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BOOK REVIEW

Decolonizing Public Health Requires an Epistemic Reformation

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Epidemic Illusions: On the Coloniality of Global Public Health, by Eugene Richardson, MIT Press, 2020

Physician-philosopher-revolutionary Frantz Fanon begins his chapter "Medicine and Colonialism" with the ideal setup for Eugene Richardson's *Epidemic Illusions: On the Coloniality of Global Public Health*: "Introduced into Algeria at the same time as racialism and humiliation, Western medical science, being part of the oppressive system, has always provoked in the native an ambivalent attitude."[1] Western medical science's role in subjugation is precisely what Richardson, an anthropologist and infectious disease physician, seeks to unpack as an insufficiently explored driver of the "disproportionate amounts of suffering and death from infectious diseases in the Global South."

The method with which he does so—a "carnivalesque" unveiling and rupturing of the discursive, analytic, and implementation norms used in epidemics—is what makes the book, in its networked reliance on existing social science theory, so striking and revelatory. While Richardson primarily takes his case studies from Ebola and HIV, the book's release in the midst of a once-in-a-century pandemic provides an urgent timeliness to supplement its assured timelessness. *Epidemic Illusions*' core lessons are more vividly imbibed by mentally substituting COVID-19 whenever possible—in fact, the book's self-described carnivalesque styling practically begs it to be utilized this way, ensuring its ongoing relevance for this and the next epi/pandemic.

In the book's introduction, fellow physician-anthropologist Paul Farmer compares Richardson to Marxist philosopher Antonio Gramsci, rightly suggesting imminent exposure to a thinker who can effectively reveal hitherto obscured knowledge. Akin to Gramsci's unveiling of cultural hegemony as an explanation for the lack of a socialist revolution to date in Europe, Richardson explicates coloniality—"the matrix of power relations that persistently manifests transnationally and intersubjectively despite a former colony's achievement of nationhood"—in order to clarify how global public health not only fails to mitigate but in fact propagates massive health inequities and suffering in the world.

Because public health is "an apparatus of coloniality," Richardson argues in the book's opening, it "*manages* (as a profession) and *maintains* (as an academic enterprise) global health inequity." Where others turn their attention to the obvious perpetrators in a pandemic (for example, the US government during the first year of COVID-19), or highlight poor communication from health scientists and politicians' poor listening to said scientists, Richardson's critical attention is directed at those often lauded as benign experts, if not protagonists, in a quest to expand the core rights to health and well-being.[2] He contends that it is

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these experts who, usually unwittingly, maintain coloniality by failing to understand, in Foucault's words, "what what they do does."[3]

And "what what they do does" is, often enough, lend epistemological currency to status quo positions that shield the extractive logics and practices of those in power. After all, what has a stronger claim to truth, in the liberal mind, than scientific facts? To illustrate how this currency is generated, Richardson discusses the use of the term "superspreader" in a World Health Organization report. Rather than focus on, say, the corrupt mining companies and other practitioners of predatory accumulation that provided the social and material conditions for Ebola's spread, health experts at the World Health Organization provide cover for the structural causes of health inequity by transferring terminological responsibility to the very people suffering from coloniality's ongoing depredations. The implications are consequential: the "superspreader" framing informs the report's argument for designing infection control programs that target these 20% of infected individuals rather than the conditions that put them at risk for infection. While this approach is as political as one that targets multinational corporations, epidemiology's popular status as an "apolitical" science shields us from this recognition, insidiously perpetuating coloniality in the process.

Enhancing the potency of such analyses, the book's case studies become clever redescriptions (Richardson's Twitter handle is @Real_Ironist), designed to creatively illuminate, rather than dryly explicate, coloniality. As a philosophical pragmatist, Richardson's refusal to grant legitimacy to any inherent or objective truth might seem like a blow to human rights discourse, but his ironist approach in fact strengthens arguments for the right to health. Because most hegemonic truth claims are steeped in coloniality and thus structured to create a hierarchy of rights and privileges, Richardson's irony serves to expose their often racist, patriarchal, classist, or colonial underpinnings. What has come to seem objective and natural to public health experts in the Global North is anything but, and Richardson's mission is to formulate new strategies to make this epistemic violence legible.

COVID-19 has magnified these issues, compounding the "conditions of global apartheid" with a new vaccine injustice that has seen fewer than 10% of vaccinations to date in the low-income and lower-middle-income countries that make up nearly half of the world's population.[4] The country leading the rich-world vaccination race, Israel, has done so in part by striking a special deal with Pfizer, in which the country paid twice as much as the European Union per dose and agreed to provide the company with extensive data in return for a robust early vaccine supply.[5] While the medical and lay presses stumbled over themselves to highlight Israel's success and glean early insights on the vaccine's real-world effectiveness, the territory occupied by Israel for more than half a century—the Gaza Strip and the West Bank—has received a modest number of vaccines to date, mostly from Russia, China, and COVAX, and is currently experiencing a deadly surge in cases.[6]

Public health and medical publishers at times play an important role in epistemic violence by platforming and mainstreaming the denial of Palestinian health rights as something defensible or, even more perniciously, as the responsibility of the occupied and oppressed.[7] This practice has resurfaced with Israel's refusal to provide equal vaccination to Palestinians under occupation, despite the state's obligation as an occupying power under the Fourth Geneva Convention to adopt "preventive measures necessary to combat the spread of contagious diseases and epidemics" to "the fullest extent of the means available to it."[8] One suspects that Richardson might have the ironic tools necessary to express and make palpable the full weight of the epistemic violence that such publications perpetuate. In the meantime, all of the public health experts and journalists dutifully quoting Israel's vaccination percentages should, for the sake of accuracy, add five million unvaccinated Palestinians to the denominator.

In tackling similarly heavy topics, Richardson's prose remains light, clever, and concise, making for a quick read that is also ripe for revisiting. He is acutely aware of how his positionality as

"a white upper-middle-class male settler-colonist privilege-exerciser" influences his experiences and knowledge, bringing a welcome self-awareness to his writing. And ultimately, he pulls off something especially difficult for any intellectual, whether traditional or organic: a genuinely counterhegemonic philosophy and politics, choosing to join forces with the subaltern in seeking an epistemic reformation and decolonial praxis. By exposing the epistemic battleground that exists in our own academic realm, Richardson ultimately provides the hopeful message that each of us can similarly add "grist for the mill of decoloniality" by challenging the powerful interests that have hegemonized our knowledge and norms.

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