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Epidemics in the Past and Now: A roundtable on colonial and postcolonial history

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Editor's note: This discussion was convened between November 2020 and January 2021.

CA: David, Robert, Juanita, Luka. I'd like to open our discussion by asking how (if at all) COVID-19 reshapes our historical understanding of epidemics and pandemics in the colonial past. Do you think that the present pandemic has a specifically colonial relevance or resonances?

DA: This is a big and, to my mind, fascinating question as it goes to the heart not just of what we as historians make of the present pandemic but of our role as historians, and especially as historians deprived, for once, of the security of hindsight. In India, in the initial weeks and months of the pandemic, history was repeatedly invoked by journalists, by media commentators and by professional historians: history doesn't often get so much attention and coverage. Perhaps this is indicative of the extent to which the colonial past, reflecting what some would see as the "trauma" of colonialism, still matters greatly to India today, more than 70 years after Independence. The general tenor of this COVID-19 commentary was (a) that this was history repeating itself, notably bubonic plague in the 1890s and 1900s and the influenza pandemic of 1918–19; (b) that history provided stern lessons and an urgent warning as to how, or more often how not, to handle a pandemic; and (c) that, even if history wasn't repeating itself entirely, there were scenes, incidents and attitudes from the colonial era being reprised in the twenty-first-century present. Certainly, it is hard not to be struck by both legacies and parallels between the 1890s, 1918 and now. One obvious legacy has been the Epidemic Diseases Act, first introduced into British India in 1897 in response to the plague pandemic, and now being upheld or reinstated like many another colonial law and ordinance in postcolonial India. Colonial legislation and its long and bitter afterlife have been ongoing issues in India and here was yet another example of it, and that, too,

in one of its most draconian manifestations. There are some striking parallels, too, one of the most obvious being the way in which the flight of migrant workers from India's big cities in the wake of coronavirus lockdown in March 2020 seemed so exactly to replicate the flight of the labouring poor from Bombay (Mumbai) in 1896–97: even the photographs of that time seem like black-and-white visions of what has recently been re-enacted on the streets and highways of Indian cities. In all of this the colonial past seems profoundly present in the current pandemic: it even has the same resonances of class and coercive government, of scapegoating and victimization. The colonial has both relevance and resonance.

But, that said, any discerning historian would have to say: Hey, wait a minute. History does not repeat itself—never has and never will. There may be legacies and parallels, but it is not the same history for all kinds of structural and contingent reasons—if only because we have knowledge of the past and so seek to avoid it or try to redeploy it for modern-day ends. In looking to the past we—the professional historian, the media commentator—need to be cautious about the examples we choose and what kind of messages they send. We might take the colonial plague pandemic and use it (as many have) to castigate the current government of Narendra Modi and the pro-Hindu policies it espouses. Or like the University Grants Commission in India we can ask historians to revisit the British handling of influenza in 1918 and compare it with the present government's handling of COVID-19, with the not too subtle objective of showing how lousy the British were and how infinitely more sane, humane and effective the BJP-led government of today's India has been. But are either of those a good use of history? Certainly, there was scapegoating in past epidemics and pandemics, but not in the way that Muslims and supposedly “Chinese”-looking individuals from Assam and the northeast have been viciously targeted this time around: these attacks speak to a different notion of selfhood and Indian identity from comparable attacks during the plague pandemic or earlier cholera epidemics. Again, we can dwell on plague in 1896 and influenza in 1918 without once making connections with the far more recent (and no less deadly) pandemic of AIDS in India. History—colonial history—used in this way becomes highly subjective—a stick with which to beat a long-dead (but in India still spectrally present) colonialism, to critique a controversial government, or even to return to colonial-era stereotypes of India as a natural victim of any pandemic—poor, weak, ill-governed etc. I am certainly not

against *using* the past as well as *narrating* it: but I would ask that it is done with some subtlety and with due recognition of how radically and profoundly now differs from then.

Of course, there is something in the granular nature of history, in its quirks and specificities, as well as in broad-sweep comparisons and analysis, that fascinates as well as informs. For instance, were masks widely worn during the 1918 influenza pandemic in India (as they are now and were in the United States at the time)? No, hardly at all. Were theatres and cinemas closed? No, they remained open, somewhat to the consternation of public health officials who (then as now) thought them likely to spread the disease. And so on. But fascinating, too, is the way in which plague in the 1890s and 1900s was a major watershed in India's political and medical history whereas (unless I am very wrong) influenza had remarkably little impact. (Here I rather agree with Alfred Crosby's 1989 analysis of *America's Forgotten Pandemic* on influenza in the United States: that while it had a profound, indeed shattering, effect on individual lives, it left political and social institutions almost entirely unchanged). Pandemics, colonial or otherwise, differ enormously one from another and making direct parallels between them is a risk-laden business. As Adam Kucharski put it in *The Rules of Contagion* (2020): "if you've seen one pandemic, you've seen... one pandemic." But perhaps there is scope to look at the great pandemics of the past (since the 1880s) not in relation to the over-written, over-determined histories of the West but from across the Global South and across the imperial or postimperial territories where plague, influenza, AIDS etc. so often struck most and caused the greatest mortality (to be fair, histories of the 1918 pandemic have begun to do precisely this). However, too often such histories are still written from a very Western perspective and see the negative Asian/African/Caribbean "other" only as the insidious source of the diseases that then reach out and strike London, Paris, New York. In that respect, the story of colonial cholera ("Asiatic cholera" as the 19th century would have it), is still very much with us, only now we have, to quote Donald Trump, "Wuhan fever": different name, same message.

RP: As David says, these are really crucial questions that cut to the chase: How does history speak to the present? And, conversely, how does the present inform our understanding of the past? Over the last year, like many colleagues working on

infectious disease history, I've had frequent media requests to pronounce on the COVID-19 pandemic. Invariably, the gist of the questioning has been on what practical applications history might have as a tool for managing the coronavirus. There are seldom questions about how the present shapes the past, although I do think these are implicit. When the past is compared and contrasted to the present, we're in the realm of analogy, and analogies work in both directions.

In East Asia, most of this analogizing has involved recent events, notably comparisons between COVID-19 and the 2002 and 2003 SARS outbreak, and to a lesser extent twentieth-century influenza pandemics. Unlike the examples David gives in India, commentators haven't stressed the colonial context so much. Surprisingly little has been written, for example, comparing public health measures used during COVID-19 with colonial efforts to manage the plague pandemic in the 1890s. It's ironic that the principal containment and prevention strategies adopted by many governments around the world to deal with COVID-19—namely, lockdown, quarantine and social distancing—were the exemplary instruments of an often-coercive colonial public health. Today, they've in some sense been reintroduced to the West by the People's Republic of China (PRC).

The colonial legacy has been ever-present in other ways. Hong Kong's transference from British colonial rule to Chinese sovereignty in 1997 under the terms of the Joint Declaration and the Basic Law has been a backdrop to both the COVID-19 experience and the citywide protests the previous year. These were in response to the government's plans to introduce an extradition bill, which was viewed by many as a sign of Beijing's meddling in the territory's affairs. As violence intensified through the summer and fall of 2019, the government invoked a colonial emergency regulations ordinance, originally introduced in 1922, to ban protestors from wearing facemasks. One could point to parallels between an earlier politics of colonial health and the ways in which political clampdown and viral lockdown have converged during the pandemic. The introduction of the National Security Law in Hong Kong in June 2020, which makes it an offence to incite secession from the PRC or participate in any act deemed to undermine "national unification," has succeeded in stymieing the protests, at the same time as it has served as a draconian strategy of disease containment.

Beyond this, I'd make a number of further points: Firstly, global responses to the pandemic, as David mentions, have drawn upon and reactivated familiar colonial tropes. Not only in the framing of COVID-19 as the "Wuhan virus" or the "Chinese virus," but also in the way that the disease's emergence has been consistently ascribed to deeply rooted cultural beliefs and practices. Recent cases of COVID-19 linked to a mink farm in Denmark have been reported with none of the emotive overtones that characterize descriptions of East Asian "wet markets."

Secondly, the geopolitical tensions revealed in the handling of the pandemic (including the decision by the Trump administration to pull the United States out of the WHO in July 2020, a policy reversed by President Biden), have prompted me to think more deeply about the antecedents of global health—particularly about the role played by imperial disease containment campaigns. Given COVID-19 marks a "crisis" of global health (on which, see below), there's a need for far better understanding of how colonial and imperial histories shaped twentieth-century institutions of global health.

Thirdly, the contradictory and often confused scientific and governmental responses to COVID-19 are reminders of the extent to which public health policies and biomedical research are always messy accommodations. Until recently, histories of medicine—particularly histories of colonial medicine and health—have tended to over-emphasize the state's role. More recently there has been exciting new work that explores the negotiated aspects of health and medicine in ways that foreground multi-agency over a one-dimensional statist view. In a China context, I'd single out Sean Hsiang-lin Lei's *Neither Donkey nor Horse: Medicine in the struggle over China's modernity* (2014).

Finally, COVID-19 has raised issues about the relationship between pandemics and crises (or the pandemic as crisis), which I think have important implications for colonial historians. The pandemic has been viewed as a humanitarian crisis, a social, political, and economic crisis, and so on. Here, I've found it helpful to engage with the anthropologist Janet Roitman's work. In a thought experiment she tries to imagine a form of non-crisis history. And also Kathleen Davis's writing on periodization and sovereignty. What they point to is the extent to which categories such as "crisis" produce "blind spots"—in their formulation—that give space to and legitimize certain

kinds of interventions, but preclude others. In structuring colonial histories around crises do we inadvertently replicate the politics of the blind spot? Calling a pandemic a “crisis” implies a state of exception, but it also performs other work.¹ This provides a useful context for rethinking pandemic responses as forms of “social drama.” In a discussion of AIDS in South Africa, Didier Fassin has suggested that we understand circulating conspiracy theories about the AIDS pandemic as a way of redistributing agency in local counter-narratives that draw on memories of a segregationist colonial past. As he puts it, these stories “express social imaginaries and political anxieties that remain unspeakable or unheard.” I’ve found this a helpful way of grappling with the vexed question of “misinformation” during COVID-19 and the framing of the current pandemic as an “infodemic.”

JDB: This is an intriguing question. Not surprisingly, the current pandemic has led many historians to revisit past pandemics, especially the 1918–19 influenza. Newspapers, podcasts and YouTube are filled with their analyses of similarities and differences and what we can and can’t learn from them. The demands of the moment and institutional (and perhaps self-generated) pressure to show the “relevance” of our work are some of the reasons they’re responding to these queries to weigh in. And again, we shouldn’t be surprised at these requests, some of which Robert has alluded to, and the desire of government officials and others to cite historical pandemics, as David has noted has occurred in India. They reflect a widespread hunger for information. I’ve been fascinated to see the extent to which this historical knowledge percolated into popular discussions and casual conversations, especially in the early spring when everyone was just trying to make sense of what was happening. For many people, these attempts to draw on the past to explain the present introduced them to past pandemics, and indeed introduced them to history more generally. Yes, these discussions were (and still are) often unnuanced, but they speak to the urgency of the moment.

David and Robert have both noted the problematic nature of looking to the past to explain the present and vice versa. I have two thoughts in response, and both emerge

¹ Robert Peckham, ‘The Crisis of Crisis: Rethinking Epidemics from Hong Kong,’ *Bulletin of the History of Medicine*, 94 (2020): 658–69.

from my training as a historian. I see the past as having meaning in and of itself, regardless of future developments. Students, politicians and members of the media may want us to comment on what the past can tell us about the present; sometimes we can but often we just can't. At the same time, the present shapes our work and the questions we ask as historians. As someone living through a generation-defining moment, I can't help but be influenced by these events when I dive into my documents.

To the extent that many of the economic and social patterns in the Caribbean today are rooted in the colonial past, then yes we can see some historical and colonial resonances or echoes. Longstanding inequities in the Global South (and in the Global North), many of which have their roots in the colonial past, are shaping the impact of the pandemic and responses to it.

As I've been watching the impact of the current pandemic in the Caribbean, I've been struck by several things. First, the region's diversity makes drawing conclusions about the economic, political and social consequences of COVID-19 extremely difficult. But second, the Caribbean's integration into international networks seems to present most countries with similar economic challenges, notably in terms of governments' efforts to balance health and economic concerns. Most governments have been trying to cope with the impact of the pandemic on the tourism industry. The importance of tourism to the economies of many Caribbean territories led governments to institute measures to try to preserve this industry after the initial lockdown period earlier in the spring. The Barbadian government, for example, introduced the "Barbados Welcome Stamp," a special visa for people from (colder) places like Canada who are working remotely and who may want to live out the pandemic in a warmer place. In Jamaica, there is a "Resilient Corridor" encompassing some of the tourist areas, part of an effort to encourage tourism while also (theoretically) protecting the health of visitors and locals. In September, a CARICOM travel "bubble" was created, also with the intention of helping the tourist industry. As of this writing, the "bubble" is still in effect, although a number of countries are experiencing rising numbers of COVID-19 cases. An article in *The Lancet* from February 2021 provides a useful summary of the current situation (Talha Khan Burki, "[COVID-19 in the Caribbean](#)," *The Lancet* (11 February 2021)).

This kind of tension between economic and health imperatives is apparent in many places, of course. In the Caribbean we can see it in the official responses to the mid-nineteenth-century cholera epidemics as well as in debates during the various quarantine conferences held in the region, notably in 1888 and in 1904. During these conferences, physicians and others noted the extent to which shipping and the region's dependence on trading links made it vulnerable to the spread of epidemic diseases. These conferences reflected an attempt to construct a uniform and predictable response; for example, any ships coming from islands with smallpox faced a fourteen-day quarantine. But they also debated the economic impact.

LB: It's great to have this question posed first and foremost, considering how absent colonialism has been from the narrative surrounding COVID-19's historical precedent or the potential value of "historical lessons" in addressing a pandemic situation. When colonialism *is* mentioned in public discourse, it tends to arrive as part of a more superficial analysis, and I think David is right to distinguish between legacies and repetitions, and to focus on how the colonial relationship to global pandemics manifests itself structurally in the public and academic conversation. [McGill's Appraising Risk](#) project spans multiple centuries (300 BCE to the present) across the Indian Ocean World, and we encounter that structural dimension on multiple fronts. In particular, looking at a wide cross-section of colonial experiences of pandemic disease allows us to distinguish between highly localized/specific situations and dynamics which could be said to represent the common characteristics of colonialism.

As a data-driven project, we're particularly concerned with ways that colonialism has shaped the availability of detailed population and disease records. This is maybe most notable in India, but it is also the case to some extent in the Middle East and East Africa. We are not only relying on historical records that are inextricably linked to their respective colonial projects, but also on definitions and frameworks for recognizing and categorizing disease that are defined by the colonial medical apparatus. That apparatus of course was never fully displaced; it continues to inform our understanding of disease and epidemiology, leaving us with a public health and epidemiological tradition that are inseparable from colonialism. Because of the regularity with which we find ourselves having to rely on these records, it's important for us to be able to contextualize and articulate the fundamental incompleteness of the

epidemiological record in particular and the colonial record in general. This is, of course, an insufficient remedy to the overall problematic of colonialism's long afterlife, but it's a step that many specialists continue to bypass.

Oftentimes there is also a problematic element of periodicity that ignores (and occasionally absolves) the continuity between colonialism and contemporary globalism, so that there is a tacit division between the old colonial epidemiological crises (malaria, cholera, syphilis, smallpox) and the modern (HIV/AIDS, SARS, Ebola). As David pointed out, this kind of comparative framework itself becomes a venue for perpetuating colonialist attitudes about British supremacy. These are the "reactivated colonial tropes" that Robert describes. This is especially relevant when we discuss our roles as historians in the context of COVID-19, as I think we have a certain responsibility to challenge that illusory disjuncture and prevent the narrative—that COVID-19 is happening in a modern world free of colonialist baggage—from settling in. There's a very interesting sensation these days of watching a clearly historical moment emerge and solidify in front of our eyes, and while we can't intervene in every element of the pandemic narrative, we should at least remain critically conscious of the tendency for ahistorically "convenient" narratives to slide into place during moments of historical upheaval. If we are to occasionally entertain the concept of "historical lessons," perhaps one of the most useful lessons is to remain vigilant about the relationships between public health crises and the global reformulation of power structures. Such reformulations don't have to be the result of an active conspiracy, they are far more likely to represent tendency for social structures to re-plasticize atop existing power arrangements amidst the "messy accommodations" that Robert points out are *de rigueur* for public health policies and biomedical science.

CA: *What is emerging from the discussion are remarkable parallels between the different historical and contemporary contexts that you engage with as scholars. Luka, you talked of "historical lessons." I wonder, is the idea of "lessons from the past" useful? Might the idea of a "useable past" be more fruitful?*

RP: I've been sceptical of the lessons-approach to COVID-19. It's one of the questions I am constantly asked: what lessons have or haven't been learned from the past? The other being what lessons does COVID-19 hold for the future? The assumption here is

that history has a prophetic capacity. In some cases, perhaps sensing my reluctance to toe the “pedagogic” line, newspaper editors have taken the liberty of incorporating the word “lesson” into a subhead or even into the main body of an Op-Ed. To frame the past as a lesson is to invest it with a moral purpose; it suggests that history conforms to a linear narrative that works, through instruction, towards enlightenment. A lesson closes off the contingent messiness of the past in favour of a classroom with seats facing the whiteboard.

In a piece I wrote for [The Lancet on COVID-19](#) in March 2020, I argued for what I call an “anti-lessons” approach to history—in other words, one of the most important tasks of the historian, as I see it, is to critique claims to the past and to challenge the often fuzzy basis of comparisons. I’m interested in exploring the differences that get lost in the lessons and argue that habitual modes of thinking can constrain our ability to make connections. The term I use for this phenomenon (borrowing from Thorstein Veblen via Kenneth Burke) is “trained incapacity.”

There is, of course, a political dimension to all of this. The lessons that the past yields depend on who and where you are. Commentators in the PRC, the United States, Brazil or Germany, are likely to discern wholly different (and perhaps even antithetical) lessons. The point is that those who see lessons in the past already know what they’re looking for and what they’re going to find. This is why they are able to answer the question “What lessons are there for the future?” even before the pandemic is over. Elsewhere I’ve written about how the [memorialization of a pandemic](#) that isn’t finished is a bit like the argument Geoff Dyer makes in his book *The Missing of the Somme*. He shows how World War I was being remembered before it was even fought, and here I note that military metaphors during COVID-19 have been conspicuous.

LB: This is a fascinating question, and one that always provokes interesting and varied reactions. As Robert pointed out, there is also an element of *realpolitik* at play, because whether or not we as historians believe there is a clear utility to be found in the past, we are living in a world where the past—in various shades of factuality—is clearly *utilized* by a wide range of actors. For me the question of whether there is a clear utility in the past has to be combined with the question of whether historians have any obligation to step into the fray when “the past” is being (mis)used as a weapon or as a

shield for shaping the present. But there is an interesting dimension that is often left out in the lesson/anti-lesson debate, which is that the past has a future as well as a present. It just so happens that we are having this discussion at the cusp of history's most radically transformative future, and it has never been more critical to imagine how future historians will assess the present in order to improve our present assessments of the past.

The idea that new forms of information and records can generate new paradigms in the perceived utility of the past is clearly nothing new, but few historians consider how the nature of available information can provoke radical reassessments of history's overall purpose, and our knowledge that the present will one day be the past remains curiously absent in debates concerning why history is meaningful. I think one of the major impacts of COVID-19 on the historical research community is that it represents a perfect venue for posing a question that has been postponed far out of proportion to its absolute criticality: how will global events such as COVID-19 be examined as historical in light of profound changes in the nature of information? By imagining what COVID-19 will look like to historians in fifty years' time, we can begin to recognize that our current debates surrounding the role of the past are almost certainly irrelevant considering the nature of the present.

What kind of record will COVID-19 leave behind for the historians of the mid-twenty-first century? Using conservative estimates, I'd wager that roughly one billion people are currently generating weekly or daily records of their thoughts, opinions and experiences of the COVID-19 pandemic. Rabindra Lamsal just published [an interesting dataset](#) in IEEE showing there to be 923,634,216 COVID-19-related tweets in English alone. Instagram has at least 34,000,000 photos and videos on their #COVID and similar tags. Billions of messages, emails and other digital epistolary resources have been transmitted between individuals at every social scale in nearly every region of the world, and I've been able to find a minimum of 18,000,000 mentions of COVID-19/Coronavirus in news articles. The majority of people who die of COVID-19 will have had at the very least their names and ages committed to record, if not reams of detailed medical records, personal and familial insights, photographs and videos. The first known case of COVID-19 is, in many countries, confidently known and located

down to the time of day. This represents another form of “infodemic” that we as historians will have to face.

The skills and critical tools necessary to explore this archival explosion are not entirely clear, but I am certain that the role of the historian in the twenty-first century will be defined by our capacity to adapt to this transformation, and COVID-19 may be our first real epochal test. As others here have mentioned, of course the past is continually being re-evaluated by the present. This phenomenon is not simply conceptual, it has a mathematical basis that becomes apparent when you combine statistical analysis or spatial statistics with historical research to extrapolate patterns backwards in time. The more accurate and statistically robust your conception of the recent past is, the more it can often strengthen your inferences from the past. Thus, a radical transformation in our capacity to study and gather historical records of the present will surely have a ripple effect that reaches back in time and thus re-orientes our understanding of the periods before such a wealth of information became standard. It’s possible that it will take a global event of historical significance like COVID-19 to prompt a more widespread re-assessment of the pitfalls and the potential of such a wealth of information.

CA: *You made a very interesting analogy here, Robert. It seems to chime with David’s previous arguments about past disease epidemics and the COVID-19 pandemic. In a [recent publication on India](#), David, you argued that there are no straightforward connections to be made between past histories of disease epidemics in the subcontinent and the COVID-19 pandemic. You were writing in the early phases of the international lockdown, in early 2020, and I wonder whether your perspectives have changed almost a year later?*

DA: It is still too soon to say. What I wrote then (in May 2020) was in the immediate aftermath of the first arrival of COVID-19 in India and at that point the invocation of historical parallels and colonial-era “lessons” and “warnings” was most in evidence.² Over the following months that approach has rather waned and the commentary has

² David Arnold, ‘Pandemic India: Coronavirus and the Uses of History’, *Journal of Asian Studies*, 79: 3 (2020): 569-77.

been much more about what is happening now and what presently divides or unites India. The wide variation in incidence between India's states (Maharashtra being the worst, Kerala among the best) has been a major focus of attention, and colonial history doesn't provide much of a guide to that—unless, that is, it echoes different pandemic policies pursued by the provinces and princely states of British India. Also, if India does ride out this storm with, as currently appears, a far lower death rate than, say, the United States, Brazil or the United Kingdom that would be a fascinating contrast with plague and influenza (when India had by far the world's worst mortality) and will need explanation in relation to the way India is now rather than how it was in the colonial past. But for us as historians, and especially as colonial historians, the past doesn't go away and we need both to give historical context to this pandemic and to ponder what we do with our historical knowledge and skills when we are confronted (as we increasingly are) with present-day disasters—like climate change or pandemics—on which we need, individually or collectively, to have some kind of informed position, if we do indeed believe that history is not just about a dead and vaguely entertaining past but has real and urgent significance for the present. But what I would like to see, and what I tried to allude to in that article, was the possibility of reorientating our history so that we don't simply use it as a way of agreeing with or disputing the existing historical narrative but as a way of addressing a new and, as I put it there, insurgent narrative of what epidemics/pandemics mean for a country like India, decades on from Independence, and do in ways not represented in the colonial source materials but informed by what we know now, in the postcolonial present. Perhaps that runs the danger of being overly presentist; perhaps it helps us to critically revisit the received version of the past.

CA: *Juanita, your research has focused on public health in the colonial Caribbean. Do you see any resonances in the current pandemic and the 1918 influenza pandemic in the region? I'm especially interested in connections you might locate in regard to governance and population management, which has been a rich theme in your work.*

JDB: The current pandemic has prompted me to revisit the material on the 1918–19 influenza epidemic in the British Caribbean. My graduate class is also studying this in my course on the history of health and medicine in the colonial world. It's too soon to say what the impact of COVID will be, of course, but I'm wondering whether patterns

from previous pandemics might provide a few clues. Influenza arrived in the Caribbean just after the end of indentureship and when governments and employers in colonies such as British Guiana (today, Guyana) were wondering about how to cope with the labour shortages they feared would result. Employers and government officials had long seen this colony as underpopulated and as experiencing a labour shortage. After the end of slavery (1834), they (like their counterparts elsewhere in the region) searched the globe for labourers who could replace the former enslaved population; planters and officials complained that former slaves were unwilling to work on the plantations once they became free. In a late developing colony like British Guiana, this so-called labour shortage seemed especially pressing, resulting in the importation of hundreds of thousands of indentured workers from Asia, especially India. These concerns also underlay the development of pro-natalist policies, such as infant and maternal welfare initiatives. Planters worried about the impact of the end of indentureship and the possibility that large numbers of Indians would take advantage of their right to return passage to return to India.

Influenza affected most territories in the Caribbean to a greater or lesser extent. In Jamaica, for example, schools and businesses were shut down, professional meetings were postponed, and travel restrictions were imposed. British Guiana seems to have experienced one of the highest death rates in the region. Government officials, politicians, and employers from different industries responded to the combined effects of influenza and the end of indentureship by launching an initiative to import labour, the so-called Colonization Scheme. In discussions about this, they explicitly cited the influenza pandemic as a motivating factor. Their goal was to import workers from elsewhere in the Caribbean and India to work on the estates and in the colony's interior, in the mining industry, for example.

The impact of the 1918–19 influenza pandemic on poor, non-elite groups in the Caribbean also resonates with current observations about the unequitable impact of COVID. In 1918, a Jamaican physician, for example, observed that influenza had shown him the kind of poverty and poor living conditions that Jamaica's peasantry experienced. It's astonishing that it took a pandemic to do so, but I wonder whether these kinds of observations underlay some of the social policies that were introduced in the 1920s.

As a related point, I'm curious about the longer-term impact of COVID on representations of the poor generally and especially on nations in the Global South. As I explored in my [most recent book](#), in the Anglophone Caribbean, the mid-nineteenth-century cholera epidemics helped shape official views of the impact of emancipation and indeed seemed to have contributed to perceptions of the "failure of emancipation."

CA: That's a fascinating observation, Juanita, and I wonder what we will find should we return to this issue in a decade's time. This brings me also to the politics of location. Juanita and Luka, you are writing from Canada. Robert, you are writing from Hong Kong; David, from Britain. Do you think that this impacts our perspectives on the colonial past?

DA: In the modern pandemic language travels and mutates as fast as the virus itself. We have been showered in this pandemic with a host of new or previously unfamiliar acronyms (like PPE for personal protective equipment), with terms and phrases like "lockdown," "track and trace," "shielding," "flattening the curve," or even "pandemic fatigue" and (thanks to conspiracy theorists) "plandemic." The meaning and urgency of these terms might vary with our location and how complacent, resigned or panicked our society and government (or the ones we write about) might be, but they are also part of a rapidly evolving transnational discourse. We have become familiarized in recent decades (via swine flu, AIDS, Ebola, SARS etc.) to the idea of the pandemic as a global phenomenon tailor-made to fit our self-consciously global age, with all the instant data and imagery to accompany that. Perhaps no pandemic in history has been, wherever we live and work, made to feel so immediate, or so laden with the effect of synchronicity, as this. We can sit at home (in my case, in England) and access via the internet an enormous amount of news and opinion about COVID-19 in India and from a wide variety of political, social and professional perspectives. No doubt that creates an illusion of knowing, a sameness of language concealing an immense diversity of meanings and effects that can only be truly tapped locally. A globalizing narrative of pandemics all too easily obscures and marginalizes actual lived experience.

RP: I hear what David is saying about COVID-19 as a global phenomenon; about the speed of the virus's diffusion and the ways in which terminology and viral

memes cross-borders in this digital environment. But I also think focusing on a “transnational discourse” and the global access to information that underpins it can be misleading. Too often this “transnational discourse” is in effect a Western projection onto the world. The writer Fang Fang’s *Wuhan Diary: Dispatches from a quarantined city* is an interesting case. It was written as a series of blog postings reflecting on her daily experiences during the city’s lockdown. Soon it gained traction with thousands of hits. Comments were posted, along with clips and photographs. Her postings inevitably attracted the attention of the censors, and Fang Fang was trolled. The *Wuhan Diary* is an example (as Michael Berry, her English translator, observes) of how the Internet as a global technology exists in very different, localized ecologies where words may have very different connotations. I’d go as far as to argue that COVID-19 has highlighted the fiction of a one world with its spectre of synchronicity. Of course, I agree with what David says about the differences in access to information between 1918 and the present, but I’d still suggest that the same is true of colonial technologies (railways, the telegraph, telephone and radio): they existed in local ecologies—a fact that often gets overlooked in histories that stress imperial systems over local use.

At the same time, on the question of location my argument would be that place still matters in a host of ways. It isn’t only a question of funding, access to archives, and censorship (though these are all vital), but also the institutional sites in which history gets written and published—and the kinds of assumptions that are built into these contextual arrangements. India is undoubtedly different given the substantive historical scholarship produced there. But does it matter that so much of the scholarship on colonial Southeast Asia, or colonial Africa, for that matter, still gets written in North America and Europe? I think it does for the reasons we’ve been exploring in our earlier discussions about colonial relevance and resonances. Perhaps this is the moment I could borrow Clare’s idea of the “useable past”: Understanding the past of a present you live in is surely a fundamentally different investment from writing about the past of a place you don’t have to visit.

JDB: This is a really interesting question. I think it does. David and Robert make some interesting and useful points about the global nature of COVID-19. In my response, though, I’d like to think a little about how location/place informs the work that we do as historians, especially when we’re physically distant from the places that

we study. I'm based in Canada as you noted, Clare, and current developments in Canada have informed some of my thinking about the impact of past pandemics in the Caribbean, especially the 1918–19 influenza pandemic. I've found two events to be especially interesting in this respect. First, COVID-19 has had an impact on Canadian immigration levels and attitudes to immigration, and both of these factors resonate with some of the points I addressed in my response to the last question. The Canadian government has responded to COVID-19 by drastically reducing immigration in the short term (Canada has typically accepted high numbers of immigrants) and indeed, some surveys have shown increasing ambivalence and negativity towards immigration since the start of the pandemic ([The Conversation](#) discusses this survey). These are minority views, though. At the same time, the government has announced that it will increase immigration targets over the next few years to make up for the shortfall due to the COVID-19.

The impact of COVID-19 on seasonal workers from the Caribbean (and Latin America) who work on farms in southern Ontario (where I live) and in British Columbia also affects my thinking about the colonial past. They face poor living and working conditions that increase the likelihood of their contracting COVID-19. In some places, these men and women faced restrictions on their mobility and in one health district in Ontario, local health officers demanded that they carry “passes” verifying that they had finished their fourteen-day quarantine periods. Officials stopped this latter requirement when it was condemned as a form of racial profiling. ([The Conversation](#) has a great piece about this and its meaning in the Canadian context.) But for myself as a Caribbean historian, I'm reminded of labour control practices in the colonial Caribbean and the extent to which fear of disease can be used to stigmatize and control marginalized groups.

LB: Our work at the [Indian Ocean World Centre](#) is in many ways directly concerned with the politics of location, not to mention the relevance of location to our McGill-based team and our wider international partnership network. I'm maybe particularly fervent about this because of my role as a Geographic Information Systems and spatial data analyst engaged in research concerning human-environment interaction, so my lens into the project itself is always about space and place. On a

more personal level, my work and my methodology influenced by the fact that I'm an American working at a Canadian institution.

As for perspectives on the colonial past and the politics of location, like I've mentioned above, I think examination of the current mutations in spatial ontology *vis-à-vis* COVID-19 can provide great questions if not entirely clear answers—one such question being: If we are witnessing the rapid transformation in spatial discourses as a result of this global pandemic, how have past pandemics been instrumental in the formation of spatial discourse in their own periods? Much has been made of the role of past pandemics as some of the first “global events,” the first events to introduce the world to the *idea of the world* as it were. Here I borrow the distinction between Earth (our planetary ecology) and World (the sociopolitical mechanisms of power that bind disparate placehoods) from Ed Roberson's desire to “see the Earth before the end of the World.” The tensions around that world-consciousness are clearly still shaped by major disease events, insofar as disease-scares (HIV/AIDS, SARS, Ebola, Zika, even Mad Cow Disease) have animated much of the more vocal backlash against globalization in the post–Cold War years. Colonialism, as Robert and Juanita have discussed, forms a critical part of that disease-place mechanism, to the point where it is worthwhile to consider them as a single apparatus within “the politics of location.”

As for perspectives on the colonial past, there are a few key linkages. Colonialism clearly played a significant role in the formation of transnational flows of information, ideas, wealth and power that have also come to signify the “global” in globalism. In many cases, that relationship notably mutated and surged during global and regional pandemics. Disease animated much of the colonial discourse on placehood, formed a central basis for colonial infrastructure, and enabled a moral-political justification for colonial interventions. While those dynamics have clearly shifted and been tempered in recent eras, they still feel tragically relevant, as in the contemporary relationship between predatory globalism and HIV/AIDS in Africa. The question that arises then, when I think of current political regimes and COVID-19, is whether those dynamics have re-emerged in the current situation. As Robert noted, we've already seen the resurrection of “the exemplary instruments of an often-coercive colonial public health,” while Juanita and David have outlined additional colonial continuities across the board. During those eras, an illusory “connectedness” was

shaped and steered by colonialist interests that utilized pandemic disease as an opportunity to strengthen and expand their spatial reach and social penetration. Considering that globalism-disease-colonialism nexus, I'll be curious to see whether COVID-19 really does help to erode that overblown discourse of connectedness, what Robert perfectly described as "the spectre of synchronicity," considering the central role that pandemic disease has played in strengthening that concept throughout the nineteenth and twentieth centuries.

I try to keep such awareness in mind as I think about the interpersonal and practical "politics of location" within our project. The [Appraising Risk partnership](#) is a global network of scholars and researchers coordinated through the [Indian Ocean World Centre](#) at McGill, and our being based in Canada certainly shapes how we relate to space and location, especially considering that our area of interest is on the opposite side of the globe. Having had the experience of collaborating with distant colleagues certainly helped us adapt to working remotely within Montreal, but COVID-19 also struck in the midst of planning initiatives to foster connections and gather with remote teams. As a result, we've been able to see first-hand the challenges that arise when disease severs our traditional connective structures as academics.

Our team here at the Centre represents a wide range of geographic backgrounds, from Canada and the United States to Turkey, India and Madagascar, and many of us are also experiencing a kind of "split-focus," caught up in the realities of Canada as well as our home countries. Personally, I've been drawing from that dynamic to inform my politics of location as a researcher, assessing the wildly different public health and disease discourses even in two countries as proximate as the US and Canada. I was incredibly struck by David's phrasing of the "immense diversity of meanings and effects that can only be truly tapped locally," as I think it describes perfectly the experiential and emotional divide that is greatly accentuated by the specific nature of disease, vulnerability and health. In discussions with Canadians regarding the pandemic, I have been unable to truly convey the lived reality and unique anxiety of *assuming that medical care is not available to you*. Such a mentality influences the most minute of everyday situations, but in the context of a pandemic it assumes a terrifying centrality. I use the cultural incommensurability of those two experiences,

situated as they are in two countries that are far more alike than most we are studying, as a touchstone for my assumptions about the politics of location in our work.