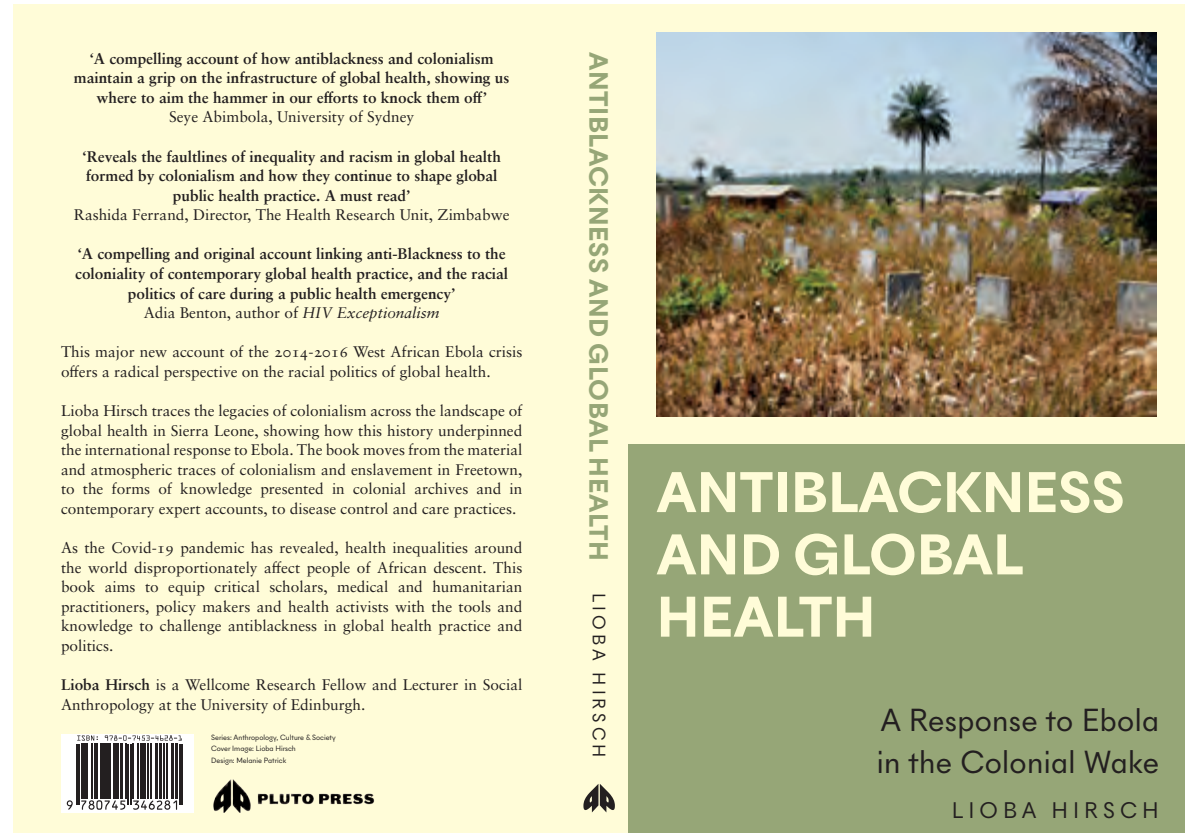


# Antiblackness and Global Health

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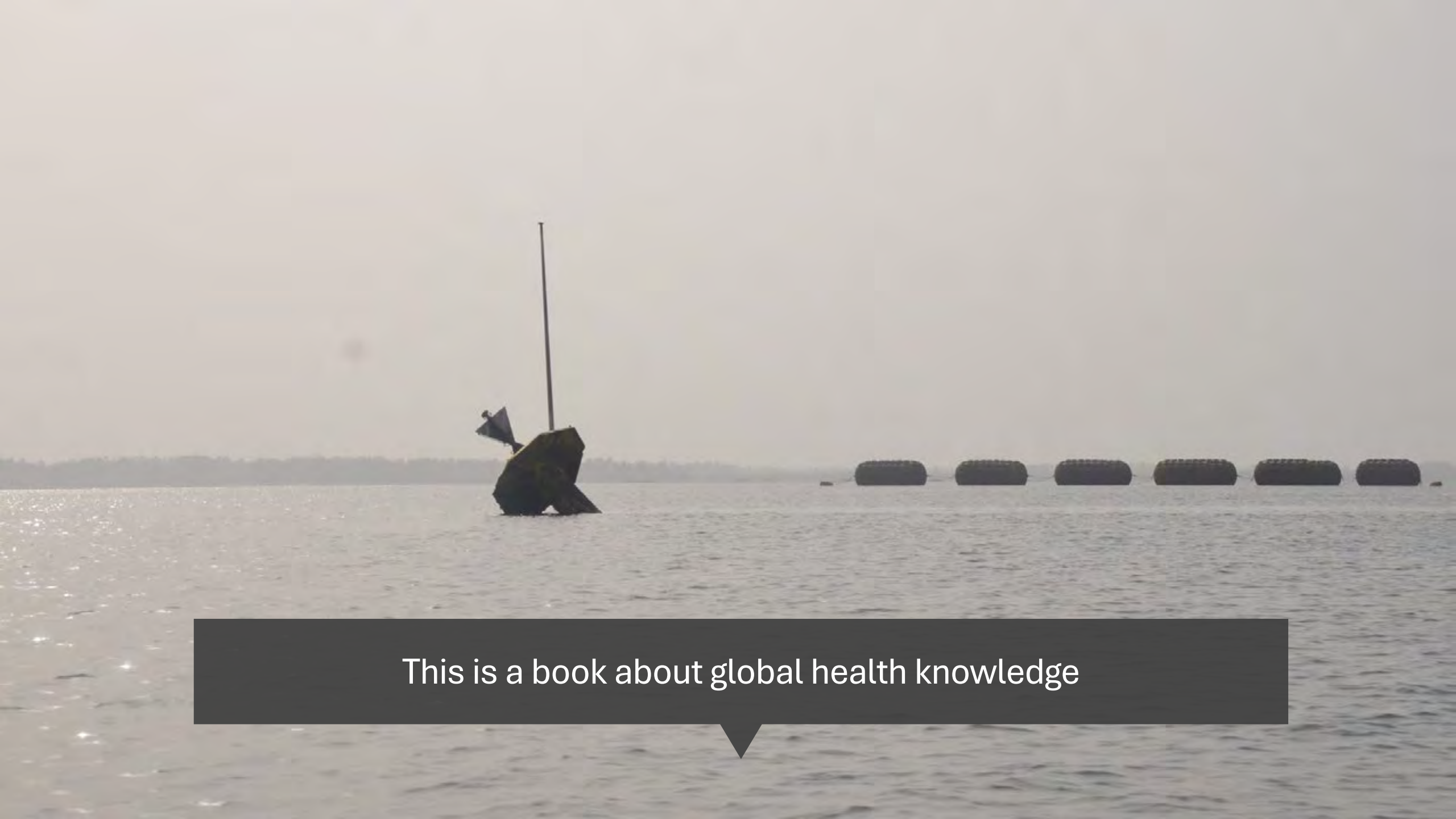
McGill Reimagining Global Health Summer School

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- ‘If we are going to interfere in the lives of others, a little due diligence is the minimum requirement.’ (Teju Cole, 2012)
- ‘we live in an anti-Black world – a systemically anti-Black world; and therefore whites are not [simply] “racists”. They too live in the same world in which we live. The truth that structures their minds, their “consciousness”, structures ours.’ Sylvia Wynter, 2006





This is a book about global health knowledge

- How do we analyse an epidemic and its response from a *Black point of view*?



\*06/03/1975 – † 29/07/2014



\*1955 - † 13/09/2014



What landscapes do global health politics intervene in?



# Epigrammatic antiblackness

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‘So we were told that a couple of times, I don’t know [pauses] white people, British people and I think it’s probably a lot to do with the civil war. Or it might not be. But I met people there who wanted Britain to take Sierra Leone back as a British colony. Oh yeah. I don’t know, I might have a picture, some of the buildings along the way to Kerry Town [ETC], had Union Jacks painted on them stuff like that, yeah I’m not joking! [...] And people said to me as well ‘We need the British back, we need you to come back!’ And the thing was, it was a long-term British colony a long, long time ago and [...] freed slaves were settled there and there was a lot of – back in the 1800s – of philanthropy and people set freed slaves up in their own town and all that. [...] But we were actually told on the first week that you know that they look up to British people or white people and I found that really strange. But I don’t know. I don’t know if I saw that really. Working with Sierra Leoneans I saw that [pauses] I think there was a lot of acknowledgement of our skills, they wanted to learn, but that’s not looking up to someone, is it?’ (Cormack, UK nurse)



# Antiblackness as infrastructure

I want to think antiblackness in relation to infrastructure, but also antiblackness *as* infrastructure; one that is mostly epistemic but leaves it traces in material forms and absences.

‘It is by definition invisible, parts of the background for other kinds of work. It is ready to hand. [...] One person’s infrastructure is another’s topic or difficulty.’ - Susan Leigh Star (1999)



# Antiblackness as infrastructure

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- Race rather than being a biological or cultural category, is ‘a set of socio-political processes that discipline humanity into full humans, not-quite humans, and nonhumans.’ (Weheliye, 2015)

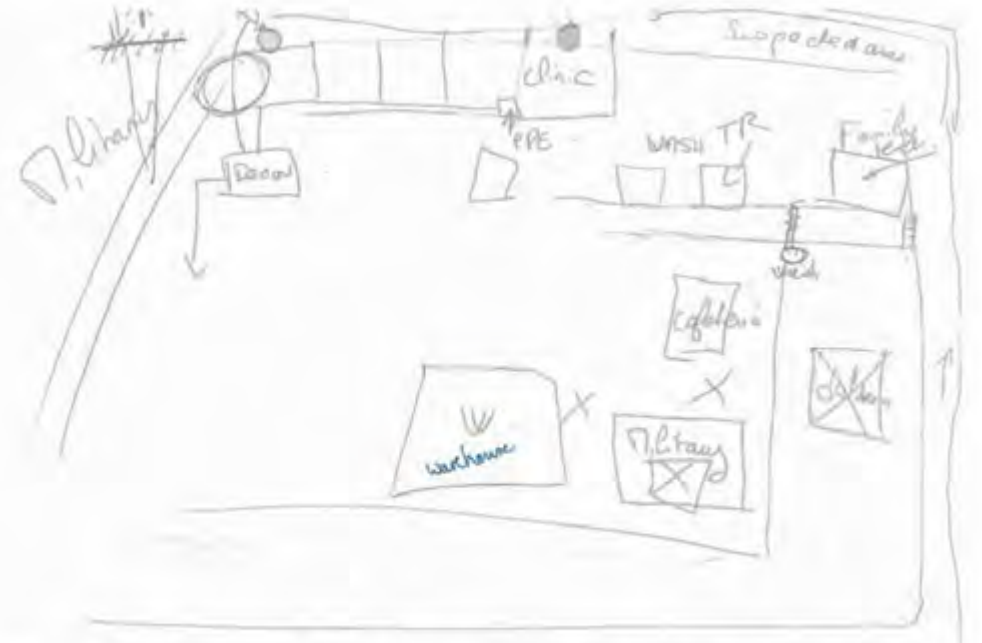


Figure 24: Map of ETC drawn from memory by Sara. The red zone is in the top left corner, left of the clinic. The “white worker treatment centre”, which Sara spoke about in 5.2.2 is in the bottom right corner designated ‘Military’.



Rethinking Global Health temporalities



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- *A lot of our early problems were not so much that Ebola was a curse, not a virus, it was that Ebola was a conspiracy. So there was a belief that we were taking patients into the unit to kill them, inject them to kill them – Doctor, Connaught Hospital*
  - *One of our patients [...] talked about how, his belief before he got sick was that they wanted our blood, people who didn't have blood had come to take his blood. And when he got sick a nurse he had known from his community for many years treated him in the Ebola unit and [...] rather than believing her he simply believed that she had been kind of co-opted and they'd come to take his blood and you know that must have been September/October [2014] time. - Doctor, Connaught Hospital*
  - *I heard rumours about people getting killed in those places [hospitals and ETCs] or that it was all a big conspiracy, but considering the availability of information and the sort of context I am not gonna say they're unreasonable. – Administrator, Connaught Hospital*

# Rethinking care

- Note 234: “Care is complicated, gendered, misused. It is often mobilized to enact violence, not assuage it, yet I cannot surrender it. I want acts and accounts of care as shared and distributed risk, as mass refusals of the unbearable life, as total rejections of the dead future.” (Sharpe, 2023)



# Thinking global health otherwise

“I want us to understand the wake as a political and geographical reality that affects all of us. I want us to notice, again and again, how antiblackness and colonialism are at once normalised and marginalised in global health and in the Ebola response. I propose that we take colonial infrastructures seriously, and that we pay attention to their endurance and the ways in which they shape global health. A challenge: Let us politicise and interrogate practices of care. Let us approach them with caution. Finally, an invitation: To use care as methodology in global health research and beyond. To live caring and careful lives. To learn, teach and share with care.”

- ‘to care is "to cultivate anticipation of another world and to live now dedicated to the task of turning this world into a better one."' Honig, B. in Sharpe, C. (2018)

