'Racism Is a Pandemic!': Immunity, Auto-Immunity and COVID-19

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Abstract: In this article, I explore how the unequal exposure to death by COVID-19, taking place at the same time as the eruption of a global protest movement for racial justice erupted, can be understood through the interrelated notions of immunity and auto-immunity.[1] Immunity, considered here both as a juridical and a medical concept, and auto-immunity, taken as a core political tendency of democracies, together expose the racial constitution of the British state. Longstanding, structural racial inequities suppressed Black and Asian peoples' immunity to the COVID-19 virus, at the same time that the state responded to a multi-racial uprising for Black lives with heavy-handed policing and the criminalisation of dissent, attempting to defend the British body politic from demands for racial justice.

Keywords: COVID-19 pandemic, racism, race, immunity, auto-immunity, BLM, police violence

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INTRODUCTION – BIO-JURIDICAL IMMUNITY AND THE RACIAL STATE

In the early spring of 2020, as the global COVID-19 pandemic took hold, the UK government issued its first lockdown order on 23 March; on 25 March, it passed a sweeping emergencies act[2] to contend with the most challenging public health crisis the NHS had ever faced. The Act (discussed in further detail below) linked together an incredibly wide range of government functions, from indemnifying medical practitioners to expanding police functions. It doesn't take too much memory-work to cast oneself back to the first six months of the pandemic, to recall the terror of contending with an unknown and highly-contagious, potentially-lethal virus, amid the highly condensed forms of care work that multiplied overnight, in the same space to which the work day was now consigned. I say 'now' in reference to those office workers and professional classes which had hitherto, unlike all the workers who have always undertaken paid work in the domestic sphere, found themselves newly working from home for an indeterminate period of time.

2. *Coronavirus Act*, 2020, Chapter 7. (Hereafter *Coronavirus Act*.)

As an academic, my experience of those first months consisted of long hours of crisis-management with several of my colleagues, amid the intensive restructuring of the university where I was then employed – a scenario that

repeated itself across many other institutions, under the cover of COVID-19's anticipated impact on the higher education sector. (This largely self-inflicted crisis in the higher education sector, which predated the pandemic, continues pretty much unabated, as do those in other sectors.) Living as I was near a major NHS trust, it is difficult to forget the constant sound of ambulance sirens and – when out for one's daily constitutional, as permitted under lockdown orders – the harrowing expression on the faces of NHS workers walking into the front doors of the hospital at the beginning of the evening shift. The rapidly emerging reports of shortages of basic personal protective equipment (PPE) for medical staff, and what would eventually become the scandal-ridden revelations of the Tory-facilitated profiteering from PPE provision, started to reveal the cracks in a health service that had been underfunded for decades, while it was simultaneously subjected to incessant waves of privatisation.

The injunction to 'shelter in place' (the American variant) or 'stay at home and save lives' (the UK variant) of the first lockdown, quickly drew attention to the spatial and material preconditions necessary for government policies to curb the spread of the virus. Having initially opted for a lockdown without the 'tracking and tracing' epidemiological strategy that would require widespread community buy-in and involvement , the UK's approach to dealing with the global pandemic reflected a more general political orientation that focused almost wholly on individuals' and individual households' abilities to observe strict social distancing and stay inside.[3] Eventually, the track and trace programme initiated by the government was widely viewed as ineffective, hampered by the failure to engage local public bodies in managing the programme and the turn instead to 'inexpert private sector solutions'.[4]

As people came to terms with the nature of the virus and its modes of transmission, multiple and interlocking crises (of care,[5] housing and work) rapidly exposed already vulnerable communities to disproportionate rates of illness and death. By April 2020, a *Guardian* data analysis showed that the presence of a high proportion of Black and Minority Ethnic (BAME) residents was the strongest predictor of a high COVID-19 death rate in a given area: for every 10 per cent increase in ethnic minority residents there were 2.9 more COVID-19 deaths per 100,000 people.[6] The disproportionate number of Black and Asian people dying from COVID-19 could only be explained by epidemiological factors of a social-material kind: overcrowded and sometimes substandard housing, employment in essential frontline work and the unequal provision of healthcare itself. While long-standing structural, racial and class inequities were ravaging communities of colour, May 2020 also saw the eruption of a global protest movement for Black lives in response to the murder of George Floyd by police officer Derek Chauvin, assisted by three of his colleagues, in Minneapolis, Minnesota. A cruel irony in the midst of a pandemic wrought by a respiratory virus which, in its most

3. Critically engaging Foucault's concept of biopolitics, Panagiotis Sotiris has analysed how the UK's lockdown strategy was 'related to a conception of health that has more do with "security" rather than "public health"'. Panagiotis Sotiris, 'Thinking Beyond the Lockdown: On the Possibility of a Democratic Biopolitics', *Historical Materialism*, 28:3, 2020, pp3-38, p10.

4. Anthony Costello, 'England Faces a Bleak Winter Unless It Gets a Grip on Test and Trace', *The Guardian*, 10 September 2020.

5. Emma Dowling, *The Care Crisis: What Caused It and How Can We End It?*, Verso, 2021.

6. Caelainn Barr, Niko Kommenda, Niamh McIntrye and Antonio Voce, 'Ethnic Minorities Dying of COVID-19 at Higher Rate, Analysis Shows', *The Guardian*, 22 April 2020.

lethal form, stole the capacity to breathe from its host, Floyd's final words, 'I can't breathe', became the rallying cry of a global movement for racial-social justice. Refusing the command to 'stay at home', protests in the UK took place in at least 260 sites[7] and saw the spectacular removal of a statue of slaveowner Edward Colston by a group of protestors in Bristol.

Thinking through these events conjuncturally, I explore how the unequal exposure to death by COVID-19, taking place at the same time as a global protest movement for racial justice erupted on the streets, can be understood through interrelated notions of immunity and auto-immunity. Immunity, considered here both as a juridical and a medical concept, and auto-immunity, grasped as a core political tendency of liberal democracies[8] which inevitably exempts or defers its hallmark characteristics (such as freedom, for example) in order to preserve itself, together expose the racial constitution of the British state. Longstanding, structural and material racial inequities suppressed Black and Asian peoples' biological immunity to the COVID-19 virus, while the state responded to a Black-led, multi-racial uprising with heavy-handed policing and the criminalisation of dissent, attempting to defend the British body politic from demands for racial justice.

This articulation of immunity and auto-immunity exposes a relation between, on the one hand, racism as a health determinant that impacted peoples' heightened exposure to the virus as they performed labour essential for the functioning of the state and, on the other, racism as an immune and auto-immune function through which the state attempts to protect its body politic from demands for radical change. The relationship between the racialised body and the body politic, sutured through racial exclusion and a hostile environment for people of colour (and more pointedly, migrants) – as well as terms of inclusion premised on political subordination and economic hyper-exploitation – was exposed through the real and figurative operations of immunity to the virus and the auto-immunity in the state's reaction to protests for racial justice. In examining the police response to the BLM protests and the appellate court's judicial pronouncement on the acquittal of the Colston Four, we can discern the irresolvable colonial and imperial sinews of British 'indigenous racism'.[9]

Black and Asian British communities were disproportionately impacted by the COVID-19 virus. By May 2020, it was clear to researchers that Bangladeshi hospital fatalities 'were twice those of the white British group' and Pakistani deaths were '2.9 times as high and Black African deaths 3.7 times as high'.[10] Medical professionals, sociologists and non-profits focused on racial and intersecting inequalities and produced analyses on the causes of this disproportionate death toll, with a view to influencing the state's response to the crisis. Given the nature of the virus and its modes of transmission, it became clear that gross inequities in housing, work and healthcare combined and intersected to produce disproportionate vulnerability to illness and death for Bangladeshi, Pakistani and Black African and Caribbean (Indian and

7. Adam Elliott-Cooper, 'Britain is Not Innocent: A Netpol Report on the Policing of Black Lives Matter Protests in Britain's Towns and Cities', The Network for Police Monitoring, 2020, p14. (Hereafter *Britain is Not Innocent*.)

8. Jacques Derrida, *Rogues: Two Essays on Reason*, Stanford University Press, 2005. (Hereafter *Rogues*.)

9. Stuart Hall, 'Race and 'Moral Panics', *Selected Writings on Race and Difference*, Duke University Press, 2021, pp58-59.

10. Lucinda Platt and Ross Warwick, 'Are Some Ethnic Groups More Vulnerable to COVID-19 than Others?', Institute for Fiscal Studies and Nuffield Foundation, 2020, p3. (Hereafter *Ethnic Groups*.)

Black) and Arab communities, along with Roma and Traveller communities, and with particularly harsh consequences for undocumented migrants.[11] Examining multiple and intersecting causes of racialised vulnerability to premature death,[12] we can consider how housing and labour conditions, expressing social and economic crises that were a long time in the making, produced a situation where racial and class privilege afforded people greater immunity to the virus. There could not be a more raw and explicitly biopolitical expression of how the racial-economic structure of the state rendered its Black and Asian populations vulnerable to illness and death in vastly disproportionate numbers. As Gary Younge pithily summed it up, 'being black is a pre-existing condition'.[13]

An independent public inquiry was established in 2022 to examine the UK's response to and impact of the COVID-19 pandemic under the *Inquiries Act 2005*. The general terms of reference are to examine how prepared the UK was for the pandemic and its response, across England, Wales, Northern Ireland and Scotland.[14] Amongst the stated aims of the Inquiry is to 'consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the *Equality Act* 2010 and equality categories under the *Northern Ireland Act* 1998' (*COVID-19 Inquiry)*. However, the Chairperson of the Inquiry determined that the review would not make racial inequality a stand-alone topic of investigation in Module 1 of the COVID-19 Inquiry – as had been requested by dozens of civil society organisations – echoing the same decision by the Chairperson of the Grenfell Tower Inquiry.[15] In fact, it was in July 2020, after a four-month disruption to its proceedings on account of the pandemic, that lawyers for the survivors and bereaved repeated their requests that the Grenfell Tower Inquiry consider how racism was a causal factor in the catastrophic fire that killed seventy two people, the vast majority people of colour.[16] Whilst the BLM protests were taking place across the country, the state inquiry into the deaths of residents of Grenfell Tower refused to consider the place of race and class in social housing allocation. The twin decisions by both the Grenfell Inquiry and, several years later, the COVID-19 Inquiry to *not* examine the place of race in these lethal tragedies rightly angered survivors' families and advocates, given the massive differentials in the mortality rates of people of colour. The resistance on the part of the state to investigate the root causes of the long-standing and structural causes of higher rates of illness and mortality amongst marginalised groups reflects the commitment of the British state to amnesia and denialism when it comes to racism.[17]

Nazroo and Becares noted in 2020 that despite the relative absence of UK data on ethnicity in relation to COVID-19, there was a 'growing body of evidence suggesting that there are marked ethnic inequalities in COVID-19 deaths'.[18] The disproportionate number of deaths of Black and Asian peoples cut across a wide range of class and socio-economic groups; as noted above, areas with a higher 'proportion of non-white ethnic minority residents had

11. Runnymede Trust, 'Bereaved Families and Civil Society Organisations Call for Structural Racism to Be Explicitly Interrogated in the COVID-19 Inquiry', 28 February 2023. (Hereafter *Bereaved Families*.)

12. Ruth Wilson Gilmore, *Abolition Geography: Essays Towards Liberation*, Brenna Bhandar and Alberto Toscano (eds), Verso, 2023, p107.

13. Gary Younge, 'We Can't Breathe', *New Statesman*, 3 June 2020. (Hereafter *We Can't Breathe*.)

14. See the COVID-19 Inquiry Terms of Reference, 2022, https://covid19.public-inquiry.uk/wp-content/uploads/2023/05/COVID-19-Inquiry-Terms-of-Reference-Final-2.pdf. (Hereafter *COVID-19 Inquiry*).

15. See the letter to Chair of the Inquiry published by the Runnymede Trust, (*Bereaved Families*).

16. 'Grenfell Tower Inquiry: Fire "Inextricably Linked with Race"', BBC, 7 July 2020.

17. Stuart Hall, 'Drifting into a Law and Order Society: The 1979 Cobden Trust Human Rights Day Lecture [1980]', in *Selected Writings on Race and Difference*, Paul Gilroy and Ruth Wilson

higher death rates', while a large proportion of healthcare workers were from an ethnic minority background, including both doctors and nurses (*Evidence for Ethnic Inequalities*, p1). In fact, the first ten doctors to die from COVID-19 were from minority ethnic backgrounds.[19] The racial mapping of COVID-19 deaths showed that higher mortality rates were geographical, gendered and occupation-related. Areas with higher concentrations of Bangladeshi and Pakistani communities, for example, suffered higher infection and mortality rates; and some of the disparities were clearly a result of occupation, as both keyworkers or 'frontline' workers, and specifically those working in health and social care roles were at much greater risk of infection. In healthcare, '[m]ore than two in ten black African women of working age are employed in health and social care roles. Indian men are 150% more likely to work in health or social care roles than their white British counterparts' (*Ethnic Groups*, p3). It is important to note, however, that these frontline occupations traversed a wide range of socio-economic classes, from taxi drivers to hospital porters to doctors, showing how socio-economic differences were to some extent flattened by exposure to the virus through occupation.

Emphasising the intersectional nature of health inequity, the expert report by Bambra and Marmot submitted to the COVID-19 Inquiry provides a clear analysis of how socio-spatial, racial and economic gradients all impact health.[20] It is significant, then, that the state does not routinely collect data 'linking ethnicity to mortality records' (*Expert Report*, p10). Expert evidence revealed that the state has not, with very few exceptions, taken into account structural racism or other socio-economic determinants in pandemic planning (*Expert Report*, p61, p64). The fact that there is a lack of reliable, official data on the size of minority ethnic populations makes 'calculating the life expectancies for different minority groups challenging'. The lack of reliable data on people of colour as it relates to health disparities also reveals the particular nature of the state's racial-biopolitical governance. Immigration, labour and housing have long been organised according to racial norms and structural forms of exclusion and subordination; whereas in governing the health of the body politic, basic forms of statistical knowledge have not been produced, leaving the health and longevity of racialised minority populations in a void, insofar as governmental regulation is concerned. Bambra and Marmot identified a constellation of material conditions that contributed to the 'causes of the causes' of a predisposition to mortality during the pandemic: work (specifically, zero-hour contracts and agency contracts), low income and child poverty, overcrowded households and the conditions of private rented accommodation, deprived neighbourhoods and the disproportionate number of some 'minority ethnic groups' in prisons (*Expert Report*, p13).

The intersectional and multi-faceted nature of the disproportionate levels of illness and death in communities of colour was the subject of critical commentary and discourse in the public domain, but until the BLM protests erupted (discussed in further detail below), there was little scope for any kind

Gilmore (eds), Duke University Press, 2021, pp78-97.

18. James Nazroo and Laia Becares, 'Evidence for Ethnic Inequalities in Mortality Related to COVID-19 Infections: Findings from an Ecological Analysis of England', *BMJ Open*, 2020, 10:e041750, p1. (Hereafter *Evidence for Ethnic Inequalities*.)

19. Matthew Limb and Jacqui Wise, 'Covid Inquiry: Ethnic Minority Doctors Felt Vulnerable and Afraid to Raise Concerns', *British Medical Journal*, 2024, 387:q2247.

20. Clare Bambra and Michael Marmot, 'INQ000195843 – Expert report by Professor Clare Bambra and Professor Sir Michael Marmot', 30 May 2023, https://covid19.public-inquiry.uk/documents/inq000195843-expert-report-by-professor-clare-bambra-and-professor-sir-michael-marmot-dated-30-may-2023/ (Hereafter *Expert Report*). Bambra and Marmot note that *World Health Organisation (WHO) Global Commission on the Social Determinants of Health*, established in 2005 to examine social factors leading to ill health and health inequities, define the 'causes of the causes' of ill health in the following way:

of public manifestation given the nature of the virus that was circulating. Indeed, police powers were augmented under the emergencies legislation in order to ensure compliance with lockdown measures; predictably, these powers were disproportionately used against Black and Brown communities. As Adam Elliott-Cooper has noted, 'black and Asian men were 54 per cent more likely to be fined by police using lockdown powers' and the 'Crown Prosecution Service confirmed that all 149 prosecutions made under the provisions of the Act were unlawful' (*Britain is Not Innocent*, p12). In addition to widely recognised racial disparities in illness and mortality, people of colour also faced increased policing, surveillance and prosecution in the name of protecting the body politic from illness.

A PLAGUE ON THOSE WITHOUT HOUSES

Having discussed how racial and socio-economic status operate as health determinants, I want to consider more closely the way in which the lived built environment affected peoples' ability to remain immune from the virus. Here, immunity is understood in two distinct if interrelated senses, as defined by the OED: 'the state of being insusceptible or resistant to a noxious agent or process, esp. a pathogen or infectious disease, which may occur naturally or be produced by prior exposure or immunization'; and also, in its older etymological sense, 'freedom from liability to taxation, jurisdiction, etc.; privilege granted to an individual or a corporation conferring exemption from certain taxes, burdens, or duties'. The COVID-19 pandemic exposed the entanglement of the medical and juridical senses of immunity, as the ability to remain free of disease was shown to be compromised by racial-economic structural violence, a bioeconomic[21] taxation or debt.

In *A Body Worth Defending*, Ed Cohen presents a genealogy of the concept of immunity, showing how immunity as a juridical concept predates its use as a medical concept by two thousand years.[22] Until the nineteenth century, immunity operated 'almost exclusively to [refer to] privileges and entitlements conferred on individuals or collectivities that exempt them from political obligations and responsibilities' such as 'prosecution, military service, taxation, legal culpability, or financial indemnity' (*A Body Worth Defending*, p40). Roberto Esposito argues that the legal-political and medical-biological conceptions of immunity have only become entwined in the last two centuries, in the wake of the emergence of a biological notion of immunity.[23] As he writes, 'the semantic plexus that appears to us now as a single thing is the effect of an articulation between two meanings that for a long time remained distinct' (*Immunitas*, p6). For Esposito, the articulation of immunity as a juridical *and* biological-medical concept must be understood in its relation to community, from which it is inseparable in contemporary political philosophical theories of the state (*Immunitas*, p23). Immunity, once a legal-juridical privilege of the few, becomes a generalised biopolitical condition that extends to the body

'growing, living and working conditions; the social and economic policies that shape growing, living and working; the relative roles of state and market in providing for good and equitable health; and the wide international and global conditions that can help or hinder national and local action for health equity (WHO, 2008; vii)' (*Expert Report*, pp7-8).

21. Bioeconomic is a term used by James Tyner in his book *Dead Labor: Toward a Political Economy of Premature Death* (University of Minnesota Press, 2019). He uses the term to emphasise the 'pecuniary issue of who profits from the death of another' over the classic biopolitical framework that emphasises the power of the sovereign and his 'right to make life take life or let die' (pix). He develops this argument quite literally, examining the bioeconomics and ethics of organ markets and the 'sale of so-called "spare" or "surplus" organs' from living people in order to extend the lives of other, less socio-economically vulnerable people (p105). In spite of that, I find the term useful in bringing the racial political economy of labour relations, together with the racial make-up of the state, in order to understand the current conjuncture where specific forms of labour combined with British racial

politic as a whole.[24] The singular role of immunity as a defining condition of nation states functions, for Esposito, as the paradigmatic biopolitical discourse of our moment, replete with techno-securitisation – nowhere more evident than in state responses to the COVID-19 pandemic. This articulation of immunity – no longer a privileged exemption of the few from various forms of taxation or civic obligation, but a generalised system of defence that defines the individual subject and the nation state – has become an irrevocable component of contemporary political discourse.

Scholars have explored how immunity as a *dispositif* incorporates racial logics into the inclusionary-exclusionary dynamic of its defensive operations. Following the work of Derrida, scholars have interpreted the racial dimensions of biopolitical immunity as symptomatic of an auto-immune function. In the work of Caleb for instance, the 'overactive response to and an attack of a racialized other who is part of the national body … is an act against itself [the metaphoric national body]' and 'an act that is harmful to the collective health of a nation through the targeting of one population through overrepresentation (leading to blame) and creating a false immunity for the other'.[25] The assumption is that racialised people are part of the nation state, and thus, targeting these populations for expulsion, lethal violence or premature death reflects an internal splitting of the body politic.[26]

The malleability of race and racialisation – and its variable articulation with class relations, gender, sexuality and geography – means that determining whether racism manifests as an immune function (the attempt to expel or annihilate a body perceived as 'foreign') or an auto-immune one (a splitting of the self and an attempt to destroy what comes to be perceived as an unassimilable alterity) is not straightforward. Rather, the necessary but contingent relation of race to nationalism produces ambiguities and contradictions, wherein the racial subject can be seen as either an 'external enemy' to be expelled from the body politic and/or as the object of an 'overactive' immunological reaction weakening the body politic as a whole. Black and Asian workers in the NHS are both incorporated into the body politic as essential workers and exploited in particular ways and subjected to premature death because they are racial subjects.

As I will explore below, the multi-racial protest movement for Black lives asserted itself as undeniably part of a long tradition of British anti-racist revolt, whilst becoming interpellated by the government as a dangerous entity (armed, perhaps, with the weaponry of the distinctly foreign European Convention on Human Rights) to be quashed and contained to preserve a British democracy that sacralises private property. In a sense, the racial logics of immunity/auto-immunity challenge a strict division between the two concepts, although for Derrida, an aggressor can be from within or from outside the boundaries of the democratic state (*Rogues*, p35). In fact, to paraphrase Derrida, the auto-immunological function at the core of democracies will constitute its racial others 'on both sides of the front so that

nationalism to create lethal conditions for Black, Asian and other 'minority ethnic' communities.

22. Ed Cohen, *A Body Worth Defending: Immunity, Biopolitics and the Apotheosis of the Modern Body*, Duke University Press, 2009, p36. (Hereafter *A Body Worth Defending*.)

23. Roberto Esposito, *Immunitas: The Protection and Negation of Life*, Polity, 2011, e-book. Esposito presents a lengthy philosophical account of immunisation. (Hereafter *Immunitas*.)

24. Roberto Esposito, *Common Immunity: Biopolitics in the Age of Pandemic*, Polity, 2023, p50.

25. Amanda M. Caleb, 'Campaigns of Autoimmunity: Public Health Responses to AIDS and COVID-19', *Catalyst: Feminism, Theory, Technoscience*, 10:1, 2024, p3.

26. Bishnupriya Ghosh, 'The Plague Check: Population Culling as Pandemic Realpolitik', *Catalyst: Feminism, Theory, Technoscience*, 10:1, 2024, p32.

its only apparent options [remain] murder and suicide'; the murder of the external enemy risks turning into suicide, 'and the suicide, as always, lets itself be translated into murder' (*Rogues*, p35).

The long history of immunity as a juridical concept is often neglected or disavowed in its medical usage, which has naturalised the idea of the body and its immune system as one of self-defence; always on guard and ready to fight off foreign invaders. It was during the nineteenth century, in the context of colonialism and pandemics such as cholera, that the 'trope of invasion proliferates in medico-political discussions of epidemics in Europe'; it was then that the biologist Élie Metchnikoff 'explicitly turns this biopolitical conceit inwards – into the body itself – and scientifically validates immunity-as-defence as the organism's active response to such small-scale invasions by bacteria and other microbes' (*A Body Worth Defending*, p66). Drawing our attention back to the juridical, Cohen points to the paradox that legal immunity poses for the rule of law, which by definition is supposed to apply to each citizen-subject equally. Immunity provides a legal answer to a 'deeply disturbing political problem', which is the unequal application of the law, by legally granting some citizen-subjects exceptional treatment. While Cohen does not delve deeply into the racial aspects of immunity as a system of self-defence, it is clear that the juridical framework of immunity is indelibly entwined with colonial rule and the notion of the possessive individual – the proper subject, the transparent 'I' which is always a racial subject.[27] Another wrinkle, or twist in the juridical-biopolitical constitution of contemporary discourses of immunity is the emergence of the self-possessive individual defined by a natural right to self-defence. Whilst the right to self-defence becomes biologised in the nineteenth century with the discourse of immunity, it has, according to Elsa Dorlin, also always been contingent on race, gender and the possession of property.[28] Thoroughly colonial and always racial, the naturalised right to self-defence has been used to shore up power and deny people their freedom.

In the juridical-biopolitical discourse that permeated the British state's response to COVID-19, the privileging of the 'self-possessive' immunological individual as the primary biomedical unit of intervention and protection, meant that the social, political and economic determinants of health were obscured. Similarly, what goes missing in the prevailing contemporary conceptualisation of immunity is what Cohen and others refer to as 'social medicine which recognizes that disease flourishes in the context of malnutrition, lack of sanitation, lack of habitation, [and] where there are high levels of environmental toxicity'.[29]

During the pandemic, the home became the primary means of defending the self from the virus, rendering the inadequately housed and homeless without the means of self-defence. The first lockdown order, effective from 26 March 2020, placed severe restrictions on peoples' movements, setting out an extremely limited number of exceptions for leaving 'the place where one was living'.[30] Specifically, the regulations provided for exceptions relating

27. Denise Ferreira da Silva, *Towards a Global Idea of Race*, University of Minnesota Press, 2007.

28. See Elsa Dorlin, *Self-Defense: A Philosophy of Violence*, Kieran Aarons (trans.), Verso, 2022. (Hereafter *Self-Defense*.)

29. Ed Cohen, Megan Boler and Elizabeth Davis, 'The Biopolitics of Pandemics: Interview with Ed Cohen', Cultural Studies, 36:3, 2022, pp396-409, p408.

30. 'The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020', Section 6. (Hereafter *Coronavirus, Restrictions*.)

31. National Housing Federation, 2020. The statutory definition of 'overcrowding' is comprised of two parts and is defined in the Housing Act 1985. The two parts comprise a room standard and a space standard. 'Section 325 of the Housing Act 1985 provides that there is overcrowding wherever there are so many people in a house that any two or more

to obtaining necessities (such as food and medical supplies for people in the same household, including pets), to take exercise, to seek medical assistance, to provide care for a person statutorily defined as a vulnerable person, to travel for work (where it was not possible for the work to be done at home), to attend a funeral (of someone in the household or a close family member), and a few other limited activities that qualified as a reasonable exception to the regulation to stay at home. Subsection three defined the place where one lives to include 'the premises where one lives together with any garden, yard, passage, stair, garage, outhouse or other appurtenance of such premises' (*Coronavirus, Restrictions*, Section 6:3). Generally speaking, putting 'garden and yard' in the same clause as 'garage and outhouse' certainly obfuscated the massive gulf in socio-economic status and class between people who live in houses with gardens and yards and those who had little if any outdoor space to avail themselves of during the first lockdown.

The government slogan, 'Stay Home, Save the NHS, Save Lives' masked the weight of the stay-at-home directive for the approximately 3.7 million people living in overcrowded housing.[31] Of all English households, 32 per cent had to contend with overcrowding, affordability or poor housing according to a December 2020 briefing by the Health Foundation.[32] It is well documented that overcrowding negatively impacts the physical and mental health of people living under those conditions, even in the absence of pandemic conditions. Overcrowding in conditions where self-isolation was the only means of providing some form of immunity to others in the household was a major contributing factor to the disproportionate number of Bangladeshi, Pakistani and Black fatalities. As Younge noted, 'the ONS's analysis of English Housing Survey data from between 2014 and 2017 found that Bangladeshi families were fifteen times more likely to experience overcrowding than white British households, while Pakistanis were eight times more likely and black people six times more' (*We Can't Breathe*).

The vaccine programme was not launched until December 2020. In the first nine months of the pandemic, self-isolation was the key means of defending oneself from the virus. The quality of housing and the issue of overcrowding, and the racial dimensions of real estate and ownership quickly revealed themselves as key determinants in creating some degree of protection from infection in the absence of vaccines. The relationship between health, tenure of housing and racial inequity meant that many BAME individuals and households were simply unable to isolate. The long, intergenerational inequities in housing and its entanglement with health[33] produced a *bioeconomic* tax on the lives of Bangladeshi, Pakistani and Black communities in particular. Structural racism, endemic to the British state, acted as a literal immunosuppressant for vast swathes of Black and Asian communities, a tax from which there was no escape, no immunity.

Representations of the *longue durée* of racial housing inequity in the UK have taken many forms, from the academic to the literary, but what remains

of those persons, being ten or more years old, and of opposite sexes, not being persons living together as husband and wife, have to sleep in the same room.' This means that children under the age of ten are disregarded in making this calculation, and that couples who sleep with one child each in a two-room house would therefore not qualify as an overcrowded house. The space standard calculates overcrowding by the number of people resident in a flat as compared to the number of rooms (including the kitchen or bathroom), and also the square footage of each room. Cassie Barton and Wendy Wilson, 'Overcrowded Housing (England)', 15 June 2021, House of Commons Library, pp7-8, https://researchbriefings.files.parliament.uk/documents/CDP-2022-0170/CBP01013.pdf

32. Adam Timsom and Amy Claire, 'Better Housing Is Crucial for Our Health and the COVID-19 Recovery', 29 December 2020, The Health Foundation.

33. See Frances Darlington-Pollock and Paul Norman, 'Examining Ethnic Inequalities in Health and Tenure in England: A Repeated Cross-Sectional Analysis', *Health and Place*, 46, 2017, pp82-90.

constant is the tendency of the British state to ignore or deny the place of structural racism as a seemingly immoveable feature of contemporary housing, which has since the 1980s been a key site of both privatisation and accumulation through the financialisation of residential real estate. In response to the clear evidence that racially-embedded inequality in the housing sector, across both private rented housing and social rented tenures (social registered landlords), was a key determinant in the higher mortality rates of Black and Asian communities, the UK government has refused to focus on the issue of structural racism as a health determinant during COVID-19; denied that structural racism exists in the UK[34], and failed to ameliorate the crisis-ridden housing sector with meaningful reform.

The racial inequities embedded in the housing sector are over a century old,[35] and there exist a vast number of reports, articles and books addressing housing inequities in the UK. The racial real estate regime in the UK is integrally connected to migration, the conditions under which Black and Asian communities have arrived in the UK and the types of labour and employment they have been able to access. Understanding how residential housing markets are racial involves an analysis of rental regulations, the right-to-buy schemes inaugurated in the 1980s, immigration laws that have more recently been linked to the 'right to rent' (*Housing*), and a financialisation of real estate which has put home ownership and affordable rental housing out of the reach of already economically marginalised communities. Predatory financialised practices across the real estate sector have compounded years of privatisation of social housing; this, layered onto historically embedded racial exclusion in the housing sector exacerbated the vulnerability of Black and Asian and other minority ethnic communities to infection and death.

In *Squalor*, Daniel Renwick and Robbie Shilliam chart structural racism and class subordination, precarity and marginalisation in the British state's provision of housing from the mid-nineteenth century onwards, 'across a historical vista constituted of imperial, welfare, neoliberal and populist eras'. They demonstrate that housing policy in each of these eras both 'reformulated the problem of squalor yet at the same time reintroduced conditions ripe for squalor'.[36] Crucially, they begin their study by defining this term, one of the 'five giants' of the Beveridge Report 1942 as follows:

> Squalor simply defined: your habitat kills you. Squalor is inextricably bound to mortality and ever-increasing proximity to death caused by overcrowded quarters, damp abodes, polluted streets, and even petroleum-clad buildings. Some of these conditions are recognizably squalid and conjure conventional images of the poor and destitute. But some might surprise. For instance, consider the possibility that young professionals who stretch their budget to mortgage a leasehold in dangerously built apartment complexes are suffering from squalor (*Squalor*, p1).

34. See the 'Sewell Report' – *The Report of the Commission on Race and Ethnic Disparities*, 2021, https://www.gov.uk/government/organisations/commission-on-race-and-ethnic-disparities

35. Nigel de Noronha, 'Housing: Briefing Paper', *Collaboratives on Addressing Racial Inequity in Covid Recovery*, The Race Equality Foundation, April 2021. (Hereafter *Housing*.)

36. Robbie Shilliam and Daniel Renwick, *Squalor,* Columbia University Press, 2022, p3. (Hereafter *Squalor*.)

To some extent, the lived built environment as an epidemiological factor in illness and mortality cuts across socio-economic conditions. As Renwick and Shilliam indicate, the prioritisation of profit over safety in the residential real estate sector has changed the nature of ownership so that ownership of a leasehold in an unsafe building renders ownership less valuable than it is supposed to be according the logic of a property-owning society.[37] The condition of 'squalor' is always related to the inhabitants of the place designated as such; and insofar as state planning of housing goes, be it private rental, ownership or social housing, race has been baked into forms of spatial segregation since the mid-nineteenth century.

Housing, immigration, labour and health are to a great degree mutually determining spheres of life that place the individual and the community in a relationship to the wider state/capital nexus (*Squalor*). In each of these spheres of life, structural racism manifested as a pre-existing condition, and as co-morbidities during the COVID-19 pandemic. The racism evident in the 'fortress Britain' mentality, which in turn shaped 'hostile environment' policies against migrants initiated in 2012, was parasitic on long-standing racial ideologies of the proper British subject, who is deserving of social goods such as healthcare. Indeed, the Beveridge Report of 1942, which became the basis for creating social welfare institutions such as the NHS, was very much concerned with the continuation and propagation of the British race.[38] The National Health Service is a 'universal' entitlement that, like other universals, has had race and racism smuggled into its very structure and operation. This was manifest in the fact that a healthcare system which has historically employed disproportionately high numbers of Black, Asian and minority ethnic doctors, nurses, administrators, technicians, cleaners etc., has once again put racialised communities at greater risk of illness and death, especially through the exposure of frontline workers. A 2015 report for the Race Equality Foundation by academic Roger Kline, titled 'Beyond the Snowy White Peaks of the NHS?', found systemic and unchanging racial discrimination affecting all levels of staff in the NHS, as well as in the care of BAME patients. More specifically, Kline notes that,

> [e]vidence that workforce race discrimination impacts on patient safety was reported in the Freedom to Speak Up Report (Francis, 2015) which reported that black and minority ethnic staff who raised concerns at work are:
>
> - More likely to be victimised by management than white staff raising concerns
> - More likely to be ignored than white staff raising concerns
> - More likely to be victimised by co-workers for raising concerns
> - Less likely to be praised than white staff by management for raising concerns
> - Less likely to raise a concern again having done so once, than white staff were.[39]

37. See Adam Elliott Cooper, Phil Hubbard and Loretta Less, 'Sold-Out? The Right-to-Buy, Gentrification and Working-Class Displacements in London', *The Sociological Review*, 68:6, 2020, pp1354-1369.

38. Denise Noble, 'Decolonizing Britain and Domesticating Women: Race, Gender and Women's Work in Post-1945 British Decolonial and Metropolitan Liberal Reform Discourses', *Meridians: Feminism, Race, Transnationalism*, 13:1, 2015, pp53-77. See also *Squalor*, p43.

39. Roger Kline, 'Beyond the Snowy White Peaks of the NHS?', The Race Equality Foundation, 2015, p5, https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/Health-Briefing-39-_Final.pdf; Robert Francis, 'Freedom to Speak Up Review Report', February 2015, http://freedomtospeakup.org.uk/the-report/

Due to racism in the workplace, racialised staff were less likely to feel able to speak up in the face of inadequate PPE, overly long shiftwork and other life-endangering situations. As Younge observed, by 'late April, Sky News discovered that 72 per cent of all health and social care staff who have died with COVID-19 were BAME' (*We Can't Breathe*). At the same time, hostile environment policies that bring the border right into the NHS, meant that migrants and racialised people have not had access or have been denied access to care when they contracted COVID-19 and died as a result. To refer to just one example, in April 2020, 'a Filipino migrant known as Elvis died at home with suspected coronavirus. He had lived and worked in the UK with his wife for more than 10 years, but was so scared by the hostility of government policies that he did not seek any help from the NHS.'[40]

40. New Economics Foundation, 'Patients Not Passports: Migrants' Access to Healthcare During the Coronavirus Crisis', June 2020.

Socially-mediated immunity to COVID-19 in the pre-vaccine months exposed the racial bioeconomics at work in the interrelated spheres of housing, health and labour. The porosity of the boundary between, on the one hand, racialised bodies and, on the other, the racial state's conception of the body politic that was worth defending from disease and death, traversed each of these interrelated spheres of life. The pandemic illuminated the porosity of the membrane between the larger political economy of housing, health and work and individual lives. It cut through the apparent separation of the physical, economic, figurative and metaphysical racial(ised) individual body and the body politic.[41] The racist assault on rail worker Belly Mujinga by a man who told her as he spat and coughed on her that he had COVID-19 in April 2020, symbolises this rupture: as an immigrant key worker forced to work without PPE, Mujinga was vulnerable both as a matter of a pre-existing medical condition and as a Black woman frontline worker. The assault by a white man, who was never charged with any kind of crime, was the possible or even likely cause of Mujinga's death from COVID-19, which she contracted within a week of the incident. That this individual incident and the lack of accountability for her death were read as symptoms of a racial state suppressing the immunity of Black women through structural subordination was clear in the protest movements for Black life that would erupt weeks after her death, demanding justice for Belly Mujinga and many others in defiance of the government's order to stay at home. Immunity for the white body politic becomes impunity for lethal racial violence, something which the BLM protests loudly and determinedly refused.

41. Alexander G. Weheliye, *Habeas Viscus: Racializing Assemblages, Biopolitics and Black Feminist Theories of the Human*, Duke University Press, 2014.

AUTO-IMMUNITY AND REVOLT

On 25 May 2020, George Floyd, 46 years of age, was murdered while in police custody. Recordings of him repeatedly saying 'I can't breathe' to Derek Chauvin, the white police officer who kneeled on his neck until Floyd died, circulated the world over and sparked mass protests. Three other police officers, one Hmong American, one Black and one white, would also eventually be found

guilty of aiding and abetting the crime. In the UK, the Black Lives Matter protests erupted across 260 sites, in Glasgow, Liverpool, Newcastle, Nottingham, Manchester, Birmingham, Leicester, Bristol, London and many other cities (*Britain is Not Innocent*, p14). Decades of organising against racist police violence specifically, and against larger structural forms of racial violence, came together in that moment, spurred on by a global anti-racist struggle and the specificities of the racism of the British state. Calls for justice for the death of Belly Mujinga, for the victims of the Windrush scandal, for all those who die in police custody – captured by the slogan 'Britain is not innocent' – made short shrift of the idea that this was simply some form of mimicry of Black American politics infiltrating the UK. It also gave the lie to the UK government's consistent denial and evasion of how racism is a fundamental ordering principle in the organisation of British politics and society.

For those protesting, often numbering in the tens of thousands, gathering together in close proximity posed an obvious paradox; in order to assert the right to Black life, and the right to live free of racial violence, one had to increase one's risk of contracting COVID-19, a potentially fatal illness. One could read these acts of protests as acts of self-defence, risking one's life in order to assert one's very humanity (*Self-Defense*). Queries about the wisdom of gathering in close proximity during the pandemic found an answer in the slogan 'racism is a pandemic'; a slogan that punctured the artificial boundary between juridical and biological meanings of disease and immunity.

The protests, which lasted for approximately a month, were heavily policed and in some instances, met with an aggressive and violent state response. In his report for the Network for Police Monitoring, Adam Elliott-Cooper documents a wide range of violent responses to BLM protestors, including the use of pepper spray, kettling protestors for up to eight hours, the use of excessive force in arrests, the endangering of protestors through a lack of social distancing by largely unmasked police officers, the use of horse charges, and the failure in the officers' duty of care to provide medical assistance to injured protestors. Numerous witness statements collected by Elliott-Cooper attest to provocative actions by the police, such as targeted, aggressive arrests of individuals engaging in peaceful protest, which aroused the indignation and anger of others leading to an escalation of tension and fear in the atmosphere. The violence used in the policing of BLM protestors stood in stark contrast to the under policing of far-right demonstrations that took place in opposition to the BLM protests (*Britain is Not Innocent*).

Derrida conceives of auto-immunity as a central feature of democracy, a way of understanding the political constitution and tendencies of liberal democracy that is akin to (but not synonymous with) the operation of the *aporia* that defines the relationship between law and justice,[42] the non-internalisable split between internal/external constituents of a democracy, the infinite deferral of democracy in order to preserve its very possibility of existing (*Rogues*, p35). Pheng Cheah explains that in Derrida's view, auto-

42. See Jacques Derrida, 'Force of Law: The "Mystical Foundation of Authority"', in *Acts of Religion*, Gil Anidjar (ed.), Routledge, 2002, pp228-298.

immunity is the name for the radical contamination posed by alterity, that which results from the two objectives of any democracy: freedom and equality, 'which can only be achieved circuitously'.[43] Equality can only be achieved circuitously because of the necessary limitations on individual liberty posed by majoritarian rule, and in turn, 'freedom always risks being suspended and even destroyed' by undemocratic forms of government that can come to pass through democratic means (elections) or alternatively, abrogated in times designated as an emergency by the sovereign/state. The enemies of democracy, who may be internal or external to the state, must be dealt with in order to preserve democracy, and if the suspension of civil liberties is necessary in order to deal with the threat, then this is justifiable both in relation to the exercise of sovereign power (to suspend the law, in Schmitt's formulation) and at the level of the body politic: 'Operating in space, the autoimmune typology always dictates that democracy be *sent off*, elsewhere, that it be excluded or rejected expelled under the pretext of protecting it on the inside by expelling rejecting or sending off to the outside the domestic enemies of democracy' (*Rogues*, pp35-36).

43. Pheng Cheah, 'The Untimely Secret in Democracy', in Pheng Cheah and Suzanne Guerlac (eds), *Derrida and the Time of the Political*, Duke University Press, 2009, p78. (Hereafter *Untimely Secret*.)

In democracies, this deferral, this sending off that happens both spatially (removing one's freedom of movement in a state of emergency, for instance) and temporally (putting off elections, for instance), has material consequences for those designated as the 'enemy' or as needing to be expelled for the state to protect and preserve its democracy. Taking Algeria as his example, and the suspension of elections in Algeria in the face of a likely victory of a 'non-democratic Islamist political party' (*Untimely Secret*, p78), Derrida traces how colonisation and decolonisation were 'both auto-immune experiences wherein the violent imposition of a culture and political language that were supposed to be in line with a Greco-European political ideal (a postrevolutionary constitutional monarchy at the time of colonisation, then a French – and later an Algerian – republic and democracy) ended up producing exactly the opposite of democracy' (*Rogues*, pp34-35).

Whilst engaging the history of colonialism in Algeria, Derrida doesn't articulate the racial dimensions of auto-immunity. In turning to 'more obvious and current examples', he discusses the aftermath of the attacks on the World Trade Centre in New York City on 11 September 2001. While it is of course unwise to deal in so brief a manner with Derrida's complex interrogation of the modern concept of democracy and its functioning, especially the ambivalences and contradictory turns that mark its interrelationship with sovereign power, it is worth reflecting on his explicit reference to the restriction on 'democratic freedoms' and on the 'exercise of certain rights by, for example, increasing the powers of police investigations and interrogations, without anyone, any democrat, being really able to oppose such measures' (*Rogues*, p40). While this example certainly illuminates the auto-immune tendency of liberal capitalist democracy to abuse, with the use of force, that which it claims to be defending, it is necessary to account for, and perhaps even to

emphasise the racial discourse that has defined the very notions of 'freedom' and 'democracy' in the USA and other settler colonies, as well as in Europe and beyond, especially as it has come to shape the discourse on terrorism and the figure of the terrorist in the post 9/11 world.[44] This is vital if we are to understand the unbridled use of police powers against Brown and Black and in particular Muslim (or those perceived to be Muslim) citizens of the USA and the UK.

Here, I want to consider auto-immunity as fundamental to the liberal-democratic state's racial constitution and to suggest that in the specific context of the pandemic, the state's auto-immune response to BLM protestors can be understood as an attempt to rid the body politic of radical challenges to the racial status quo as though these constituted a vector of contagion. The juridical framework of emergency powers (*Coronavirus Act*, Chapter 7) emboldened police to prosecute racial minorities discriminately; additionally, as Elliott-Cooper notes, the lockdown measures were also enforced by police in an uneven and discriminatory manner during the BLM protests:

> Police used the lockdown to justify use of force in their attempts to disperse protestors, yet routinely used kettles which prevented protesters from leaving and kept large numbers of people in a confined space for long periods of time (*Britain is Not Innocent*, p31).

The need to defend the body politic from an actual virus became the pretence for racial surveillance and prosecution of Black and Asian citizen-subjects. When challenges to the racial status quo erupted across the country, the need to defend the racial state from an internal threat occasioned the use of violence and the intensification of the existent norms of racist policing. The use of kettling, for instance, to contain the perceived threat to the racial state was weaponised against the protestors, whose own risk of contracting an actual and potentially life-threatening virus was compounded by being kept, by the police, in close physical proximity to one another for hours. The actual virus was weaponised in the defence of the body politic against the perceived contagion of racial revolt. There was a breach, in these months, in the putative separation between the symbolic order and the material, physical world we inhabit.

On 7 June 2020, a group of protestors pulled a statue of the slaver Edward Colston off the plinth it had occupied since 1895. Colston (1636-1721) engaged in the slave trade as a member of the Royal African Company, and the structure, erected by Victorian era merchants, ostensibly commemorating his philanthropy, had been a source of contention since at least the 1990s. The plaque bore an inscription describing Colston as 'one of the most virtuous and wise sons' of Bristol.[45] Four protestors who had variously played a role in bringing ropes to the scene, scaling the statue and wrapping it with ropes, helping to pull it off its plinth and then dragging it to the harbour, where

44. See Tyler Stovall, *White Freedom: The Racial History of an Idea*, Princeton University Press, 2021; and Elisabeth G. Anker, *Ugly Freedoms*, Duke University Press, 2022.

45. *AG's Reference on a Point of Law* [2022] EWCA Crim 1259, paragraph 6. (Hereafter *Reference on a Point of Law.*)

it was duly pushed into the water, were charged with damage to property contrary to section 1(1) of the *Criminal Damage Act* 1971. A range of defences were put forth, including that the indictment and prosecution presented an unjustifiable interference with their rights under articles 9, 10 and 11 of the European Convention on Human Rights.[46] The trial lasted for more than ten days, and resulted in the acquittal of all four defendants. Without analysing the trial in detail, which is beyond the scope of this paper, I want to suggest that the acquittal by jury and the Attorney General's appeal of the case on matters of law can be read as a refusal of the propertied logics of the racial state and body politic, on the one hand, and the state's attempt to reinstate the status quo order, on the other. An attempt, because the acquittal by jury could not be appealed, and in this way, perhaps, this fundamental aspect of the legal system provided a small but significant moment of refusal, briefly neutralising the auto-immune function of the racial state's juridical order.

46. In their simplified versions, article 9 protects the freedom of thought, conscience and religion, article 10 protects freedom of expression, and article 11 the freedom of assembly and association. Each of these provisions has an 'auto-immune' provision built in, limiting the rights in the name of 'public interest'.

The acquittal of four white defendants in the removal of the Colston statue and its disposal in the Bristol harbour represented an interesting outcome in a case where the facts of the 'property damage' were not in dispute. While we do not know which of the defences persuaded the jurors, a great deal of evidence regarding the history of slavery and Colston's role in this miserable trade in human flesh, as well as the racism and exploitation that facilitated his accumulation of wealth, was presented at trial. In acquitting the four defendants, the jury rejected the idea that the sanctity of property – in this case, a statue that represented a brutal history of dehumanisation of Black Africans – rose above that of people to protest the continued valorisation of this history. They rejected the idea that the body politic needed to be defended against those who were part of a mass movement for radical change and justice that requires the dismantling of a state that enshrines a national ideology based on the racial possessive individual subject.

Suella Braverman, who was the Attorney General at the time, was so disturbed by the outcome that she decided to bring forth a reference on a point of law to the Court of Appeal, being unable to appeal the jury's decision itself. The notion that the European Convention on Human Rights could trump the sanctity of private property, within the unspoken but crucially significant context of the BLM protests was an outrage to those who, fuelled by a sense of renewed nationalist fervour in the wake of Brexit, viewed the acquittal as a kind of national betrayal. The Court of Appeal was asked to give an opinion on three questions of law that were summed up as: 'the extent to which the European Convention on Human Rights sanctions the use of violence against property during protest, thereby rendering lawful causing damage to property which would otherwise be a crime' (*Reference on a Point of Law*, paragraph 1). The Court of Appeal found that the Convention 'does not provide protection to those who cause criminal damage during protest which is violent or not peaceful'(*Reference on a Point of Law*, paragraph 120). Without suggesting that the defendants were in fact guilty of the offence

of criminal damage, the Court found that the damage to the statue was significant and that the fate of the statue should have been decided through appropriate legal channels.

The appellate court could not disturb the jury verdict, and while right-wing legal commentators suggested that all of the evidence put forth during the trial on the history of slavery and Colston's role in it was irrelevant to the criminal charges levelled against the defendants, the motivation of the defendants, to pull down the statue as a matter of racial justice, were simply outside the parameters of the reference put forward by the AG. Instead, the Court of Appeal referred to the 'range of defences' that had been put to the jury by the defendants, which were not limited to the matter of Convention rights. We can see the Court of Appeal attempt a corrective; however, because the prosecution can only appeal a jury's decision to acquit under an extremely limited number of conditions,[47] it really had nowhere to land. The jury's decision to acquit all four defendants stands as a suspension of the propertied logic of the nation, whereby the valorisation of an enslaver of Black Africans, which remains woven into the fabric of the contemporary British state, belongs at the bottom of the Bristol harbour, ejected from public space altogether. The actions of the Colston 4 and everyone who assisted them, and the jury's verdict, stand as a 'non-dialecticisable' refusal of the auto-immune reaction of the racial state.

47. See section 36 of the *Criminal Justice Act*, 2003, c.44.

The revolts of 2020 can be understood, in the context of a pandemic, as a collective mobilisation against the perpetual tax on racialised bodies; a revolt against a debt that cannot be discharged, at least, not under the current juridical, political-economic order.[48] The rupture of the apparent separation between medical, juridical and political meanings of immunity (immunosuppression) and auto-immunity allows us to grasp the totality of the social formation that is racism in contemporary Britain. It makes it possible to consider a number of interlocking phenomena: the immune response to actual disease that was suppressed by the materiality of inadequate living conditions; being rendered immunosuppressed by a workplace saturated with structural inequality, immunity from disease and immunity from the public burden of state racism that is denied along multiple and mutually-determining spheres of life. The refusal of the racial and repressive parameters that dictated the juridical, medical and political materialities and symbolic meanings of immunity and auto-immunity was converted into mass protest, which, unexpectedly, found public recognition in the eyes of a jury, whose unappealable verdict sits as its own indictment of the racial state.

48. Denise Ferreira da Silva, *Unpayable Debt*, Sternberg Press, 2022.

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