

# ‘REPAIR IS THE REIMAGINATION OF POWER’: HEALING FROM THE INJUSTICES OF COLONIALISM

RUPA MARYA, RAJ PATEL AND AARON WHITE

## Introduction

This article is the transcript of an interview carried out by Aaron White from the online media organisation *openDemocracy* with Rupa Marya and Raj Patel, authors of *Inflamed: Deep Medicine and the Anatomy of Injustice* (2021). The book is a tour of the human body that reveals the links between our biology and political and economic injustices such as racism, poverty and colonialism. Patel and Marya ultimately offer a cure of ‘deep medicine decolonisation’ to heal our bodies and the world by reconnecting to the earth and each other. The conversation offers insight into how to build a ‘reparative economy’ (Perry, 2021) based on repair, healing and justice. They discuss the colonial history of modern medicine, how to mourn the tremendous losses from COVID-19, and the demands for reparations from communities around the world.

**Aaron White (AW):** We're deeply engaging with the concept of the reparative economy. *OpenDemocracy* (2022) has published a series of pieces examining how we can heal from trauma; what a reparations programme should entail; and what alternative forms of social organisation can teach us about this endeavour. You both have written this fantastic book (Marya and Patel, 2021), which offers some insightful paths to many of these questions. You both come from quite unique backgrounds, so what was the process of writing this book?

**Rupa Marya (RM):** Well, we literally got on the phone every day at five o'clock in the morning for a year and talked. Raj and I were highly effective over the phone through these daily discussions, debates and dialogues – and editing, writing, cutting, rephrasing and rethinking. It was a very beautiful process that was really held with a lot of care as we confronted our own dynamics around patriarchy, and settler perspectives – and questioning if we have a right to write these things. It's been one of the most wonderful things

to crystallise some of these ideas that have been formless in my mind for about twenty years as a doctor – these inklings, these intuitions, these hunches – and work with such a mastermind as Raj to bring together the social, the political, the economic, the historic, and the epidemiologic with the cellular and the microscopic. And getting to connect with people within our circles of the work that we've done through the years and walking in solidarity with different groups who are doing wonderful work in care and repair already, and advancing new systems.

**Raj Patel (RP):** It may seem as if we're coming at things from a different perspective – and obviously Rupa's experience on the frontlines at Standing Rock and being a medical doctor, are vital to us being able to make this book happen together. But we understood that there's something wrong with the idea that food and medicine are different worlds. That this division that exists under capitalism – that food and the food system is on one side and the medical systems on the other, and never the two shall meet and so we have to reknit them together – that idea is itself the product of colonial thinking. Ours is the only civilisation in which food and medicine are really quite distinct domains and for quite a lot of folk, and quite a lot of people in human history, food and medicine have been really not as hard to think about separately as we do these days.

**AW:** The book tackles a lot of crises. Can you diagnose the sickness – the inflammation – that the book discusses? And, how is your book counter to liberal self-help and individual guidance?

**RM:** Guidance like: 'oh, you just need to get a vaccine and then toss away your mask and we're all fine'. That over reliance on individual solutions or just buying an electric car and climate change will just magically disappear.

We go down to the roots of understanding how we got to the place where we have wildfires in California in January after the highest amount of rain that we've had in decades. We got here because of a system of thought that severed humanity from the living world around us – from the web of life

that supports our wellness. And that severance happened in service of advancing an economic social programme that has infected the entire globe. *That* is truly the pandemic we've been living with for 600 years. And coronavirus is the latest iteration of catastrophe as is climate change, but there are several catastrophes that have been smouldering and burning for centuries.

And, so what we look at is the root cause of those catastrophes. So instead of just advocating for more Diversity, Equity and Inclusion (DEI) training or more Black presidents, we look at what is actually causing the root of the disease which is what we identify as the colonial capitalist cosmology and how it insinuates itself into every aspect of our lives.

**RP:** I love how you use the word diagnosis, because that's something obviously really central to our project. Because when we talk about diagnosis, we're precisely not following the path of storytelling, in which the patient is both the locus and usually the cause of disease. Rupa has this fantastic example of the diabetic patient who comes in and blames themselves for diabetes, when in fact, it's really hard if you are living on Supplemental Nutrition Assistance Programme (SNAP) support and if you're trying to make ends meet and there's not enough money to be able to pay rent, pay for insulin and a good meal. To control your diabetes is incredibly difficult on a low income. And somehow that's your fault, not a structure and not a system in which the insulin manufacturers are making out like bandits.

The story of diagnosis is a sort of narrative art, in which certain subjects are pre-formed even before the patient doctor encounter. The idea of the hysterical woman or the uncontrollable Black man; the idea that there are these individuals who present themselves as part of a social narrative already so that the doctor's job is to rubber stamp the way that that social authority works. That's the way that certain modes of diagnosis have tended to operate in the past. And that's precisely what it is that we're trying to undo. We're trying to do different kinds of storytelling – recognising that actually, if the patient is this pre-formed subject, and that subject is one that's always been an

individual, then already, we're limited in what it is that we can imagine ourselves doing to promote change, right?

That's why as Rupa is saying, capitalism offers us a few pretty basic and obviously stupid ways of tackling climate change: driving electric cars, carrying tote bags and drinking through a metal straw, right? I mean, how that is going to solve the ecological crisis is not entirely clear. But nonetheless, these are the things that you as an individual can do. So you should probably do them. And yet to ask beyond that, what it is that you might be doing in community and in a circle – to imagine in fact, that the individual is not the locus of responsibility, but is the locus of change. That's a very different kind of storytelling when it comes to medicine, to food and to politics.

**AW:** In the book you devote a decent amount of space to the history of modern medicine and its connections to colonialism. Can you dissect this relationship?

**RM:** The colonial project was really enacted through the missionaries, the medics and the militaries – medicine played a role in asserting the dominance of colonial forces in other people's territories.

It was not interested in keeping all the native people healthy and optimising their wellness. It was interested in keeping the colonisers healthy, so that they could continue to extract the wealth and dominate those people in their lands. When you *really* understand that, you're not surprised when you see that Black women have a twelve times higher mortality rate than white women in the postpartum period in New York City. You understand that, okay these are remnants of thoughts and understandings that have really shaped the structures of modern medicine today – part of the violences that are embedded into the frameworks and the institutions and the way that culture recreates itself.

When we think about words, like the 'non-compliant patient', doctors interrupt their patients within eleven seconds on average of encountering them. We don't tend to think: is our patient the expert in their body through their lived

experience in their own body with their disease? Doctors who focus on narrative medicine in history taking, can most of the time find out what's wrong with somebody within 95 per cent of the time by just really listening and asking the right questions and listening to how a person reveals the story of their illness. And then asking some more questions about what's going on around the body. What is the sum of the exposures from that person? What are their histories, their ancestries? What kind of traumas are they carrying through generations? How is that impacting the cellular function of the immune system?

So all these things are much more intricately tied to the web of life around them. As a practicing doctor, we were used to thinking of the immune system as something that fights off invaders – again, like a very colonial *us versus them* dichotomy, this Cartesian Dualism that is really a part of our understanding whether it's in medicine, or how we address ecology right now. These enlightenment era fallacies continue to pervert the way we're able to understand what we're seeing in front of us. But as we studied and read for our book, I started to understand that the immune system is actually our harmoniser with the world around us. So, if the world around us is toxic and damaging, the immune system responds with damage, and trying to remediate that damage, sets off its own cycles of more damage inside the body which is registered as chronic sterile inflammation.

But if the world around us is in balance – ecologically, socially, politically – then the immune system harmonises with balance. So to just focus on each individual and say, 'oh, you just need juice and this probiotic pill and get some more exercise and sleep better' – misses the whole point, because you can't actually get better health outcomes until you start working on the level of restructuring the world around our bodies. And that is not something any individual can do. That is something we must do collectively, and is happening right now collectively, and those are the stories that we have lifted in the book.

**RP:** One of the joys of having worked with Rupa on this book is how when I'm feeling a bit under the weather – I won't say I'm fighting something off. I'll remind myself that I'm learning to live with something. And that's important because it's even the language of colonialism – for example Roman colonialism is right there in the word immunity. When the Romans were busy in the Mediterranean trying to figure out how to bring other cities into the empire but also to recognise that there was something special about the Romans, that they were supreme above other cities – they needed a term to denote the ways that folk in conquered cities were free, but not subject to the same duties as Romans were. And so the idea of *numera* ('duties' in Latin) was used to denote the *civitates liberi et immunes*, so free cities but immune, not subject to the same duties. And that language of straight colonialism from the Roman Empire is there when we talk about immunity – it's not the same as us. But the contours of not the same as us can be understood either in the sort of military metaphors or the idea of a police metaphor, or as the idea of an ecotone – a zone of different life forms coming together and encountering one another with valences that might involve danger, but also might involve mutualism and care.

**RM:** The concept of *Ubuntu* from South Africa, was one I learned when writing this book. The concept that I am because you are; that my wellness is predicated on your wellness, and so that by caring for you I'm also caring for myself. If we took that approach to the pandemic, we'd probably be in a far different place. But that concept of *Ubuntu* is very much relevant to looking at how the body responds with the gut microbiota inside of us so that we are healthy because of the way we tend our forests inside of us. If we ignore all the organisms around and in us that are totally necessary for our proper immune, endocrine and neurologic functioning then we will be unhealthy because of it. And that's why we see that the least biodiverse guts on planet earth belong to people who live in urban environments, constructed by colonial capitalism. The people with the most biodiverse guts on Earth, and also the lowest amount of chronic inflammatory disease are those people living in reciprocity with the web of life around them – so Indigenous communities,

hunter gatherer communities, small horticultural communities. There's wisdom in those ways that Western science has totally missed.

I recommend that all my patients get vaccinated, because we've seen that with COVID-19 it decreases hospitalisation, severity of illness and death. With Omicron you're still able to get infected, but it does decrease the severity of illness. But it's not everything, it's not enough.

When you're having people who are being forced into exposure; being low wage workers; being immunes of our modern society – the undocumented, the Indigenous, the Black, the brown, the poor – you have actually a lot more that needs to be done than just vaccinate people, you have to actually restructure the world around those bodies for them to have different health outcomes. And that's the place where we're hitting the wall, right? Oh, well, that's why they keep talking about vaccines – get four doses. But let's not talk about universal basic income and cancelling debt and cancelling mortgages and mobilising the working class to really be able to control their work environments for their own safety and wellness.

**AW:** Feeding off the concept of immunes. With climate change and rising global inequality we are seeing a rise of ecofascism and the solidification of borders. What do you think your book can teach us about borders?

**RP:** This narrative that we have about our bodies is the same fiction that we have about nations, which is one founded on an illusion of purity, that somehow our bodies are just this one thing, and that Ayn Randian fantasy about your body. If you look at the sort of alt-right websites, if you look at (far-right conspiracy web site) *Infowars*, for example, you'll see vast amounts of conspiracy theory stuff, and then Genetically Modified Organism (GMO) free organic survival food, how are these linked?

Well because your body is a temple just in the same way as the nation is, and you don't want to defile it. You see a lot of people buying organic food, not because they care about workers in the field who are exposed to these

horrible pesticides where they have much higher risks with a range of outcomes – but for their children. Instead you see people buying organic food because of this idea of precious bodily purity. I mean, you see it in *Dr Strangelove* (Criterion, 1964) – your precious bodily fluids are part of the idea of a national myth.

Now, the idea of the border is precisely this gatekeeping thing that stops the defiling pollutants of the immigrant coming in and messing with your pure nation home. What we point out is this sort of history of miscegenation and muddiness. That the body is not one thing, it is a holobiont. Human beings are assemblages of lots of different living beings, not just bacteria, but archaea, fungi, and viruses. We have a range of living beings without which we couldn't live, that are not us. And that recognition of impurity is an important part of understanding how it is that we should rethink the way we characterise the ways that we as holobionts engage with the rest of the web of life.

**RM:** Yes, it's a fiction, but also a real gross misunderstanding of who we are as assemblages of organisms. It really throws into question our concepts of identity, as individuals, as communities, and also as nations – and why borders are set up in that way, and to understand that the policing of borders has always been a part of the colonial capitalist project. To restrict the flow of people and resources is how the system works – to really have these choke points so that you can create relative scarcities and desperation amongst certain groups of people, and other areas of concentrated wealth. And, so once we understand that these are fictions we can ask ourselves is this the best story to tell? In this day and age where we're going to have increasing frequencies of catastrophic wildfires and floods and hurricanes and people who are desperate on the move – what is the best way to approach this? What is the most healing way to approach this with the levels of ecological trauma that are coming in and already here?

**AW:** Another interesting aspect of the book is the connection you lay out between debt and stress. You write that: 'Some studies have found a dose-



response effect between levels of debt and odds of suicide: the greater the debt, the greater the level of mental distress’.

You also then connect this to sovereign debt and the way our multilateral institutions further these power imbalances. Can you speak to this phenomenon between debt, stress and control – and how it materialises within the body?

**RM:** I was surprised to learn that such a large percentage of cardiovascular events happen without any cardiovascular risk factors. That was something that I was taught. Someone comes in, they're having a heart attack, you ask about smoking, family history and cholesterol, and you ask about these typical risk factors. But I think in one study, we found up to 40 per cent of events happen without any of those risk factors – including one of my colleagues in hospital medicine. When you listen to these women who are working under extraordinarily stressful situations carrying huge amounts of debt through medical school, and then working in a very toxic hospital environment – they are people who have no cardiovascular risk factors, yet have heart attacks in their 40s. Debt itself is an independent driver of inflammation through stress that accesses the body.

**RP:** Let's rewind to something you just mentioned earlier about the living wage. Why is it that we have so many politicians keening about the need for people to return to work? Well it's because the economy depends on low wage work and the exploitation of workers in particular. That has a known medical consequence, particularly when we understand the desperation of some working class folk who need at some points to be able to take payday loans because they can't make rent and feed the family and pay for medicine at the end of the month. And so you take a bridging loan. A payday loan of \$300, can result in a total repayment of \$800. An annual percentage rate (APR) of 400 per cent.

Those kinds of loans drive inflammation, because again, inflammation is not just your body's response to danger, but it's also the threat

of danger. If you are worried about not being able to live in your home at the end of the month, that occasions the kinds of chronic inflammation that will lead to adverse outcomes. And, what one study found was that if we were to ban payday loans, we would be able to reduce suicide mortality by 2.1 per cent. And fatal drug poisoning by 8.9 per cent. So at an individual level, you can see that the push to return back to normal in the economy is the conscious desire by certain politicians and a certain class of folk to shove the working class into more cycles of inflammation, and knowingly send people out to face greater risks of suicide and drug overdose.

But Aaron you are asking about how this relates to the national level and international kinds of transfer. We're hearing right now about COVAX and about the great largess of the global North giving away to folk in the global South literally dozens of vaccines. And, although sadly at the moment COVAX is not able to buy any more, because they have run out of money for syringes. But let's assume that COVAX was working and these banner headlines of largess were actually true – the fact remains that the global North still has a holding over the heads of the global South vast amounts of debt that dwarf the pitiful amounts of debt relief that are being offered at the moment and are being sort of muted by the International Monetary Fund (IMF).

Behind that debt is something that's really at the heart of our conversation today, which is that while it appears on paper that the global South owes the global North to the tune of \$6 trillion. We have ledgers of debt that were occasioned through colonial conquest that dwarfed that. One study by Chakrabarti and Patnaik (2019), for example, with some very conservative understandings of what an appropriate interest rate would be, has demonstrated that if we were to do any kind of serious accounting of what just the United Kingdom has taken from India, and the compounding of that interest rate over time, the value of what the UK has stolen from India today, in 2022, would be above \$66 trillion. So that's a more recent calculation than the one we were able to put in the book. But it's reflective of the fact that interest compounds over time, and today \$66 trillion is roughly the net present value of what the UK stole.

**RM:** Whenever we're talking about the debt of the global South to the global North, no one's talking about how much was stolen from our homelands. The reason why I was born here in Ramaytush Ohlone territory in what's now called San Francisco Bay Area, is because all of that was stolen from our homelands. How do repair for the genocide of the Indigenous people of the United States (US)? How do you repair for the stolen families, the children who have been ripped from their families, not only through the legacies of slavery in the US, but the children that are still in cages under the Biden administration? These are deep structures that need to be looked at honestly – and repair and accounting is overdue.

**AW:** What do you think this reparative agenda should entail? One part of it might be reparations, but beyond monetary payments, how do we need to approach this?

**RM:** Here in occupied Ohlone territories we're getting land back. That is absolutely a priority in places where Indigenous people have been pushed off their lands, not only here in North America, but also now in India with Modi's regime trying to clear cut forests and push people off of places where they want to mine.

The people who are stewarding the land most effectively to combat climate change are people who are living with value systems that come from these Indigenous traditions of reciprocity, mutual care and mutual aid. That's a major part of the work that I would like to see happen. And also uplifting and supporting people in their healing from trauma. We can't just expect people who've been traumatised by capitalism to want to get on board and become good capitalists. We need to take apart this toxic economic system and build one that is healing and regenerative and focused on care.

**RP:** You're right to ask this question about reparations, and to observe also that even in its least controversial dimension, just simple affirmative action, is being rolled back and not just in the United States. I mean, you see these

bourgeois protests in India, for example, against allegations for what are there called Scheduled Tribes and Scheduled Castes. Within the caste system there are communities who have been historically discriminated against under the sort of yoke of Hindu supremacy. And they find themselves now, after years of actually benefiting to some degree from affirmative action in the government, the objects of derision and scorn precisely because they achieved some modicum of favour in the allocation of government jobs, and particularly in a moment where employment is generally precarious. That kind of very minimal reparative work is being undone. Globally this is something that is under threat, but it's something that absolutely needs to happen. But it's not enough. If we are interested in repair, this isn't just about infrastructure. This is about re-knitting, re-recognising and learning to see once again the bonds that have been sundered by colonial capitalism. That's a very big project.

**RM:** Also the role and the work of luminaries such as Angela Davis and understanding the importance of abolition in this work. The work is not simply just getting rid of things like the prison industrial complex and policing, and those borders that have been put in place to hold the damage within certain populations, to shelter the elite into pummelling the masses. In addition to dismantling it, is the radical act of imagining what a future looks like, where those things are not needed, where that harm is not actually a part of the equation. And that is such important work and really is the future horizons of this work.

There are brilliant scholars here in Oakland, where I live, Cat Brooks, and the Anti-Police Terror Project working on the Black New Deal has been very important in articulating what the community needs to not be sucked into the hell of the gang life and the crime here in the Bay Area. But the white lash as we're calling it – first you had George Floyd, and everyone's like, Black Lives Matter, oh, but maybe they don't matter that much. So let's go back over here and give the police all their money and property crime – that's a real big problem, that our property is actually more valuable than Black lives. And so that's that calculus, which is part of a colonial capitalist cosmology, our property is more important than Black and Indigenous and brown lives. That's

how the Potosi Silver mine (Greenfield, 2016) happens, where debt was created to force Indigenous peoples to go into the mine and riddle their sacred mountain with holes to bring the Spanish silver. It's the same mentality. The property, the silver, the economy, is more important than the health of these people. So at what point are we done with that violent narrative? At what point do we insist that our humanity is actually more important than violating the rights of so many people around the world, and without real cause aside from maintaining this power structure and order.

That work of abolition is critical. It's imaginative work, it's creative work. It's not simply, 'burn it all down'. We can actually do this better, in a way that is more generative of health for all because health is not something you can pursue on an individual level. Health is a phenomenon that emerges out of systems working well together at their intersections and harmonising. Right now they're dissonant, and they're dissonant by design. And so what we try to articulate in our book 'Inflamed' is what that harmony can sound like and look like and feel like.

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