

Refusing Colonial Legibility

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In 2009 the Australian government delivered a report titled *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*. Each year since, the Closing the Gap report presents a report card on how Aboriginal and Torres Strait Islander peoples are faring when it comes to metrics such as life expectancy and maternal health as compared to non-Indigenous Australians (see *Closing the Gap*, n.d.). Media reports circulate, graphs and tables abound, and the strategy sets off once again for another year of measuring “Indigenous disadvantage.” In *Another Day in the Colony*, Chelsea Watego refers to Closing the Gap as data collection that has been “dressed up as strategy” (2021, 201).

In this piece I am concerned with how practices of data collection associated with population come to stand in for social change. I turn to one specific study, the Australian Aboriginal Birth Cohort study (the ABC study), as an example of how measuring certain populations across time becomes a proxy for any meaningful reckoning with root causes of inequity, or as Fleur Johns describes it, how making and knowing populations represents a move from a Foucauldian governmentality of the power to “make live and let die” to a “power to make perceive and let pass” (2023, 76). In Australia, this approach might be termed a governmentality of colonial unknowing, whereby the settler-colonial state functions through establishing “what can count as evidence, proof, or possibility—aiming to secure the terms of reason and reasonableness—as much as it works to dissociate and ignore” (Vimalassery et al. 2016, 2). I argue that knowing populations through cohort studies such as the ABC study privileges certain forms of colonial

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legibility—where the perceptibility of a population becomes the end goal—over any actual material change.

The ABC study is the largest Indigenous birth cohort study in Australia (Menziess School of Health 2022). In 1987, 686 Aboriginal and Torres Strait Islander babies were recruited from the Royal Darwin Hospital, which represented over half of all “eligible Aboriginal infants” in the Northern Territory at that time. The maternal, perinatal, and neonatal data collected in the first wave of the study in 1987 has been followed up in four data collection waves since, providing a longitudinal picture of Indigenous health across the life course in the Northern Territory, with around 71 percent of original participants still engaging with the cohort study. When I saw the current lead researcher present a session on the ABC study in 2019, she invoked an image of Indigenous participants all over the Northern Territory “being measured on the veranda.” In addition to the usual collection of data on body size and shape, renal function, socioeconomic status, and lifestyle factors (namely, nutrition, smoking, and alcohol consumption), this most recent wave included additional lifestyle markers “such as major life events and stress biomarkers.” The researcher explained that this component was added to the ABC study to explore the impacts of health damaging behaviors and stress on the body across generations. Because many of the participants in the ABC study are now parents—one-third of the participants who became mothers since joining the study had had their first child at twenty years old—the ABC study was uniquely placed to track the impacts of stress on mothers and their children as they both aged. This new focus on intergenerational stress in the ABC study hinges upon a loosely defined engagement with environmental epigenetics. In this brief example, we can see how this particular cohort study seeks to measure, and to make perceive, and to let pass, the intergenerational impacts of racism, here glossed as “stress,” on Aboriginal mothers and their children, who have been measured in four waves of data collection since 1987. The project of making this population legible through a governmentality of colonial unknowing, now drawing on gendered logics of intergenerational transmission through environmental epigenetics, places data collection on a certain population as proxy for direct action on racialized injustice. Instead we might ask, what might it look like to take action on embodied racism without taking more measurements?

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Author Bio

Henrietta Byrne is a Postdoctoral Research Fellow at the Sydney Centre for Healthy Societies, University of Sydney. Situated within STS, medical anthropology, and sociology of health, her research addresses questions of knowledge production and evidence-making in health, particularly as related to settler-colonial states and hierarchies of knowledge.