Racist morbidities: A conjunctural analysis of the COVID-19 pandemic

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Racist Morbidities

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Abstract

This article aims to offer a preliminary theorization of some of the on-going effects of the global COVID-19 pandemic on minorities. Drawing on Antonio Gramsci's famous characterization of the crisis as an 'interregnum' in which various 'morbid phenomena' appear, we suggest that one of the main underpinning logics of the current crisis could be thought of in terms of racist morbidities. Framing the article within Stuart Hall's reading of Gramsci, we discuss two empirical cases: the disproportionate morbid effects of the pandemic on Black, Asian and Minority Ethnic (BAME) in the UK – that we name 'political morbidities', and the Moscow municipality's measures addressing migrant workers during the pandemic – that we name 'socio-spatial morbidities'. The concept of racist morbidities, we conclude, can be a useful exploratory concept to analyse the current and other moments and structures of crisis.

Keywords: COVID-19; minorities; race; racism; crisis; Gramsci;

RACIST MORBIDITIES: A CONJUNCTURAL ANALYSIS OF THE COVID-19 PANDEMIC

"The crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum a great variety of morbid *phenomena* appear" (Antonio Gramsci, *Prison Notebook 3*, 1930; our italic).

Drawing from Gramsci's famous and much cited comment from his Prison Notebooks, this paper aims to prompt more thinking about racism in the time of covid-19. Race has been called an 'absent presence' in Europe (M'Charek et al 2014), and a reluctance or a refusal to use the word as a mask for contemporary racism, which can then be regarded as a past aberration (Goldberg 2006). Yet racial or ethnic exclusion is apparent across the continent, such as the recent and on-going 'migration crisis' in which scores of people seeking asylum have died trying to cross the Mediterranean Sea into Europe. Coming from often war torn nations in North Africa and the Middle East these people are not exterior to Europe, as they are often portrayed by sections of the media and some populist politicians, the causes and consequences of their movement are directly linked to European and global north policy and politics (Dines et al 2018). Taking this further, critical post-colonial scholars point to the integral connection between European imperialisms and contemporary racialised populations and political formations (Bhambra 2014, El Tayeb, 2011).

Focussing on covid-19 specifically, there is a clear evidence of differential vulnerability for racialised minority groups across European countries, for example in the UK and France (Islam et al 2020; Kings Fund 2020; Papon and Robert-Bobée 2020). In this light, even in nations where the word race is absent in public and political discourse, race – or more accurately racism – remains evident in the life chances of marginalised groups, of

political discourse, and through the mainstreaming of far-right politicians across many parts of Europe (Mondon and Winter 2020). Hence, in this article we seek to centre racism in relation to covid-19 precisely to stress that it cannot and should not be overlooked.

Although the most common English translation of Gramsci's comment includes 'morbid symptoms', we want to stick to the original, '*fenomeni morbosi*', an expression that arguably better resonates with his sociological sensitivity. Drawing from Gramsci's political sociology, we suggest the notion of morbidity is a useful tool and, given our focus on race, we propose the notion of racist morbidities . In outlining this idea, we want to abstract from the immediate albeit pressing politics of COVID-19 to provisionally think the current crisis in relation to other times and analyses of crises, with the aim of advancing understandings of contemporary racist forms and logics. We will illustrate this through two empirical examples of state responses and management of the COVID-19 pandemic, one in the UK and one in Russia.

Interpreting the COVID-19 pandemic conjuncturally

We are conscious that the word morbidity has a literal meaning in the field of health and medicine. In a context where there have been over 900,000 deaths across the world (as at mid September 2020) this is not a minor issue. Equally, we need to recognise that the association of diseases with race is a history entangled with racism and population control (Seth 2018). By 'morbid phenomena', Gramsci probably referred to Lenin's *Left-wing Communism* (1920), which was about a certain enthusiasm for the revolution, considered a 'childhood disease' (see Achcar 2018).[1] Yet, it might also respond to a related need, which Gramsci unpacked three years later in a note on Freud -- 'the need for studying *morbid reverberations* (*contraccolpi morbosi*) involved in every construction of 'collective man', in any 'social

conformism', in every level of civilisation, especially within those classes which 'fanatically' turn the longed new human type into a 'religion', into a 'mystic'' (Notebook 15, 1933: § 74; our italics). In proposing to interpret Gramsci's 'morbid phenomena' as the kind of 'reverberations' alluded to in 1933, we observe certain practices and politics relating to COVID-19 which seem to signal some kind of 'construction of 'collective man' in ways that speak to the politics of racism as it plays out in specific locations while relating to global histories of race.

The 'crisis' in Gramsci's note referred to a 'crisis of authority', whereby the *ruling* class was losing its capacity of ruling by consent, and by virtue of that, was becoming a *dominant* class only, just capable of exercising coercive force (Achcar 2018). This is a crucial historical contingency that Gramsci extensively re-proposed to describe the masses' increasing disaffection to traditional ideologies; the 'interregnum' had emerged because, according to him, while detached from tradition ('the old is dying'), the masses were not ready for a proletarian revolution yet ('the new cannot be born').

While the Gramscian move from *ruling* to *dominant* class in that peculiar Italian political context was a move from 'hegemony' to 'domination', we suggest that COVID-19 has exposed a kind of governmental 'crisis of authority'. First, the capacity of particular Western governments to deal with COVID-19 is clearly subject to a diffuse state of public unease, of which falling trust levels in UK, US, Germany, France and Italy are an indicator,[2] with public health advice both complied with and ignored, and evidence of citizens following their own judgement. Hence, a lack of state leadership and competence vis-à-vis the pandemic became apparent. Second, and at the same time, this situation produces a new kind of state rhetoric, such as the use of war metaphors (apparent in both Macron's and Johnson's speeches, both on March 17th, 2020)[3]. This has been accompanied with the ubiquitous expressions of 'essential workers' and 'social distancing', the former marking the classed,

gendered and raced conditions of low-paid and often low-skilled workers, particularly front-line workers in health and public services who, across Europe at least, are predominantly ethnic minorities (Vergès 2020). 'Social distancing' was first coined to designate anti-race riots measures in 1919 Chicago, and entered the epidemiological jargon only in 2004 (Scherils 2020). The widespread use of these newly-introduced terms indicates the presence of language shifts, which, according to Hall and Massey (2010: 64), often signal a crisis of authority, as they are 'ways of deconstructing a form of consciousness which had [previously] governed political thinking'.

Drawing on Gramsci and his idea of hegemony, Hall et al (1978) developed a conjunctural analysis of the crisis of the British state in the 1970s. Hall and Massey (2010: 65) sum up this approach as: 'describing this kind of complex field of power and consent, and looking at its different levels of expression - political, ideological, cultural and economic. It's about trying to see how all of that is deployed in the form of power which 'hegemony' describes'. Hall (1986) further amplified his understanding of Gramsci – and the relevance of that for the study of race and ethnicity – in a later extended essay. There, Hall is keen to locate Gramsci as a specific not a general theorist, one whose work was closely att\uned with the concrete and particular conditions of his time. .Hall highlights the especially national characteristics, and regional variations of forms of racism, in ways that create uneven effects: 'Racism and racist practices and structures frequently occur in some but not all sectors of the social formation; their impact is penetrative but uneven; and their very unevenness of impact may help to deepen and exacerbate these contradictory sectorial antagonisms (Hall 1986, 23-4).

Ideas of conjuncture, hegemony and crisis provide a suggestive canvas to think about the racist morbidities of COVID-19, suggesting that the pandemic is a prism in which the crisis is refracted through race. While we can only indicate what looks at this early stage, the

range of racist morbidities of the crisis in 2020 has had a strong discursive dimension from the outset. The widely discussed references to the 'Wuhan virus' or the Chinese virus', as the US President was keen to label it, is the best-known instance of this (Larson 2020). Equally, the UK Prime Minister made the association with *Policing the Crisis* (Hall et al 1978) more than fanciful when in his speech outside 10 Downing Street following his own recovery from COVID-19 he said, 'If this virus were a physical assailant an unexpected and invisible mugger, which I can tell you from personal experience it is then this is the moment when we have begun together to wrestle it to the floor' (Johnson 2020). As the connotation of the virus as 'a mugger' is in the official text of the speech, we know that this is not an accidental allusion or a just an excess of imaginative language, to a highly racialised category -- thus both Trump's and Johnson's remarks are acts of knowing commission and not accidental or unintended.

We offer two examples that further underline the morbid nature of racism through political discourse and state action, or inaction. They are morbid because they speak to the simultaneous racialization and denial of race of COVID-19. This curious and paradoxical formation has been analysed by Goldberg (2015) as an exemplar of 'post-race'. While, the post-racial or post-raciality is often thought of as an absence of race or even 'colour blindness', Goldberg (2015) treats it as a historically distinct form or a modality through which racism is articulated. We apply these ideas in two deliberately different contexts the UK and Russia, to suggest the reach or applicability of the idea of racist morbidities.

These two national contexts diverge in terms of state government of ethnicity and minorities. While in the UK race and ethnicity are squarely part of public discourse and political agendas, including during the current pandemic, in Russia, they are absent, and no ethnic data is being collected during this pandemic. These two diverging cases allow us to see both the contextual specificities of the ways in which racism operates during COVID-19, and

the commonalities between them, one of which we anticipate lies in the post-racial nature of racist morbidities. In discussing state practices and discourses of managing COVID-19, we do not focus on the intentions, however racist or not they may be, driving them; rather, we look at the racist effects of those practices and discourses, and place them in our theoretical framework, in order to better understand them. At the same time, a look at the effects, rather than at the rationale, allows us to suggest that the kind of racism engrained in those practices and discourses is structural, that is, already embedded in the social structures that provide the legitimation to the state.

Political morbidities

Covid-19 has laid bare the ways in which a form of contemporary racism manifests. The politically morbid phenomenon we can observe is best described as 'post-race', not in the sense of 'colour blindness' Following Goldberg (2015) we find that this is not quite how racism is operating in COVID-19 times. Rather, post-race is a contemporary dimension through which racism is able to 'speak' while denying that it is racism. This duality or double-edged nature of racism is precisely what is apparent in UK politics in 2020. While the UK is a nation within Europe where the language of race and racism is highly developed and differs markedly in other parts of Europe (M'Charek et al 2014), what matters is not the mere presence of 'race talk' and data, but the ways in which these operate discursively and at policy levels. The brief examples we use to highlight this indicate that, on one level, there is a high degree of awareness of race as a factor in covid-19, yet ultimately this is prone to political circularity and obfuscation. This is the kind of morbid reverberation that results in no or very limited acknowledgement of the underlying structural racism that is most resistant to change, or even open to political debate.

This duality can also be expressed as a simultaneous process of the racialization and post-racialization of COVID-19. So, at one level the UK has seen a widespread discussion about the enhanced risks to Black, Asian and Minority Ethnic (BAME) communities. A number of inquiries showed the association between COVID-19-related morbidities and race/ethnicity, so in literal sense morbidity entails charting the connection between race/ethnicity and death rates. Yet while there are many indications that people of BAME backgrounds or origin are at higher risk not least in a report commissioned by the government itself (Public Health England 2020) the morbid politics of racism is the debate around this evidence. At one level, despite many years of monitoring public services by race the administrative process around data collection is still in question. While the UK haswell developed categories and mandated data collection by ethnicity, recent evidence shows that many of the staff responsible for collating and acting on the data are unclear about its purpose and how to effect change (Author A and B 2019). The same study shows the UK government's commitment to a Race Equality Audit in 2017 has led to little discernible progress. Hence, the statistical basis on which to argue about whether and how race matters is surprisingly mixed and the issue of whether people from BAME groups – both NHS staff as well as in the general public – were more at risk and more likely to die could not be answered simply because the data was not properly collected and classified by ethnicity..

The UK Office of National Statistics (ONS) data that did appear indicated that Black males and females were 4.2 and 4.3 times more likely to die from a COVID-19-than people of White ethnicity; it also noted that people of Bangladeshi and Pakistani, Indian, and Mixed ethnicities had statistically significant raised risk compared to the White group. This is clear evidence of ethnic or racial dipartites but at the same the different data sets and evidence bases used within public administration, which has been known about and not resolved in over two decades, hamper that clarity. Moreover, the labels in use reflect the use of UK

census categories created in 2001, which have long been contested. One effect of COVID-19 has been to expose the issue of whether BAME is too broad a policy category to understand the significant variations within minorities.[4]

The ONS risk figure for BAME groups is modified downwards when age and disability are included. This paves the way for a more intersectional understanding of race and racism (Kings Fund 2020). The higher levels of co-morbidities for BAME people include a wider range of risk factors,, such as household and occupational structure and levels of savings, conditions such as hypertension or low birth weight, or in relation to obesity or hospital admissions (ONS 2020). When linked to co-morbidities there is a further large range of conditions associated with racial morbidly, including social causes such as homeliness and poverty (Islam et al 2020) that indicate the risks of racism are multi-factorial Here, and rather curiously, given what is often seen as a highly superficial approach to race and racism in the UK, a kind of structural understanding of race and racism emerges. While the data or the science points to a complex picture of what causes or underlies differential risk there is no sign that any set of structural policies is even discussed that aims to redress the range of inequalities within which race is embedded, and which racism contributes to perpetuate.

During the crisis, a government inquiry into BAME deaths and risks was commissioned (Public Health England 2020). In acknowledging the importance of this issue, the UK government engaged in some verbal gymnastics in response to criticisms of how it had neglected the race dimension. On one hand, the government said it cared about race inequalities because it had commissioned an inquiry in the first place. Yet at the same time, the government tended to refuse to name race as such, with ministers often talking about 'all communities' (and as Covid-19 overlapped with the protests around Black Lives Matter this echoed the counter-claim to BLM that 'all lives matter'). Like the initial UK government rhetoric to the public that 'we are all in together' this flattens out differences, not just of

racial and ethnic minorities but also the differentiated risks based on geography, gender and age. The seeds of the specific as well as intersecting dimensions that structure the impact of covid-19 are there to be grasped, but in a political context dominated by soundbites –such as claims to be 'following' or 'being led by the science' – structural factors and power differentials are marginalized.

Race as political football in covid-19 became even more apparent during this time. Oddly, the government even seemed to first deny that there was any report on race/ethnicity and COVID-19. Then its publication was delayed, perhaps because the government was planning its response to the findings, but in a climate where the numbers of BAME deaths was still rising. The delay was discussed on June 25th, 2020, at a London Assembly Health Committee enquiry,[5] during which one of the authors of the report, Dr Kevin Fenton, was unable to offer any reason for the hold up once the report had been submitted to Government ministers. In a June 11th British Medical Journal editorial, moreover, Patel et al (2020) described the government's lack of attention to ethnic disparities as a 'serious missed opportunity' to address ethnic disparties.[6] This reflected the curious condition of a historically specific post-racial period marking the morbidity of UK race politics where race is a public issue but also being concealed or hidden at the same time.

As with all the complaints about the superficiality of policy and actions against racism there is a sense in which the subject of is 'present' but but politically deemed too problematic to discuss or action, in a nation beset by concerns about the resentment of the so-called white working class and the politics of Brexit. Thus, there is a yawning gap in authority between what might be called the self-evident 'facts of blackness', alongside a political or governmental discourse that seeks to not quite deny that but never acknowledge it fully or satisfactorily either. While it is true that covid-19 has stimulated new projects and funding streams on race and health, not least for BAME healthcare workers also found to be

most at risk, the point we are making is not that there is no action around race but that it is chronically embedded in a political structure that suggests the specific historical form of racism at this time, that Goldberg (2015) captures through 'post-race'. The tears or ruptures of a hegemonic order are visible but, as in Hall's (see Hall and Massey 2010) well-known idea of a politics 'without guarantees', there remains an uneasy balance between 'old', 'new' and still 'evolving' or emerging forms of racial orders.

Socio-spatial morbidities

It could be said that, especially at its outbreak, COVID-19 has unsettled temporality and forcefully emphasised the relevance of spatiality. Indeed, Hall's (1986??) point about the unevenness and contextual specificity of race and racism allude as much to the temporal as to the spatial. Time is at once compressed and dilated. It is compressed because the virus quickly flies, attacks, re-directs interests, turns daily routines into unusual immediacy, and forces public authorities to plan new measures and divert previous ones, at varying speeds and with some marked differences, such as the relative lack of action in Sweden and the USA. Yet temporality is also uneven as time loses its supposed certainty. For instance, governmental reports of daily contagions, deaths and recovered cases in the 'past 24 hours' turn out to be the results of something that was happening days or weeks ago as the virus was incubating, and surfaces only now -- infection and death rates may tell us as much about recording practices rather than when something 'really' happened.[7]

As time becomes ever more unreliable, spatial governance seems to be building up as a hegemonic framework for securing health-related safety, which is preserved by normatively imposing physical distancing. The effects of such spatial politics are deadly unequal. In the UK and the USA, for instance, the vast majority of occupations at highest risk of contracting

COVID-19 tend to be low skilled and precarious including for example, meat processing workers, taxi drivers, cashiers and health visitors – workers who are 'essential' but also, it seems, expendable.[8] Hence, in imposing a normative boundary between self-isolation and spatial concentrations, the management of space reveals in plain sight what has long been going on -- the filtering of those who can afford 'smart working' conditions (primarily the middle- and upper-middle classes, enjoying varying degrees of comfort in their domestic spaces) and those who cannot (primarily people in lower-paid occupations) according to what Vergès (2020) lucidly describes as 'structures of asymmetrical power'.

A concrete case of racist effects of COVID-19-related spatial policies concerns the very unstable and arbitrary realm of tracing and tracking modalities - the governance of construction workers in Moscow. Simone (2020) discusses how 'detection' becomes an emerging key strategy to face 'nearly impossible calculations as to the likelihood of viral transmissions in urban settlements difficult to lockdown, where interactions between exposures to various outsides, circuits of mobility, probability of contacts with those engaged in foreign travel, access to the tools of prevention, such as soap and water, are estimated as probabilities according to differing proportionality of contributing variables'. But what happens if those variables include fears of the criminal and the mugger? How does space play out as a tool of coping with fear of crime that is elicited by the pandemic? And how do space interact with COVID-19-related morbidities, or risk of them?

Migrant workers are one of the most marginalised groups in the country, with an average salary, which is 40% lower than national citizens' (Vakulenko and Leukhin 2017); in Moscow, the vast majority of migrant workers comes from Central Asian countries and most of them work in construction (Demintseva 2017). Various authors exposed the dreadful housing conditions of those workers in Moscow:

if a serious accident occurred in the work place [i.e. any construction site], the migrant would often be placed onto the pavement. An ambulance would then be called, but the employer would deny all knowledge of them working there (as they are likely to be paid informally, so there are no records) to avoid having to pay any hospital bills for them. If the injury was serious enough treatment would be provided, but as soon as it was no longer an 'emergency' then the migrant would be forced to leave the hospital and any further treatment would have to be paid for (Round and Kuznetsova 2016, 1025).

This should be understood within regimes of pervasive racialised and economic exploitation of migrant workers, that are ingrained in both economic and cultural dimensions, as well as in governmental technologies; these include the blurred distinction between 'legal' and 'illegal' migrants that leaves substantial arbitrary power to authorities, and everyday police use of categories of identification such as ''non- Russian' *(nerusskye),* 'of non-Slavic appearance' *(nesla- vianskoi vneshnosti),* 'black' *(chernye),* and 'Central Asian' *(sredneaziatskie)* (Reeves 2013. 512).

As the pandemic hit Russia in April 2020, Moscow city council, faced with the necessity of stopping the economy to ensure public health, transformed migrant labour into a tool of crime prevention, and construction site accommodations into health hazards for their residents. In early May, construction sites in Moscow reopened.[9] The official reason was a certain fear among the local administration that if migrant workers, who largely work illegally and have no social security, could not work, they would have engaged in street crime. On May 6th, 2020, Mr Sobaynin, the mayor of Moscow, made this reason explicit: 'In construction sites quite a lot of migrants are employed; they haven't left Moscow, they're here, they're not allowed to go back to their home countries. And there's no work here.

That's why opening some industries and construction sites partially helps resolve the issue of street crime.'[10] While the Russian government does not report ethnic data of COVID-19-related morbidities (Pan et al 2020, 4), Sobaynin's words index a 'policing the crisis' mentality that has been reactivated - or 'reverberated', in Gramsci's terms - during the pandemic, by resorting to deep-rooted spatio-racial technologies of control and containment of migrant workers in construction sites.

The exacerbation of inequalities has not been caused by the pandemic, but by the way the state (or the municipality) managed and profited from the crisis, (re)activating governmental technologies which were part of the long tradition of racial statecraft. In this sense, the Moscow politics vis-à-vis migrant construction workers is shielded from any possible accusation of racism – as normalised, no trace of racism is left, and in this sense it is a postracial modality of racism (Goldberg 2015: 82 et passim).

Conclusion

This exploratory article offered a conjunctural theorization of the COVID-19 pandemic. In suggesting the crisis can be thought of through the idea of racist morbidities, the analysis is preliminary rather than fully developed; it requires further work and application to a wider range of moments in the current crisis. In the two examples we employ elements of a conjunctural analysis, that shows the articulations of racism across various domains such as health, social, economic and migratory that are each in crisis in some way.

The two contexts are quite different and each requires more detailed attention to its own specificities to understand the effects on the racialised and on racial formations generally. At this time, this article suggests that the COVID-19 crisis seems to elicit racist morbidities as Gramscian 'reverberations' in post-racial guises. In light of this, and as the

effects of COVID-19 on poorer, minority and marginalised migrant and racialised groups becomes clearer, the literally morbid implications of state management of the crisis that we detailed in both UK and Moscow look like a kind of eugenics. As with the original context for that term, race is central to a politics of omission and commission that underscore a crisis of authority in which the stark failures of government are evident, but also appear as an impasse, an 'interregnum' in which we can glimpse countervailing forces at work.

Acknowledgement

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Notes

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[1] Imprisoned by the Mussolini regime, Gramsci was concerned with eschewing Fascist censorship. Hence, his 'Prison Notebooks' require a dedicated work of interpretation.

[2] https://uk.reuters.com/article/uk-health-coronavirus-poll/uk-leads-fall-in-global-trust-in-government-COVID-responses-poll-idUKKBN23B0GK

[3] See references to war in Macron's speech https://www.lemonde.fr/politique/article/2020/03/17/nous-sommes-en-guerre-face-au-coronavirus-emmanuel-macron-sonne-la-mobilisation-generale_6033338_823448.html and in Johnson's speech https://www.theguardian.com/world/2020/mar/17/enemy-deadly-boris-johnson-invokes-wartime-language-coronavirus

[4] https://www.bbc.co.uk/news/uk-53194376

[5] – COVID-19: London's Response, Inequalities, and the Health and Care Workforce. Available at https://www.london.gov.uk/about-us/londonassembly/meetings/documents/s82817/Minutes%20-%20Appendix%201%20-%20COVID-19.pdf

[6] .https://www.bmj.com/content/369/bmj.m2282

[7] See: https://www.bbc.co.uk/programmes/p08cl0lb

[8] We do acknowledge that front line doctors, whose salaries are likely to be higher than those of low-skilled workers, are at high risk, but during the COVID-19 pandemic, their risk is comparatively lower than several low-skilled professionals'. See various sources: https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e3.htm; https://www.visualcapitalist.com/the-front-line-visualizing-the-occupations-with-the-highest-covid-19-risk/;

[9] See https://novayagazeta.ru/articles/2020/05/25/85522-probnyy-vyhod

[10] See: https://www.interfax.ru/moscow/707547