

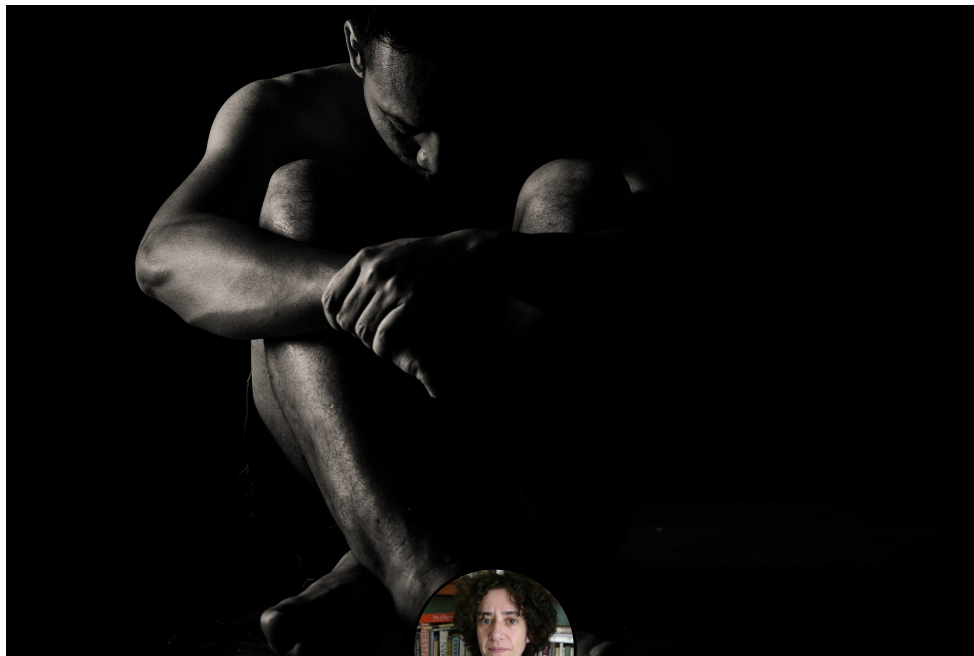
TO HEAL THE BODY, HEAL THE BODY POLITIC

a magazine of ideas, arts, and scholarship

Crisis Cities is a public symposium on the 2020 crises and their impact on urban life, co-organized by Public Books and the NYU Cities Collaborative. Read series editor Thomas Sugrue's introduction, "Preexisting Conditions," [here](#).

11.19.2020

MEDICINE POLITICS CRISIS CITIES



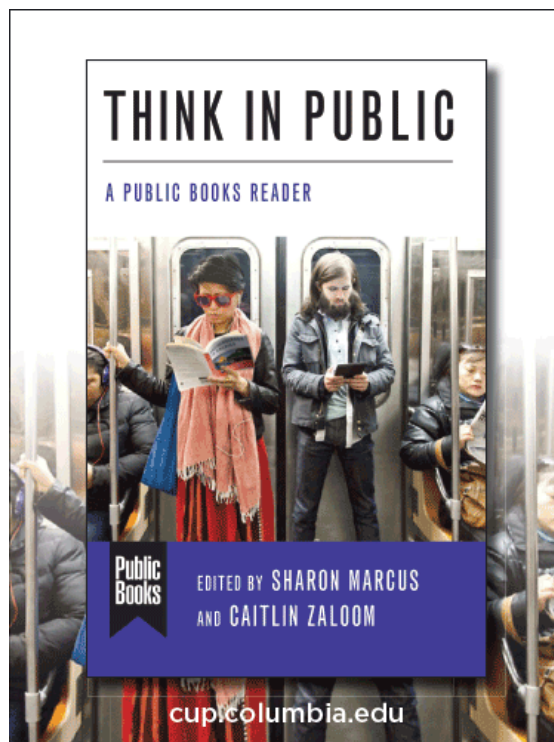
BY JULIE LIVINGSTON

In 2020, the coronavirus pandemic has laid bare a fundamental truth often ignored in

American society: the human body is a relationship.¹ We humans can pass a virus among us aboard our pleasure cruises and on our business travels. We can pass a virus among us when standing cheek by jowl on the deboning line in the Perdue chicken plant, trying to make rent. We can call a virus toward us by buying and selling wild animals whose commodity value grows as their habitats and their future shrink. The body is an act of exchange and a site of vulnerability in a complex and more-than-human world.

This body truth is not limited to our current reality with the novel coronavirus. The water filtered through your body may someday rain on a field of potatoes in Kamchatka; it's already in the salmon in Puget Sound, along with the Prozac, Lipitor, Flonase, Tylenol, and Cipro you consumed.² Americans are encouraged to inhabit our bodies as the most primary form of private property, as a fortress, a temple, a machine whose health is individually secured through consumption in a marketplace of technology and goods. Yet this very fantasy—wherein health is an atomized, even competitive pursuit underwritten by technological consumption—is at the core of our existential predicament. Remedies are framed as false dichotomies. Health or economy? Justice or safety? My body or yours?

The relationship that is my body, your body, is so extensive, so tentacular, that it hides in plain sight. Here in New York City, where I live, the private car and the highway by which wealthy Manhattanites escape to fill their lungs with the clean air of their second homes also produce “Asthma Alley” in the largely Hispanic, working-poor Mott Haven neighborhood of the Bronx. Though the driver may not realize it, each trip to the Hamptons results in the dusting of particulate on a small child sitting in her living room, clutching her inhaler.



Before 2020, the relationship that is the body was already ailing. People around the world were awash in an array of comorbidities—the underlying and overlapping chronic diseases that make them especially vulnerable to serious illness from COVID-19. Even if we humans could bring the novel coronavirus under control technologically (no easy feat), we would still be left with the diabetes, the cancers, the hypertension, the kidney disease, the asthma, and other comorbidities. They would still kill, debilitate, and impoverish many of the same people most vulnerable to the virus, albeit more slowly and without much fanfare.

Even if COVID-19 disappeared tomorrow, the prospect of the next pandemic would remain amid the factory farming, accelerating loss of wild habitat, and global flesh trade that facilitate zoonosis.³ Wildfire season would still have arrived on the West Coast, and 2020 would still have seen more of Dhaka, Jakarta, Lagos, and Miami ceded to the ocean. Before Americans began sacrificing our elders’ future to “reopening the economy,” we had already honed the sacrifice zone—the place just offstage, obscured from view, where the well-being of some is seized as an offering toward some higher purpose called “the economy.” Young people have rightly chafed at the expectation they will forfeit their future to the climatic side effects of current economic activity. Now the elderly have been called upon to do the same.

**THE DISASTER IS NOW OUR STEADY
STATE, NOT OUR SINGULAR EVENT.**



I call the phenomenon from which the pandemic, the wildfire, the flood, and the comorbidities stem “self-devouring growth,”⁴ or the collateral damage wrought when we organize our politics, our economies, and our cultural dispositions around endless, industrially configured, consumption-driven growth. This collateral damage includes the growing gap between rich and poor and the corrosive effects on democratic decision-making, as well as the

deadly ecological and bodily fallout manifest in rising cancer rates and ocean temperatures, species loss, and air and water pollution. The idea that singular technological solutions—like the effective coronavirus vaccine I hope for—will solve these complex political and economic challenges is itself part of the problem. Keep your inhaler close; it is a vital tool. But know that it is no cure for tainted air. Know that the mountains of discarded inhalers are hazardous waste.

The disaster is now our steady state, not our singular event. Self-devouring growth asks us to see this as the expected, predictable outcome of our economic system and its disposition toward growth without end. Self-devouring growth operates in part through the sacrifice zones where billions of people, disproportionately Black and brown, live and work, obscuring and displacing the side effects of growth out of view. It proliferates through solutions that are narrow and, in the end, part of the same growth machine—palliating the symptom, even as the larger ailment festers, while profiting from both.

Consider type 2 diabetes. This is one of the comorbidities that make a person particularly vulnerable to man-made disaster, from war to hurricanes to COVID-19 to deadly urban heatwaves to the unthinkable explosion in Beirut.⁵ Diabetics must maintain control over their diet and exercise regimens, their hydration, and their access to the necessary supplies and services to manage their disease, including glucose monitors and test strips, insulin, pumps, and needles. If they are among those whose condition has resulted in end-stage kidney disease, they will also need access to dialysis. This is a massive endeavor in the best of circumstances, especially for those who are food and housing insecure. But it proves near impossible amid catastrophe, with its sudden displacements, interruptions in supply chains, and power cuts.

We don't pass diabetes along like a virus, but we humans have grown it like a market—passing it among ourselves via our political, economic, infrastructural, agricultural, and pharmaceutical practices. Nabisco makes the Oreos that foster hyperglycemia, and it sells the Honey Maid Cinnamon Roll Thin Crisps that have earned the *Diabetic Living* magazine seal of approval.⁶ Meanwhile, its parent company, Mondelez, cuts deeper into the Indonesian and West African rain forests, shrinking remaining wild habitats and raising carbon levels through deforestation. Bayer makes glucose meters and (as the owner of Monsanto) also the pesticides, herbicides, and genetically modified seeds necessary for the industrial production of cheap sugar. We grow diabetes through our landscapes of sedentarization and neglect, our cars and our couches. We grow it through maldistributed and racist maternal health care. Type 2 diabetes is its own pandemic.

As the seventh leading cause of death globally, diabetes is also a leading cause of lower-limb amputations and blindness. It wasn't always this way. Over the past four decades, the global incidence of type 2 diabetes has increased fourfold and shows no signs of slowing down, with an especially sharp rise in low- and middle-income countries. Here in the United States, one in 10 Americans is diabetic, a burden disproportionately borne by BIPOC communities. As a result of their diabetes, 230 Americans will undergo surgical amputation each day, forced to surrender a dying part of their body to scalpel and saw.⁷ A sacrifice zone of legs and feet.

The CDC estimates that in 2017, the total cost of diagnosed diabetes in the United States was \$327 billion. This money doesn't just disappear from the US economy—it *is* the US economy. Our approach to diabetes tends to focus on the individual body and the individual disease in an industrial formation that grows diabetes, even as it grows the marketplace of personal diabetes management. We are creating the disaster and then selling the goods to survive it to a captive audience—some far more captive, indeed sacrificial, than others.

Soon we will be able to sketch a similar matrix of relationships for COVID-19. That sketch will encompass the mountains of discarded plastic gear necessary to protect ourselves from one another, the bleach and the wipes and the heaps of discarded takeout containers.⁸ It will encompass the bacon you maybe ate to comfort yourself while in lockdown, produced by workers rendered essential, from pigs farmed in systems that threaten to yield the next pandemic.⁹ It will encompass the relationships that make up diabetes, cancer, and all the other comorbidities. Because COVID-19 acts as an accelerant on these diseases.

**HEALING THE BODY REQUIRES HEALING
THE BODY POLITIC—THE COLLECTION**

OF PEOPLE WHO TOGETHER FORM A LARGER WHOLE.



The pandemic reveals that the bodily burdens, like the asthma in Mott Haven or the cancer in Louisiana's chemical corridor, are sacrifice zones for a supposed good life that we must call into question. That good life, with its Oreos and SUVs, its pallets of bottled water and its "personal" devices, is proving suicidal; the sacrifice zones are growing like everything else.¹⁰ The pandemic is part of a general consequence of this growth modality that is producing such a range of health issues. And yet the responses to these health crises always reproduce the same system of growth. We cannot seem to step outside its accepted paradigm, the individual body and consumption-driven health, to inhabit the body as the relationship it is.

Healing the body requires healing the body politic—the collection of people who together form a larger whole. That will mean tending to the relationships that constitute that body politic in their greatest and most intimate iterations. What might that look like? I don't quite know, but surely it should start with acknowledging rather than obscuring the welter of relationships that constitute that good life we prize.

Does it cost \$3.49 for this roll of plastic wrap, or does it cost \$3.49, plus some crumb of the Louisiana coast that has been given over to the Gulf of Mexico? Does it cost \$3.49, plus a sunken shard of Louisiana, plus the slow death of the Gulf from the factory's chemical runoff and the waste this plastic wrap will become? Does it cost \$3.49, plus the costs of the cardiovascular disease fostered by the mercury-laden runoff from the petrochemical plants, which in turn accumulates in the seafood we eat from the Gulf? Does it cost \$3.49, plus the cost of the obstructive pulmonary disease and the cancers that people in Louisiana's chemical corridor bear through their proximity to those plants—plus the costs of COVID-19, which now thrives there? If that's a roll of plastic wrap, imagine the cost of a depleted uranium bomb. Recognizing such costs pushes public health far upstream, locating it at the farm and the factory as much as at the bathroom scale or the medicine cabinet.

Around the world, there are new economic thinkers and activists, some of them degrowth proponents, who caution us that we can either move away from an unquestioned, rapacious celebration of growth toward a definition of the good life that serves us, or the planet will level us and the sacrifice zones will grow ever wider.¹¹ In Latin America, theorists of Buen Vivir offer a way to understand the good life as a relationship that encompasses humans and the natural world—where equilibrium, allowing for intergenerational stability, rather than growth, is the goal. Here the subject of well-being is not the individual consumer with her private-property body—but instead the relationships of mutuality that constitute the world, which is understood to be finite. In New Zealand, Prime Minister Jacinda Ardern has refused to organize the national budget around growth, instead opting for new priorities that prize collective well-being, like effectively lowering carbon emissions and reducing child poverty.

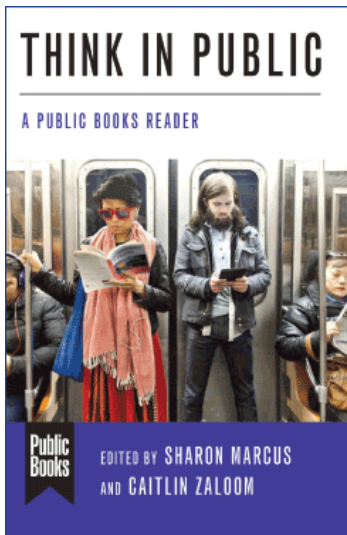
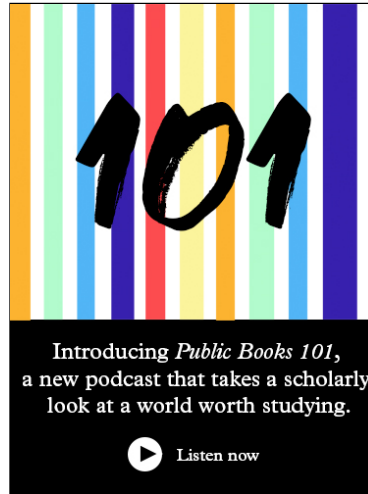
As the dust settles on 2020, we'd do well to heed those warnings. 📖

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Featured image: *Me Time* (2018). Photograph by Ali Yahya / Unsplash

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