‘Pathology without Pathos’: Transvaluating Blackness and Metaphors of Disease

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1 Introduction

> ‘[R]ace’ marks both an in-itselfness and a figurative economy that can take on any number of different faces at the drop of a hat. Understanding how this mechanism works is crucial: ‘race’ is not *simply* a metaphor and nothing more; it is the outcome of a politics (Spillers 2003: 380).

Racial blackness is, on its face, an indicator of comorbidities; racial disparities in housing, healthcare, and education serve as predictors of life outcomes. Blackness has also been an experiment in death-dealing, with slave ships ‘probing the limits up to which it is possible to discipline the body without extinguishing the life within’ (Smallwood 2008: 35). Rhetorically, epistemologically, ontologically, blackness appears to *become* death in a way that exceeds any single cause. In this article, I encircle the conditions of extensive black death by addressing challenges confronting the diagnosis of anti-black determinants that link and delink black populations to discourses of disease. Against the pathologizing of black cultural choices, the response from liberal-Left currents has been to disaggregate the conjunction of blackness with disease. By exposing the structural-historical conditions of possibility

for comorbidity and mortality in the black community, this model works to free black people from strains of biomedical individualism that inflect biology with behaviourism, and from the cultural stereotypes that have secured such linkages in the public imaginary. Here, however, I want to hesitate, perhaps counter-intuitively, to linger over whether 'social determinants of health' as a structuring frame can alone seize and redeploy diagnostic tools of emancipation.

While a 'de-pathologizing approach' (Bailey & Bost 2019: 98) hopes to read black people as 'more than multivalent vectors of disease', providing politically salient ways to rescript black communities and generate alternative public health responses, such a strategy also feeds into socio-medical logics that allay vitality and health against death and disease in the global reproduction of an anti-black pathogenic metaphoricity. As Zakiyyah Iman Jackson has cautioned, inversions are 'only meaningful to the extent that the system of racism is made inoperable' (2020: 212, Warren 2017: 408). If de-pathologizing posits a black existence *prior* to disease, then it also presupposes a definition of race determined by the social and its metaphors but not reducible to them. In implying an extra-social element to race, contemporary strategies run the risk of conceptually and politically removing race from the conditions of its emergence: the violent global abstractive forces of slavery that experimentally deploy blackness as death, disease, infection, virus, risk, and contaminant in the first instance. Making anti-blackness inoperable challenges the conceptual schemas through which we disarticulate cause from cure. Such challenges appear impossible if, and this is this article's underlying hypothesis, the world-making dimensions of black capture infuse all registers of meaning-making.

Blackness is not only reduced to the body – it can be considered the disavowed no-place from which a racial body is given shape and form. This paradoxically disavowed and generative status, at the threshold of life, is in some ways akin to the virus. At the frontiers of science, viruses are now approached as genetic and generative; as evolutionary superconductors, they serve as 'the condition of

possibility for relation' for a potent kind of parasitic dependency that 'simultaneously incorporates and disturbs, precisely because relation is both necessary and disturbing' (Cohen 2011: 24). When articulated through racial science, blackness comes to take on a variety of negative meanings but these meanings are themselves incubators for absences of value and meaning that science cannot fill, escape, or incorporate. Despite apparent social-scientific evidence to the contrary, black people continue to be put in the position of auto-generating their symptoms, not only being made to die disproportionally, but signifying illness unto death, returning universality to its particular, bodily, decaying limit.

To encircle this deadlock as a problem for metaphor, I elaborate the ways blackness, theorized through slave 'fungibility', serves as a host for metaphorical flights that also materialise pain, vitality, and enjoyment (Hartman 1997: 17-32), and I extend these implications to how epidemiology and the philosophy of causation remand blackness to the cause of its own pathologies. Focusing epidemiological genealogies of causation through the AIDS crisis as a global problematic whose fraught deployment of what Priscilla Wald calls 'outbreaks narratives' (2008) prepares contemporary framings of crises, epidemiological and otherwise, I provide a genetic account of the failures of the racial determinants of health to render inoperable the exigences of outbreak. Blackness is a metaphor the world lives by, for its health, virality, and relation, and unless the world comes to terms with the extent of its world-making by undoing these conditions of life (what Frank Wilderson calls a 'dance with death' (2010: 139)), no amount of declaring racism a public health crisis or reframing care in terms of social determinants of health will succeed in dismantling slavery's afterlife in epidemiological grammar.[2] In conclusion, I gesture towards ways disease metaphors activate tensions in black revolutionary struggle – how slavery's biological experiment in controlling human reproduction (life, death, and sexuality) can be turned against its founding violence as a kind of emancipatory biological weapon. What Jared Sexton (2012) calls the 'transvaluation of pathology' can work as a detournement, putting a wrench in the regulatory logics that propel narrow self-preservation and vitalism by grabbing hold of the spectacle

of global health inequities, exposing the violence of immunization protocols, and undermining the relationship between life, death, and environment long dictated by medical science.

2 Pathologies

Metaphors of disease and contagion evoke risk and invite safeguards: they seem to abstract too quickly from suffering bodies, dematerialising pain and neglecting the particularities of contagions and cures. Susan Sontag's famous 1978 and 1987 anti-metaphor invectives extend the metaphorical matter of concern from disease-as-metaphor to using metaphors for disease, most dramatically those military metaphors that, in positioning disease as a battleground, provoke paranoia and vilify the most vulnerable as they are made to embody the enemy. But to polemize against metaphors without attending to their productive power is to miss, as Paula Treichler insists, how AIDS 'is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification' (1987: 32). 'We cannot therefore look "through" language to determine what AIDS "really is"', she writes, especially when the figures that populate our understanding continue to guide research and intervention (1987: 31). What appear to be irrational rhetorical excesses that flow from outbreaks – homophobia, racism, victim-blaming – cannot be easily waved away as non-scientific, not if scientific knowledge is understood to make and remake its boundaries in sifting the relations of fantasy and fact. Healing is made meaningful by appropriating and resignifying available terrain – to understand in order to control or abolish – as with Audre Lorde's own critical deployment of war as a metaphor for the ways black women contest their being reduced to casualties of ecological health inequalities (Jackson 2020: 192-96).

To address the rhetoric of the present, scholars and activists have returned to early meanings made of the AIDS crisis (Modak 2021), examining what its oft-cited status as the first global pandemic has meant for the racial ordering of epidemiology. The 40-year-long 'Black AIDS Epidemic' (Baily & Bost 2019: 100-101) prefigures assumptions

of purity, risk, and causality, mediates questions of metaphor and materiality, and contours boundaries of the social to predicate the shape of policing and pathologizing today. To think these dynamics together – AIDS as it was shaped by and shapes the sociobiological and AIDS as it was shaped by and shapes the socioepistemic – is to ask after the inverted causality of anti-black racism, the pandemic that prepares pandemics as we know them. At one level, the two social phenomena are simply parallel, for what Douglas Crimp writes of AIDS, that it does 'not exist apart from the practices that conceptualize it, represent it, and respond to it' (1987: 3), could be said of race. But the racial body's status as an empirical thing – available for experimentation, sterilization, dissection, and control – indicates a more durable relationship between disease and race that blackness as a fungible resource mediates. The same year as Sontag and Treichler's more well-known formulations, Evelyn Hammonds demonstrated the significance of reading 'The history of black people' as 'riddled with episodes displaying how concepts of sickness, disease, health, behavior and sexuality, and race have been entwined in the definition of normalcy and deviance' (1987: 29).[3] If, as Hammonds continues, 'The power to define disease and normality makes AIDS a political issue', then 'how we think about disease determines who lives and who dies' (1987: 29). Hammonds' point echoes across black critical studies: life and death disparities cannot be disentangled from their semantic density as 'symbolic life/death', the racial coding through which the non-biological becomes biologically implemented and forcibly reproduced (Wynter & McKittrick 2014: 65).

Although AIDS, in its intimate and lingering persistence, did not immediately conform to the outbreak narrative popularised in the cultural imaginary, with white lab coats triumphantly containing a spread, by the mid 1990s its extended history and paradigmatic white gay male victim with access to health care and housing hastened confident pronouncements of an effective 'end' to the crisis (Petrus 2019). Like the smallpox outbreak of the US Civil War (Downs 2012: 95-119), this end was partial, premature, and grievously uneven – exemplifying the rhetorical structure of a disavowal: effectively 'I know people are dying, but...', where the 'but' shores up the appropriate

subject of concern (Harper 1997: 7-8). The 'end' meant the putative containment of AIDS by pharmaceuticals, on the one hand, and the criminalization of drug use and sex work, on the other, only engendering 'the redistribution of crises' (Snorton 2020: 316) to an imagined elsewhere: the global slums, the Southern US, the continent of Africa. As the epidemic still mutates, new ways to tether the origin of AIDS to black pathology emerge, ways that, as Sexton riffing on Frantz Fanon writes, 'when you say black, you say AIDS' (2008: 40).

This formulation is not a mere metaphor but condenses how AIDS, in particular, re-entrenches a moralizing metaphysics in which 'the point of emergence of the virus should be identified as its cause' (Watney 1993: 204). The perverse state policies enforced by the assumption that black queer men don't practice safe sex and as a result are more likely to infect and be infected (Schulman 2016: 123-4) fosters conditions that confirm its mythos. Black women's 'immoral sexuality' is consigned to a familiar deadlock: 'their voices are not heard in discussions of AIDS, while intimate details of their lives are exposed to justify their victimization' (Hammonds 1994: 140). From abnormality to silencing, black sexuality is made such a splintered spectacle that its truth can be understood as with the scene of the black hole (Hammonds 1994: 138-39), interpreted backwards through the distorting effects of the 'nothing' of blackness encountering the 'differentiating' (gendering and racialising) practices of humanism (Warren 2017: 400).[4] Out of this distortion one can detect the irrational logics through which black people are both made more vulnerable to the virus and barred from treatment and recognition, such that effect and cause become practically indistinguishable.

Racial science as 'bad science' is just one in an ever-cascading series of technologies that tether blackness to all genre of what Sylvia Wynter has called 'dysgenic dysselection', including gender and sexual deviance, across social orders. Dysgenic descriptions are encoded into epistemology and transposed into socio-cultural logics that blame black people for a culture of poverty, for example, 'having been naturally dysselected and mastered by Malthusian natural scarcity' (Wynter &

McKittrick 2014: 47), and becomes a 'vicious cycle' for medical science by quite literally biologizing race: 'Social inequalities shape the biology of racialized groups, and embodied inequalities perpetuate a racialized view of human biology' (Gravlee 2009: 48). While anti-colonial and civil rights movements prioritized public health as a key component of their vision, intensive structural adjustment programs, fed by and mirrored in neoliberal austerity programs, depleted sustained social emphases such that 'the conditions for an AIDS crisis were optimized' (Cazdyn 2012: 118). In Adam Geary's extension of this argument, the sociobiological structuring factors that welcome and cultivate disease in black communities – from enslavement to ghettoization and imprisonment, gutting social services from health care to housing – mean 'antiblack racism in its concrete historical form has been the matrix through which black people have been made vulnerable to HIV' (2014: 26). Put otherwise, '"Underlying conditions" and "comorbidities" are merely other words for anti-Blackness' (James 2020: 692). The anti-black matrix extends the uneven distribution of symptoms beyond the problem of accumulated structures of violence insofar as AIDS has been made instead to replicate and confirm its racial origins.

The collapsed causality in which the mythos becomes the reality plays out too as the royal road criminalization. As the anonymous pamphlet 'How to Have Sex in a Police State' wrote: 'The risk of being labeled a criminal is now biologically marked – we are infected with criminal potential' (Schulman 2016: 129). Police databases in the United States anticipate criminality in advance, disproportionally swelling with the DNA of arrested uncharged black people (D E Roberts 2011: 277-85). Globally, criminal potential is not only biologically surveilled, it is marked a biological hazard, the language by which the virus 'eventually kills by transforming all its "victims" into "Africans", and ... threatens to "Africanise" the entire world' (Watney 1989: 53). The Africanization logic unsurprisingly dovetails with animalization, in which 'it is far easier to imagine', in Cindy Patton's words, 'an alternative causal chain running from monkeys to Africans to queers' (1993: 130) than to begin to grapple with the 'imperial infrastructure' of international medical logics (Tilley 2011: 180), the political economy of needle sharing and

unscreened blood exports, or the planetary fallout from ecological destruction for zoonotic pathogens.

If the African-originated AIDS story brought with it all the usual stereotypes, it also exposed an ambivalence about causality, about whether the world prefers an illness that is preventable via self-control and self-disciplining (a matter of good and bad behaviour) or one containable to a medical problem whose causes could be externalized (a bodily threat). This ambivalence, the follow sections will explore, turns on a fear of a black planet and the mythos of black maternal pathological transmission, where blackness as an excessive object of fascination and in need of containment indexes the repetitive collapse between the racial body and its signification, which only strengthens belief in whiteness as a prophylactic. When it comes to blackness, all modes of social congress come to carry the stain of sexual congress, in a revitalization of the animating anxieties of antimiscegenation: 'the fear that sexual contact with black bodies will turn over into violence, that such contact in and of itself constitutes violence, a site of brutality or morbid contamination or both' (Sexton 2008: 242). This is an indication of why in the place typically thought reserved for sexually transmitted diseases – where the victim is also considered the agent – black people continue to be given agency for the destruction that they apparently can't not spread.[5]

3 Causes

The primary model for epidemiological causation, Nancy Krieger outlined in 1994, is itself metaphorical. The framework 'webs of causation' was meant to re-figure restrictive monocausality, but research drawing from this metaphorical ecology tends to focus on cutting one of the intersecting silk strands ('risk factors') and not the presumptive spider that originated the web, those 'etiologic concepts that help epidemiologists formulate hypotheses in the first place (e.g. "time, place, and person," "mode of transmission," "herd immunity," "environment," and "lifestyle")' (Krieger 1994: 887). Etiology itself has etymological roots in both myth and medicine. Following Wynter's borrowing from

Aimé Césaire, we can see how origin stories harness both *bios* and *mythoi* (2014: 72). This doubling is reflected in the epidemiological use of race as a founding and uninterrogated source for its '*referent-we*', the organising subject on behalf of which symbolic life and death codes become integrated into how we think about the biological and non-biological, matter and meaning (Wynter & McKittrick 2014: 72). The 'referent-we' becomes the curable body for whom blackness doubles as pathogenic cure and cause.

While epidemiology generally lacks a theory (Broadbent 2013: 6), this isn't to say its practitioners don't theorise: causal explanations lay tacit claim to metaphysical orientations and political avenues for intervention, which themselves gestate through representational worlds. George Lakoff and Mark Johnson suggest that causation is not an 'undecomposable primitive', or primary building block of meaning, but instead an 'experiential gestalt', emerging as a concept from clusters of cultural experience (1980: 70). Because of the types of on-the-ground and emergent crisis work epidemiologists imagine themselves to be carrying out and the funding models such work attracts, epidemiology restricts itself to causes considered under the purview of 'humanely feasible manipulation' (Vandenbroucke et al 2016: 1778-79). The 'web' metaphor does help shift attention from single agents of causation but fails to conceptualise its own intersections, eclipsing relational lines of thought by flattening distinction into a series of equal determinants. Hereditary biology ends up representing the same putative scale and influence as public policy, prioritising actionable risks that can reduce transmission on a larger stage. Studies that move beyond education and income, the socioeconomic measures used to determine causality of race-based disparities, to the 'whole universe of other factors, e.g., quality of education, neighborhood of residence, inherited wealth, interaction with the criminal justice system, etc.' that produce and regenerate population-level rifts in the lifecycle of outbreaks (studies that, in other words, ask to see the spider) are in practice 'more often ignored – perhaps in part because it identifies a problem without offering a solution' (Cooper 2013: 3). And even the preliminary diagnosis of 'race' as risk faces a limit: there seems no available causal model or metric

to make sense of why anti-black health outcomes remain irreducible to socioeconomic status (that puzzling fact that black life outcomes remain relatively unchanged with upward class mobility) and still less for how anti-blackness could otherwise be addressed as an 'ecology of violence – pervasive and chronic' (Jackson 2020: 208).

Monocausality does hold for making practical interventions, and such interventions are the epidemiological point. But system simplification doesn't only occur in the scientific mind of models – the single-minded 'war' of extermination waged against viruses since germ theory reorganised relationality undercuts long-standing coevolutionary microbial partnerships with ecological and immune systems (Fishel 2017: 77), while unregulated production lines and their industrial food and waste pathways accelerate the lopsided evolution of pathogens (Wallace 2020). Still, the imperative to address complex causes, without attending to *why* monocausal models have generated impressive scientific advances (think TB or cholera), can create problems of its own (Broadbent 2009: 304). The turn to multicausality has, for example, opened up the identification of 'risk factors', so often a proxy for the perceived contaminant of social difference. Because risk factors tend to multiply across points of origin and scale, they create seemingly recursive issues for understanding the relationality of the risks they purport to identify. Without being able to provide a general explanation, multicausality trends towards rendering disease unscientific; as Alex Broadbent puts it: 'Cataloguing the risk factors for falling is not equivalent to describing a law of gravity' (2009: 307).

Race-as-risk both clarifies and complicates scientific measurement. The debate over 'race-based' biotechnologies like the heart medicine BiDil is just one dramatic case in point (D E Roberts 2011: 168-201): should race be used as a variable for factoring conditions of risk and susceptibility, and if so, how? In their 2014 provocation in the journal *Epidemiology*, Tyler J. VanderWeele and Whitney R. Robinson attempt to write race out of science by condensing its social field into a 'nonmanipulable' (480). To do so, they dismiss the strategic purchase of hypothetical interventions (an epidemiological mainstay), quipping

'the question of what would a black person's health outcome have been had they been white seems like a strange one to pose' (474). In dismissing counterfactuals, VanderWeele and Robinson miss a core of black studies from at least the deadly outcome of one of two Johns from Georgia in Du Bois's 1903 fictionalised chapter 'The Coming of John' (153-66). Counterfactuals are one of the only tools available to a world that violently produces the factual through racial difference; as such, they could be considered the purview of a 'speculative fugitive science' (Rusert 2017) at the heart of black knowledge production whose often apocalyptic predilections work to radically reimagine this reality and its possible futures and pasts.

Epidemiological protocols are firmly within race's paradoxes – the contingency and structural longevity of racial classification, the irrelevance of race as biology, and the deathliness of racial blackness for every stage of life – and continue to accommodate the elastic undertheorisation of race as either genetic essence or socio-cultural false consciousness (Krieger 2014, Gravlee 2009). This may be because the problem-field of race has long operated as the formal ground for epidemiological solutions. 'The process of defining blackness as a physiological and at times pathological trait', Rana Hogarth writes, 'went hand in hand with the logic physicians used to diagnose and make prognostications about illnesses and the body's responses to them' (2017: 3). The early days of epidemiology in the 1800s were much more methodologically open, but this methodological openness depended on a closed object and that closure is predicated on force. On the one hand, epidemiology was engaged as a veritable 'testing ground' for identifying the origins and descriptions of disease, playing with biological metaphors before the authorisation of the scientific text (Stepan & Gilman 1993: 174) and tracking the ripple effects of class, gender, and racial difference across social domains (Krieger 1994: 892). On the other hand, because epidemiology cannot draw up and test experiments in advance, as with other sciences (Broadbent 2013: 3), slave ships and plantations, environments whose unsanitary and crowded conditions incubate disease, became the most readily available 'field cases', followed by the colony and battlefield (Downs 2021). While

medical historians like Jim Downs see early epidemiology (before the professionalisation of medicine and hardening of scientific racism) to be more interested in the socioenvironmental factors of disease than in determining racial identity (2021: 123-27), the modes of reasoning that made flesh available for study and experimentation cannot be exempted from the modes of reasoning that made slavery black before the advent of racial science proper.

Both in miniature and across scales, racial slavery can be considered the grandest experiment in human sorting and decipherment, making the epidemiological exception irrelevant by tying the 'cause' of outbreaks more to technologies of capture than to the conditions in which captives happen to be. Slave ship investigations crystallised early understandings of the links between contagion and commerce; the Royal African Company managed smallpox by providing an 'available laboratory in which inoculation could be practiced' (Stewart 1985: 69). In the early hesitation around the benefits and dangers of inculcation, African colonial outposts forecast the relationship between governmentality and sanitary science (Butchart 1998: 129-38), the complexity of vector-parasite-host relationships, and the importance of ecology for epidemiology (Tilley 2011: 207). This 'profitable "atomizing" of the captive body' (Spillers 2003: 208) has relays through the years – the 1793 Yellow Fever Epidemic and its extension in the Caribbean decades later, for example, had black nurses, attendants, and soldiers serving as effective 'essential workers' at outbreak frontlines (Hogarth 2017: 17-77). Africa's there-ness is likewise not simply given for epidemiology – the production of the continent through symbolic death (Wynter & McKittrick 2014: 59) continues to provide experimental frontiers for social engineering and, in a recurrent turn of phrase for critical accounts, more broadly functions as a 'living laboratory' (Tilley 2011, Spillers 2003: 208).

Though causality seems to collapse inward in an improper science – the collision of slavery with blackness with Africa as empirical, theological, and political fiat – epidemiology takes flight from this fungible world of captive populations, where so many quantities of 'flesh'

(Spillers 2003: 206) also produces the human body as a qualitatively discrete subject of medical concern. Race '*becomes biology*' (Gravlee 2009: 54) by inscribing blackness through mortality and morbidity.[6] Black bodies mediate health for the 'referent-we', transmogrifying in its uses from a medieval repository for grotesque and fantastical cosmological imaginaries to a 'collection of overtly perceptible external organs' to an anatomical model whose interiority is set in the more familiar measurements (Butchart 1998: 55). From scurvy (Downs 2021: 10-19) to smallpox (Downs 2012: 95-119), tuberculosis (S K Roberts 2003), and breast cancer (D E Roberts 2011: 123-35), there seems no modern pathogen untouched by the peculiar ways racial blackness serves as a disavowed model, appearing as pathological exemplar and at the same constitutive moment pathological outlier. Such a problem muddles attempts to regulate the divides between matter and metaphor, bad science and good politics, insofar as the fungibility of blackness preconditions how these borders appear in the first place.

Epidemics are threatening but blackness contains that threat by rendering practices of containment (for which the police are a paradigm) enjoyable. On the one hand, the descriptor of viruses, occupying a 'netherworld between life and nonlife' (Villarreal 2004: 104), evokes a crisis of meaning. On the other, the social organisation of epidemics, the '*demos* in epi*dem*ic' (as opposed to '*zoe* in epi*zoo*tics'), secures 'the political character which qualifies it as "human" in the first place' (Cohen 2011: 16). In this double movement, blackness has long been an 'icon for contagion and susceptibility' (McBride 1991: 67) because in its elastic modelling of human deviance, its metaphor for disease, and its materialisation of death, it can be made bodily – racial – in a way that both precludes insight into its absent cause and provides the negative cure for human suffering: at least we are not black.[7] It is perhaps not a surprise that global health crises draw from xenophobic currents of purity even as they threaten to expose the world to a black horizon of death, disease, and confinement (Bezio 2020). The next section follows Jackson to ask 'what metric is adequate to measure the ubiquity and chronicity of antiblackness' (2020: 208)? How to triage a system whose point of origin is *everywhere*?

4 Cures

In manipulating black bodies to determine thresholds of susceptibility to disease, from Yellow Fever to Covid, we know that viruses do indeed discriminate insofar as viruses are social-biological symptoms of something else. We could diagnose this something else as racism, as with Du Bois's early epidemiological investigations of racism as a 'social disease' (Foster et al 2021: 13-15) or the recent U.S. municipal trend to name racism a public health crisis, but racism, as understood by scientific and social models, is itself a signifier of a particular suturing of politics and life. The inversion that renders the system pathological also opens paths for the system to try to heal itself, to repair the manifestations of its syndromes, to manage its excesses, enjoy its pathologies, and thereby immunise itself from critical intervention. Here we are confronted with the question: how to even begin to diagnose slavery's etiology if, as Hortense Spillers has written, its 'historical event, like a myth, marks so rigorous a transition in the order of things that it launches a new way of gauging time and human origin' (2003: 425)?

The framing of 'structural determinants of health', from which depathologizing draws its legibility, is not *wrong* in deploying racism as its critical ground but, immanent to the problem it desires to solve, its tools are partial. It discerns phenomena – the practical reality of race – and not necessarily the ontoepistemological conditions for those phenomena – the ways the causal logics of social origin cannot be extracted from black fungibility. Likewise, famous accounts of metaphor can discern the makings of certain forms of cultural coherence but not necessarily the racial preconditions for the metaphoricity of culture (see the absence of race in Lakoff and Johnson 1980). While there is no pure strategic resource available, no uncontaminated way out when lives are on the line, this doesn't necessarily mean pressing forward at any cost either. As one pair of epidemiological scientists voiced their concern with the continued uncritical use of 'race': 'although we may desperately need to build a house, the urgent necessity of doing so does not justify the use of any random object for the purpose of

driving nails into wood' (Kaufman and Cooper 2001: 305). It is not only that race is not straightforwardly a hammer, but that the house in progress transforms depending on the vantage, which is why the house is particularly resistant to dismantling.

'Health' and 'healing' have been and remain sites of conflict. 'So intertwined', writes Sharla Fett, 'was slave health with other issues of plantation control that field labor, slave insurrections, and activities such as nighttime visiting among the enslaved also became venues of health-related conflict' (Fett 2002: 12). Slaves routinely challenged the medical authority whose vested interest in forcing work and compulsive breeding meant that taking health into their own hands marked them as pathological – 'the natural children of superstition' (Fett 2002: 197). The conflict did not abate with abolition: the post-Reconstruction nadir manifests an epidemiological split between ever-evolving racial determinism and growing public health networks among black communities (McBride 1991: 34-40). This latter movement already had its precedent in slave healing and in the unacknowledged ways 'freed slaves were the first advocates of federal health care' (Downs 2012: 166-67), both by soliciting support from emerging military and reformist associations and by being the unacknowledged cases whose own complaints and cures informed modern epidemiology (Downs 2021, Tilley 2011, Rusert 2017). Black women's public health work on the relationship between health and housing, in particular, forged radical pathways for reconceptualising causality in urban pandemics like tuberculosis (S K Roberts 2003). Building from what she calls the 'long medical civil rights movement', Alondra Nelson has likewise tracked how 'The Black Panthers translated the polyvalence of "health" into practical social programs and political ideology' (2011: 5), where the meaning of health was recomposed by collective, cross-generational networks.

The 1960s was also the era that saw the emergence of the web metaphor, when individual biomedical assumptions came to derail more critical engagements with political structures (Krieger 1994: 890), and modern medicine increasingly conceived itself as overcoming

infectious disease, just as it imagined itself overcoming racism. The end of the fear of contamination might herald the end of the fear of the putative contaminant and the contaminant's ideological stand-in in race. But the idea that biotechnologies could wipe out microbial threats and, when universalised, justify the hastening of capitalist development (Foster et al 2021: 3, Levins 2000: 9-10, Tilley 2011: 178-79) is a medical model ill-suited for bacterial evolutionary history and antimicrobial resistance, not to mention resistant and mutating strains of racism. Anti-blackness 'perfects' itself (Farley 2005: 229) in the lie of its overcoming, a story that sits uncomfortably in the crosshairs of stories of scientific and racial progress and coalesces in what has been called the chronic 'racial immobility' that marks black maternal and infant mortality regardless of 'socioeconomic upward mobility' (Jackson 2020: 209). The relationship between movement and stasis belies the narrative form of epidemiology, those 'epidemic emplotments' (Cohen 2011: 17) that move from health to outbreak to health or, as Wilderson has it, 'equilibrium, disequilibrium, and equilibrium-restored', and fails to account for the parasitical relationship that mandates the slave's narrative arc remain a 'flat line' (2015: 138-39).

Because the failure to activate appropriate doses of health and freedom always also targets conditions of being – a problem that exceeds cultural choices and structural causes – the structural strategy, which in the end resides in descriptions of cause and effect, undershoots. It carries a secret pathology, the undiagnosable, that returns cause back on its object by accepting the terms of the debate – by accepting, that is, that there is any such thing as a difference between the literal and figural, life and non-life, that blackness wasn't already constructed to metonymically mediate. This double-bind can only partially be ameliorated by public health or transformations to supply chains and service economies in the name of pandemic preparedness or what AIDS activist Aida Russell has more directly termed 'health justice' (Modak 2021). Nor will it necessarily be transcended with the dialectical ecology of ecosocialism that addresses how, 'with any major change in the way of life of a population (such as population density, patterns of residence, means of production), there will also be a change in our relations with

pathogens, their reservoirs, and with the vectors of disease' (Levins 2000: 11). The rational reorganisation of epidemiological doctrine under socialist principles, in this respect, reconfigures the world of relation, but retains relationality, representation, and, by consequence, race. The perfection of slavery might instead be found in reorganising regiments of health, more than in deepening disease, insofar as vitalist visions more thoroughly obscure their violent operating procedures.

Epigenetics is such a perfection. The new post-racial frontier for causal thinking usefully scrambles singular causality by constructing dynamic, non-determinist feedback loops between populations and their environment and de-essentialising the genetic determinism that had been the mainstay of 20th century science. While working to normalise variation, its molecular becoming also more stridently pathologizes differences in body, mind, behaviour, and environment by rendering what is statistically normal as not-optimal (Jackson 2020: 199-214). Epigenetics ushers in 'the science of new eugenics' (Mansfield and Guthman 2015: 5), disciplining abnormalities by compelling individuals to make lifestyle adjustments in accordance with increasingly optimal versions of health (consider the neurodevelopmental discourses that drive fish advisories and racialised patterns of consumption). The 'becoming' of this plastic post-racialism 'lacks explicitly racist references' but perfects an anti-black biopolitical logic: 'the aim is to eliminate "abnormal" bodily differences – make them die, including by preventing them from ever being born – in order to purify and improve human life' (Mansfield and Guthman 2015: 14). This preventive approach is quite nearly untraceable (for how to measure what never was?) as black women are again burdened with representing the self-replicating origins of pathology and the logics of its extermination (Jackson 2020: 199; D E Roberts 2011: 212-25).

We would here be on firmer ground to answer why debates about genomics and debates about AIDS, as Sexton writes, share 'a common ground of concern at the molecular scale': 'What is race, and where is race to be located in the body? What is AIDS, and where is it to be located in the body?' (2008: 236) to which we might add 'how is

race reproduced and how does it spread'? Epidemic metaphors do not exhaust themselves but spread their assumptions of risk in the anxiety of another epidemic yet to come. The fears they evoke are reproductive – viral. Sontag was right that 'beyond the real epidemic with its inexorably mounting death toll ... is a qualitatively different, much greater disaster which we think both will and will not take place' (1990: 90). But she was reductive in her diagnosis of this animating difference. Hammonds again provides a better resource: 'In the "war of representation" that is being waged through this epidemic, black women are the victims that are the "other" of the "other," the deviants of the deviants, irrespective of their sexual identities or practices' (1994: 140). One could imagine so-called post-humanist terrains that no longer rely on the primacy of sexual reproduction for the human species to similarly splinter into good and bad feminist reproduction, which is why Hammonds suggests a black queer feminism that invites thinking 'in terms of a different geometry': 'Rather than assuming that black female sexualities are structured along an axis of normal and perverse paralleling that of white women, we might find that for black women a different geometry operates' (Hammonds 1994: 139).

In practising a different geometry, the riots and rage that erupted against policing and as Covid cases climbed can be considered an expression of Sexton's 'transvaluation of pathology', where the disease of blackness, its excess to universal categories and grammars, is assumed and unleashed upon the world in 'something like an embrace of pathology without pathos' (2012). Part of this embrace may involve reckoning with the 'already dead' (Cazdyn 2012), not as proto-patients in waiting but as those who being haunts the life-death and material-metaphorical divides anti-blackness was designed to police. It is, as AIDS activists and testimonials have shown, to redirect attention to 'the obscene' (Chambers 2004: 35) or, more precisely, the 'self-abnegation' of black queer praxis that refuses subjectivity (Henry 2020). Pathology without pathos names a dis-identity more than it does an identity, an alignment 'with terms of exclusion as a way to undermine these very terms' (Warren 2017: 409) and 'a refusal to distance oneself from blackness in a valorization of minor differences that bring one

closer to health, life, or sociality' (Sexton 2012). This refusal might also go by the name of a 'mad method' that listens, as La Marr Jurelle Bruce writes, for interruptions in causal chains and the fantasies of health and wholeness they subtend, where '*idioms of* madness' might be gleaned: 'those purported rants, raves, rambles, outburst, mumbles, stammers, slurs, gibberish sounds, and unseemly silences that defy the grammars of Reason' (Bruce 2021: 3). To slip from the psych ward to the hospital complex to the pavement is to open an irresolvable movement in the cracks of health, life, and forms of equilibrium that bely their fictional distance from death and its significations.

5 Conclusion

Even as it has conditioned science and even as science attempts to supersede it, race continues to toggle something of what W.E.B. Du Bois has called the 'incalculable' in human action (2000: 40-41). As the impossible object becomes knowable, as the crisis becomes the chronic, assumable, medicalizable, metaphorizable, something slips out of view. Insofar as 'Epidemics demand conditions but are irreducible to them' (Geary 2014: 72), we might also call this incalculable something blackness. It is this incalculable that 'social determinants of health' and 'webs of causation' continue to miss and it is from this incalculable that black populations, across all modern epidemics, become the most intensely affected and most insistently pathologized and regulated. Blackness, in being captured and constrained, has functioned as the fungible no-place through which a host of multivalent metaphors can be generated, racial attributes ascribed, and symptoms enjoyed. Epidemiological responses materialise racial blackness as both particularly bodily surplus (and hence subject to surplus violence) and particularly immune to cures, the continued cause of its own metaphysical maladies. Like viruses, blackness is named and controlled by regulating the spread of the incalculable: the structure of slavery makes the world and it also makes our relation to the purported difference between the material and metaphoric through the discernment of social, medical, and biological calculability; in

other words, through cures. As pathogen, the curative properties of blackness, whatever those might be, can be found less in medicine or management than in ending the world as we know it and re-writing its prescriptive gestures anew.

Endnotes

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2 Thank you to one attentive reviewer who suggested these formulations.

3 On the marginalisation of Hammonds' work, see Bost (2019: 182).

4 Of 'the fracturing between fungible commodities that renders some the targets of certain violence and others not', Warren writes: 'If fungibility creates a blob of black commodities, certain sociopolitical violence cuts this blob into unthinkable parts – parts that we have yet to name or provide a sufficient grammar to describe' (2017: 401).

5 See Hartman's reading of Celia (1997: 79-112).

6 Wynter argues that non-biological processes also become 'law-likely' real by how they are '*biologically* (i.e., neurochemically) implemented at the level of the bios, the brain, its opiate reward/punishment (placebo/nocebo) behavior-regulatory system' (Wynter & McKittrick 2014: 65).

7 Black pathologizing is why Jonathan M. Metzl's examination of health care in the U.S. can find large swaths of those whites who 'voiced a literal willingness to die for [their] place in this hierarchy' (2019: 4).

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