

Historical and Theoretical Analysis of Colonial Healthcare:

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Colonial empires are typically viewed as exploitative of their subjects. The phenomena of colonial healthcare appears to be a paradox within the way colonial empires were typically understood to operate because of its negative associations with the slavery of natives, resource extraction, and drastic institutional change. This paper seeks to interpret this apparent anomaly and will analyze the social, political, and historical effects and discourse surrounding colonial healthcare in the 20th century through different theoretical and historical lenses.

Foucault's Biopower and Wallerstein's World systems-theory will guide my analysis of colonial healthcare as both a historical and persisting phenomenon in the 21st century. Foucault described Biopower in reference to classical sovereignty, since in the 19th century, states became less concerned with the foremost tenets of classical sovereignty, the right to life *and* death, and many states gained a need for control of collective human life or the sustaining and or intervention of different populations.<sup>1</sup> Further, Foucault explained how the first form of state racism expressed itself in the form of colonialism.<sup>2</sup> It was this expression of racism that made the "killing mode" possible for governments to function within the biopower paradigm.<sup>3</sup>

Wallerstein's World systems-theory explains the economic, political, and social relationships between global actors within a capitalist structure, which Wallerstein divides into the industrial core, semi-periphery zones, and periphery zones, to explain their dynamic status in

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<sup>1</sup> Foucault, Michel, et al. *Society Must Be Defended: Lectures at the collège De France, 1975-76*. Picador, 2003, 263, 239.

<sup>2</sup> Foucault, Michel, et al. *Society Must Be Defended*, 239.

<sup>3</sup> Ibid.

the world economy and dependence on each other.<sup>4</sup> Wallerstein explained how the latter two zones are incorporated into the core through three mechanisms mobilized by the core, though only one is relevant to my argument, contractualization. Contractualization as explained by Wallerstein, “generally takes the form of guaranteeing property rights[,]” and thus historically includes colonization as a primary mechanism of peripheral incorporation.<sup>5</sup> Further, Biopower and World systems-theory provide critical lenses to analyze historical colonialism and its legacy today.

Historically, populations under colonial rule have not only had their political, property, and economic rights deprived, but population health either completely neglected or conditionally attended to by colonizers. In “Medicine and Imperialism in Morocco,” Jim Paul explains how the pre-colonial French medical care in Morocco was an attempt to resocialize and pacify Moroccans to adjust them to colonial forces that would shortly follow the French Christian doctors in the Maghreb region.<sup>6</sup> Moreover, Paul explained how the Christian missionizing doctors were in disguise and their primary mission was as spies, diplomats, and propagandists.<sup>7</sup> These agents of colonial seizure did not increase the overall health of Moroccans, and only provided enough care to ensure their survival as “low-skilled” workers.<sup>8</sup> Additionally, Moroccans who sought treatment had to first submit themselves to Christian indoctrination.<sup>9</sup> An

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<sup>4</sup> Hopkins, Terence K., et al. “Capitalism and the Incorporation of New Zones into the World-Economy.” *Incorporation into the World-Economy: How the World System Expands*. Fernand Braudel Center, vol. 10, no. 5/6, 1987, 764

<sup>5</sup> Hopkins, Terence K., et al. “Capitalism and the Incorporation of New Zones into the World-Economy.” 772.

<sup>6</sup> Paul, Jim. “Medicine and Imperialism in Morocco.” *Middle East Reports*, no.60, 1977, pp. 6-7.

<sup>7</sup> Paul, Jim. “Medicine and Imperialism in Morocco.” pp. 6.

<sup>8</sup> *Ibid.*, 5-7.

<sup>9</sup> *Ibid.*, 4.

exception to the doctors' poor care were those with prominent social status; they received proper care, as explained by Paul, to help build and reinforce the class structure in Morocco, by maintaining the health of people in important political, social, and economic positions.<sup>10</sup>

The French medical colonization of Morocco provides one exemplary model for analyzing key principles of Biopower and World-systems theory. Foucault explained in his recorded lecture series, *Society Must Be Defended*, how though biopower's main concern entails population control and management, this new form of power also deeply permeates the political sphere, which is evident in the Morocco case, where colonizing agents of the state disguised as doctors got a foothold in the country through the pretense of medical missions.<sup>11</sup> Furthermore, Foucault also described how the first expression of state racism, colonialism, justified its own violence, not just through literal killing, but also through increased risk of death and other indirect forms of murder, which was the case in the French doctors' perfunctory care to native Moroccans.<sup>12</sup>

Moreover, This example of colonial healthcare also demonstrates Wallerstein's theory of incorporating new zones into the world economy and one of its mechanisms, contractualization. The French colonization of Morocco served France's economic interest in cheap labor which there was a surplus of as a result of native land dispossession as well as for the country's raw materials like the French business owned phosphate mines.<sup>13</sup> Moreover, Wallerstein describes contractualization as one mode of capitalist incorporation into the world economy, this method

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<sup>10</sup> Ibid., 7, 11.

<sup>11</sup> Foucault, Michel, et al. *Society Must Be Defended*, 243.

<sup>12</sup> Foucault, Michel, et al. *Society Must Be Defended*, 256.

<sup>13</sup> Hopkins, Terence K., et al. "Capitalism and the Incorporation of New Zones into the World-Economy."

Wallerstein stated was a major shift from traditional, or customary social contracts.<sup>14</sup> Wallerstein stated that rather than traditional forms of governance, which are formed by custom and pre-existing rules, contractualization is when an external force, such as colonization, occurs and social relations are regulated directly between parties, as was the case with the colonial French missionizing doctors in Morocco.<sup>15</sup> Additionally, the colonial history and current neocolonial healthcare of Puerto Rico demonstrates significant principles of Biopower, World-systems theory, and contemporary world-ecologists' thought.

In “How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?” the authors argue that United States colonialism and neocolonialism in Puerto Rico is the primary socio-institutional determinant of health in the Caribbean archipelago.<sup>16</sup> The United States unofficial incorporation of Puerto Rico as a territory has yielded significant negative effects on public health and a sufficient lack thereof. When the United States annexed Puerto Rico, there was a functioning regional healthcare system established from the previous Spanish colonization.<sup>17</sup> After the United States’ colonized Puerto Rico, maintenance of public health was an immediate concern for the military, thus medicine was militarized and integrated into a commission titled the Superior Board of Health.<sup>18</sup> Shortly after the Board was established, health officers and sanitary inspectors were deployed on the municipal level and provided free-of-charge services to the poor and also enforced public health standards oftentimes with

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<sup>14</sup> Hopkins, Terence K., et al. “Capitalism and the Incorporation of New Zones into the World-Economy,” 772.

<sup>15</sup> Ibid.

<sup>16</sup> Pérez Ramos, José G., et al. “How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?” *AMA Journal of Ethics*, vol. 24, no.4, 2022, 305-312.

<sup>17</sup> Mulligan, Jessica M. “A History of Reform: Colonialism, Public Health, and Privatized Care,” *Unmanageable Care: An Ethnography of Health Care Privatization in Puerto Rico*. NYU Press, 2014. 32-33.

<sup>18</sup> Mulligan, Jessica M. “A History of Reform: Colonialism, Public Health, and Privatized Care,” 34-35.

punitive sanitary violation charges.<sup>19</sup> Instead of restoring the health of the colonized natives, health conditions became dire with the United States' intervention on the island, including the dispossession of the native peasantry from the land en masse, which produced a new class of malnourished wage laborers.<sup>20</sup> Also, health colonialism and the underlying racist ideologies that are foundational to it were blatant throughout the 1930s to 70s, when Puerto Ricans were forcibly sterilized and underwent fatal radiation and Agent Orange medical experiments.<sup>21</sup>

Additionally, the Jones Act was passed on the eve of World War I, which established Puerto Ricans as United States citizens, one feature of this Act was the development of the Department of Health, which paved the way for Public Health Unit buildings, located in almost all of Puerto Rico's municipalities.<sup>22</sup> However, throughout the 1970s, the privatization of healthcare services in the United States would project similar trends in Puerto Rico's healthcare system.<sup>23</sup>

Though the regional healthcare system was efficient in dealing with the populations' health matters up until the 1960s, massive reduction of social spending throughout the 1970s-80s resulted in a privatized healthcare system in the 1990s that were highly inequitable and inaccessible to many Puerto Ricans.<sup>24</sup> In more recent years, Congress authorized the Puerto Rico Oversight, Management, and Economic Stability Act (PROMESA), which led to the development of the Financial Oversight and Management Board (FOMB), intended for Puerto

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<sup>19</sup> Mulligan, Jessica M. "A History of Reform: Colonialism, Public Health, and Privatized Care," 34-35.

<sup>20</sup> Ibid., 36.

<sup>21</sup> Pérez Ramos, José G., et al. "How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?" *AMA Journal of Ethics*, vol. 24, no.4, 2022, pp. 305-312.

<sup>22</sup> Pérez Ramos, José G., et al. "How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?" 36-37.

<sup>23</sup> Ibid.

<sup>24</sup> Pérez Ramos, José G., et al. "How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?"

Rico to oversee its finances, though instead of allocating sufficient resources for public health, the committee favored fiscal austerity policies that favor US-based investors who engage in highly speculative debt arrangements over Puerto Rico's public spending (that is supposed to ensure the population's health,) and widespread corruption has put a blight on the healthcare system.<sup>25</sup> Some results of austerity measures in Puerto Rico's public health include hospital closures, a great flight of health professionals, and generally poor population health, including high prevalence of cardiovascular disease, diabetes, and interpersonal violence stemming from unmanaged mental health issues.<sup>26</sup>

Besides the neocolonial institutional healthcare system being ineffective at maintaining Puerto Rico's population health, severe ecological decline has also taken its toll on the island's population health. As recent as 2017, six major hurricanes and multiple earthquakes have put the coastal population at extremely high risk and have displaced hundreds of people.<sup>27</sup> These human-driven natural disasters have only increased in severity in the following years, putting Puerto Ricans at an almost constant risk while exacerbating pre-existing health disparities.<sup>28</sup>

Puerto Rico's official unofficial United States territorial status and insufficient healthcare system as a result of commodifying public services via privatization of healthcare illustrates core elements of Biopower and World-systems theory. United States colonial healthcare history in Puerto Rico significantly altered the trajectory of the island's population health as well as political freedom. Foucault said that with the advent of medicine as a discipline at the end of the 18th century, medicine's main function entailed 'public hygiene, institutional medical care,

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<sup>25</sup> Pérez Ramos, José G., et al. "How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?"

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

centralizing power, and normalizing knowledge,' which all occurred with the American colonization of Puerto Rico.<sup>29</sup> Colonial health officers' enforcement of sanitation protocols and oversight of punitive action against natives in violation, the paradoxical shift from the Public Health Unit buildings over municipalities to what is currently a commodified healthcare system, colonial occupation, and political disenfranchisement, all seem to exemplify Foucault's notions of disciplinary and regulatory mechanisms within the Biopower paradigm, as well as its racist underpinnings, as seen with the horrific experiments conducted on Puerto Ricans.

World-systems theory provides useful insights into the economic and social transformation of Puerto Rico post-United States colonization. Native land expropriation, the privatization of formerly public health institutions, as well as political 'incorporation' vis a vis colonization, signify the disingenuous and token healthcare systems ineffectively operative under the United States neocolonial situation in Puerto Rico.

Furthermore, contemporary academics following Wallerstein's World-systems tradition provide additional insights into colonialism and I will extend their arguments to colonial healthcare.

World ecologist and sociologist Jason Moore argues in his essay "Ecology, Capital, and the Nature of Our Times: Accumulation and Crisis in the Capitalist World-Ecology," how contrary to the belief of nature as external to society, the two are actually inseparable, following this logic Moore concludes how humans are irreducible from nature.<sup>30</sup> Moore goes on how the abstraction of human labor power distinguishes labor from humans (read nature), further

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<sup>29</sup> Foucault, Michel, et al. *Society Must Be Defended*, 244; Pérez Ramos, José G., et al. "How Is Colonialism a Sociostructural Determinant of Health in Puerto Rico?"

<sup>30</sup> Moore, Jason. "Ecology, Capital, and the Nature of our Times: Accumulation & Crisis in the Capitalist World-Ecology." *American Sociological Association*, vol. 17, no.1, 2011, 108-119

appropriating labor into the capitalist domain of increasing the endless accumulation of capital.<sup>31</sup> From this frame of reference, the Morocco and Puerto Rico case illustrates how within an overarching capitalist system where colonialism is only one mechanism of world-economic incorporation, it was essential for colonial agents to justify their subhuman treatment of natives to extract as much value as possible. The medical pretense is clear in both cases, as both France and the United States imposed suboptimal and prejudiced health institutions on native populations, only to build and maintain a social and economic hierarchy that they would then use to secure their authority, extract property, natural resources, labor, and the political subjugation of native populations.

In the chapter “Cheap Lives” of *A History of the World in Seven Cheap Things*, Raj Patel and Jason Moore argue that colonialism is part and parcel of capitalist ecology and was a historical mechanism of shifting frontiers through scientific racism and its legitimization within the colonial lexicon.<sup>32</sup> In the Morocco and Puerto Rico colonial healthcare cases, this scientific racism as well as economic ‘need’, was a rationale in itself to treat a majority of the native populations just well enough to be an asset for the colonial agents to further their political and economic interests without acknowledging their humanity.

The colonial healthcare cases in Morocco and Puerto Rico demonstrate how colonial medicine was used as a means to extract as much value as possible from native populations and their land to maximize their capital interests. These cases had devastating effects on the native population's health and transformed their social, political, and economic landscapes. Foucault and Wallerstein's theories helped illuminate how healthcare colonialism was a political strategy

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<sup>31</sup> Moore, Jason. “Ecology, Capital, and the Nature of our Times: Accumulation & Crisis in the Capitalist World-Ecology.”

<sup>32</sup> Patel, Raj, et al. “Cheap Lives.” *A History of the World in Seven Cheap Things: A Guide to Capitalism, Nature, and the Future of the Planet*. University of California Press, 2017.

to control, discipline, and intervene in foreign populations' health for seemingly one reason, to further their capital accumulation. While furthering their capital interest, these colonial agents caused irreversible damage to the native population's health.

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