

Managing the ‘Living Dead’: Necropolitics, Biopolitical Administration, and the Governance Crisis in Colonial Nigeria

‘Yaşayan Ölülere’ Yönetmek: Nekropolitika, Biyopolitik İdare ve Sömürge Nijeryası’nda Yönetim Krizi

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ABSTRACT

This paper examines Ola Rotimi’s drama *Hopes of the Living Dead* (1988) as a case study in necropolitical governance and biopolitical administration under colonial rule. Set during Nigeria’s 1928–32 ‘Lepers Rebellion,’ the play dramatises how colonial authorities in Port Harcourt confronted a governance crisis when a Scottish doctor’s leprosy research programme was terminated, leaving forty hospitalised patients without medical care. The paper’s primary theoretical framework is Achille Mbembe’s concept of necropolitics, extended through Karl Marx’s analysis of surplus populations; Michel Foucault’s biopower and complementary theorists provide secondary support. Read through this lens, the play shows how leprosy patients were transformed from medical research subjects into administratively burdensome “surplus” populations. Colonial officials deployed necropolitical strategies including forced spatial segregation, withdrawal of food and medical supplies, and bureaucratic abandonment, essentially ‘letting die’ through institutional neglect rather than direct violence. It traces how patients, led by Ikoli Harcourt Whyte, disrupted this necropolitical calculus through resistance. Refusing dispersal to their home villages, demanding land rights, and establishing agricultural cooperatives, they transformed themselves from passive objects of colonial administration into political subjects who insisted on participating in decisions affecting their lives. Their achievement, the self-governing Uzuakoli Leprosy Settlement, represents a dialectical negation of colonial paternalism. The case illuminates how marginalised populations negotiate institutions that view them as expendable, how material conditions shape resistance, and how governance failures create organisational models.

Keywords: Necropolitics, Biopolitical Governance, Colonial Administration, Disability Politics, Resistance Movements, Historical Materialism

ÖZ

Bu çalışma, Ola Rotimi’nin *Hopes of the Living Dead* (1988) adlı oyununu, sömürge yönetimi altında nekropolitik yönetim ve biyopolitik idarenin bir örneği olarak incelemektedir. Nijerya’da 1928–1932 yılları arasında gerçekleşen ‘Cüzzamlılar İsyanı’nu konu alan oyun, İskoç bir doktor tarafından yürütülen cüzzam araştırma programının sonlandırılmasının ardından hastanede tedavi gören kırk hastanın tıbbi bakımdan yoksun bırakılmasıyla Port Harcourt’taki sömürge yetkililerinin karşı karşıya kaldığı yönetim krizini sahneye taşımaktadır. Çalışmanın temel kuramsal çerçevesini Achille Mbembe’nin nekropolitika kavramı oluşturmaktadır; bu çerçeve Karl Marx’ın artık nüfuslara ilişkin çözümlemesiyle genişletilmektedir. Michel Foucault’nun biyoiktidar kavramı ve diğer tamamlayıcı kuramsal yaklaşımlar ise ikincil düzeyde çalışmaya katkı sağlamaktadır. Bu kuramsal çerçeveden hareketle oyun, cüzzam hastalarının tıbbi araştırmanın öznelere olmaktan çıkarılarak idari açıdan yük olarak görülen ‘artık’ nüfuslara nasıl dönüştürüldüğünü ortaya koymaktadır. Sömürge yetkilileri; zorunlu mekânsal tecrit, gıda ve tıbbi malzeme desteğinin kesilmesi ve bürokratik terk ediş gibi nekropolitik stratejilere başvurmuş; böylece doğrudan şiddet uygulamak yerine kurumsal ihmal yoluyla hastaları esasen ‘ölüme terk etmiştir’. Çalışma ayrıca Ikoli Harcourt Whyte’in önderliğindeki hastaların direniş yoluyla bu nekropolitik hesaplamayı nasıl sekteye uğrattıklarını incelemektedir. Hastalar, kendi köylerine dağıtılmayı reddederek, toprak hakları talep ederek ve tarımsal kooperatifler kurarak sömürge idaresinin pasif nesneleri olmaktan çıkmış ve yaşamlarını etkileyen kararlara katılma konusunda ısrar eden siyasal öznelere dönüşmüşlerdir. Kendi kendini yöneten Uzuakoli Cüzzam Yerleşimi’ni kurmaları ise sömürgeci paternalizmin diyalektik bir olumsuzlamasını temsil etmektedir. Bu örnek, marjinalleştirilmiş toplulukların kendilerini gözden çıkarılabilir olarak gören kurumlarla nasıl müzakere ettiklerini, maddi koşulların direnişi nasıl şekillendirdiğini ve yönetim başarısızlıklarının örgütlenme modellerinin ortaya çıkmasına nasıl zemin hazırladığını göstermektedir.

Anahtar Kelimeler: Nekropolitika, Biyopolitik Yönetim, Sömürge İdaresi, Engellilik Politikaları, Direniş Hareketleri, Tarihsel Materyalizm

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Introduction

In 1928, a governance crisis erupted in Port Harcourt, colonial Nigeria, when forty leprosy patients refused orders to vacate the General Hospital premises. What began as a medical research programme under Dr Fergusson, a Scottish physician, devolved into an administrative impasse that would last four years. The patients, gathered from diverse ethnic groups across Nigeria for experimental treatment, found themselves transformed overnight from medical subjects into institutional problems requiring disposal.

This historical episode, dramatised in Ola Rotimi's 1988 play *Hopes of the Living Dead*, provides a compelling lens through which to examine the intersection of colonial governance, disability politics, and necropolitical administration in Africa. The play follows the real-life figure of Ikoli Harcourt Whyte, a Kalabari man who contracted leprosy in 1919 at age fourteen and emerged as the leader of what colonial records termed the 'Lepers' Rebellion' (Rotimi, 1988, p. iv). Through Whyte's leadership, a disparate group of marginalised individuals, dismissed by authorities as economically unviable and socially dangerous, organised collective resistance that ultimately forced colonial administrators to negotiate rather than simply dispose of them.

The analysis that follows is anchored in Achille Mbembe's concept of necropolitics, understood in brief as sovereignty's capacity to dictate who may live and who must die, and who is therefore worthy of investment or, conversely, safe to abandon (Mbembe 2003, p. 11). This capacity, as later sections explain more fully, need not announce itself through spectacular violence; in colonial administration it more often works through bureaucratic withdrawal, spatial segregation, and the quiet cancellation of resources on which survival depends. To give this concept historical and economic traction, the paper reads Mbembe alongside Marx's (1976, pp. 781-794) account of surplus populations, those rendered 'superfluous' to productive relations and consequently treated as administrative burdens rather than as citizens bearing claims. When the leprosy patients ceased to be useful as research subjects, they came to occupy precisely this position, a matter developed at length in Section III below.

This paper argues that the Port Harcourt leprosy crisis represents a paradigmatic case of necropolitical governance in colonial Africa, wherein administrative logic classified certain populations as expendable. However, the case also demonstrates how such populations can disrupt necropolitical calculations through organised resistance, transforming themselves from objects of

management into political subjects demanding participation in decisions affecting their lives. The patients' ultimate achievement, establishing the self-governing Uzuakoli Leprosy Settlement, constitutes what this paper terms a 'dialectical negation' of colonial paternalism: a movement from dependent, revocable welfare relationships towards autonomous, self-directed collective governance, secured through struggle rather than granted as concession.

This paper proceeds in six sections. This opening section has introduced the historical episode and the paper's central claims. Section II establishes the theoretical framework, synthesising necropolitics, biopolitical administration, and historical materialism into a single analytical apparatus. Section III examines how the play depicts the transformation of patients from productive research subjects into surplus populations. Section IV analyses the necropolitical management strategies deployed by colonial authorities. Section V traces the patients' organised resistance and the establishment of alternative governance structures at Uzuakoli. Finally, Section VI concludes the paper by reflecting on its contemporary implications for understanding disability politics, institutional abandonment, and grassroots organising.

Theoretical Framework: Necropolitics, Biopower, and Surplus Populations

Necropolitics and the Colonial State

Achille Mbembe's necropolitics emerges from his critique of Foucault's biopower as insufficient for understanding sovereignty in colonial and postcolonial contexts. Foucault identified biopower as the characteristically modern form of power that "exerts a positive influence on life, that endeavours to administer, optimise, and multiply it" (Foucault, 1978, p. 137), a formulation well suited to welfare states organised around the cultivation of healthy, productive populations. Mbembe argues that this account cannot fully explain sovereignty in colonial settings, where power operates primarily through the "generalised instrumentalisation of human existence and the material destruction of human bodies and populations" (Mbembe, 2003, p. 14). Necropolitics thus describes the capacity to define who matters and who does not, who is disposable and who is worthy of investment, a capacity Mbembe locates at the very core of sovereign authority.

This power manifests not only through direct killing but, as Ruth Wilson Gilmore's notion of 'premature death' makes clear, through the systematic exposure of populations to conditions that shorten life without any single identifiable act of violence (Gilmore, 2007, p. 28). Gilmore's formulation is useful here because it names the diffuse, cumulative harm of neglect in terms that

make it legible as a mode of governance rather than mere misfortune. In colonial contexts, this diffuse harm operated through what Mbembe terms ‘death-worlds,’ social and political spaces “in which vast populations are subjected to conditions of life conferring upon them the status of living dead” (Mbembe, 2003, p. 40). This concept proves particularly apt for analysing leprosy colonies in colonial Africa, where patients experienced what sociologist Orlando Patterson termed ‘social death,’ the loss of natal ties, social standing, and claims to personhood (Patterson, 1982, p. 38), a condition that, unlike biological death, can in principle be reversed through collective political action, as the play’s central plot demonstrates. Rotimi’s very title, *Hopes of the Living Dead*, captures this liminal status between biological life and social death, and the word ‘hopes’ signals from the outset that the play is concerned as much with the possibility of reversal as with the fact of abandonment.

Biopolitical Administration and the Management of Populations

Where necropolitics foregrounds sovereignty’s death-dealing capacity, biopolitical administration focuses on the bureaucratic rationalities through which states manage populations on a day-to-day basis, rationalities that in the play’s world take the form of files, minutes, and orders rather than dramatic pronouncements. Foucault identified biopower as operating through two poles, anatomo-politics (the discipline of individual bodies) and biopolitics proper (the regulation of populations) (Foucault, 1978, p. 139). Colonial medical institutions exemplified both poles simultaneously; individual patients’ bodies became sites of examination and experimentation, while the patient population as a whole was subjected to statistical classification, quarantine, and public health intervention.

Stoler’s (1995) work on colonial governmentality demonstrates how European empires developed elaborate administrative apparatuses for managing colonial populations, particularly those deemed dangerous or degenerative, and medical institutions served as key sites where such biopolitical rationalities intersected with racial hierarchies. This intersection produced what Warwick Anderson calls ‘colonial pathologies,’ diseases that were understood by colonial authorities as revealing the supposedly degraded nature of colonised populations (Anderson, 2006, p. 3). Leprosy occupied a particular place in this colonial medical imaginary. As Megan Vaughan observes, its visible disfigurement made it a ‘disease of social disorder’ that colonial authorities believed required spatial segregation and institutional management (Vaughan, 1991, p. 77), a belief

that explains the urgency with which the play's Superintendent of Police and Senior Medical Officer treat the patients' presence at the General Hospital. Jo Robertson's work on leprosy colonies extends this argument by showing how such institutions functioned as 'total institutions' in Erving Goffman's sense, places where authorities exercised comprehensive control over inmates' lives (Robertson, 2011, p. 15).

Biopolitical administration, however, contains an inherent tension that proves decisive for the play's plot. As Timothy Mitchell argues, the administrative state requires rendering populations 'legible' through classification, enumeration, and documentation (Mitchell, 2002, p. 53). This same legibility, which is designed to serve the state's purposes, can become a resource for those it classifies: subordinated groups may use administrative categories and procedures to make claims on the state that the state cannot easily refuse without contradicting its own rules. The Port Harcourt patients' later insistence on written agreements, formal petitions, and documented pension terms, discussed in detail in Sections IV and V, exemplifies precisely this strategic redeployment of bureaucratic form against bureaucratic intent.

Historical Materialism and Surplus Populations

Marx's analysis of surplus populations supplies the economic logic that necropolitics, taken alone, tends to leave under-specified. In *Capital*, Marx argues that capitalist accumulation necessarily produces a 'relative surplus population,' workers rendered superfluous to immediate production needs (Marx, 1976, p. 782). This surplus population takes several forms: the 'floating' (temporarily unemployed), the 'latent' (agricultural workers awaiting displacement), and the 'stagnant' (irregularly employed). Beneath these categories lies what Marx termed 'pauperism,' those incapable of work owing to disability, age, or other factors, constituting "the hospital of the active labour-army and the dead weight of the industrial reserve army" (Marx, 1976, p. 797). This analysis clarifies the colonial state's changing relationship to the leprosy patients over the course of the play. While serving as research subjects for Dr Fergusson's experiments, the patients possessed use-value within the colonial medical economy, since their bodies generated data and contributed, at least in principle, to scientific knowledge production.

When the research programme terminated, however, the patients lost this productive function and became, in Marx's terms, 'dead weight,' a population requiring expenditure without producing any compensating value for the institutions that housed them. Contemporary Marxist geographers

extend this analysis through the concept of ‘warehousing,’ the spatial confinement of surplus populations in prisons, refugee camps, and welfare institutions, arguing that such institutions manage populations rendered superfluous by economic restructuring while containing whatever unrest that superfluity might otherwise provoke (Gilmore, 2007, p. 26). The Infectious Diseases Hospital, to which authorities relocate the patients and which is pointedly sited adjacent to the cemetery, functions in the play as precisely this kind of warehousing institution, and its geography is examined more closely in Section IV.

Marx’s dialectical method, though, also insists that contradictions internal to a system generate the conditions for its own transformation. As David Harvey argues, crises emerge when the requirements of capital accumulation collide with social and political realities that accumulation itself has helped to produce (Harvey, 2014, p. 17). The Port Harcourt crisis exemplifies such a contradiction as colonial authorities needed to remove the patients from the General Hospital in order to free beds for ‘normal’ patients, yet simply dispersing forty leprosy sufferers across Nigeria risked provoking exactly the public health panic and civil unrest that segregation was meant to forestall. It is this contradiction, rather than any concession freely granted, that opens the space in which the patients are able to assert agency and extract demands, as the remaining sections of the paper demonstrate.

Taken together, these three bodies of thought, necropolitics, biopolitical administration, and historical materialism, are synthesised in this paper into a single analytical apparatus for reading the Port Harcourt crisis as a struggle situated simultaneously within colonial power, medical governance, and economic exclusion. Bringing them together in this way allows the analysis that follows to remain attentive both to the violence of colonial rule and to the possibilities for resistance generated within its own contradictions, without collapsing either dimension into the other. It also situates the colonial subjects of the play within what Fanon termed the ‘zone of nonbeing’ (Fanon, 2008, p. xii), while insisting, in keeping with the play’s own arc, on their demonstrated capacity to transform the conditions of their marginalisation through collective action.

From Research Subjects to Surplus Populations: The Dialectics of Medical Value

The Medical-Economic Complex and the Production of Research Subjects

The play opens in 1928, four years into Dr Fergusson’s leprosy research programme at Port Harcourt General Hospital. Forty patients gathered from across Nigeria’s diverse ethnic groups

occupy Wards G and H, receiving experimental treatments while their bodies generate medical data. This arrangement exemplifies what Adriana Petryna calls ‘biological citizenship,’ the allocation of social membership and resources according to medical classification rather than to conventional civic status (Petryna, 2002, p. 6), a status the patients occupy precariously and lose entirely once the research ends.

The patients themselves understand their value within this medical-economic complex, and the play dramatises this awareness through their own legalistic self-description. Court Clerk articulates it when defending their presence: “Whereas in 1923, Dr Fergusson embarked upon a research on a cure for leprosy in this Hospital; And whereas it was for this purpose that patients of our peculiar description are duly here gathered” (Rotimi, 1988, p. 34). The formal, quasi-legal language signals that the patients understand themselves not as objects of charity but as necessary components of a research enterprise possessing its own claims to continuation.

Dr Fergusson himself appears in the play only through his absence, having returned to Scotland and abandoned the research. His nickname, ‘the mad Scotsman,’ nonetheless reveals the contested nature of his work within the colonial public sphere. The Senior Medical Officer explains the reputational cost of the programme: “If what we’ll be getting from you is ingratitude and impertinence. From the public, we get disgust and reproach. Daily. It all means that our experiment with you is all rubbish. You know what the public calls the Doctor, don’t you? The mad Scotsman!” (Rotimi, 1988, p. 11). This hostility reflects colonial medical authorities’ constant negotiation between therapeutic ambition and racial segregation (Anderson, 2006, p. 12), a negotiation that leprosy research in an ordinary hospital was always likely to unsettle. Conducting such research in a ‘normal’ hospital violated spatial boundaries between diseased and healthy, dangerous and safe, and, as Megan Vaughan argues, leprosy’s association with contagion and moral degradation made its presence in general hospitals deeply threatening to colonial publics (Vaughan, 1991, p. 78). The research programme thus embodied a fundamental contradiction from the outset as the patients possessed medical value as research subjects, yet their very presence violated colonial spatial hierarchies that the same authorities were obliged to uphold. When Dr Fergusson departed, this contradiction resolved decisively in favour of segregation, and the patients were transformed almost overnight from valuable research subjects into administrative problems awaiting disposal.

The Crisis of Abandonment: From Use-Value to Superfluity

The play's central crisis emerges when the Senior Medical Officer announces that medical treatment has ceased. Harcourt Whyte recognises the underlying economic logic immediately, telling the assembled patients: "From now on, we are alone. We fool ourselves if we believe that the big men of this place will care for us as before" (Rotimi, 1988, p. 19). His reading of the situation proves accurate: the Senior Medical Officer subsequently announces that feeding has also been discontinued, framing the withdrawal not as an institutional decision but as a consequence of the patients' own supposed choice: "Whether you decided for home, or decided for the IDH, the assumption that you were thenceforth going to be entirely on your own was obvious, Mr Whyte" (Rotimi, 1988, p. 93). This rhetorical manoeuvre, discussed further in Section IV, exemplifies how bureaucratic language can convert institutional abandonment into an apparent act of patient autonomy.

Such withdrawal of material support exemplifies what João Biehl calls 'zones of social abandonment,' spaces in which populations are effectively left to die through systematic neglect rather than through any single violent act (Biehl, 2005, p. 2). Unlike spectacular violence, abandonment of this kind operates through ordinary bureaucratic decisions, budget reallocations, policy changes, administrative restructuring, so that the patients receive no trial and face no identifiable executioner, yet find themselves sentenced all the same to a slow death through institutional withdrawal.

The play emphasises the material consequences of this abandonment in considerable dramatic detail. Editor establishes a crude rationing system, distributing meagre portions of gari, a staple made from cassava starch. Women organise fishing expeditions; men form agricultural brigades; and the community pools whatever money it can raise: "In all, we collected 7 shillings and 3 pence. Bought some yams, gari, hoes, and these mats" (Rotimi, 1988, p. 86). These improvised survival strategies illustrate how abandonment forces populations to become what Michel de Certeau calls 'tactical' rather than 'strategic' actors, obliged to operate within systems they cannot control, seizing opportunities as they arise rather than planning on a longer horizon (de Certeau, 1984, p. xix). This same tactical existence, born of necessity, is precisely what generates the new forms of collective organisation and political consciousness traced in Section V.

The Semiotics of Disposability: Spatial Segregation and Social Death

The authorities' decision to relocate patients to the Infectious Diseases Hospital, sited pointedly 'behind the cemetery,' materialises their transformed status in spatial terms. Space, as Henri Lefebvre argues, is never neutral but is always produced through social relations and power dynamics (Lefebvre, 1991, p. 26), and the cemetery's proximity here signifies the patients' position between life and death, biologically alive yet socially dead.

Catechist articulates the terror this spatial arrangement produces when he protests, "How does a man sleep side by side to a cemetery? Bad dreams, all night long: ghosts, all kinds, shouting in your ears, keeping your eyes open!" (Rotimi, 1988, p. 80). His complaint transcends mere superstition; it registers the symbolic violence of positioning the 'living dead' adjacent to the actually dead. Social death, as Patterson argues, involves 'natal alienation,' the severing of ties to ancestry and to futurity alike (Patterson, 1982, p. 5), and the cemetery location literalises exactly this alienation, suggesting that the patients have no future before them, only the grave.

The Infectious Diseases Hospital itself functions as what Goffman terms a 'total institution,' a place where authorities exercise comprehensive control over inmates' lives, stripping them of previous identities and autonomy (Goffman, 1961, p. 4). Significantly, the patients find this new institution stripped even of beds, an absence carrying considerable symbolic weight given that beds signify institutional care, individual dignity, and recognised human worth; their removal indicates that the patients merit neither comfort nor individuation in the eyes of the authorities who confine them. Hannah's earlier outrage over bed assignments at the General Hospital, culminating in her overturning Catechist's bed and declaring "Nobody sleeps on this bed again!" (Rotimi, 1988, p. 24), foreshadows this later, more total deprivation. The bed dispute between Jimoh and Alibo, ostensibly about sleeping arrangements, in fact concerns recognition and belonging; when authorities later seize all beds during the forced relocation, they deny the patients this recognition entirely.

This spatial and material degradation exemplifies 'organised abandonment,' the systematic withdrawal of resources and investment from particular populations and places (Gilmore, 2007, p. 28). Yet, as Gilmore also argues, such abandonment can catalyse resistance by making otherwise obscure power relations visible and intolerable. The patients' refusal simply to accept dispersal to their home villages, and their insistence on remaining together at the Infectious Diseases Hospital

despite its horrors, therefore mark the first stage of a transformation from abandoned subjects into organised resisters, a transformation Section V traces in full.

Necropolitical Management: Colonial Governance Strategies

The Bureaucratic Production of Death

The colonial authorities' management of the leprosy crisis exemplifies necropolitics' characteristically bureaucratic operation. Unlike sovereign violence that kills through spectacular display, necropolitical power in this setting operates through administrative procedures, policy decisions, and institutional restructuring (Mbembe, 2003, p. 25). Neither the Superintendent of Police nor the Senior Medical Officer directly threatens the patients with violence; instead, both deploy administrative mechanisms, orders, timetables, withdrawn rations, that produce death through exposure, malnutrition, and abandonment rather than through the gun.

The Superintendent's ultimatum captures this bureaucratic logic with particular clarity: "By the powers conferred on me by the laws of the land, I hereby again order you and all the patients in the Leprosy Wards, within 24 hours, to clear out of the premises of the General Hospital of Port Harcourt" (Rotimi, 1988, p. 46). The invocation of 'powers conferred' and 'laws of the land' frames eviction as legal procedure rather than as violence proper. Yet the order's actual effect, scattering diseased and impoverished individuals across Nigeria without resources or institutional support, constitutes what Brad Evans and Julian Reid call 'the violence of liberal peace,' harm perpetrated through ostensibly neutral administrative action (Evans & Reid, 2014, p. 78), a form of harm that is no less severe for being difficult to prosecute or even to name.

Hannah Arendt's account of bureaucracy as 'rule by Nobody' helps explain how such administrative violence manages to obscure its own responsibility (Arendt, 1970, p. 38). When the Senior Medical Officer withdraws feeding, he presents the decision as merely following from the patients' own 'choice' to remain in Port Harcourt: "Whether you decided for home, or decided for the IDH, the assumption that you were thenceforth going to be entirely on your own was obvious" (Rotimi, 1988, p. 93). This rhetorical move converts institutional abandonment into an apparently autonomous decision on the patients' part, erasing the violence of the institution itself behind a fiction of choice that the patients had never actually been offered in any meaningful sense.

The play further reveals how such bureaucratic violence depends on documentary practice. The Senior Medical Officer carries files, produces minutes from management meetings, and offers

written pension agreements, documents that, as Annelise Riles argues of bureaucratic networks generally, simultaneously connect (hierarchies, procedures, precedents) and disconnect (individual responsibility from institutional violence) (Riles, 2000, p. 3). It is precisely this documentary apparatus that allows the authorities to claim they have followed proper procedure while avoiding accountability for the suffering that procedure produces, and it is this same apparatus that the patients later learn to turn to their own advantage, as Section V shows.

Divide and Rule: The Politics of Individualisation

Colonial authorities also employ classic divide-and-rule tactics, attempting to fracture collective solidarity through differential treatment. The Superintendent releases only one arrested leader, Court Clerk, while detaining Harcourt Whyte, making the latter's release contingent on the group's collective compliance with the eviction order: "One! Only one of you goes. For a start. The other man is set free when I'm sure that you all have moved out of the premises of the General Hospital" (Rotimi, 1988, p. 73). This strategy exemplifies 'moral regulation,' the state's attempt to shape subjects through differential rewards and punishments rather than through uniform coercion (Corrigan & Sayer, 1985, p. 4).

More insidious still is the pension offer made to Harcourt Whyte individually. The Senior Medical Officer presents an elaborate package: "A house, your own. A lump sum gratuity in addition, perhaps. And a regular monthly pension, like any respectable, retired man with a meritorious service behind him" (Rotimi, 1988, p. 74), reinforced by the Superintendent's claim that "a nation must honour those who suffer for her, great or small" (Rotimi, 1988, p. 75). This offer embodies what James Ferguson calls 'the anti-politics machine,' the translation of structural problems into individual cases requiring purely technical resolution (Ferguson, 1994, p. xv). Rather than addressing the systemic abandonment of every leprosy patient, the authorities offer individual compensation to the group's leader, seeking thereby to neutralise resistance by extracting that leader from the community he represents.

The pension offer also reflects 'neoliberal governance,' the privileging of individual responsibility and market-based solutions over collective provision (Duggan, 2003, p. 12). By framing retirement security as an individual pension rather than as collective land rights, the authorities attempt to reimpose market logic on patients who are, in fact, demanding decommodified social provision of a rather different kind. Harcourt Whyte recognises the political

implications of this strategy at once. His response, “What about the others: Nweke, Hannah, Court Clerk, Mallam, Editor, Catechist” (Rotimi, 1988, p. 75), insists on a collective rather than an individual solution, and when the Superintendent dismissively replies that the discussion concerns Harcourt Whyte alone, Whyte’s subsequent silence signals his refusal to abandon collective struggle in exchange for personal gain.

Spatial Containment and the Necropolitics of Proximity

The forced relocation to the Infectious Diseases Hospital exemplifies the necropolitical use of space, the creation of zones in which death becomes the organising principle of social life (Mbembe, 2003, p. 27). The cemetery’s proximity materialises the patients’ social status as ‘living dead,’ suspended between biological life and social death in a manner the earlier sections of this paper have already established theoretically. This spatial logic extends what Fanon identified as colonialism’s fundamental geographic organisation, the division between the coloniser’s well-lit, spacious quarters and the colonised’s cramped, dark zones (Fanon, 2004, p. 39); the leprosy patients occupy an even more degraded position still, exiled from both coloniser’s and colonised’s spaces alike into a necropolitical zone adjacent to death itself.

Yet, as Katherine McKittrick argues, even the most oppressive spatial arrangements can become sites of resistance once subordinated groups assert alternative geographies of their own (McKittrick, 2006, p. xi). The patients’ insistence on remaining together at the Infectious Diseases Hospital, rather than dispersing to their home villages as ordered, represents precisely such an assertion. In doing so, they transform what the authorities had intended as a warehouse for the dying into what Michael Hardt and Antonio Negri call a ‘space of the common,’ a site in which collective organising becomes possible in the first place (Hardt & Negri, 2009, p. viii).

The play emphasises this spatial politics through its own staging directions. Rotimi’s production notes indicate that the transition from General Hospital to Infectious Diseases Hospital requires only minimal scene changes: “The absence of beds and a shift in the window or door position can be realised swiftly under semi-darkness” (Rotimi, 1988, p. 76). This staging minimalism underscores a point the play makes dramaturgically as much as textually: the crucial transformation at stake is not physical but political, since the same people, in a merely slightly altered and still degraded space, must learn to reimagine their own possibilities.

Violence and Its Limits: The Shooting of Corp'l

The shooting of Corp'l represents the moment at which necropolitical administration escalates into direct violence. When police attempt forcibly to evict the patients, Corp'l seizes a rifle and pursues the Sergeant, who shoots him "in the leg" as a purported "warning shot" (Rotimi, 1988, pp. 62, 70). The incident reveals both the capacity and the limits of colonial violence at once. On one hand, it demonstrates the colonial world's foundation in force, a world Fanon described as "divided into compartments... a world cut in two... The dividing line, the frontiers are shown by barracks and police stations" (Fanon, 2004, p. 38), with the police rifle here enforcing exactly such spatial boundaries against those who transgress them.

Yet the shooting also exposes the authorities' own dilemma. The Superintendent complains to the Sergeant that a squad of policemen "saw lepers and they all became babies! Shaking with fear" (Rotimi, 1988, p. 64). The police fear contamination through mere proximity, and this fear undermines their capacity for sustained violence. Necropolitical sovereignty, as Mbembe argues, depends on creating death-worlds while preserving the sovereign's own immunity from death (Mbembe, 2003, p. 16); when the subordinated population itself visibly embodies death, whether through disease or through its social status as 'living dead,' this immunity begins to break down, producing precisely the hesitation and disorder the play stages among the police squad.

Corp'l's military background adds a further layer of meaning to the episode. As a veteran of British colonial campaigns, he embodies the violent core of the 'indirect rule' system, under which colonial powers deployed African soldiers to conquer and pacify African territories on empire's behalf (Mamdani, 1996, p. 16). Leprosy, however, strips Corp'l of this once-privileged position entirely. His anguished cry, "Fingers! Fingers! Fingers! Shoot! Kill am me! Kill am one time!" (Rotimi, 1988, p. 62), registers his own recognition that disability has erased whatever value he once possessed for empire. His transformation from decorated colonial soldier to abandoned patient dramatises, in the starkest possible terms, how empire discards those who cease to be useful, regardless of prior service rendered.

Resistance, Collective Governance, and the Uzuakoli Settlement

Consciousness Formation and the Pedagogy of Struggle

The patients' transformation from passive victims into organised resisters exemplifies what Paulo Freire calls 'conscientisation,' the process through which oppressed people develop critical

consciousness of their situation together with a corresponding capacity for action (Freire, 2000, p. 35). This transformation does not occur spontaneously but through sustained collective dialogue, strategic analysis, and experiential learning across the course of the play. Harcourt Whyte functions throughout as what Antonio Gramsci termed an ‘organic intellectual,’ one who emerges from the oppressed class itself rather than being imposed upon it from outside (Gramsci, 1971, p. 3). His leadership consists not in making decisions for the group but in facilitating the group’s own collective analysis. When the Senior Medical Officer announces the eviction order, Harcourt Whyte insists: “Each one tell one. Our silence means we shall remain here!” (Rotimi, 1988, p. 100), and the repeated phrase ‘each one tell one’ emphasises horizontal communication among equals rather than vertical command from a single authority.

This pedagogical approach reflects Freire’s distinction between ‘problem-posing’ and ‘banking’ models of education (Freire, 2000, p. 72). Rather than depositing a ready-made consciousness into passive recipients, Harcourt Whyte poses questions that enable the community to theorise its own situation: “Must the people already on dry land laugh at us now, turning back?... Must our saplings, yet to be born, curse our spirits, lacking in strength?” (Rotimi, 1988, p. 111). These rhetorical questions invite patients to articulate for themselves the reasons for continued resistance, rather than simply receiving that resistance ready-made from their leader.

The play also depicts what Cedric Robinson calls the ‘Black radical tradition,’ forms of collective organisation and resistance that draw on African communal practices rather than on imported European models (Robinson, 2000, p. 2). The multilingual translation networks that run throughout the play, with simultaneous interpretation among Kalabari, Igbo, Yoruba, Hausa, Tiv, Ibibio, Urhobo, and other languages, create something close to what Édouard Glissant terms ‘creolisation,’ the emergence of new cultural forms through sustained contact and mixing (Glissant, 1997, p. 34).

Significantly, the play suggests throughout that consciousness develops through the practice of struggle itself, rather than existing prior to it as a precondition. Corp’l’s combat training transforms fearful patients into organised resisters over the course of a single scene; the occupation of hospital beds, with some patients lying on them and others hidden underneath, deliberately creating confusion for the police, demonstrates tactical innovation born of necessity rather than of prior planning. As Marx observed of historical actors more generally, “Men make their own history...

under circumstances existing already, given and transmitted from the past” (Marx, 1978b, p. 595), and the patients, in exactly this sense, make their own small revolution using the materials already at hand: their diseased bodies, their collective numbers, and their intimate, practical knowledge of hospital space.

The Labour of Resistance: Collective Self-Provisioning

When the authorities withdraw material support, the patients are forced to organise their own reproduction from scratch. This necessity generates what Karl Polanyi called a ‘counter-movement,’ social organisation undertaken to protect a community from the disintegrating pressure of market forces (Polanyi, 2001, p. 136). The play depicts the emergence of a ‘moral economy’ in E. P. Thompson’s sense, a system of provision governed by principles of need and fairness rather than by market exchange (Thompson, 1971, p. 79). Editor’s rationing system distributes equal portions regardless of a patient’s previous status, physical capacity, or individual contribution to the day’s acquisition, an egalitarian arrangement that contrasts sharply with market logic, in which consumption typically depends on purchasing power rather than on need.

The organisation of labour brigades further demonstrates a sophisticated management response to severe resource constraints. Harcourt Whyte explains the underlying division of labour: “Those without fingers, carry things. With their arms. Water, anything that needs to be carried for the good of the people” (Rotimi, 1988, p. 104). This principle, contribution according to capacity rather than according to market value, embodies Marx’s communist maxim, “From each according to his ability, to each according to his needs” (Marx, 1978a, p. 531), applied here not as abstract doctrine but as immediate practical necessity. The arrangement nonetheless reveals real tensions within collective resistance, since solidarity of this kind requires active, ongoing maintenance rather than simple assumption. The trial of Catechist and Editor for fighting demonstrates this clearly, and when Harcourt Whyte subsequently reintegrates both men into leadership positions within the work brigades, he enacts what Judith Butler calls ‘radical democratic inclusion,’ the continuous work of incorporating even difficult or disruptive members back into a shared collective project (Butler, 2015, p. 8).

Strategic Repertoires: Direct Action and Institutional Negotiation

The patients employ what Charles Tilly calls a ‘repertoire of contention,’ a set of protest tactics drawn simultaneously from cultural tradition and from strategic innovation under pressure (Tilly,

1986, p. 390). Their primary tactic is a form of strategic immobility, refusing to move despite repeated eviction orders, a tactic that transforms bodies from objects that can simply be moved into obstacles that cannot easily be removed at all. Corp'l's combat training adds a physical dimension to this immobility: "If they start beating those on the beds, then you rush forward and wrestle with them" (Rotimi, 1988, p. 53), a preparation for confrontation that reflects what Gene Sharp calls 'political jiu-jitsu,' the practice of turning an opponent's own violence against them politically (Sharp, 1973, p. 657), since police beating visibly diseased patients would generate public sympathy and political embarrassment likely to constrain the authorities' future use of force.

The patients simultaneously engage in institutional negotiation, illustrating the 'strategic dilemma' that Frances Fox Piven and Richard Cloward identify as characteristic of protest movements generally: whether to pursue disruptive direct action or to seek incorporation into existing institutional channels (Piven & Cloward, 1977, p. 23). The dialectical resolution the play stages combines both tactics at once, disruptive occupation of hospital space alongside formal demands for land and self-governance. This combination reflects what Marshall Ganz calls 'strategic capacity,' the ability of a movement to deploy diverse tactics flexibly as circumstances change (Ganz, 2000, p. 1003): when authorities offer individual pensions, the patients demand collective land instead; when threatened with dispersal, they insist on remaining together; and when promised eventual hospitals at some unspecified future date, they demand immediate, verifiable evidence. Harcourt Whyte's evolving relationship to trust exemplifies this same strategic learning across the course of the play. Initially advocating faith in providence and in others, he insists, once the authorities have manipulated that trust more than once, on documentation instead: "everything written down, black and white, loopholes searched for" (Rotimi, 1988, p. 93), a shift that exemplifies what James Scott calls 'weapons of the weak,' the means by which subordinated groups learn to navigate oppressive systems through careful, deliberate attention to rules and procedures rather than through open confrontation alone (Scott, 1985, p. xv).

Solidarity Across Difference: Multi-Ethnic Coalition Building

Perhaps the movement's most remarkable achievement is the solidarity it forges across Nigeria's considerable ethnic diversity. As Court Clerk observes of the patients gathered in the ward, "Different tribes, different tongues" (Rotimi, 1988, p. 15). This diversity becomes, rather than an obstacle, the very basis for what Chantal Mouffe calls 'radical democratic equivalence,' the

recognition of different identities within the construction of a shared political project (Mouffe, 1992, p. 378). The play depicts this coalition-building chiefly through linguistic practice: simultaneous translation, captured in the recurring instruction ‘each one tell one,’ ensures that every language group understands the decisions being made and can participate meaningfully in deliberation, embodying what Iris Marion Young calls ‘communicative democracy,’ political process that accommodates diverse modes of expression rather than requiring assimilation to a single dominant norm (Young, 1996, p. 120).

Mallam’s proposal for leadership succession exemplifies this same coalition management in miniature: “Harcourt Whyte. If anything happens to Harcourt Whyte, then Court Clerk. If Court Clerk meets tragedy... I will take over. If something happens to me, Hannah leads. If she meets tragedy, Editor comes forward” (Rotimi, 1988, p. 37). This succession plan deliberately spans Kalabari, Igbo, and Hausa identities, together with female leadership and recognised intellectual credentials, and such rotation prevents any single group from dominating the movement while still ensuring continuity of leadership should any individual leader be lost. The movement also navigates religious diversity in a similar spirit: Mallam performs Muslim prayers while Catechist references Biblical passages, and Court Clerk’s invocation of Naaman, a figure who appears in both the Bible and the Qur’an, deliberately creates common ground between them. This religious pluralism reflects what Talal Asad calls “secular politics,” not the absence of religion from public life but its deliberate subordination to shared political goals that transcend any single faith tradition (Asad, 2003, p. 1).

Perhaps most significantly, disability itself creates what Nira Yuval-Davis calls a ‘transversal’ identity, one that cuts across the other divisions the play so carefully stages (Yuval-Davis, 1997, p. 130). Jimoh’s complaint about disease-type differences reveals internal hierarchies within the patient community itself, yet the authorities ultimately treat all patients identically regardless of such distinctions, and it is this levelling by an external power that generates common cause among the patients. As Harcourt Whyte puts it bluntly to the group, “we are all the same... The baboon laughs at the vulture for the baldness on the vulture’s head. But what’s on the buttocks of the baboon? Baldness, brother, baldness. Same thing” (Rotimi, 1988, p. 28). This recognition, that colonial power regards all Africans afflicted with leprosy as equally disposable regardless of disease type, ethnicity, or previous social status, is precisely what generates solidarity across difference within the movement.

From Demand to Achievement: Securing Land and Autonomy

The movement's ultimate victory, the establishment of the self-governing Uzuakoli Leprosy Settlement, represents what Erik Olin Wright calls a "real utopia," a functioning institutional alternative that demonstrates the practical feasibility of more egalitarian arrangements rather than merely their theoretical desirability (Wright, 2010, p. 6). The settlement agreement includes several key provisions: transfer to a new hospital purpose-built at Uzuakoli; the training and appointment of patients themselves as Ward Attendants and Staff Nurses within their own hospital; and explicit management encouragement of communal feeling among the patients (Rotimi, 1988, p. 109). These provisions embody what Nancy Fraser calls 'participatory parity,' institutional arrangements that enable all members of a community to participate as genuine peers in social life rather than as dependents (Fraser, 2008, p. 16). The patients will not merely receive care under this arrangement but will actively provide it, transforming themselves from passive recipients into active workers, and, most significantly of all, patients will control their own labour, realising what G. D. H. Cole called 'workers' control,' the democratic management of production by producers themselves rather than by an external owning class (Cole, 1972, p. 12). In Marxist terms, the settlement therefore represents a genuine transformation in relations of production: from a capitalist medical institution in which physicians own the means of production and patients constitute raw material, to a cooperative in which workers collectively own and manage the institution that sustains them.

Yet Harcourt Whyte rejects one further provision on offer, the promise of free treatment, free meals, and free lodging in perpetuity. His response is unequivocal: "No! No! Rejected. For long, we depended on people outside, yes, the whiteman, the missionaries, the black Givers-of-alms... When suddenly they withdrew their help, confusion gripped us, ripping us apart. Well, we've since learnt our lesson. We must depend on ourselves" (Rotimi, 1988, p. 110). This rejection reflects a sophisticated political analysis rather than mere stubbornness: free provision creates dependency, which in turn enables authorities to withdraw support at will, exactly as they have already done once before. Self-provisioning through agricultural labour, by contrast, establishes real autonomy, making the settlement considerably less vulnerable to future political whims. By insisting on land for cultivation rather than on free provisions, the patients demand structural transformation, access to the means of production itself, rather than merely temporary relief from immediate hardship.

The Uzuakoli settlement thus embodies an alternative political economy grounded in collective

ownership, participatory governance, and self-sufficiency. Rather than allocating land as private property, the settlement organises it as a communal resource, reflecting what Elinor Ostrom describes as ‘common pool resource management,’ in which communities govern shared resources through collectively negotiated rules rather than through either private ownership or direct state control (Ostrom, 1990, p. 26). Labour is organised, as already noted, according to capacity rather than market value, resonating with Michael Albert and Robin Hahnel’s conception of participatory economics, in which production and distribution are collectively organised rather than determined by capitalist exchange (Albert & Hahnel, 1991, p. 3). The settlement’s leadership structure further reflects participatory democracy in Carole Pateman’s sense, ensuring accountability, representation, and active involvement in decision-making rather than passive dependence on distant authority (Pateman, 1970, p. 42). Equally significant is the community’s deliberate rejection of charity in favour of rights: by demanding land rather than permanent aid, the patients assert what Amartya Sen terms ‘capabilities,’ the substantive freedoms required to achieve valued ways of living rather than merely the bare minimum required for survival (Sen, 1999, p. 75), since access to productive resources enables genuine self-provisioning, whereas charity offers only temporary relief while quietly preserving dependency. Together, these features approximate what Gar Alperovitz calls a ‘pluralist commonwealth,’ combining cooperative ownership with democratic governance across several institutional domains at once (Alperovitz, 2005, p. 5).

At the same time, the settlement remains constrained by the colonial order within which it continues to operate. Although it secures a meaningful degree of autonomy, it does not fundamentally challenge the broader structures of colonial power that produced the patients’ marginalisation in the first place. This tension reflects Gramsci’s distinction between a ‘war of position,’ which builds alternative institutions within an existing system, and a ‘war of manoeuvre,’ which seeks direct confrontation with state power itself (Gramsci, 1971, p. 229). Critics might therefore view the settlement as a form of co-optation, allowing colonial authorities to contain dissent by granting limited autonomy while preserving the broader structures of control intact, since, as John Holloway argues, autonomous spaces of this kind can sometimes function as safety valves that inadvertently stabilise the very systems they were created to resist (Holloway, 2010, p. 12).

Yet from the patients’ own perspective, Uzuakoli represents a genuine political achievement rather than a merely partial or compromised one, securing land, collective survival, and self-

governance where previously there had been only abandonment. In Robin D. G. Kelley's terms, it reconciles expansive 'freedom dreams' with the more modest, practical forms of 'infrapolitics' that improve everyday conditions in the here and now (Kelley, 2002, p. 9). The settlement thus serves both as a material gain in its own right and as a working model of resistance that challenges colonial paternalism on its own institutional terrain. It exemplifies, too, what James Scott calls 'the weapons of the weak,' demonstrating how marginalised groups can exploit institutional contradictions in order to extract meaningful concessions from a state that would otherwise prefer simply to be rid of them (Scott, 1985, p. xvi). By transforming the colonial administration's own desire to remove them from Port Harcourt into leverage for securing land and autonomy, the patients enact a form of resistance closely aligned with Cedric Robinson's account of the 'Black radical tradition,' in which oppressed communities repeatedly convert structural vulnerability into collective political power (Robinson, 2000, p. 171). This achievement contributes, in turn, to a body of theoretical debate that the paper's conclusion now draws together.

The Port Harcourt leprosy crisis reveals, above all, the dialectical character of political struggle under colonial rule. Colonial authorities attempted to reduce the patients to bare life, bodies subject only to abandonment, spatial segregation, and social death, yet this very reduction created the conditions for the resistance that followed it. Stripped of previous identities and scattered from across Nigeria into a single ward, the patients discovered common cause in their shared abandonment; organised collectively, they transformed themselves from objects of administration into political subjects demanding recognition and autonomy on their own terms.

Read against the theoretical framework developed in Section II, this case makes three contributions that together constitute the paper's central originality. First, it extends necropolitics scholarship by demonstrating that abandonment, and not only direct violence, functions as a primary mechanism of colonial governance, a dimension of necropolitical rule that the literature has tended to underplay in favour of more spectacular forms of killing. Second, it complicates existing narratives of necropolitical subjection by foregrounding resistance rather than domination alone: the leprosy patients moved from abandonment to autonomy, from social death to political subjectivity, through their own organised action rather than through any change of heart on the part of the colonial state. Third, it demonstrates disability's distinctive political productivity, since where disability studies scholarship has often focused on securing inclusion within existing institutions, the Uzuakoli case shows disability generating an entirely alternative institution,

organised on different principles altogether. In combination, these three contributions demonstrate the analytical value of reading necropolitics and historical materialism together, since it is precisely the intersection of economic logic and sovereign violence that this colonial governance crisis lays bare.

The leprosy rebellion further represents an early instance of organised disability politics in Africa, predating most disability rights movements conventionally associated with the Euro-American context of the 1960s and 1970s. Dominant narratives that position disability rights as a Western export risk reproducing colonial hierarchies by implying that non-Western societies lack any comparable disability consciousness of their own (Erevelles, 2011, p. 13). The Port Harcourt case demonstrates, on the contrary, a sophisticated form of disability organising emerging directly from African communal traditions rather than from imported individualist frameworks, a genealogy this paper has sought to make visible rather than to leave implicit.

Although the play is set in colonial Nigeria between 1928 and 1932, its central themes resonate with governance crises much closer to the present. Contemporary neoliberal restructuring has produced comparable forms of abandonment: austerity cuts to disability services, mass incarceration of populations with mental illness, the warehousing of refugees in camps, and homelessness crises even within wealthy cities. Such phenomena exemplify organised abandonment in Gilmore's sense, the systematic withdrawal of state support from populations judged surplus to requirement (Gilmore, 2007, p. 28). The leprosy patients' own strategies offer instructive lessons for such contemporary struggles. Their insistence on collective organisation, rather than on individual accommodation, challenges neoliberal frameworks that tend to address disability through personal assistance and market access alone rather than through structural transformation, and their demand for land and the means of production, rather than for charity, resonates directly with present-day movements for community land trusts, cooperative housing, and mutual aid networks.

The Uzuakoli settlement, in the end, represents what Ernst Bloch called a 'concrete utopia,' not an impossible dream but a realisable alternative that demonstrates the practical feasibility of more egalitarian arrangements (Bloch, 1986, p. 146). It proved, within the constraints of its own historical moment, that disabled Africans, dismissed as worthless by colonial authorities, could establish functioning communities grounded in mutual aid, democratic governance, and collective

production. The settlement also reminds us, at the same time, that victories won within oppressive systems remain necessarily partial, since, as Walter Benjamin warned, every document of civilisation is simultaneously a document of barbarism (Benjamin, 1968, p. 256): the settlement documents both the patients' resistance and colonialism's continuing ability to contain that resistance through spatial segregation, even as it grants a genuine measure of autonomy. This ambiguity should not, however, diminish the scale of the achievement itself. The Black radical tradition, as Robinson argues, proceeds through exactly such 'cumulative struggles,' building organisational capacity, developing political consciousness, and creating spaces of autonomy that make future resistance possible in turn (Robinson, 2000, p. 171), and the Uzuakoli settlement contributes directly to this accumulation, offering a working demonstration of self-governance that would go on to inform later liberation struggles across the region.

The patients' own declaration, "We are not dreamers... we ask you who rule us, to give us a chance" (Rotimi, 1988, p. 45), still resonates across the intervening decades. It articulates, in terms disability justice activists would recognise today, a demand for collective access, the insistence that societies organise themselves to include all their members rather than requiring individuals to adapt themselves to structures built to exclude them. *Hopes of the Living Dead* ultimately reminds us that even populations subjected to the most extreme forms of necropolitical governance retain the capacity for resistance, organisation, and the creation of genuinely alternative worlds. That capacity, the play insists, emerges not from abstract rights or from humanitarian sympathy but from the material conditions of collective struggle itself, and from the political imagination such struggle makes possible. It is this insistence, rooted in a specific and carefully documented colonial crisis rather than in general theory alone, that constitutes the paper's principal contribution to the study of necropolitics, disability, and colonial governance.

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