of (scientific) collaborative innovation.

Quiet, calm, intimate, knowing voices. Two women in the make-shift hospital converse. Later we will learn, from a doctor, that this is indeed a new hospital. They refer to a young woman who will become one of the main recurring characters. She is a spirit medium, said to work with the police, contacting murder victims and missing persons. Rumour has it she was approached by the FBI, but turned down the lucrative offer. She only serves her country, it is said. Though she herself will never confirm this.

A bag holding urine emerges. Bodies in the hospital are always connected to something outside them: as intake or outpouring. Shadowplay on the floor, the sun is setting. Doctors and nurses surround one of the beds. An unfamiliar apparatus is seen behind the head of the patient. The whole row of beds is fitted with them. White light tubes, slightly bent at the top. As the hospital personnel chatter about the machine and shut the windows, one of the tubes begins to change colour. First blue, then green.

Attach this tube to his nose. - Like this? - Yes, and press this button. This machine works very well. They used it with American soldiers in Afghanistan. - They also have nightmares? - Yes. - I'd like to try one at home. - Good. Will it stop the snoring? Yes, it will help them sleep with good dreams. - Should I turn it on? - Yes. - Should we close the windows? - Let's close them. - Doctor, please give me a hand. - Close them please. Looks like funeral lights. - Yes, I felt so too.

What can be learned about this strange machinery? It acts upon the general atmosphere, the *genius loci*, as a medium to create better conditions for the patients. Apparently, the patients not only have a sleeping sickness, but lack healthy dreams. The anthropologist Scott Stonington remarks in a recent article (2020) that Thai people prefer to die at home, because that place is full of positivity from personal relations and homemaking; positivity that will be carried onward toward future rebirth. Hospitals are full of negativity from disease and suffering, not good places to die. These lights might perhaps turn the hospital's karmic generative power into something more pleasant and with positive effects for future rebirths. Here, borders between present and future, bodies and machines, dreams and external reality are ever shifting. At one

point, a chicken followed by its chicks enters the hospital, stressing the openness of the building. Talk of past lives, of old days, of the external world of America and Europe too will recur. The main character, Jen with her club foot, will encounter two goddesses after making offerings at their shrine. The pair are nonchalant – as if passing between realms was as common as breathing. Later, she will be taken by the medium, now possessed by a soldier of old, for a walk through the grounds where a palace once lay. The past and present are there at the same time, if one is open to it. What once was, is never fully behind us. Soldiers from the past continue their battles; and in order to do so, they draw the energy from today's bodies for their actions. The bodies today become narcoleptic, passive and beyond control of the subject's will. The glowing machines, it seems, ought to introduce a layer between the past and the present, reconfiguring the aura of the place. This is a world of continuity, not duality, where realms, entities, and effects flow into one another, where random encounters of strangeness are not immediately to be expelled but raise questions as to how to approach them and what they could mean and produce. As anthropological research from Thailand shows, many local practices are concerned with hardening permeable borders of humans, to keep things out (Cassaniti, 2018; Aulino, 2019). Entities always threaten the integrity of other entities precisely because integrity is not pre-given. Fears, then, would not so much surround the loss of autonomy and will, but the breakdown of vital relations as relations with 'evil' entities become stronger than those with entities more conducive to a good life as understood in the local society. And, to put it in a Spinozist way, joyous (bodily) affects come to be replaced by sad passions.

Returning to the local world, wherein the film was formed, where nature exists differently than the nature many readers will be accustomed to, it is important to note that – what, for an Occidental reader – is commonly taken as supernatural (ghosts and deities) is said to be very real for most Thai. That is, natural – even if some such entities tend toward chaos. This, following Asian/tropical gothic scholar Katarzyna Ancuta, plays an important frame for horror cinema: Western zombies and other creatures not historically present in Thailand do not elicit horror, because they are not taken as real, or possibly real. Implicitly then, entities are local and not universal. While, for most Western viewers it would seem that some oriental horror travels well, because of the formal conventions of making cinema scary; in general, Thai audiences don't appear to be scared by what are for them unreal entities (2016b). Ghosts and other such beings are very much part of the natural world and cannot be presumed to just live anywhere. Buddhist tradition often expresses the adage that people should experiment and verify what is and isn't real, what works and what does not, without already foreclosing the reality of improbable entities. The fault line is not organised around real/unreal but around friendly/unfriendly, and these are subject to change based on how one interacts with the entity.

A meditation class is held, for nurses and patients. Previously, when Jen conversed with a nurse, it was clearly stated that many different medical approaches can be effective, and the people in the hospital are not entirely sure which of these actually help. There is no hierarchy, just a focus on care and patients becoming quasi-functioning, adapted mostly to the contemporary and not any of the many other temporalities and frameworks that remain present. The very physical un-burrowing of the past by the construction workers and machines is interspersed with the other images; framing, what one sees and doesn't see, becomes crucial. At one moment, one of the sick, lying bodies, appears to awaken. But it cannot move, except for its mouth. He asks Jen, sitting next to the bed, for help. Only after she moves an arm of the body, twice, does it reconnect with the web of the present and the body-mind appears as functioning conventionally. Full presence, however, will never be achieved – with sudden narcolepsy setting in, often humorously, as the narrative continues. In a world where nothing is ever fully given and self-evident from within, care becomes paramount. All bodies are depicted in complex entanglements with others – humans, machines, spaces, urine bags – unable to exist without that support. Whether awake and aware, or not. “When you sleep, your mind is still active.”

Just as full autonomy is never an option, neither is total heteronomy as in the Euro-American tropical zombie film previously discussed. Disease is a relation, not an ultimate condition or cessation of “healthy” relations. In the world of *Cemetery of Splendor*, even dreams become entangled, without it ever becoming clear what is real and for whom. Everything flows into everything else, separate yet connecting, transforming. Bodies and subjectivities thus arise from complex interactions of past, present, future, in relation to other bodies and entities in general. Heteronomy and autonomy are entwined, their pure instantiations being limit points of (social) death. Biology and socio-cultural reality too, are enmeshed. Not secondarily, as one might take it where I am writing from in Europe, but primarily. Dreaming mobilises the ineffability of (media) ambiance, which if created correctly enhances the autonomy of subjects. Anybody who has ever been to Buddhist temples that are not yet overrun by tourists will notice how conducive they are for meditation and a calm disposition. This is also known as affect. Hundreds of years of forming Buddhist precepts into architecture, into a material reshaping of the world, make this possible. Culture becomes nature; material, external realities become interior human worlds. Reality differs. The film proposes that a solution to the emergence of zombie-like entities, almost fully heteronomous bodies, is the practice of care. Eventually, gradually, inconsistently, the sick – or at least the sick one the images focus on – becomes more human again (save for narcoleptic episodes). Care here is post-human, it means not only direct human interaction, but also the organisation of space and technology in a way that is conducive to reintegration into the common world of conscious reciprocity as fleeting, as impermanent as it cosmically is. An anthropologist researching severe

illness in Northern Thailand described a world not unlike the one of the film: “Their stories introduced me to an ethical world very different from those I had encountered in both Western ethical philosophy and academic accounts of Buddhism. Specifically, they pointed to a kind of ethics built out of complex and nonbounded personhood, involving combinations of beings (like people and buffaloes) and things (like nasogastric tubes)” (Stonington, 2020, p. 2). He goes on to discuss how the place for illness and of death enters into this whole, as a home, in contrast to a hospital, as a space of positive karmic residues. One is tempted to think that such an approach, where health and the organisation of space are explicitly linked, would be of benefit in engaging the current global pandemic.

Conclusion: Cinema as Experimental Science

Occidental imaginaries, as much as they are currently limited by historical and structural conditions, can change and have changed. Our world does not have to play out according to the logics so clearly, gruesomely, laid out in *Zombi 2*. That film enacts a deconstruction, but offers no way out. With the help of creators like Weerasethakul – who, by engaging the region's violent political past, here explicitly through the presence of soldiers, searches for ways to deal with unsavoury histories that keep shaping the present – we may work on constructing futures without denying pasts. Emergent diseases do not have to turn into fully fledged pandemics, at least not as uncontrollably as it may at times seem. Denying the colonial legacy doesn't make it go away, but exacerbates the impact of the current pandemic. Note, for instance, how vaccines distributed for profit, keep them out of reach of large segments of the global population – poor nations, old colonies, tropical countries – which creates the conditions for rapid transformation of the virus, and so it keeps returning to the colonial heartlands. I hope to have demonstrated that it is not just a question of institutions, politics and a science disconnected from imaginaries. Imagery, such as coding the tropics as edenic or hellish, and seeing the body as primarily separate from an environment, preconditions the ways the world is thought and solutions are enacted. Indeed, the limits of how the current pandemic is dealt with directly map on to some of the most essential parts of the make-up of modernity, namely ontological individualism and the positing of clear borders. Cinema, by enabling the forging of new connections and establishing unexpected contexts, can generate other worlds that don't fall into the traps set by established cultural logics. Films, as ethnographic texts, can be treated as epistemic objects, as sources for thought, ones that enable reformulating the non-cinematic in generative ways. “Hence the relevance of concepts as a matter of ethnographic concern: as analytic tools – tools used to produce knowledge – they carry a self-duplicating potential that may 'explain difference away'” (de la Cadena & Blaser, 2018, p. 7). Here, film comparison – from different natureculture perspectives – enables the displacement of disease and tropical imageries as they are routinely

thought in my non-tropical context (a temperate Christian cosmology) through a tropical world (as Buddhist-Animist entangled cosmology) wherein all these relations are thought differently. Both of these might coexist in the same space, as when privileged bodies travel to formerly in/directly colonised areas and live next to other bodies and imaginaries. The self and the other, the Occident and its putative Others, always already coexist, and are to a degree fictionalised. Without the comparative framework these sets of similarities and differences would not appear; if any of the objects employed here were to come into contact with a different set of objects, other possibilities would be generated. As cinematic objects (films) can travel much more fluidly than local practices, they can come to be plugged into other worlds enacting a difference. Here, they are “plugged in” as a conceptual operation embedded in discursive worldbuilding. Such encounters with cinematic worlds, if slowed down and formed into scientific explorations, excavate layers that would otherwise remain discursively hidden and impossible to consciously act upon. Concrete films, accompanied by anthropological knowledge, made it possible for me to work through an under-analysed aspect of pandemics. Cinema, as employed here, is not merely thought, but also an onto-ethics and experimental science.

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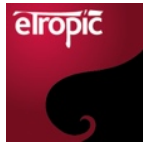
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A Rush Hour Ride on the Dwarf Planet: Neotropical Imaginings from a Postpandemic Colony

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Abstract

In this dystopian flash fiction piece, a colonist on the Dwarf Planet takes the train back to her cubicle after another hard day's work. As she struggles amid the harsh environmental conditions, KÆ reflects on why she volunteered to come out to this remote colony in the far reaches of the solar system. It is revealed that the great pandemic of 2020 never ended; the virus mutated and humans fled the Earth to build new worlds on other planets. But glimpses of the world left behind beckon as KÆ and her fellow colonists are now being enticed to return to a revived Earth; in particular, to the land of her forebears, Borneo, where orangutans roam in the resurrected rainforest and holiday-makers frolic in the famed underwater world of Sipadan and play on the island's pristine beaches.

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It was another day on a crowded platform waiting for the next ride on what she swore was the worst public transportation system in the world. Or maybe in the solar system. Never on time, always crowded, its recycled air smelling of exhausted human toil, the train's carriages swerved and clanked their way through the Dwarf Planet's grey landscape. Through smudged windows, passengers would raise their heavy eyelids to make out the block shapes of human dwellings, their once brightly painted neon rainbow colours blended into slush by the planet's harsh climate.

KÆ shoved her hands in her pockets and gritted her teeth, bouncing back and forth on her heels and toes, impatient. Winter on the dwarf planet was probably the worst season ever; freezing temperatures, howling storms and shrieking winds that pursued every living thing struggling to survive in this bleak corner of the solar system. If it wasn't for the rare minerals and uniquely hardy flora and fauna that were being collected here in the field, and studied in labs back on the moon and other colonised planets, the company wouldn't have invested in transporting humans to this frontier outpost and constructing those blocks of pod cubicles for their habitation.

It was her twentieth winter on the dwarf planet, but KÆ still wasn't used to it. This morning, she had woken to a small window needled with icicles that made their way through the insulation and into her utilitarian sleeping quarters. The company had warned the volunteers about everything except for the bad transportation system and the lousy weather. Now they told everyone to be grateful for the winter, the ice and the rain. These were necessary evils that enabled life on the dwarf planet; the weather was constructed to maintain the cycle of an atmosphere that created the necessary water and air to sustain life.

Hail fell steadily, the wind blowing the icy particles on to the platform and into the faces and bodies of the commuters as they continued to wait. A group of conscripts was huddled in a corner in faded ill-fitting uniforms. It didn't bring KÆ any comfort knowing that others were even more uncomfortable than she was.

What had possessed her to sign up for this job on this God-forsaken colony out on the edge of the solar system? Dumb question, but she had to remind herself of the reason she was here every time the winter storms began their cycle. The pandemic of 2020 had never ended; scientists and historians continued to argue about who was responsible for unleashing the Earth's most severe virus outbreak on the human population. Conspiracy theories about American labs deliberately releasing SARS-CoV-2, the virus that caused the contagious disease COVID-19 in a city called Wuhan proliferated. It was said that the most powerful country of Earth, back in that time, wanted to destabilise the Chinese government, to decimate the Chinese population;

others claimed virus-avengers tried to obliterate the anti-conservation camps that wanted wildlife like bats to be culled and to open up primary forests for development.

But no matter the cause, the virus could not be defeated. Instead, it had mutated and evolved into the deadliest contagion, felling populations and causing mounting hysteria, enforced isolation and suicides. Money was poured into SpaceX, Blue Origin and Virgin Galactic but it was the humble KittyHawk Glider that made it first, bolting past the finish line of the Space Race. The story was – well, the history books confirmed this – that KÆ's ancestors had won a spot in the lucky draw and were among the first colonists on the Moon. Now, many generations later, KÆ was in the far reaches of the solar system. You couldn't deny that the human race was a species of colonists at heart.

When a train finally clattered into the station and its doors reluctantly slid open, KÆ darted in, squeezing herself into a corner of the nearest carriage. She could handle the 15-minute ride crushed next to chained conscripts as she jolted back to her cubicle just a few metres from the Orange line station. Up above, she could see the advertisements flashing to divert passengers from the cramped conditions and foul smells of human bodies after a day's labour.

Holidays on a resuscitated Earth were being advertised. Diving off the Luconia Shoals, Layang Layang and Sipadan; glorious underwater worlds of multi-coloured reefs, sea anemone and nudibranchs waving gently, parrotfish, giant groupers and even whale sharks swimming past. On the surface, holiday-makers frolicked in the shallows; children, shining with a happiness never seen on the dwarf planet, built sand castles on a beach. There was more. Tours deep into the Niah and Mulu Caves, adventurous souls kitted out in paraphernalia led by guides into dark caverns; longhouse bed-sits made from real wood on the edge of an authentic Bornean rainforest near a rehabilitated Batang Ai National Park; longboat rides on the lake created by a dam fed by tributaries of an ancient riverine system. Even the promise of a glimpse of the fabled orangutan and giant Rafflesia flower.

"Looks amazing, doesn't it?" the nearest conscript in green prison garb drawled in her ear.

"I can't believe it's real," KÆ replied, her eyes still on the screen above. "That's where my ancestors came from: Borneo."

"Uh huh, the land of the hornbills, a great island where fabled White Rajahs were supposed to have tamed head hunter warriors? Why do you think they're advertising

these holidays?" the conscript sniggered. "Do you really think Earth is habitable? That tropical rainforests have been replanted and grown again?"

KÆ turned to look at the conscript. He was an older man; surprising for the harsh conditions of the dwarf planet. Was he asking a rhetorical question?

"Look at these crowds here on this God-forsaken planet," the conscript babbled on. "I figure they're going to shove us mutineers on the first spaceship back to Earth."

"You're from the Radical Mutineers Cult?" KÆ asked.

"That's what they like to call us," the conscript said with a shrug. "We're just ordinary folk interested in old fashioned twenty-first century meditation and yoga. We couldn't and don't want to hurt anyone. But no one believes us. People are just scared of pre-space travel practices." Another shrug. "Does anyone really believe we'll be going back to an Earth that looks like that? I mean, what happened to the virus? And where did all this unpolluted water come from? No more acid rain? How did everything get cleaned up?"

KÆ turned back to the screen. The camera drew the viewer up from the depths of the deep blue ocean all the way through a silent world teeming with living corals, clownfish, leatherback and green turtles, manta rays and creatures she couldn't name. The screen split in two: one side showing the famed underwater French explorer Jacques Cousteau who had called Sipadan off the coast of Borneo the best dive site in the world, "an untouched piece of art"; and the other side depicting the same area resurrected and as pristine today as it had been in 1988 when Cousteau had first explored the island. KÆ watched as the underwater camera rose, following a pod of dolphins that broke the surface of the waters, greeted by blue sky and fluffy white clouds.

As the train squealed to a stop at the next station, jolting the cramped bodies against each other, KÆ squinted at the screen; it was like a little shot of real-life heaven, this Earth that was supposed to have been revived. Could she afford a trip back to a resuscitated Earth? Trek where her ancestors had walked in the rainforest, take a longboat on the river Ai, hear an orangutan call, even see one in the flesh? Could she take a trip to Borneo and dive into those underwater worlds? All around her, passengers scrambled off the swaying carriage while others boarded after the long day's toil on the colonised dwarf planet, but KÆ was oblivious to the rush hour crowd; she was squinting at the sun reflecting off the surface of the South China Sea.

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