

The South African Pandemic of Racial Capitalism

Madalitso Zililo Phiri

South Africa's COVID-19 responses could well be seen as paradoxical if official statistics were to be confirmed. As of September 2021, the country has recorded over 84,000 COVID-19-related fatalities with fears of a fourth pandemic wave looming.¹ Juxtaposed to the global Western epicentres of the pandemic, such as the United States, United Kingdom, and Italy, this number seems disproportionately minuscule. Per capita fatalities from COVID-19 are

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less for South Africa than for all of the G-7 countries except Japan and Canada.

However, viewed in the context of the African continent, in which South Africa engages in a colonial-informed discourse emphasising the country's exceptionalism, what stands out is that the country has the highest number of COVID-19-related fatalities (and the highest number of deaths per capita after Tunisia). Why is it that a country that boasts one of the most sophisticated health systems on the African continent also accounts for the highest number of COVID-19 deaths?

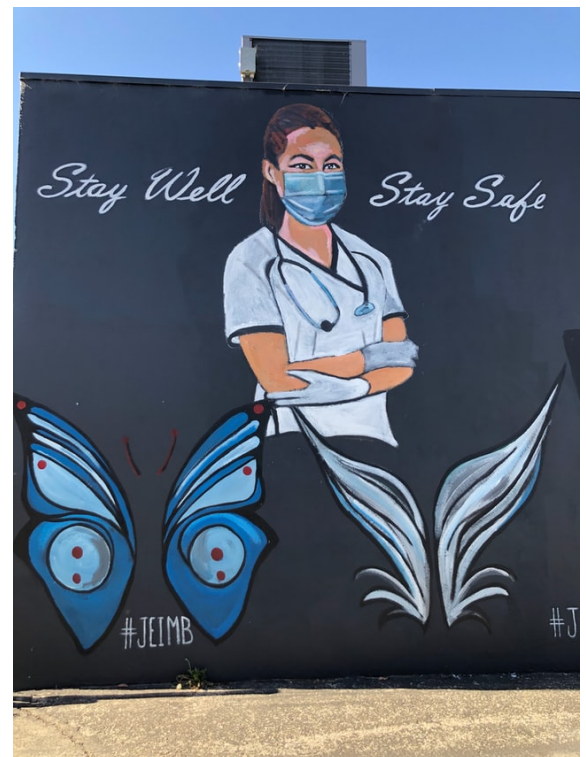


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¹ ↪ ["Update on Covid-19 \(Wednesday 08 September\),"](#) COVID-19 South African Online Portal, September 8, 2021.

The answer is that South Africa's COVID-19 pandemic is one of racial capitalism, entangled with histories of imperial state formation, settler colonialism, and a hierarchical global-neoliberal public policy architecture. Although South African political economist Patrick Bond's analysis concluded that South Africa's post-apartheid settlement shifted from racial to class apartheid, such an observation is in many ways deficient, as the diabolical effects of a hierarchical, racialised political economy persist into the present. The South African political scientist Thiven Reddy argues that, in a colonised society such as South Africa, settled by large numbers of Europeans, the tensions and contradictions emanate primarily from the imposition of racial capitalist relations.²

Racial capitalism is defined as a hierarchical political economy constituted by war, militarism, imperialism, expropriation, and super-exploitation.

Black Studies scholar Charisse Burden-Stelly defines racial capitalism as a hierarchical political economy constituted by war, militarism, imperialism, expropriation, and super-exploitation.³ The editorial team of Black Agenda Report traces the historical genealogy of the term to Southern African liberation activists, writers, and academics aligned with the Black Consciousness Movement. They note that, in the 1970s, powerful deployments of the term racial capitalism could be found in: (1) Martin Legassick and David Hemson's pamphlet *Foreign Investment and the Reproduction of Racial Capitalism in South Africa* (1976); (2) Africana Studies professor James A. Turner's research on U.S. investment in South Africa in the *Western Journal of Black Studies* (1976); (3) Bernard Magubane's attacks on liberal analysis of the South African situation in *Review*, published by the Fernand Braudel Centre (1977); and (4) John S. Saul and Stephen Gelb's trenchant analysis of the crisis in South Africa in *Monthly Review* (1981).⁴

Among the most important figures to use the term racial capitalism in the South African context was Neville Alexander, who had long grappled with questions of race, class, ethnicity, and nation in South Africa, as evidenced by his book *One Azania, One Nation: The National Question in South Africa* (1979), written under the pseudonym No Sizwe and heavily influenced by the sociologist Oliver Cromwell Cox, among others.⁵ Black radical Canadian historian Peter James Hudson has suggested that, "for Alexander, racial capitalism allows for the apprehension of the unique, indeed, exceptional character of South Africa. It shows how the political economy of White supremacy in South Africa differed from that of the rest of the continent, and, for that matter, of the United States."⁶

Reddy, who is a professor of political studies at the University of Cape Town, suggests that the South African story provides a unique lens through which to observe the global narrative of modernity and its ills.⁷ He thus affirms the Black radical tradition, which has endeavoured to jettison liberal analyses postulating that apartheid's transhistorical racial inequalities could be reformed through a better capitalism, while being simultaneously critical of those Marxist analyses that insufficiently attend to questions of race.

South Africa is engulfed by myriad sociopolitical and economic crises, not only resulting from colonial apartheid, but also from the development of its post-apartheid political economy within a long durée of racialised neoliberal-policy globalisation. Though the current neoliberal phase emerged in the 1970s in Chile, the white ruling and academic elites

² ↪ Steven Friedman, "[Out of Africa: South Africa's COVID-19 Response Ignores the Rest of The Continent](#)," *Democracy Development Program*, September 15, 2020.

³ ↪ Charisse Burden-Stelly, "[Modern U.S. Racial Capitalism](#)," *Monthly Review* 72, no. 3 (July–August 2020): 8–20.

⁴ ↪ "[Racial Capitalism, Black Liberation, and South Africa](#)," *Black Agenda Report*, December 16, 2020.

⁵ ↪ "Racial Capitalism, Black Liberation, and South Africa."

⁶ ↪ Peter James Hudson, "[Racial Capitalism and the Dark Proletariat](#)," *Boston Review*, February 20, 2018.

⁷ ↪ Thiven Reddy, *South Africa: Settler Colonialism and the Failures of Liberal Democracy* (London: Zed, 2015), 4–5.

in South Africa had been engaging with the ideas since the '60s, leading to its embrace and dominance when the

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majority Black-led government came to power in the '90s. Although some tokenistic welfare improvements were recorded under the new government, the racialised neoliberal-policy approach has limited state social provisioning, emphasising the primacy of markets, cost recovery, and competitive priorities in the provision of

public infrastructure and services, including health care. Capitalist development in South Africa cannot be abstracted from historical and contemporary forms of structural violence that have defined the country's health and economic policy. Since the 1970s, South Africa's economy has faced multiple pressures, in addition to global economic volatilities, particularly in the 1980s and '90s, marked by deindustrialization, unequal patterns of capital accumulation, dispossession, and capital flight. In the first two decades of the twenty-first century, sluggish economic growth was compounded by credit downgrades by Fitch, Moody's, and Standard and Poor's.

Current fiscal irregularities have culminated in the decline of international investor confidence and in applications for loans from the International Monetary Fund (IMF), World Bank, African Development Bank, and New Development Bank to finance the provision of public goods such as health care. However, the policy decision to borrow from the IMF to mitigate and address the effects of COVID-19 ignores the political economy of empire and the power asymmetries of a global capitalist financial architecture. This remains true despite all of the assurances directed to citizens by the South African government that fiscal autonomy would not be forfeited.

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The pandemic, accompanied by several national lockdowns, exacerbated South Africa's historical racial-capitalist inequalities.⁸ Through the Special COVID-19 Social Relief of Distress Grant, the government extended social assistance programs to relieve poor households of the deleterious effects of the pandemic. Retrenched workers could access social insurance through the Unemployment Insurance Fund, albeit some inefficiencies have been reported. The South African president, Cyril Ramaphosa, announced an economic stimulus package to respond to the pandemic's health and economic challenges. Nevertheless, only a third of South Africa's rescue package has materialised. In the health sector alone, as of February 2021, R342 billion remained unused. A report suggests that a significant proportion of this was lost in corruption associated with the procurement of personal protective equipment, as well as other medical services and products.⁹

Despite initial responses to mitigate the pandemic, the government militarised social policy and weaponised the state to respond to the health crisis. Between March and August 2020, almost 300,000 people had been arrested for contravening the regulations put in place by the Disaster Management Act and nationwide lockdown.¹⁰ The socioeconomic context has been even more polarising. A National Income Dynamics Study report noted that, since

⁸ ↪ See Bernard Magubane, *The Making of a Racist State: British Imperialism and the Union of South Africa, 1875–1910* (Trenton: Africa World Press, 1996); Madalitso Z. Phiri, "History of Racial Capitalism in Africa: Violence, Ideology and Practice," in *Palgrave Handbook of African Political Economy*, ed. Samuel O. Oloruntoba and Toyin Falola (New York: Palgrave MacMillan, 2020).

⁹ ↪ Institute for Economic Justice, [COVID-19: South Africa's COVID-19 Rescue Package Scorecard Update – 11 February 2021](#) (Johannesburg: Institute for Economic Justice, 2021).

¹⁰ ↪ ["Almost 300 000 Arrested for Contravening Lockdown Regulations: Crime Stats,"](#) SABC News, August 14, 2020.

February 2020, three million South Africans had lost their jobs.¹¹ There was an 18 per cent decline in employment

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between February and April 2020, when lockdown levels were stringent. Preexisting inequalities have grown. Job and income losses are heavily concentrated among those already disadvantaged in the labour market, with the majority Black population, low-wage earners, manual labourers, and women experiencing the greatest losses. Women bore the brunt of job losses.¹² Of the approximately three million net job losses between February and April, women accounted for two million, or two-thirds of the total, even though in February they accounted for less than half of the workforce (47 per cent).¹³ Of those women who were employed in both February

and April, almost half of them reported working fewer or no hours in April (compared to 42 per cent of men). Among the groups of people that were already disadvantaged in the labour market and faced a disproportionate share of job losses from the pandemic (the less educated, the poor, Black Africans, and informal workers), women were put at a “double” disadvantage.

Many of the people who lost their jobs are in social grant-receiving households, for example, a child support grant or an old-age pension, but a substantial portion also live in households without any grant incomes.¹⁴ Approximately 30 per cent of those who were retrenched between February and April reported no household-level grant protection at all.¹⁵ In addition to this, 47 per cent of respondents in the National Income Dynamics Study reported that their households ran out of money to buy food in April 2020. Prior to the lockdown, 21 per cent of households reported that they ran out of money to buy food in the previous year.¹⁶

South Africa's COVID-19 Response under the Gaze of Neoliberal Social Policy Making

South Africa's COVID-19 response needs to be contextualised within the history of welfare provision and the emergence

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of neoliberal globalisation, which has resulted in further segmentation of public provisioning. In the early 2000s, Bond had already observed that South Africa's inherited economic contradictions begin with the lethal contemporary combination of stagnation, financial speculation, and uneven geographical development, which, along with race and gender oppression, define apartheid capitalism's peculiar form of durable

¹¹ ↪ Nic Spaull et al., *Overview and Findings: NIDS-CRAM Synthesis Report Wave 1* (Pretoria: National Income Dynamics Study, Coronavirus Rapid Mobile Survey, 2020).

¹² ↪ Spaull et al., Overview and Findings.

¹³ ↪ Daniela Casale and Dorrit Posel, *Gender and the Early Effects of the COVID-19 Crisis in the Paid and Unpaid Economies in South Africa* (Pretoria: National Income Dynamics Study, Coronavirus Rapid Mobile Survey, 2020).

¹⁴ ↪ Spaull et al., Overview and Findings.

¹⁵ ↪ Rocco Zizzamia, Ronak Jain, Joshua Budlender, and Ihsaan Bassier, “The Labor Market and Poverty Impacts of COVID-19 in South Africa” (CSAE Working Paper Series 2020–14, Centre for the Study of African Economies, University of Oxford).

¹⁶ ↪ Statistics South Africa, *General Household Survey 2018* (Pretoria: Statistics South Africa, 2018).

inequality.¹⁷ South Africa faces multiple crises stemming from a violent racial capitalism on two fronts: (1) a fragmented social contract from colonial apartheid, which segregated social provisioning, and (2) a highly racialised and hostile global capitalist architecture of governance.

During the pandemic, the World Bank increased its response and commitment to assist developing and emerging countries and, together with the IMF, called on all official bilateral creditors to suspend debt payments from the International Development Association countries, requesting forbearance.¹⁸ South Africa was a recipient of this loan arrangement, culminating in the decision to borrow from the IMF's Rapid Financing Instrument. Conservative proponents of neoliberalism tend to dismiss the term itself as theoretically meaningless. Yet, in 2016, the IMF not only identified neoliberalism as a coherent doctrine, but also asked if the policy package of privatisation, deregulation, and liberalisation had been "oversold."¹⁹ Bond had already noted that, in the field of health care, the Bretton Woods Institutions promoted—through policy and International Finance Corporation investments—"managed health care": a super-commodification process that sets insurance companies atop a vertically integrated system, the main purpose of which is to cut costs by closing health facilities and limiting patient access and equality.²⁰

Nevertheless, myths of a benign neoliberalism persist. One policy pundit erroneously noted the perceived "benefits" of borrowing from the IMF: (1) South Africa is getting \$4.2 billion at about 1.1 per cent interest, a cheap source of funds; (2) the IMF loan could catalyse other funds for the country; (3) investors in South Africa and abroad will interpret the IMF's action as an expression of support for South Africa, giving them the confidence to invest in South African debt.²¹

Dominant social and economic policy approaches depict South Africa's development decisions as neutral, despite entanglements with what the Liberian scholar-activist Robtel Neajai Pailey, professor at London School of Economics,

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has called the "white gaze of development that informs global development initiatives."²² Historian and scholar-activist Vijay Prashad suggests that "the various programs to suspend debt servicing payments and the various programs of aid—such as through the IMF's COVID-19 Financial Assistance and Debt Relief initiative—are certain to fall short. The G20 package has only covered 1.66 per cent of debt payments since it has failed

to corral many private and multilateral lenders into its agreements."²³ Borrowing from multilateral lenders will ultimately perpetuate a policy environment that champions underinvestment in public goods like health care, debilitating efforts to curb the pandemic in the long run. Despite these observations, South African public policy fails to disturb the diabolical, racialised covert practices of neoliberalism that have resulted in commodification and financialisation since the demise of the apartheid state and, more recently, in the approaches to the pandemic.

¹⁷ ↪ Patrick Bond, *Elite Transition: From Apartheid to Neoliberalism in South Africa* (London: Pluto, 2000).

¹⁸ ↪ "[Joint Statement World Bank Group and IMF Call to Action on Debt of IDA Countries](#)," International Monetary Fund, March 25, 2020.

¹⁹ ↪ Jonathan D. Ostry, Prakash Loungani, and Davide Furceri, "Neoliberalism: Oversold?," *Finance and Development* 53, no. 2 (2016): 38–41.

²⁰ ↪ Bond, *Elite Transition*, 183.

²¹ ↪ Danny Bradlow, "[South Africans Should Accept That the IMF Is Neither Their Worst Enemy Nor Their Saviour](#)," *The Conversation*, July 28, 2020.

²² ↪ Robtel Pailey, "[De-centering the 'White Gaze' of Development](#)," *Development and Change* 51, no. 3 (2019): 729–45.

²³ ↪ Vijay Prashad, "We Suffer from an Incurable Disease Called Hope: The Forty-Eighth Newsletter," *Tricontinental: Institute for Social Research*, November 20, 2020, 2.

South Africa's White Paper on National Health Insurance (NHI) was published for comment on December 11, 2015, a move that was said to signal the long-awaited provision of decommodified health care. On June 30, 2017, the NHI policy document was announced after approval by the cabinet. NHI is being implemented in phases over a fourteen-year period that started in 2012, funded through a combination of various mandatory prepayment sources, primarily based on general taxes. The Department of Health suggests that "the health services covered by NHI will be provided free at the point of care."²⁴ Further, "all South Africans will have access to needed promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality and are affordable, without exposing them to financial hardships."

Across the spectrum of the various public and private interests, this approach has been met with fierce criticism as a dubious and pie-in-the-sky policy that ignores the real economy. The NHI is being promulgated in a context of an ideational bankruptcy and the emergence of an outsourced state in the provision of public goods. The gulf between public and private social provisioning has never been wider. The country's Department of Health reported that almost 50

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per cent of total health expenditure is spent on 16 per cent of the population covered by medical schemes, while the other 50 per cent is spent on 84 per cent of the population in the public sector.²⁵ In recent times, the Health Professions Council of South Africa had 15,008 registered medical doctors and specialists. Only 4,986 of those medical doctors worked in the public sector; the remaining 10,022 worked in the private sector, and some of them moved abroad. Medical doctors are

also more likely to work in urban areas than in remote rural areas. COVID-19 has brought to the fore such health inequalities in the South African context.²⁶

The relationships between South Africa's health care and the state, taxation structure, private health care companies, and citizens are complex. Health inequalities in South Africa are founded on a colonial architecture that segments access across race, class, gender, and geography. Throughout the twentieth century, the country perfected the art of segregated social provisioning, with the white minority receiving a larger share of benefits.²⁷ From the 1970s to the present, "South Africa offered a site for neoliberals to think through the conditions necessary to preserve the market order, especially under conditions of what they perceived as the problem of White minority and even White decline. Expansion of its public health system was in tandem with deepened segregation and exclusion which cemented values of institutional White supremacy in the public sector."²⁸ These social policy decisions paved the way for entrenched neoliberal policy prescriptions that are ubiquitous in South Africa's post-apartheid political settlement. As sociologist and professor of social policy at the University of South Africa Jimi Adésinà has observed, "rather than the active social policy instruments concerned with enhancing productive capacity, employment, redistribution, and degrees of collective social

²⁴ ↪ Department of Health, "[National Health Insurance Policy: Towards Universal Health Coverage](#)," *Government Gazette* 40955, June 30, 2017.

²⁵ ↪ Department of Health, "National Health Insurance Policy," 8.

²⁶ ↪ John E. Ataguba and Di McIntyre, "The Incidence of Health Financing in South Africa: Findings from a Recent Data Set," *Health Economics, Policy and Law* 13, no. 1 (2018): 68–91; John E. Ataguba, Candy Day, and Di McIntyre, "Explaining the Role of the Social Determinants of Health on Health Inequality in South Africa," *Global Health Action* 8, no.1 (2015): 28865.

²⁷ ↪ Patrick Bond, *Against Global Apartheid: South Africa Meets the World Bank, IMF and International Finance* (London: Zed, 2004); Sampie Terreblanche, *A History of Inequality in South Africa 1652–2002* (Pietermaritzburg: University of KwaZulu-Natal Press, 2002).

²⁸ ↪ Quinn Slobodian, *Globalists: The End of Empire and the Birth of Neoliberalism* (Cambridge, MA: Harvard University Press, 2018).

provisioning, what is offered is the primacy of the market in the allocation of resources and segregated public provisioning in addressing market diswelfares.”²⁹

When both the public and private realms are examined, it is clear that South Africa presents vast health-policy inequalities. The tax contributions of corporate entities in the South African health care sector have a direct bearing on

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the lives of the poor. The richest 20 per cent of the population spend more on health financing as a proportion of their income than the poorest 20 per cent of the population. The bottom 20 per cent of the population spends a relatively small share of their income on health services via direct taxes and medical scheme

contributions compared to other groups. The result for private health insurance is not surprising, as those in the poorest 20 per cent of the population, statistically speaking, are seldom insured.³⁰

The areas worst affected by the pandemic have characteristically followed the patterns of geographical anti-Black racism embedded in South Africa’s social institutions. Throughout the COVID-19 pandemic, acute health inequalities around infrastructure follow the same patterns of colonial apartheid stratification and geography. At the height of the pandemic, a BBC investigation highlighted the plight of frontline workers, underinvestment in public facilities, corruption, and understaffed hospitals. One doctor expressed scepticism at a public-private partnership between the provincial government in Port Elizabeth and the German car manufacturer Volkswagen. He reported: “They have got 1,200 beds, but only 200 are oxygenated, and there are currently only enough staff for 30 beds.”³¹ High fatalities have been reported in mostly poor and overcrowded communities, the residents of which must painstakingly access understaffed public health care in the provinces, such as Gauteng and both the Eastern and Western Cape—the epicentres of the pandemic in the country.

When COVID-19 strategies are examined, the global policy paradox is that countries with the highest registered numbers of fatalities also suffer from grandiose ideas about their own national exceptionalism and faulty theses on their construction of new “civilisations”: namely, the United States, United Kingdom, and Brazil. In a similar vein, the myth of South Africa’s national exceptionalism on the African continent was constructed in a racially polarising and narrow nationalist discourse of “we” in “South Africa” contrasted to the “others” in “Africa.” This partly explains South Africa’s policy contradictions. The country boasts increased health care expenditures that are nonetheless offset by mediocre achievements in protecting those within its territories. Ignoring the racist construct that disaggregates North African countries from sub-Saharan Africa, South Africa still accounts for more COVID-19 fatalities per capita than countries like Egypt, Morocco, and Algeria, and regional powerhouses like Nigeria, Kenya, and Ethiopia. Across neighbouring countries like Namibia, Mozambique, and Zimbabwe, South African COVID-19 trends are proportionally higher than all these territories combined.

The South African political scientist Steven Friedman observes that poorer African countries have so far been better able to cope than countries with state-of-the-art curative health systems. South Africa, as a so-called emerging economy, has emphasised getting people to hospitals because that is what has happened in rich countries where politicians and

²⁹ ↪ Jimi O. Adesínà, “Policy Merchandising and Social Assistance in Africa: Don’t Call Dog Monkey for Me,” *Development and Change* 51, no. 92 (2020): 1–22.

³⁰ ↪ Ataguba and McIntyre, “The Incidence of Health Financing in South Africa,” 4.

³¹ ↪ Andrew Harding, “[Coronavirus in South Africa: Inside Port Elizabeth’s ‘Hospitals of Horrors’](#),” BBC, July 14, 2020.

Unfortunately, not only has South Africa chosen to focus on hospitalisation after infection, it has also neglected to learn from continental African examples on how to prevent and offset the deleterious effects of the pandemic.

scientists stress hospitalisation—a measure that favours curative medicine.³² Friedman further asserts that, in part, countries in the Global North have fared worse in containing the pandemic because of their focus on curative medicine, which treats people who are already ill.³³ Yet, curative medicine is not a huge help if there is no cure. Thus, fighting COVID-19 was in

some ways easier for poorer countries used to implementing public health measures to prevent the spread of viruses.

Unfortunately, not only has South Africa chosen to focus on hospitalisation after infection, it has also neglected to learn from continental African examples on how to prevent and offset the deleterious effects of the pandemic. This is the case even though South Africa has for decades been the epicentre of tuberculosis and HIV/AIDS, pioneering medical research to address these pandemics (more recently, malaria).³⁴ Little emphasis is placed on how some African countries with

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meagre resources have dealt with pandemics and weak public health infrastructure in the decades where neoliberal prescriptions have defined the policy landscape. The point here is not to justify meagre resources, but rather to posit an alternative: adoption of health policy approaches that subvert, instead of reinforcing, polarising neoliberal

policy prescriptions.

South Africa has also not embraced a totalising policy approach that undermines racialised neoliberalism in solidarity with wider continental resistance aspirations. Though plans for a national health insurance can be traced to the country's liberation documents, it was not until recently that the government promulgated legislation toward the realisation of public, tax-funded, decommodified NHI to challenge the supremacy of markets in social provisioning. This, however, is being attempted in a polarising political context where the “social” has been divorced from the “economy,” leading to manifold health stratifications and inequalities.

Although neoliberalism has been articulated as a special phase in capitalist evolution rooted in crisis and de valorisation, this position lacks a theoretical analysis that accounts for anti-Blackness in the discourse of capitalist accumulation.³⁵

Cultural historian and Black Marxist theorist Robin D. G. Kelley contends that many leading Western Marxists like David Harvey argue that racism, like hetero-patriarchy, is not constitutive of capitalism, but operates alongside it—an added irritant, as it were—to oppress particular subgroups and divide the working class. As Kelley observes:

When Alex Dubilet questioned the Marxist geographer David Harvey for ignoring or sidelining racialisation in the “historical and material story of capitalism,” especially since “the most intense mobilisations [in the United States] against the capitalist order” were aimed at anti-Black police violence, Harvey replied that race was simply not part of the logic of

³² ↪ Friedman, “Out of Africa.”

³³ ↪ Ibidem.

³⁴ ↪ South Africa has contributed to the globe's scientific community from the early twentieth century until the present, even at the zenith of white colonial rule. Coupled with pioneering research and development in HIV/AIDS and tuberculosis, a recent experiment at the University of Pretoria has pioneered the eradication of malaria on the African continent. “UP Researcher's Team Discovers New Compounds with the Potential to Eliminate Malaria,” University of Pretoria, January 11, 2021.

³⁵ ↪ Harvey, A Brief History of Neoliberalism.

*capital accumulation. There was nothing inherently anti-capitalist about antiracism, he wrote, adding, “I don’t see the current struggles in Ferguson as dealing very much in anti-capitalism.”*³⁶

In the South African context, neoliberal racial capitalism has produced an “outsourced state” devoid of its capacity to safeguard citizens’ well-being effectively. Racialised neoliberalism reigns supreme in the South African social policy lexicon and political landscape, even in the now moribund liberation movement, the African National Congress.³⁷

Unmaking the Political Economy of Empire through an Alternative Internationalism

COVID-19 in South Africa is a pandemic of racial capitalism and global white supremacy, exemplified in approaches that champion vaccine nationalism and apartheid. Ever since the potent deployment of neoliberal social policy, most parts of the Global South were covertly and overtly forced into a project of the “Americanisation of social policy.” Layla Brown-Vincent, for example, provides the link between public policy and racialised neoliberal globalisation by observing U.S. responses to the COVID-19 pandemic.³⁸ She suggests that,

*“while the US government struggles with the nearly insurmountable difficulties presented by its profit-driven health care system, coupled with its gross lack of willingness to take the pandemic seriously, it becomes abundantly clear that while the Corona is a virus of pandemic proportions, the true pandemic is racial capitalism.”*³⁹

South Africa’s domestic and international policy choices need to be seen as located within a hierarchical, racialised financial architecture that privileges Western nations, thereby maintaining their genetic survival and dominance. This is especially the case in relation to policy efforts that champion both vaccine nationalism and apartheid. If COVID-19 has thrown into relief the political, health, and economic decadence of Western capitalist civilisation, a corollary of this is that such decadent civilisation is now sustained by debt. In the Hebrew scriptures, the writer of the Book of Proverbs noted that “the wealthy rule over the poor, a borrower is a slave to a lender.”⁴⁰ The slave/master relationship constitutes the rubric and foundations of colonial modernity and public policy making in the contemporary era.

Throughout the twentieth century, the maintenance of and resistance to the slave/master relationship took on different

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types of internationalisms. The status quo slave architecture was preserved by the mythological status of the United States as an exceptional civilisation.⁴¹ In the post-Second World War era, this was initially championed by Harry Truman’s U.S.-led internationalism that insisted on the role of embedded liberal internationalism and postwar peace and prosperity to prevent the return of world war. Liberal internationalism cemented a social contract that further entrenched racial hierarchies, inequalities,

³⁶ ↪ Robin D. G. Kelley, “Root Cause Analysis,” *Bookforum*, February 4, 2021.

³⁷ ↪ Bond, *Elite Transition*.

³⁸ ↪ Layla Brown-Vincent, “The Pandemic of Racial Capitalism: Another World is Possible,” *From the European South* 7 (2020): 61–74.

³⁹ ↪ Brown-Vincent, “The Pandemic of Racial Capitalism,” 62.

⁴⁰ ↪ “Proverbs 22:7,” in *New International Study Bible* (Colorado Springs: Zondervan, 2002).

⁴¹ ↪ Charisse Burden-Stelly, “Black Studies in the Westernized University: The Interdisciplines and the Elision of Political Economy,” in *Unsettling Eurocentrism in the Westernized University*, ed. J. Cupples and R. Grosfoguel (London: Routledge, 2018).

and preservation of white life. International financial institutions such as the IMF, World Bank, and the General Agreement of Trade and Tariffs, and later the World Trade Organization, were justified as instrumental in preventing another global war, thereby establishing U.S. global hegemony.

South Africa should broaden medical solidarity and reject the IMF- and creditor-driven limit placed on government sector salaries. Because of these limits, former colonised countries have been losing medical personnel to the North

the history of the nation-state is a violent one, fraught with institutional racism and racialisation par excellence... The only way out of the global crisis is a reinvented third world internationalism and a divorce from empire, colonial ideas, and institutions that covertly and overtly perpetuate the suffering of human and nonhuman communities alike.

Atlantic states. States must use their precious resources to enhance public medical education and train medical workers within communities to provide public health services. The medical internationalism of the Bolivarian Alliance for the Americas, with the Cuban brigades in the lead, must become a model for the world through the World Health Organization.⁴² Cuba's revolutionary transcendence of imperial health care was achieved

through a sovereign national vision, predicated on global solidarity and the development of a biotechnology industry consisting of more than thirty research institutions and manufacturers, under the aegis of the state-run conglomerate BioCubaFarma. Cuban initiatives challenge the commodification in the global vaccine value chain. Cuba plans to export its Soberana-2 vaccine to other Latin American countries and the Global South in general.⁴³

It is fashionable in the international discourse of nation-states to refer to governmental actions in the global capitalist epoch as "neutral" happenings in race relations, abstracted from imperial violence. Yet, the history of the nation-state is a violent one, fraught with institutional racism and racialisation par excellence. The South African political scientist Suren Pillay urges the intellectual community to challenge the historical evolution of the nation-state. He argues: "Rather than Westphalia as a central moment, we should start with 1492 as central to our account of modernity. This is the date that marks the encounter between the West and Rest—the West and the Other, the West and the New World."⁴⁴ More recently, Mahmood Mamdani posits that "the nation-state was born of two developments on the Iberian Peninsula. One was ethnic cleansing, whereby the Castilian monarchy sought to create a homogeneous national homeland for Christian Spaniards by ejecting and converting those among them who were strangers to the nation—Moors and Jews. The other development was the taking of overseas colonies in the Americas by the same Castilian monarchy that spearheaded ethnic cleansing."⁴⁵ In a related critical tradition, Gurinder K. Bhambra argues that "contemporary politics is generally viewed through the lens of the nation-state, which is widely, but erroneously, understood to have its origins in the system of sovereign states that came into being in Europe in 1648."⁴⁶ However, as Bhambra continues, "the racialised hierarchies of empire defined the broader polity beyond the nation-state and, after decolonisation, have continued to construct inequalities of citizenship within states that have only recently become national."⁴⁷

The only way out of the global crisis is a reinvented third world internationalism and a divorce from empire, colonial ideas, and institutions that covertly and overtly perpetuate the suffering of human and nonhuman communities alike.

⁴² ↪ Vijay Prashad, "Ten-Point Agenda for the Global South After COVID-19: The Twenty-Fifth Newsletter," Tricontinental: Institute for Social Research, June 18, 2020.

⁴³ ↪ Talha Bhurki, "Behind Cuba's Successful Pandemic Response," *Lancet* 21 (2021).

⁴⁴ ↪ Suren Pillay, "Thinking the State from Africa: Political Theory, Eurocentrism and Concrete Politics," *Politikon* 45 (2018): 1, 32–47.

⁴⁵ ↪ Mahmood Mamdani, *Neither Settler nor Native* (Cambridge, MA: Harvard University Press, 2020), 2.

⁴⁶ ↪ Gurinder K. Bhambra, "Forget Westphalia: The Modern State Was Born from Colonialism," in "Why Is Mainstream International Relations Blind to Racism?," *Foreign Policy*, July 3, 2020.

⁴⁷ ↪ Bhambra, "Forget Westphalia."

Unmaking South Africa's health inequalities would require the abandonment of the racialised neoliberal institutions that inform its contemporary health policy choices. The entire private health sector must be nationalised, and smaller medical centres need to be created so that people can easily access public health facilities.

Frantz Fanon, in recognising that the colonised world had materially birthed the Global North, prophetically declared: "So comrades, let us not pay tribute to Europe by creating states, institutions and societies which draw their inspiration from her. Humanity is waiting for something other from us than such an imitation, which would almost be

an obscene caricature."⁴⁸

Unmaking South Africa's health inequalities would require the abandonment of the racialised neoliberal institutions that inform its contemporary health policy choices. The entire private health sector must be nationalised, and smaller medical

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centres need to be created so that people can easily access public health facilities. The government must withdraw from public insurance for private health care. Public health systems must be strengthened, including the production of medical equipment and medicines, as well as the distribution of essential medicines (the prices of which must be regulated).

The idea that the global health architecture is organised around the commodification of public goods could never be more apparent. States in the Global North have dismissed the call from South Africa and India to suspend intellectual property rules regarding the vaccine. These northern states have underfunded the COVAX project, which, as a result, is at a high risk of failure, with growing expectations that many people in developing countries will not see a vaccine before 2024. Insurgent vaccine nationalism and global apartheid define contemporary approaches to the pandemic, with countries like Canada building up reserves of five vaccines per Canadian. Countries in the Global South like South Africa, meanwhile, must use precious scarce resources to enhance public medical education and train medical workers within communities to provide public health services.

An alternative form of internationalism was what the former slaves and colonised polities conceptualised in opposition to a colonial modernity dating back to 1492. It was ignited by the Haitian Revolution of 1804, heralding Black

Visions of a post-imperial world were prematurely aborted through the aggression of the capitalist... These efforts were increasingly resisted by the United States, with repressive imperial ideas.

internationalism and a break with institutionalised slavery and imperial domination, and culminated in the Bandung Conference of 1955 and the subsequent formation of the Non-Aligned Movement to offset bipolar rivalries of the United States and the Soviet Union. Adom Getachew postulates that, "while the Anglophone world emerged as the central site of black internationalism by the end of Second World

War, anticolonial world-making was not limited to the central characters of the Black Atlantic. Broader political formations such as the Bandung Conference and the Non-Aligned Movement advanced the project of constituting a post-imperial world order."⁴⁹ The aim was to subvert colonial violence and unmake the world of empire through third world internationalism, solidarity, and a new human, born from the subaltern construction of political and social realities for global liberation. It allowed the newly independent countries to lead a development paradigm based on their national, popular, and sovereign interests. The colonised peoples hoped to construct a post-imperial financial architecture through the New Economic International Order.

⁴⁸ ↩ Frantz Fanon, *The Wretched of the Earth* (London: Penguin, 1963), 254.

⁴⁹ ↩ Adom Getachew, *Worldmaking After Empire: The Rise and Fall of Self-Determination* (Princeton: Princeton University Press, 2019), 5.

Visions of a post-imperial world, however, were prematurely aborted through the aggression of the capitalist states that incessantly subverted the former slave's agency. As geographer Richard Peet notes, third world efforts at achieving economic reform continued in the United Nations Conference on Trade and Development and through the call for a New Economic International Order. These efforts were increasingly resisted by the United States, with repressive imperial ideas coming particularly from the Heritage Foundation, a right-wing Washington think tank.⁵⁰

The story of decolonisation cannot be adequately narrated along an antagonistic axis of disparate territorial autonomy against the global imperium. Rather, decolonisation in its fullest sense, Getachew suggests, has to be explored as the possibility of a truly non-imperial world order.⁵¹ Yet, the Global South experienced the opposite, as the Cold War years inflicted structural violence on third world countries. The liberal international order was sustained to preserve the dominance of a racialised U.S. empire and its institutions.

A recovery of the idea of the global commons will go a long way to offset the commodification of public policy. The

As with the historical commons—the land and resources humans held and worked collectively before they were enclosed through the violent imposition of private property—the patenting of urgent medical intervention by Big Pharma constitutes a form of enclosure of our collective wealth.

distinction between commodification and decommodification of public goods has become more evident in the rollout of COVID-19 vaccines. Aragon Eloff, a radical South African intellectual, suggests that, as with the historical commons—the land and resources humans held and worked collectively before they were enclosed through the violent imposition of private property—the patenting of urgent medical intervention by Big Pharma constitutes a form of enclosure of our collective wealth. In the value chain that has

worked on the production of vaccines, the big pharmaceutical companies that have relied on publicly financed research and development stand to benefit immensely. In opposition to a dystopian capitalistic approach of global public initiatives, Eloff highlights the flip side: “from public-access medical data sets to the open-source software used to visualise and model virological data to the digital communications infrastructure that has allowed scientists to collaborate freely across the globe, there is a great common of knowledge, mutual aid and solidarity that underpins and nurtures the foremost scientific endeavours of our time.”⁵²

The practical basis of a new human political and economic project was provided by the recently departed Marxist pan-Africanist Samir Amin. His pivotal intervention argued that “the real problem is the imbalance between the power of the United States—that is of the US dollar—and the non-power of the other so-called partners (and therefore really non-partners) in the integrated global monetary and financial system and the market as it presently exists.”⁵³

Conclusion

South Africa's decision to borrow from a Bretton Woods institution such as the IMF to mitigate the deleterious effects of both the health and economic crises should be understood within the context of an aggressive U.S.-dominated racialised global political economy of war, super-exploitation, and imperial accumulation. The current COVID-19 pandemic cannot be abstracted from the materiality of racial capitalism, white supremacy, and global empire making. COVID-19

⁵⁰ ↪ Peet, *Unholy Trinity*, 63.

⁵¹ ↪ Sandipto Dasgupta, “Review of Adom Getachew's *Worldmaking After Empire*,” *Millennium* 48, no. 3 (2020): 2.

⁵² ↪ Aragon Eloff, “*Bread and Vaccines*,” *New Frame*, January 8, 2021.

⁵³ ↪ Samir Amin, “[Financial Globalisation: Should China Move In?](#),” *Pambazuka News*, August 23, 2018.

COVID-19 blatantly exhibited the social inequalities in South African society that have always been predicated on anti-Black racism and genocide.... The trajectory is clear: revolution not reform, third world internationalism, and the rejection of reliance on the global financial architecture, the very foundations of which seek to preserve the genetic survival of white life (and white capital) above all others across the world.

blatantly exhibited the social inequalities in South African society that have always been predicated on anti-Black racism and genocide. Although South Africa's COVID-19 testing regime is unparalleled in comparison with most African countries, the number of fatalities per capita leaves us wanting. In the South African context, as in those of many other countries, COVID-19 is a pandemic of racial capitalism. The increased number of deaths, in relation to countries less integrated into global neoliberalism, can be explained by a perpetual underinvestment in public health infrastructure,

which has resulted in suffering for most of the poor.

Locating South Africa's health care crisis within the literature of social policy highlights the hidden aspects of a racialised neoliberal globalisation that has defined South African social policy for almost half a century. Establishment ideas on the political economy of social policy that champion the shrinking of public provisioning can be unmade by dissecting, dissenting, and dismantling the intricacies and intersections of racialised, gendered neoliberal forces. The trajectory is clear: revolution not reform, third world internationalism, and the rejection of reliance on the global financial architecture, the very foundations of which seek to preserve the genetic survival of white life (and white capital) above all others across the world.

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❖ **About the authors:** **Madalitso Zililo Phiri** is a postdoctoral research fellow at the University of Johannesburg's Johannesburg Institute for Advanced Study, South Africa. He is currently working on a book manuscript, tentatively titled *The Colour of Inequality in South Africa and Brazil: Making Sense of Transformative Social Policy*, forthcoming from Brill.



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