JOURNAL *of*
EXTREME ANTHROPOLOGY

ISSN: 2535-3241 Vol. 6, No. 2 (2022): E33-E46 https://doi.org/10.5617/jea.9637

Essay

Covid-19: Medicine and Colonialism, Past and Present

Toby Green
King's College London

This essay begins in the past, with the hope of developing a different way of thinking through the transformations of the present. Many commentators and media outlets have referred to the era of the Covid-19 pandemic as 'unprecedented', but there is nothing unprecedented about a pandemic. What seem unprecedented are the measures which have been taken to control the public, measures that have been implemented via a series of states of emergency: the exercise of medical power through the vehicle of the neoliberal state did lead to a pattern of state and society which was unprecedented in democratic states. On the other hand, and as I will argue in this essay, this relationship was certainly not unprecedented when it came to the history of the Western state in Africa. In fact, when we take the perspective of medical history and its relationship with colonial power, we can historicize more easily the transformations which have taken place during the Covid-19 pandemic.

In this essay, I argue that we need to begin from the understanding that in societies throughout history, medicine has been connected to power: shamans, healers, doctors in medieval Europe, all held positions of power and authority in their respective societies.[1] Moreover, in the era of modern history, the relationship of medicine to control over the human body means that this power has often been expressed through colonial frameworks. When we consider the relationship of bodily control to political power in the era of neoliberalism, we can trace continuities of state power and bodily control linking the era of formal European

[1] We can use the example of two initiation societies described by the Jesuit priest Manoel Alvares in Sierra Leone in the early 17th century, the Benle and Togma. Alvares described how healing sickness was an integral part of these societies, and that 'if any member of these societies falls sick, they hurry to this church of theirs' (Carr 2022, 39).

colonialism in the mid-20th century to the pandemic control measures in the era of Covid-19.

Colonial History and Medicine: Precursors

While the relationship between medicine and imperial power has been well studied for the era of formal European colonialism in Africa, in the 20th century (Tilley, 2011; Chakrabarti 2014), much less work has been done on how this relationship itself built on precolonial precursors. However, I would argue that in order to understand the relationship between medicine and power in the colonial period, it is important to trace the way in which this relationship changed over the previous centuries. By examining the practice of medicine and how it changed over the centuries to accommodate new directions of geopolitical power, we can reflect on the ways in which medical practice has historically been connected to the exercise of disproportionate power.

In his recent important book, *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500-1850*, the historian Kalle Kananoja showed an evolution from the 16th to the 18th centuries in medical exchanges between West African healers and European traders, explorers, and botanical collectors (Kananoja, 2021; Sweet, 2011). In the initial phase, Kananoja argues that there were quite comparable medical frameworks and areas of mutual understanding linking European practitioners and medical healers in what is now Angola. In the first phase of initial encounters (16th-17th centuries), a cross-cultural framework of medical practice and shared knowledge existed, and this was later strengthened by reciprocal learning, and the publication of medical treatises in Europe which often built from knowledge gleaned from African medical healers (Havik, 2016).

Evidence from the Senegambia region confirms this argument developed by Kananoja in his book, which mainly draws on the Angola and Gold Coast regions. In a recent book, the Inquisition trial of Crispina Peres was published. Peres was a woman from what is now Guinea-Bissau, who was deported by the Portuguese Inquisition for trial in Lisbon in 1664 (Green, Havik & Ribeiro da Silva, 2021). One of the fascinating elements of this trial is its window onto medical practices in this part of Africa in the 17th century. It is clear that all the Portuguese traders and settlers living there freely drew on African healers and their knowledge, and that this was an accepted part of daily life in the town: the Portuguese did not understand the illnesses and disease they came upon in Guinea, they did not understand the healing qualities of plants found locally, and, in short, they needed to take advice from African healers and were perfectly willing to do so.

However, this precolonial framework did not last. At the dawn of the age of modern imperialism by the late 18th and early 19th centuries, Kananoja shows that a rather different framework was taking shape. This was the era of the rise of scientific knowledge and botanical collecting by European travellers, and in this environment a new dynamic occurred, in which the role of African healers,

informants, and the knowledge they held was excluded from European narratives. Instead of a co-creation of medical knowledge, what was constructed in European narratives, according to Kananoja, was the myth of the omniscient European scientific practitioner. This mythology was built on travel narratives and official documents, in which white European naturalists and scientists developed new ideas apparently alone, without the help of the African herbalists and guides who in fact knew and understood the ecosystems and their potentials far more.

It is this archetype, or stereotype, which was the cornerstone of what was to come: two centuries of medical colonialism, in which African bodies were controlled by colonial power and modern medicine, and a variety of disturbing medical trials and experiments were conducted on them. Meanwhile, as Western medicine was constructed as the all-powerful and omniscient paradigm of healing the body, African medical practices were exoticized. It is indeed no accident that 19th-century spiritual leaders of the *Poro* secret society of Liberia and Sierra Leone were referred to as 'medicine men' by European writers (Carr, 2022); this exoticisation framed political and spiritual power through the lens of medicine, as an articulation of control over human bodies.

In this essay, I argue that this historicization helps in understanding the events of the Covid-19 pandemic. The evolution of Western medicine on the one hand, and the exercise of European colonialism in Africa and other parts of the world on the other, were deeply interconnected. As Kananoja has argued, and as we have seen here, the dawn of the imperial era coincided with the appropriation of African herbal knowledge as applied to healing – or what he calls 'colonial bioprospecting' (Kananoja, 2015). In the formal colonial period, the African continent then became a site for the exercise of colonial power through medical power – in the programmes of forced medication, vaccination, and generalised experimentation commonplace in the colonial era, prior to the rise of 'medical ethics'. Alongside this process of the construction of the 'scientific method', we must recognise the concomitant appropriation of the medical knowledge of others alongside a process of what Boaventura dos Santos calls 'epistemicide': the systematic destruction and marginalisation of non-Western forms of knowledge (Santos, 2014). By historicising medicine's connection to colonialism – something routinely ignored by traditional histories of medicine – we may thereby better understand the overreach of medical power during the Covid-19 pandemic as part of a long history of the exercise of a coloniality of power over subjects.

The relationship of medicine to colonialism has been explored in a variety of important literature (Peiretti-Courtis, 2021). A useful summary was recently provided in an important essay by the historian Florence Bernault for *African Arguments* (Bernault, 2020). Indeed, the history of Western medical practice in colonial Africa is almost a taboo subject, so violent and disturbing is it. As Bernault notes, this history includes the creation of *cordons sanitaires* in Uganda by the British circa 1900 to protect people from trypanosomiasis (sleeping sickness), which led to the unintended deaths of approximately 250,000 people in the Great

Lakes region between 1900 and 1908. In a later colonial period, Guillaume Lachenal has studied the forced injection of a dangerous molecule, Lomidine, into thousands of Cameroonian subjects in the 1950s in an ineffective campaign against trypanosomiasis (Lachenal, 2014). Finally, we can also consider the mass experimental oral polio vaccine trials conducted in the 1950s, in the late colonial Belgian Congo, Burundi, and Ruanda. These vaccination programmes, of millions of people, were conducted from the Stanleyville (Kisangani) Research laboratories, using a vaccine strain that had been developed by Professor Hilary Koproswki and associated American scientists at Philadelphia's Wistar Institute (Hooper, 1999).

Each of these examples shines a light on the nature of medical practices in colonial Africa. They reveal that complete command over the bodies of colonised subjects in the framework of colonial power was an essential element of the evolution of Western medicine in the first part of the 20th century – providing the 'raw materials' in which new treatments could be developed for endemic diseases in the West such as polio. Moreover, these frameworks of control developed in the era of late colonialism to encompass the deep-seated ties between the Cold War military industrial complex and the development of vaccines and medical treatments (Jain 2020, 2).

That is, medical history in the 20th century was deeply connected to frameworks of both global geopolitics and the bodily domination of African subjects. In her essay in *African Arguments*, Bernault provides a meaningful summary: 'The spread of biomedicine in Africa did however take place in an oppressive colonial context, providing the colonial regime with some of its most effective instruments of control: displacement of populations, *cordons sanitaires*, collective diagnoses, forced treatment, fertility and birth control policies, and invasions of the privacy of the body of the colonized peoples' (Bernault, 2020). Meanwhile, as Bernault notes, this took place alongside the criminalization and otherization of local forms of knowledge and healing practices, turning 'biomedicine into a traumatic and destructive experience' (Bernault, 2020).

The flip side of this framework of medicine in the formal colonial period must also be acknowledged. This was the benefit which accrued to colonial powers and their subjects. These benefits can be seen at a number of levels: there is the medical benefit of the development of a vaccine to treat a condition (polio) of particular risk to infants in wealthy countries, alongside the appropriation of plants and their attributed healing properties for the Western patent industry; there is the development of research centres conducting experiments without any formal approval mechanism or ethical procedures, including the mass experimentation on primates which the new vaccine industry required, all of which is completely taboo for discussion and remains so in our times (Thomas, 2020); and then there is the commercial benefit which accrued through the consolidation of the biomedical industry and its associated facilities of research and product development, which were connected, too, to the Cold War military

industrial complex. In sum, Western medicine benefited both commercially and in therapeutics from the exploitation of African subjects and ecosystems during the colonial era. The legacy of this benefit was instrumental in building the modern system of biomedicine.

This provides a starting point for understanding the relationship between medicine and power as it has emerged during the SARS-CoV-2 pandemic. Many readers would agree that biomedicine has become a 'traumatic and destructive experience'. Many of the features of colonial medical practice identified by Bernault – *cordons sanitaires*, invasions of the privacy of the body, collective diagnoses – have a familiarity about them which is disquieting. They reflect the relationship between the subject and the state in the era of late neoliberalism: one in which far from the state being dead, it has emerged as the handmaid to corporate biopower, enforcing the control over the body and the emergence of an authoritarian corporate capitalist state.

As a historian this is interesting to me, since one reasonable definition of the colonial state is that it was an authoritarian corporate capitalist state. In colonial Africa, the state was an enforcer of forced labour provision for major corporations, from the Companhia de Moçambique (Allina 2012) to Cadbury's (Higgs 2012) and Lever Bros (Dike Nworah 1972). In the second part of this essay, therefore, I will explore how we can read the events of the last two years as part of a continuum of history in which medicine and colonial – or to put it another way, heavily imbalanced – power have been connected over the past 150 years.

The State and Neoliberalism: Historicising the politics of the Covid-19 response through the Imperial Past

Through all the framings of the Covid-19 response over the past few years, the historical perspective has been sorely lacking. And yet historical perspectives and those of the social sciences are vital in understanding the contexts of the pandemic response, and also in making judgements around them. During the pandemic, the preserve of 'the science' over the policy response was absolute, as only scientists (or a certain cadre of scientists) were deemed to be able to make proper policy decisions. And yet, inevitably, those decisions often involved value judgements and sociological considerations, made by STEM scholars who were not ethicists, sociologists, or historians. Thus, in fact, what the pandemic response shows is just how interconnected and mutually constitutive the sciences, social sciences and humanities are.

It is the contention of this part of the essay that a historical framework makes most sense of the policy dimensions of the pandemic, and also of how they were politicised (Green, 2022). Indeed, the politicisation of the policy response to the pandemic appears in a very different light when the historical contexts of medical colonialism considered in the foregoing section are included. Understanding how the neoliberal state is the inheritor of the colonial state, and its enforcement of

authoritarian corporate capitalism, is a key step in grasping the historical matrix which has enabled the policy decisions of recent years.

The mainstream media in Western countries was clear to identify those most opposed to the 'Covid-19 Consensus' as right-wing libertarians. And yet there were many left-wing voices that critiqued this situation: from Black Lives Matter New York[2] to Left-Lockdown Sceptics in the UK, and figures such as Giorgio Agamben),[3] Laurent Mucchielli[4] and the artist Ai Weiwei.[5] What has been lacking is any acknowledgement of this within the mainstream, which probably reflects several things: on one hand the lack of outlets for left-wing voices in the mainstream media, on another the mobilisation of right-wing forces behind some of the anti-restriction movement, and on another (if we are allowed 3 hands) the desire to embed the consensus through a framing of critique as right-wing libertarian, racist, or conspiratorial.

When a disproportionate number of those who have not taken the Covid-19 vaccine in Western countries come from minority communities,[6] it is clear that to label all those who reject the vaccine as right-wing racists is misplaced. In the US, the infamous Tuskegee experiment made African American communities deeply suspicious of the medical establishment.[7] More recently, communities of Pakistani heritage in the UK became suspicious of vaccine programmes following a fake Hepatitis B vaccination campaign spearheaded by the CIA in 2011, aimed at locating Osama Bin Laden's DNA .[8] Thus, there is a clear historical continuity between some of the features discussed in the first part of this essay – the history of medical colonialism – more recent medical programmes in which these tendencies have remained present, and the distribution of vaccine hesitant populations in the West. This underlines the lack of historical consciousness involved in labelling the 'anti-vax' population as automatically racist and far-right. Something more complex is at work, and a historical perspective can help in unpicking this.

On the other hand, many of those who have been opposed to Covid-19 restrictions have come from the libertarian right. There has been much discussion

---

[2] https://news.yahoo.com/black-lives-matter-greater-york-200600400.html

[3]https://www.iisf.it/index.php/progetti/diario-della-crisi/massimo-cacciari-giorgio-agamben-a-proposito-del-decreto-sul-green-pass.html

[4] https://livre.fnac.com/a16617231/Laurent-Mucchielli-La-Doxa-du-Covid-19

[5]https://www.theartnewspaper.com/2020/08/21/coronation-ai-weiwei-releases-lockdown-documentary-about-wuhan

[6] https://www.aljazeera.com/news/2021/2./19/vaccine-uptake-lags-in-uks-bame-communities-study-shows

[7] https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study

[8]https://www.newscientist.com/article/2277145-cias-hunt-for-osama-bin-laden-fuelled-vaccine-hesitancy-in-pakistan/

in right-wing media about the encroachment of the state on bodily autonomy, and the description of the government response as a form of 'statist overreach' which emerges from what is alleged as the Left-wing capture of scientific technocracies and 'experthood'. Yet this critique is also fundamentally ahistorical: it evacuates the colonial state from an understanding of the history of the Western state, and also fails to acknowledge the transformations of the state in the neoliberal era. When we include these elements, we can understand the conjuncture of Covid-19 policies and their politicisation in a different light.

The libertarian critique derives from the Ayn Rand school of libertarianism, which favours individual autonomy and agency as part of personal responsibility for action. This strain of neoconservative thinking has been very influential in right-wing thought in the 21st century. It has for instance helped to shape the political outlook of important (and now perhaps, less-important) figures in the UK Conservative party, a number of whom – Kwasi Kwarteng, Priti Patel, Dominic Raab and Liz Truss – co-authored a 2012 book called *Britannia Unchained*. This book argued for the rolling back of state protections to such a degree that there would be an elimination of 'intrusive' protections of workers and the environment, as well as less government support for the ill and the unemployed (Kwarteng et al., 2012). It starts from the position that the neoliberal era ushered in by Reaganomics in the 1980s worked through allowing greater focus on individual autonomy and responsibility and 'rolling back the frontiers of the state'.

The focus on personal autonomy is clearly connected to the discussions in Conservative media of Covid-19 vaccine mandates as intrusions on bodily autonomy. They reflect the place of 'personal agency' in the neoliberal world view. On the other hand, this emphasis on agency has also been very influential within the academy, in any number of fields: from African and colonial history, to histories of feminism and queer theory. What this shows is the way in which self-declared left-leaning critics have incorporated elements of the neoliberal framework through their focus on agency rather than structure. On the other hand, we also see how this framework of agency in choice in the 21st century also incorporates elements of structural racism, through failing to acknowledge the structural frameworks of capital and inequality which determine different choice menus for different subjects in neoliberal societies.

The 'agency framework' has clearly been central to the libertarian right's response to the Covid-19 crisis. Yet as we see here, this framework is fundamentally ahistorical: it cannot accept the racialised pattern of wealth and inequality which substantially determines the position of subjects within the neoliberal state. Moreover, this libertarian response also misrepresents the role of the state in neoliberalism. As I argued with Thomas Fazi in *UnHerd*, whatever the tub-thumping of Randian ideologues, the neoliberal era is misunderstood as one in which the state's place in society has been reduced.[9] There has been no fall in the

[9] https://unherd.com/2021/11/the-lefts-Covid-19-failure/

tax burden: what has happened instead is that the state has become the enabler of transnational corporations and the associated financial infrastructure.

This became clear during the 2008 financial crisis, with the sanctioned collectivization of corporate losses through the bail-out of the banks. This form of disaster capitalism was notably analysed by Naomi Klein in her book *The Shock Doctrine* (Klein 2008). And its *modus operandi* has become clearer still through the Covid-19 crisis, in which trillions of dollars have been effectively produced and siphoned off to large corporations, for the production of goods of questionable worth and utility (test-and-trace, universal vaccinations against a virus which only targets a small proportion of the population, ineffective PPE contracts).

In fact, on this reading, the libertarian right and mainstream left elements of the Covid-19 response depart from a mischaracterisation of the nature of the neoliberal state, each grounded in a failure of historicization. Libertarians see state intervention as automatically coming from a left-wing statism; this critique derives from a lack of historical framework of perspective, and fails to recognise the way in which the neoliberal state enforces corporate power, extractivism, and inequality, and thus how it coincides with elements of libertarian philosophy. On the other hand, the mainstream left response sees the growth of government power and support of employment through furlough schemes as a 'return of the state'; and yet this is to behave as if we are dealing with the Keynesian state of the 1980s as a provider of public goods, rather than the state of the neoliberal era, as an enforcer of inequality and corporate power.

Resolving these mischaracterisations requires the historical perspectives which I outlined at the beginning of this section to the essay. In this essay, my argument instead is that what is required is therefore to understand the response to the SARS-CoV-2 pandemic through a historical continuum of state power in relation to colonial power. The Western state is mischaracterised if it is understood solely through the lens of its evolution in Europe, since this evolution took place in conjunction and dialogue with the evolution of the authoritarian corporate capitalist state in colonial Africa. The independence era of the 1960s in Africa was followed by the oil crisis of the 1970s and the rise of austerity policies in the 1980s that did not roll back that framework of the authoritarian corporate capitalist state that had arisen under colonialism, but rather redirected it to its current role as an enforcer of global corporate power.

What has been seen during the Covid-19 pandemic is the continuation of that framework, with the enforcing of authoritarian capitalist government through the Covid-19 restriction policies. The twin heads of the 20th century European state (colonial and metropolitan) have fused. And this returns us to the question of the relationship of medicine and colonial power in the modern era.

Medicine and Coloniality in the 21st Century

Some readers may be uncomfortable with comparing the Covid-19 state with the colonial state (on the Covid-19 state, see Green & Fazi 2023). Clearly, there are important differences. Vaccine mandates have been imposed in places, but they have not accompanied the rounding up of individuals, programmes of forced sterilisation, or the like. What I will attempt to draw in this concluding passage of this essay is a descriptor of a framework of structural power which takes account of these important differences, but nevertheless recognises continuities in patterns of the centralisation of power and the acceleration of inequality which are at work when it comes to outcomes.

Historians have recognised for some time that elements of colonial power have influenced the exercise of power in Europe. In 1996, the Swedish writer Sven Lindqvist published the book *'Exterminate all the Brutes'*, in which he drew parallels between the programmes of genocide developed by European powers in colonial Africa in the early 20th century, and the emergence of the Holocaust in Nazi Germany (Lindqvist, 1996). Subsequently, Casper Erichsen and David Olusoga traced the connection between German colonial officials in Namibia and Nazi power and genocide policies (Erichsen & Olusoga 2011).

Mainstream critics have rightly pointed to elements of anti-Semitism in the appropriation of the 'yellow star' by some of those in the movement opposed to Covid-19 vaccinations. It is clear that only extremely flawed comparisons can be made between current experiences and Nazi history: nevertheless, it is important to show the continuities linking the history of the colonial state in Africa to the exercise of authoritarian state power in Europe. Indeed, new research shows the way in which authoritarian power structures were vital in imposing the Covid-19 restriction policies in Africa (Adu-Gyamfi 2022; Wanda 2022), demonstrating these elements of continuity.

When it comes to the question of medical policy during the Covid-19 pandemic, we can identify some important elements of a coloniality of power. The first is the question of global inequality. As I have described in more detail elsewhere, the pattern of global Covid-19 controls, which were imposed following significant multilateral pressure in Africa and elsewhere, has led to a massive impoverishment of people in the Global South (Green 2021). The UN has estimated that the number of people worldwide experiencing extreme hunger increased by 118 million in 2020 alone.[10] At the same time, there has been a huge increase in indebtedness in Low Income Countries,[11] with major implications when it comes to future austerity and the ability to improve medical infrastructure for public health. In other words, what we have observed is the development of a globalised framework of transnational power enacted through supranational organisations

[10] https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-Covid-19

[11]https://unherd.com/thepost/the-worlds-poorest-countries-are-facing-an-unprecedented-debt-crisis/

such as the WHO, in which the outcomes can clearly be described as colonial: an increase in indebtedness and poverty, the immiseration of already poor populations.

On the other hand, just as with the mass polio vaccination trials discussed in the first part of this essay, this pattern has been determined by perceived medical needs in rich countries. The desire to 'slow the spread' of Covid-19 was of perceived benefit to rich countries in which Covid-19 represented a significant risk to elderly populations. It was of far less medical benefit to poor countries, in which Covid-19 was just one of many endemic diseases (and generally of less significant risk than many others)[12], and where life expectancies are in any case lower in a context where Covid-19 is of most risk to older populations. Moreover, as the former Deputy Director of Doctors-without-borders (MSF) Spain, Llanos Ortíz Montero has written, lockdown measures were trialled in Sierra Leone and Liberia during the 2014 Ebola epidemic, against the advice of leading medical practitioners such as MSF – and subsequent research deemed that these measures had been ineffective in the African context (Ortíz Montero 2022).

Nevertheless, there was a globalisation of suppression measures, which had a catastrophic impact on the socioeconomic well-being of poor countries. Moreover, as with the colonial era, this went alongside the enhancement of biomedical infrastructure, industry and profits in rich countries – as pharmaceutical companies have developed enormous profits,[13] now being reinvested by their corporate investors in the new Cold War, just as in the colonial era the vaccine development industry was connected to the Cold War industrial complex (Jain 2020).

Thus, in terms of outcomes, we can see strong structural frameworks of continuity linking the colonial era with the era of Covid-19 measures. The thread which may link these connections is in the nature of the state: and the re-emergence of the authoritarian corporate capitalist state of the colonial era through the transformation of the state into a handmaiden of corporate power under neoliberalism. Thus, while some on the right have seen this as the interpellation of the Chinese model of statecraft into Western societies, we need to recognise the way in which this model of statecraft is also hardwired into the Western tradition of statecraft through the history of colonialism.

Does this mean that Western subjects can see themselves as experiencing a new colonising state power? There are clearly many problems with a strict version of this analogy, and it is false to claim that it is clear-cut. The racism hardwired into

---

[12] Toby Green, interview with Samuel Adu-Gyamfi: https://www.youtube.com/watch?v=aIZHCDBdNMA; Toby Green, interview with Elsa Rodrigues: https://www.youtube.com/watch?v=9oamsSMBFFI&t=950s

[13] https://www.oxfam.org/en/press-releases/pfizer-biontech-and-moderna-making-1000-profit-every-second-while-worlds-poorest

the colonial state is absent, as is the forced labour, compulsory relocations, legalised murder and assault, and other forms of violence introduced by European powers into colonial Africa. Thus, the manifestation of this power is very different, and should not be strictly compared.

On the other hand, an important framework of continuity can be seen when we focus our attention on the question of medicine. The control over bodies which was manifested by the colonial state has also been manifested by the Covid-19 state, in structure if not in substance: the question of enforced isolation/ dislocation, enforced *cordons sanitaires*, mandated vaccinations, all reproduce the control over bodies which was a fundamental element of colonial power, and vital in the emergence of modern medicine. At the same time, the connection of the Covid-19 state to biomedical technologies, enforced inequalities, and the industrial investment in the new Cold War, all show a strong structural continuity in medical research and practice between the colonial state and the present time.

The historicization of state power thus helps us to understand the present time. Libertarians frame their opposition to the Covid-19 state as part of a general 'anti-woke' critique; and yet it is precisely by understanding the violence of colonial state power which so-called 'woke' historians analyse that we can better understand these times. On the other hand, a Covid-19-critical left can recognise the role of the neoliberal state in reproducing the corporate authoritarian capitalism of the colonial era: the neoliberal state on that basis is not a new departure, but rather represents the incorporation of the colonial model of state (which was always vital to 20th century Western politics) into the metropole.

Author Bio

Toby Green is Professor of Precolonial and Lusophone African History and Culture at King's College, London. He is the author of a number of books on precolonial West African History, including *A Fistful of Shells* (2019), which received a number of international awards. Since the onset of the Covid-19 pandemic his research has focused on new patterns of global inequality emerging through the Covid response. The first edition of his book, *The Covid Consensus*, was published by Hurst in April 2021, and the second edition – now co-authored with Thomas Fazi – was published in January 2023. He is a member of the steering group of *Collateral Global*.

Acknowledgements

I'd like to thank Daniel Briggs, Vincent Hiribarren, Tereza Østbø Kuldova and the anonymous reviewers of this essay for their comments, which have been vital in shaping the final contents.

References

Adu-Gyamfi, Samuel. 2022. "An Analysis of the Socio-Economic Impacts of the Lockdown Policy in Ghana", in Peter Sutoris, Sinéad Murphy, Aleida Mendes Borges and Yossi Nehushstan (eds.), Pandemic Response and the Cost of Lockdowns: Global Debates from Humanities and Social Sciences. London: Routledge, 2022, forthcoming. https://doi.org/10.4324/9781003259336-12

Allina, Eric. 2012. Slavery by Any Other Name: African Life Under Company Rule in Colonial Mozambique. Charlottesville: University of Virginia Press, 2012.

Bernault, Florence. 2020. "Some Lessons from the History of Epidemics in Africa", African Arguments 5 June 2020: https://africanarguments.org/2020/06/some-lessons-from-the-history-of-epidemics-in-africa/

Carr, Jacien. 2022. The Poro, Bundu and Sande: Power Associations in Sierra Leone and Liberia from the Sixteenth to the Mid-Twentieth Centuries. London: School of Oriental and African Studies, Unpublished PhD dissertation, 2022.

Chakrabarti, Pratik. 2014. Medicine and Empire: 1600-1960. Houndmills: Palgrave Macmillan.

Dike Nworah, K. "The Politics of Lever's West African Concessions, 1907-1913", International Journal of African Historical Studies 5/2 (1972): 248-64. https://doi.org/10.2307/217517

Erichsen, Casper and Olusoga, David. 2011. The Kaiser's Holocaust: Germany's Forgotten Genocide and the Colonial Roots of Nazism. London: Faber & Faber.

Green, Toby and Fazi, Thomas. 2023. The Covid-19 Consensus: The Global Assault on Democracy and the Poor - A Critique from the Left. London: C, Hurst & Co.

Green, Toby. 2022. "From 'Commodity Currencies' to Covid-19 Loans: Africa and Global Inequality, Past and Present", Journal of the British Academy 10: 39-54. https://doi.org/10.5871/jba/010.039

Green, Toby. 2021. The Covid-19 Consensus: The New Politics of Global Inequality. London: C. Hurst & Co., 2021.

Green, Toby, Havik, Philip and Ribeiro da Silva, Filipa (eds.). 2021. African Voices from the Inquisition: The Trial of Crispina Peres of Cacheu, Guine-Bissau 1646-1668. Oxford: Oxford University Press for the British Academy. https://doi.org/10.5871/bacad/9780197266762.001.0001

Havik, Philip J. 2016. "Hybridising Medicine: Illness, healing and the Dynamics of Reciprocal Exchange on the Upper Guinea Coast (West Africa)", Medical History 60/2 (2016): 181-205. https://doi.org/10.1017/mdh.2016.3

Higgs, Catherine. 2012. Chocolate Islands: Cocoa, Slavery, and Colonial Africa. Athens: Ohio University Press. https://doi.org/10.1353/book.16002

Hooper, Edward. 1999. The River: A Journey Back to the Source of HIV and AIDS. London: Allen Lane.

Klein, Naomi. 2008. The Shock Doctrine: The Rise of Disaster Capitalism. London: HarperCollins. https://doi.org/10.1177/194277860800100215

Jain, S. Lochlann. 2020. "The Wetnet: What the Oral Polio Vaccine Hypothesis Exposes About Globalized Interspecies Fluid Bonds", Medical Anthropology Quarterly 34/4 (2020), 504-24. https://doi.org/10.1111/maq.12587

Kananoja, Kalle. 2021. Healing Knowledge in Atlantic Africa: Medican Encounters, 1500-1850. Cambridge: Cambridge University Press, 2021. https://doi.org/10.1017/9781108868020

Kananoja, Kalle. 2015. "Bioprospecting and European Use of African Natural Medicine in Early Modern Angola", Portuguese Studies Review 23/2 (2015), 45-69.

Kwarteng Kwasi, et al., 2012. Britannia Unchained: Global Lessons for Growth and Prosperity. Basingstoke: Palgrave Macmillan. https://doi.org/10.1057/9781137032249

Lachenal, Guillaume. 2014. Le Médicament qui Devait Sauver l'Afrique: un Scandale Pharmaceutique aux Colonies. Paris: La Découverte. https://doi.org/10.3917/dec.lache.2014.01

Lindqvist, Sven. 1996. 'Exterminate All the Brutes': One Man's Odyssey into the Heart of Darkness and the Origins of European Genocide. London: Granta; tr. Joan Tate.

Ortíz Montero, Llanos. 2022. "The Covid-19 Syndemic and Lessons (Not) Learned from Past Epidemics: One Size Doesn't Fit All." In: Peter Sutoris, Sinéad Murphy, Aleida Mendes Borges and Yossi Nehushstan (eds.), Pandemic Response and the Cost of Lockdowns: Global Debates from Humanities and Social Sciences. London: Routledge, 2022, forthcoming. https://doi.org/10.4324/9781003259336-13

Peiretti-Courtis, Delphine. 2021. Corps Noirs et Médecins Blancs: la Fabrique du Préjugé Racial, XIXe-XX SIÈCLES. Paris: Éditions La Découverte.

Santos, Boaventura de Sousa. 2014. Epistemologies of the South: Justice Against Epistemicide. London: Routledge.

Sweet, James H. 2011. Domingos Alvares, African Healing, and the Intellectual History of the Atlantic World. Chapel Hill: University of North Carolina Press.

Thomas, Marion. 2020. "Au service de la science: biographies de Rose, Farce et Tarzan, chimpanzés de l'Institut Pasteur de Kindia (Guinée française) à l'époque coloniale". In: Aurélie Choné et al. eds., Les Études Animals Sont-elles Bonnes à Penser? Repenser les Sciences, Réconfigurer les Disciplines. Paris: Éditions L'Harmattan, 81-112.

Tilley, Helen. 2011. Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950. Chicago: University of Chicago Press. https://doi.org/10.7208/chicago/9780226803487.001.0001

Wanda, Fernandes. 2022. "Covid-19 in Angola: Militarization of Lockdown Language and State Policy in Angola", in Peter Sutoris, Sinéad Murphy, Aleida Mendes Borges and Yossi Nehushstan (eds.), Pandemic Response and the Cost of Lockdowns: Global Debates from Humanities and Social Sciences. London: Routledge, 2022, forthcoming. https://doi.org/10.4324/9781003259336-10