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Abstract Frantz Fanon's writings on medicine and colonial violence seek to mark the functioning of structural oppression through the provision of health care. Fanon's medical training and clinical practice in French, Algerian, and Tunisian hospitals, along with his work and support for the Algerian liberation movement, offer an invaluable context and set of resources regarding the functioning of colonial violence, structural racism, and trauma within the practice of clinical medicine. In this essay, I mark several prescient claims that Fanon raised in the 1950s regarding medical authority and structural oppression that distinguish his work as an important precursor to the radical health care efforts that would emerge decades later in 1970s France, particularly with Le Groupe d'information sur les prisons (GIP) and its sibling organization Le Group information santé (GIS).

Among the areas of inquiry and critique implicated in the 1971 press conference held by Le Groupe d'information sur les prisons (the Prisons Information Group [GIP]) was the function of "medical supervision" in carceral facilities.[1] Additionally, in a statement published that same year the collective writes that a principle aim of the inquiry and critique of the GIP is to "become intolerant of prisons, the legal system, the hospital system, psychiatric practice, military service, etc."[2] As the group's declarations attest, the provision of medical care (including both primary care and mental health care) serves as a crucial disciplinary component of carceral systems more broadly. Thus, the gathering and dissemination of the testimony and resistant actions of prisoners provided by the GIP sought to expose the complex relationships between medical and carceral institutions. Alongside this work, other information groups formed as well, including Le Groupe information santé (GIS) (The Health Information Group) and Le Groupe information asiles (GIA) (The Asylum Information Group). Like the GIP, these groups aimed to decenter the authority and control of institutions that provided medical care in France and to redistribute authority to patients.[3] These information groups worked in collaboration with the broader aims of the anti-psychiatry and abortion rights movements of the period as well.

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Also, during the 1970s, the GIP were beginning to work against the transnational expansion of global capitalism across liberal nation-states. As Falguni Sheth argues (drawing resources from Perry Zurn),[4] the GIP proposed countermeasures to "neoliberal governmentality, interpreted as a minimal state whose mode of governing prioritizes market-based policies and relegates social welfare interests to the vicissitudes of deregulation and privatization."[5] Under the framing of neoliberalism, Sheth writes, the GIP interpreted the concept of human rights "not [as] a sacrosanct ontology but rather a selectively deployed technology."[6] In this vein, one could argue that the GIP, the other information groups of France, and radical health efforts in the United States such as those of the Black Panther Party and the Young Lords, critically prefigured the rise of transnational corporate interests in the privatization of healthcare in prisons and detention facilities. Their efforts pointed both to the expanding surveillance and security apparatuses of modern/colonial liberal nation-states, and the racial and financial motivations that would continue to silence, control, and displace vulnerable communities worldwide. For example, the United States, whose rate of incarceration currently outpaces all other modern/colonial nation-states, also spends billions of dollars annually on the provision of medical care in its correctional facilities. A significant portion of such funds is spent on private contracts with companies such as Corizon Correctional Healthcare whose annual revenue is approximately $800 million.[7]

Yet, nearly two decades prior to the formation of the GIP, Frantz Fanon's writings on medicine and colonial violence also sought to mark the functioning of structural oppression through the provision of health care. Fanon's medical training and clinical practice in French, Algerian, and Tunisian hospitals, along with his work and support for the Algerian liberation movement offer an invaluable context and set of resources regarding the functioning of colonial violence, structural racism, and trauma within the practice of clinical medicine. In what follows, I seek to mark several prescient claims that Fanon raised in the 1950s regarding medical authority and structural oppression that distinguish his work as an important precursor to the radical health care efforts that would emerge decades later in the 1970s.

With respect to medical authority more generally, readers familiar with Foucault's 1963 text *The Birth of the Clinic* will likely note the author's framing of the development of a naturalized conception of disease in French medical history, as well as the emergence of the institutional setting of "the clinic" in France. Moreover, Foucault tracks the shift from a "medicine of symptoms" in eighteenth-century French medicine to the "medicine of tissues," wherein, rather than considering medicine the tracking of associated clusters of symptoms,

disease becomes traceable to lesions on organ tissue.[8] If we shift to Fanon's writings, in his 1952 article "The 'North African Syndrome,'" published in the French magazine *Esprit*, we also find a detailed and careful study of nosology. Rather than attending to the movement of the medical profession's epistemic inquiry into the space of the body, as we find in Foucault, however, Fanon's analysis offers a reading that explains the racialized epistemic dynamics between providers and patients. Noting the situation whereby French medical doctors treat North African patients in France, Fanon offers a series of "theses" that highlight what he describes in a later essay as the mechanisms through which "Western medical science [exists as] part of the oppressive system."[9]

His first thesis is "That the behavior of the North African often causes a medical staff to have misgivings as to the reality of his illness."[10] He describes interactions with North African patients in which the symptoms offered by patients describe a diffuse and nonspecific form of pain. For example, he writes:

> "Where do you have pain?" "Everywhere, *monsieur le docteur*." You must not ask for specific symptoms: you would not be given any. For example, in pains of an ulcerous character, it is important to know their periodicity. This conformity to the categories of time is something to which the North African seems to be hostile... It is as though it is an effort for him to go back to where he no longer is. The past for him is a burning past. What he hopes is that he will never suffer again, never again be face to face with that past.[11]

Here, Fanon offers a description of memory and pain, outlining the experience of suffering as one that appears irreducible to a naturalized pathology. In this vein, he writes that "medical thinking proceeds from the symptom to the lesion."[12] That is, despite a description of the temporality of illness and pain, the clinician is required to attend both to the epistemic principles offered through medical training, and to the structural limitations of the clinical encounter. Fanon follows the passage above with the statement: "And there you are. Meanwhile patients are waiting outside, and the worst of it is that you have the impression that time would not improve matters. You therefore fall back on a diagnosis of probability and in correlation propose an approximate therapy."[13] Notably, such a critical analysis foreshadows the heightened commodification of time in the clinical context, and the models of efficiency that have become hallmarks of clinical medicine under advanced racial capitalism.

Fanon's analysis also suggests an approach much more closely aligned with operative models of public health or social epidemiology wherein health and illness are analyzed via the distribution and main-

tenance of social structures. In *Black Skin, White Masks*, Fanon describes this shift as a focus on the "human influence" on health and illness. He writes: "Alongside phylogeny and ontogeny, there is sociogeny… let us say that here it is a question of sociodiagnostics."[14] A number of contemporary scholars have examined Fanon's conception of sociogeny, including authors such as Sylvia Wynter,[15] Hussein Abdilahi Bulhan,[16] Lewis Gordon,[17] and David Marriott.[18] This conception of sociogeny functions as a non-reductivist stance on the combined hermeneutic, intersubjective, and ontological conditions for experiences of health, illness, and disability, as well as the related conditions necessary to reinterpret the practice of medicine. In this sense, the North African patient's symptomatology cannot be understood as divorced from the state violence that is enacted on the social and embodied lives of colonized peoples.

Turning explicitly to the question of institutional Western medicine's desire for epistemic stability and mastery, Fanon's Second Thesis is the following:

> That the attitude of medical personnel is very often an *a priori* attitude. The North African does not come with a substratum common to his race, but on a foundation built by the European. In other words, the North African, spontaneously, by the very fact of appearing on the scene, enters into a pre-existing framework.[19]

This suggests that prior to a patient's clinical encounter with a health care provider, there exists a "pre-existing framework" that impacts their diagnostic and therapeutic possibilities. In the context that Fanon is describing, he states that the diffuse and nonspecific pain described by a North African patient, a pain without an identifiable lesion, informs and confirms the pre-existing framework that a provider already holds.[20] Namely, the stigmas of untrustworthiness, unreliability, lack of intelligence, laziness, etc. are part of such racialized diagnostic and therapeutic framings. When confronted with a set of symptoms that bear little coherent relation to existing diagnostic possibilities, the physician often refuses to confront the limitations of Western medical science's adage that "every symptom requires a lesion." Instead, Fanon writes that the physician finds "the patient at fault––an indocile, undisciplined patient, who doesn't know the rules of the game. Especially the rule, known to be inflexible, which says: any symptom presupposes a lesion."[21]

These insights thus harken to the contemporary literature in the health and medical sciences focusing on racial and ethnic disparities in medicine. For example, in a 2003 study provided by the US Institute of Medicine, Smedley et. al. highlight the means by which "aspects [of] the clinical encounter ... may contribute to [racial and ethnic] dispar-

ities—including patients' and providers' attitudes, expectations, and behavior."[22] Here, the empirical literature bears out that racial and ethnic biases, stereotypes, and patterns of clinical uncertainty are factors that influence the provision of health care for many people of color. According to some of this literature, racial and ethnic disparities in US medicine, for example, result in roughly 67,000 Black American lives lost annually when compared to whites.[23] Even when controlling for income and education, racial and ethnic disparities in biomedicine contribute to the loss of life of approximately 38, 000 Black Americans every year.[24]

Fanon's prescient writings thus provide a set of pivotal theoretical tools to begin to trace the epistemic, hermeneutic, and intersubjective dynamics of the provision of health care under conditions of structural oppression. Accordingly, the aims of this brief discussion are to call readers to attend to the functions of structural racism and coloniality within the study of biomedical ethics, disability studies, and philosophy of medicine. Additionally, such an emphasis may coalitionally tie Fanon's works to the efforts of radical health care activism and to the forms of active embodied intolerance proposed by the GIP. For example, as Fanon states in his 1952 article, a patient's relationality to their pain and embodied existence is a key component of the turn to sociodiagnostics.[25] This requires not only a revaluation of the credibility of a given patient's phenomenological description of their own lived body, but also a revaluation of the therapeutic, preventative, and palliative functions of clinical medicine. When Western medicine is "part of the oppressive system," health and life itself inevitably stand in relation, in Fanon's words, to "that close and contagious death."[26] In this sense, Fanon's writings call his readers to grapple with the relationship between medicine and structural oppression, and his efforts suggest fruitful connections to the aims of the 1970s French information groups, the Black Panthers, and the Young Lords. While there is currently excellent work tracing radical health care movements in the US,[27] for the purposes of transforming philosophy of medicine, bioethics, disability studies, and correctional healthcare, Fanon's writings on colonial medicine, racialized embodiment, and sociodiagnostics remain a theoretically rich and timely resource for our transnational efforts to address these issues as well.

Notes

1. Perry Zurn and Andrew Dilts, "Active Intolerance: An Introduction," in *Active Intolerance: Michel Foucault, the Prisons Information Group, and the Future of Abolition*, eds. Perry Zurn and Andrew Dilts (New York: Palgrave, 2016), 1.
2. Zurn and Dilts, "Active Intolerance," 1.

3. Stuart Elden, "The Biopolitics of Birth: Michel Foucault, the Groupe Information Santé and the Abortion Rights Struggle," *Viewpoint Magazine*, March 2, 2016, https://www.viewpointmag.com/2016/03/02/the-biopolitics-of-birth-michel-foucault-the-groupe-information-sante-and-the-abortion-rights-struggle.
4. Perry Zurn, "Publicity and Politics: Foucault, the Prisons Information Group, and the Press," *Radical Philosophy Review* 17, no. 2 (2014): 403–420.
5. Falguni Sheth, "Unruliness without Rioting: Hunger Strikes in Contemporary Politics," in *Active Intolerance: Michel Foucault, the Prisons Information Group, and the Future of Abolition*, eds. Perry Zurn and Andrew Dilts (New York: Palgrave, 2016),131.
6. Sheth, "Unruliness," 131.
7. CorizonHealth.com, "Flacks Group Acquires Corizon Health, Inc., the Premier Correctional Healthcare Company in the US," *About: Corizon News*, June 30, 2020, http://www.corizonhealth.com/About-Corizon/%22%20+%20link%20+%20%22. Corizon, during the COVID-19 pandemic, has also frequently been in the news due to the company's repeated cases of medical neglect and mismanagement regarding the spread of the virus across prisons and jails. See, for example, Nicole Asbury, "'No Consideration': Kansas Criticizes Prison Medical Provider's COVID-19 Response," *The Kansas City Star*, April 21, 2020. https://www.kansascity.com/news/politics-government/article242177371.html; Hannah Gaskill, "Advocates: Critical Medical Care is Lacking in State Prisons During Pandemic," *MarylandMatters.org*, July 13, 2020, https://www.marylandmatters.org/2020/07/13/advocates-critical-medical-care-is-lacking-in-state-prisons-during-pandemic/; Mae C. Quinn, "County's Incarceration Practices are Cruel in the Face of COVID-19," *The Gainesville Sun*, March 30, 2020, https://www.gainesville.com/opinion/20200330/mae-c-quinn-countyrsquos-incarceration-practices-are-cruel-in-face-of-covid-19.
8. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1994), 122.
9. Frantz Fanon, "Medicine and Colonialism," in *A Dying Colonialism*, trans. by Haakon Chevalier (New York: Grove Press, 1965), 121.
10. Frantz Fanon, "The 'North African Syndrome,'" in *Toward the African Revolution*, trans. by Haakon Chevalier (New York: Grove Press, 1967), 4.
11. Fanon, "The 'North African Syndrome,'" 4.
12. Fanon, "The 'North African Syndrome,'" 8.
13. Fanon, "The 'North African Syndrome,'" 5.
14. Frantz Fanon, *Black Skin, White Masks*, trans. by Richard Philcox (New York: Grove Press, 2008), xv.
15. Sylvia Wynter, "Towards the Sociogenic Principle: Fanon, The Puzzle of Conscious Experience, of 'Identity' and What it's Like to be 'Black,'" in *National Identity and Sociopolitical Change: Latin America Between Marginalization and Integration*, eds. Mercedes Durán-Cogan and Antonio Gómez-Moriana. (Minneapolis: University of Minnesota Press, 1999).

16. Hussein Abdilahi Bulhan, *Frantz Fanon and the Psychology of Oppression* (New York: Plenum Press, 1985).
17. Lewis Gordon, *What Fanon Said: A Philosophical Introduction to his Life and Thought* (New York: Fordham University Press, 2015).
18. David Marriott, "Inventions of Existence: Sylvia Wynter, Frantz Fanon, Sociogeny, and 'the Damned,'" *CR: The New Centennial Review* 11, no. 3 (2011), 45–89.
19. Fanon, "The 'North African Syndrome,'" 7, original italics.
20. Fanon, "The 'North African Syndrome,'" 6–7.
21. Fanon, "The 'North African Syndrome,'" 8.
22. Brian D Smedley, Adrienne Y. Stith, Alan R. Nelson, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care: Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care* (Washington D.C.: National Academies Press, 2003).
23. Peter Franks, Peter Muennig, Erica Lubetkin, Haomiao Jia, "The Burden of Disease Associated with Being African-American in the United States and the Contribution of Socio-economic Status," *Social Science & Medicine* 62, no. 10 (2006): 2469–2478.
24. Franks et al., "The Burden of Disease."
25. Fanon, "The 'North African Syndrome,'" 5.
26. Fanon, "Medicine and Colonialism," 128.
27. See, for example, Matthew Gandy, "Between Borinquen and the Barrio: Environmental Justice and New York City's Puerto Rican Community, 1969–1972," *Antipode: A Radical Journal of Geography* 34 (2002): 730–761; Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2013); Howard Waitzkin, *The Second Sickness: Contradictions of Capitalist Health Care* (Lanham, MD: Rowman & Littlefield, 2000).