

Rural pandemic: The afterlives of slavery and colonialism in Costa Chica, Mexico

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Abstract

The afterlives of slavery and colonialism have haunted ruralities in the Costa Chica region of Guerrero, Mexico, during the COVID-19 global pandemic. Engaging with rural geographic scholarship, this commentary unpacks how these afterlives have shaped racialised development, negatively impacting the quality of life of Costa Chica's human and nonhuman life.

Keywords

COVID-19, Afro-Indigenous geographies, rural health, Costa Chica, slavery, colonialism, racialised development

Introduction

This commentary engages with rural geographic scholarship to understand the impacts of the COVID-19 global pandemic in the Costa Chica region of Mexico. Costa Chica is the second most impoverished region in the state of Guerrero, neighbouring La Montaña – one of the most impoverished areas in the country (PNUD, 2019). Located South East of Acapulco, the region is home to the nation's largest 'Afro-mexican' population, a new legal identity category which recognises Black and Afro-descendant peoples as an ethnic minority in the country. The ethnic makeup of Costa Chica is mostly mixed, consisting of local Indigenous groups (Amuzgos, Mixtecs, and Tlapanecos) as well as African, Asian, and European descendants. The term *mestizo* or *Afro-mestizo* circulates in the region's politics of identity categorisation. However, I prefer working with the term

Afro-Indigenous to centre Costa Chica's predominant and collective histories, cultures, and politics. In the context of rural geographies, this terminology matters because *mestizaje*, as Palou (2014) documents, has been a core part of state/market-led projects centring White(r) urban lifeways in cultural representations, political regimes, and economic development.

It is essential to understand the impacts of the coronavirus pandemic in Mexico as products of the afterlives of slavery and colonialism. These afterlives constitute central economic processes which have shaped racialised development, negatively

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impacting the quality of life of Costa Chica's human and nonhuman inhabitants. I am currently in Ometepec, a central small town in Costa Chica, conducting fieldwork for almost a year. In what follows, I delve briefly into rural geography literature to offer theoretical interventions based on my ongoing ethnographic work. Drawing from ethnographic observations, in/formal work, health infrastructure, migration, and communication are key areas to highlight as impacts experienced in this region. I conclude by pointing to several emerging issues which deserve further attention in future studies.

Afterlives in rural geography

My intervention in rural geography is to address the lack of engagement with the afterlives of slavery and colonialism. This absence, I argue, is inevitable when rural spatialities are: made to work, conceptually and materially, in the service of the urban (e.g. Brenner and Schmid, 2012); receive scant historical attention, leaving this work to historical geographers or rural historians (Woods, 2009); and lack engagement with the 'Global South' (McCarthy, 2005). This commentary fits within these gaps.

The recent reports on rural geography in *Progress in Human Geography* showcase literature from the 'Global South' (Argent, 2017, 2019). Yet there is a trace of dismissal of colonialism when Argent (2017: 804) uses the phrase 'so-called' when referring to settler state nations. This concept invokes the afterlives not just of colonialism but also of slavery, historical iterations of capitalism, genocide, and racialised development as productive analytics in the emerging methods and critiques of rural geographies. As a research site, Costa Chica allows for this theoretical intervention to be grounded in the context of the global pandemic.

An Afro-Indigenous pandemic

The afterlives of slavery and colonialism include framing ruralities as lifeless spacetimes, containing an endless supply of resources (Moreno-Tabarez, 2020). Paradoxically, this supply includes human and nonhuman life and labour, migrants from the 'Global South' being a prime example. Racialised

development involves the making of 'Black' and 'Indian' subjects through a biopolitics of exposure to death and disease at every corner in the processes of forced migration and territorial dispossession (Wolfe, 2016). This kind of exposure is a critical feature that lingers; it is a part of everyday life for people in Costa Chica.

Arturo sells and repairs time – Chinese watches he purchases on his trips to Guatemala. Like most street vendors in Ometepec, he sets up shop in his usual spot on the main street's sidewalk hoping to earn enough to feed his family. Since the implementation of the contingency measures to halt the spread of the coronavirus in March 2020, street vendors' sales have plummeted. But they continue to go back to work, exposing their health and, consequently, that of others. Arturo shares a common sentiment which frames the vendors' predicament:

Here, there are two kinds of 'soup': either you die from a virus for going out to work, or you die of hunger for being in quarantine. We can't give ourselves the luxury of getting sick. I've known people with dengue or chikungunya [viral infections] or cancer, and they still go to work in pain. Neither food nor medicine will pay for itself. (15 April 2020)

This sentiment is not unique to street vendors. Indeed, some workers in the formal economy also express similar feelings. Working through pain, viral infections, and chronic or fatal diseases is the work ethos of the day in Costa Chica. The performance of such an ethos comes with a kind of masculinist bravado, a prophylactic speech act which reveals the vulnerability it works to conceal (Woods, 2010). This emotional cosmology reflects internalised state abandonment as evidenced in the lack of health care infrastructure in this region.

The lack of health infrastructure is also a product of the afterlives of slavery and colonialism, exacerbating the vulnerability of Costa Chica's inhabitants. For example, for a regional population of almost half a million, the state has reserved only one regional hospital in Ometepec. The hospital has been designated solely for the treatment of COVID-19 cases needing hospitalisation. There are other smaller local hospitals, but as is common with

the health care system in Mexico, these hospitals remain understaffed and underfunded (Miranda, 2019). For people like Efred, leader of an Afro-Indigenous food cooperative in Ometepec, this has meant travelling to Acapulco every other day to receive dialysis treatment for his Chronic Kidney Disease. Efred dreads the 4-hour bus ride to and from the hospital in Acapulco, characterising the bus as a petri-dish for death since the patients are some of the most vulnerable people to the coronavirus. This bus ride situation is the same for people with chronic health conditions who are fortunate enough to have insurance. At the time of writing, Acapulco was the urban epicentre with over 50% of the confirmed cases in the state, but testing rates are extremely low.

The relatively small number of confirmed cases in Costa Chica has its own set of sociological implications linked to the afterlives of slavery and colonialism. Our contingency measures began around mid-March and included voluntary stay-at-home recommendations which many people have ignored, some out of necessity. Those who had migrant relatives in other parts of Mexico or the United States have been more cautious, after hearing stories from people in New York, North Carolina, Mexico City, Sinaloa, and Jalisco. When migrant farmworkers return, the municipal police spray disinfectant onto their entire bodies, ordering them to maintain a 14-day quarantine. But the absence of confirmed cases has also led to macabre stories about the distant urban epicentres. For example, Violeta, an itinerant seafood saleswoman, told me about her niece, a kidney transplant patient living with her family in Mexico City, who, after falling ill, was taken to the hospital only to die alone a day later. Doctors returned the body to her family in ashes, and she was cremated reportedly without the family's knowledge or consent. This story, and others like it, has led to rumours warning people not to go to the hospital lest they want to get killed. There are many reasons why these rumours circulate. Still, for this geography, it is crucial to take seriously the context of structural abandonment where science, technology, progress, development, and other related keywords have signalled an overarching

racialising project designed to exploit and dispossess peoples and environments.

Of course, addressing these toxic dynamics can include taking seriously a communication strategy that centres the experiences of the target audiences. There is a long history of communication strategies using the politics of 'inclusion'. For example, in 1948, the Instituto Nacional Indigenista (INI, now Instituto Nacional de los Pueblos Indígenas, INPI) was created to serve the development needs of Indigenous peoples. In 2019, the Mexican state added Afro-descendants to this legal framework of protection. INI and INPI, like all contemporary health-related federal agencies in Mexico, follow a policy of normativity in their health campaigns. This policy consists of the central government in Mexico City designing campaigns which are not regionally or culturally specific to their geographic audiences. In practical terms, the print ads and commercials have featured actors and characters which embody an urban experience that has been racialised, gendered, sexualised, and ableised in starkly different ways from rural Afro-Mexican and Indigenous lives. Moreover, these federal agencies do not always translate messages into their respective audience's languages; when they do translate, these are literal translations which do not match the cadence and rhythm of rural ways of being and knowing. In current and future pandemics as well as health communication at large, a more well-rounded critique of these politics of inclusion is necessary.

Conclusion

This brief intervention in rural geographies underscores the importance of slavery and colonialism as analytics in racialised development processes which continue to impact Black, Indigenous, and Afro-Indigenous peoples of Costa Chica and other geographies with similar experiences. Moreover, while this commentary laid out several ways in which the global pandemic impacts Costa Chica, more needs to be done to highlight how rural subjects enact resistance.

Food and medicine are two possible areas that deserve more attention. The 'soup' Arturo refers to is not just a metaphor; there is a shortage of food,

and prices have gone up considerably. Political leaders have sought to politicise aid by taking pictures with people who require daily groceries. But they are also funding initiatives to cut back food dependency from other states; this includes supporting food cooperatives like Ejército Libertador del Sur, which are growing short-term crops for self-consumption. In terms of medicine, the afterlives of slavery and colonialism produced meshworks of lifeworlds which continue to be socially reproduced, especially as evinced in the holistic approaches to medicine (Zolla, 2008). These medicinal meshworks reflect rhetorical doxa and performative epistemes that survived the Spanish Crown's systematic efforts to devalue them through its Caste system. This system favoured Christianity's (meta)physical assumptions of the body. However, Costa Chica's geographic specificity, away from urban panopticons of colonial (1521–1821), post-colonial (1810 onwards), and post-Revolution (1910 onwards) regimes, allowed for these cultural meshworks to flourish, and they will survive the current pandemic as well.

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