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<https://escholarship.org/uc/item/0462560k>

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Publication Date

2025-01-13

DOI

10.1111/maq.12908

Peer reviewed

Transforming medical anthropology: Community, praxis, and the Black Feminist Health Science Studies Collaboratory

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Abstract

Despite the transformative contributions of Black feminist thought, medical anthropology often fails to recognize or center the works of Black feminist thinkers. We argue that Black feminist theory is critical for a study and praxis of new approaches to healing, health, medicine, illness, disability, and care. We can't continue to simply recognize that current systems are failing us; Black feminist theory moves us past recognition toward transformative liberation. This special issue emerges from works and conversations leading up to, during, and after the first Black Feminist Health Science Studies Collaboratory, held virtually in May 2021. Through the Collaboratory, we propose a new form of coming together around the sharing of knowledge and practice based in Black feminist thought and Black feminist healing arts. The collection of works that follow demonstrates and provides practical means toward a more liberatory practice of medical anthropology.

KEYWORDS

Black feminisms, epistemology, form, health, medical anthropology, racialization

INSPIRE(ATION)

“We deserve the inspiration of oneness that the textual makes possible—we deserve that inspiration, and here I am pressing on the denotation of breath in the word ‘inspiration.’

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We deserve the force of alive being and how it can enable each of us, each day, to imagine how we want to be in the world and then to move toward that being.”

–Kevin Quashie in *Black Aliveness, Or a Poetics of Being* (2021, 147)

In the collection of works that follows, we take *inspire(ation)* from our Black feminist elders, living and ancestral. We recognize that moving toward aliveness as Black folk requires healing. From bell hooks’ extensive works, we are reminded that “rarely, if ever, are any of us healed in isolation. Healing is an act of communion” (2001). Black feminism recognizes that healing is as much an activity that one does for oneself as part of self-recovery as it is a communal activity. We take seriously this prescription for a healing that happens in community and are also keenly aware of the need to pay attention to how the systems we interact with shape our abilities to heal. In this way, the relationality of healing that hooks highlights has implications for medical and healing practices; for efforts to address and redress outcomes of racial trauma and harm; and for the creation and support of alternative spaces for Black feminist healing arts. We understand healing arts to be creative practices that promote health, wellness, healing, transformation, and liberation. We also understand them to draw on the arts to analyze and recreate the everyday practices of Black women and their journeys with health, healing, and wellness. Black feminists deepen our ability to engage in the healing arts, informing our conception of Black feminist healing practices and their links to the arts. For example, from Audre Lorde, we appreciate how liberatory tools, like poetry and the erotic, are incorporated toward the healing and survival of Black women (Lorde, 2020), and Ntozake Shange has demonstrated the healing power to be found in communing with other Black women, the stage, movement, oral tradition, and writing techniques that break with Western conventions (Oliphant et al., 2022). While these and other implications of Black feminist contributions to healing certainly extend to the study of medical anthropology, Black feminist theory is not often engaged in the discipline.

Despite the transformative contributions of Black feminist thought, health-related scholarship and programming often fail to recognize or center the works of Black feminist thinkers. We argue that Black feminist theory is critical for a study and praxis of new approaches to healing that can accommodate the complexities of our lived experiences and the systems within which we are enmeshed. We can’t continue to simply recognize that current systems are failing us; Black feminist theory and healing arts move us past recognition toward transformative liberation. In creating the first Black Feminist Health Science Studies Collaboratory, we propose a model and a directive for ways to organize, gather, theorize, and care for one another and the larger system as a whole. This is our labor of love toward Black life and Black health.

BLACK FEMINIST HEALTH SCIENCE STUDIES

“If Black women were free, it would mean that everyone else would have to be free since our freedom would necessitate the destruction of all the systems of oppression.”

–Combahee River Collective (1995, 237)

The emerging subdiscipline of Black Feminist Health Science Studies (BFHSS) was developed by interdisciplinary scholars who are working at the intersections of women’s, gender, and sexuality studies; media studies; disability studies; environmental justice; and health professions curriculum reform (Bailey & Peoples, 2017). With careful attention to inclusivity, BFHSS addresses intersectional issues of race, gender, and class while highlighting the necessity of incorporating social justice into medical science. BFHSS arises from the literalness of Fannie Lou Hamer’s declaration of being “sick and tired of being sick and tired” and the ways it reveals health as a measure of process and the impact of the oppression faced by people of color. Drawing on the work of Dorothy Roberts, Alondra Nelson, Cathy Cohen,

Leith Mullings, Faye Harrison, Patricia Hill Collins, Evelyn Hammonds, and many others, BFHSS is a collaborative, interdisciplinary praxis that deconstructs dominant frameworks in biomedicine, health, and wellness. This facilitates the recentering of narratives and experiences of Black women to bring us closer to a liberatory medicine and shift epistemic frames to take us out of cycles of violence and destruction. Black women and their (our) health are unapologetically centered because “if Black women as a whole were healthy, it would mean that many of the barriers to quality health care would necessarily be removed, creating a more ethical and just health culture for everyone” (Bailey & Peoples, 2017, 4). This special issue elaborates on the need for continued acknowledgment and address of the anti-Blackness, sexism, and ableism permeating all aspects of life and serves as a heuristic for how to do so.

We are in the midst of a political climate committed to attacking critical race theory, devaluing Black lives, and refusing to promote Black scholars and scholarship. At the same time, we are in a moment of heightened attention to the preservation of Black lives and demand for Black scholarship, experiences, and issues fostered by various movements including Cite Black Women (citeblackwomencollective.org) and Black Lives Matter (blacklivesmatter.com). Still, citational and publication practices in the field of medical anthropology do not reflect the significant contributions of Black feminist thought and insights from Black feminist anthropologists (Smith & Garrett-Scott, 2021). This special issue is thus particularly relevant and timely as it demonstrates and provides practical means toward a more liberatory practice of medical anthropology by centering Black feminist thought and Black feminist healing arts.

The centering of Black women, our health, and our experiences of the world inherently requires an analysis attending to questions of race, class, gender, sexuality, ability, education, and nationality. This centering concedes that Black women inform and are informed by definitions, measures, and outcomes of health and the construction of health knowledge and practice. It also recognizes and encourages Black women’s capacity for accurately theorizing our experiences and the means for liberation. BFHSS, as demonstrated in this special issue, produces the conditions for the proliferation of the innovation and creativity needed for analyses that otherwise would burst beyond the seams of one single practical or scholarly approach. The deep interdisciplinarity of our analysis fosters new kinds of critical questions and engagement with scholars situated in varying practice-based fields, which we believe will benefit medical anthropological studies of such fields.

BFHSS produces knowledge toward liberation and creates just models of action and best practices that are historically contextualized and grounded in Black women’s health. BFHSS’ praxis deeply values (1) interdisciplinarity and collaboration; (2) the development of a critical vocabulary that articulates the world as it is but also serves as a tool for future-making; (3) sustainable productivity; (4) the encouragement of theoretical conversations that impact the world and theorizing toward liberation; and (5) an emphasis on group and community care. This special issue, both the finished product and the process, works toward embodying this praxis. We have endeavored to engage these values throughout by including works from a range of disciplines and promoting self-care and community care in the writing and editing process. From this rich theoretical framework, medical anthropology has much to gain both methodologically and epistemologically.

By actively producing opportunities to transparently come together, BFHSS challenges scholars to go beyond symbolic performances of multi- or interdisciplinarity. How does future world-making through the development of critical vocabulary open new theorizing within medical anthropology and the practice of ethnography? How do medical anthropologists begin to practice sustainable productivity in the creation of timelines or research agendas or modes of engaging with interlocutors? What other kinds of renderings become possible through a Black feminist health science studies lens?

Many of these are exactly the questions Black feminist anthropologists like Leith Mullings, Gertrude J. Fraser, Khiara Bridges, and many others have asked of medical anthropology through their work on Black women’s experiences of reproductive racism and their creative and robust responses. BFHSS is a vitalizing force for research, practice, teaching, and service. As Bailey and Peoples assert, “BFHSS is not a fleeting intervention but one that will grow roots into the marginalizing narratives and material practices of health, wellness, science, and medicine until they have fundamentally [been] altered

and addressed” (Bailey & Peoples, 2017, 4). Through this special issue, similar to the model Leith Mullings’ research gave us for engaged anthropology (Mullings, 2005), we bring collaboration to the front; obscure divisions in audiences of our work; and seek to dismantle racism, sexism, elitism, and ableism that continue to plague all aspects of medical anthropology. We build upon the rich literature already available on questions of race, racialization, and racism, and the ways they shape understandings and practices of the body, health sciences, medicine, medicalization, and medical, scientific, and health discourses. We provide more than a rallying call for the importance of anti-racist scholarship and critical engagement from medical anthropology. We push toward the discovery of new insights on how to arrest the everyday toward liberation now and moving forward.

THE SPIRIT OF THE COLLABORATORY AS METHOD AND CONCEPT

In the planning of the inaugural BFHSS Collaboratory, we sought to take the theoretical principles espoused by the budding sub-discipline and bring them into praxis. The COVID-19 pandemic offered a unique challenge and opportunity to deconstruct the conventional academic gathering and rebuild it with fresh eyes. In honoring Black feminist thought, we aspired to create an experience that was different from traditional academic conferences both in content and in form. Guided by the tenets of Black feminist epistemology as described by Patricia Hill Collins (2000), we worked to create a space that centered lived experience and emphasized collective dialogue as legitimate modes of knowledge production while also validating the importance of care and personal accountability. The Collaboratory, a portmanteau of collective, collaboration, and laboratory, represents a new form of coming together around the sharing of knowledge and practice based in Black feminist healing arts.

As a starting point for the Collaboratory, we considered the many ways we have experienced scholarly conferences in the past, paying special attention to the occasions that allowed for impromptu meaningful interaction and exchange while also recognizing those that felt less productive despite being more structured. The Collaboratory was innovative in its format. We offered participants an expansive range of ways to engage each other and encouraged a wide range of novel submission categories (see Appendix S1). By bringing together scholars with activists and creatives, we were intentional about keeping the Collaboratory grounded in lived experience. We invited research to be presented alongside both artistic expression and programmatic interventions, theory to be coupled with practice.

In the spirit of collective dialogue, we worked to translate the productive spontaneity of in-person interaction despite being confined to a virtual platform. We encouraged attendees to play, explore the hosting application, and engage with the social aspects of coming together despite not being physically close. We also called on attendees to show up with a spirit for engaging in something new. We asked them to be open to working together with us, to dream and enact new spaces and ways for thinking, creating, writing, fighting, and thriving collectively.

Finally, it was important for us to make the Collaboratory a space attuned to self- and collective-care as well as an ethic of personal accountability. One way we tried mitigating the kind of destructive and sometimes violent engagements that we have each experienced in previous conference gatherings was to make the conference open only to active participants; we intended to minimize gratuitous spectating and the harms such gazing might produce. This intention to reorient the terms of viewership rests in direct conversation with the late Dr. bell hooks (1995), who recognized “victimization” as “the location of visibility” (58). Alternatively embracing a “discourse of self-determination,” hooks mirrored the work of Black women known in childhood who “gained strength by sharing knowledge and resources, not by bonding on the basis of being victims” (52, 61). Along these lines, each participant held a personal stake in the meeting, which we felt in turn created space for more meaningful and careful engagement. Our greatest desire for this first Collaboratory was to bring folks together to share, to connect with new people, and to build the foundation upon which we can continue to do the liberatory work we are committed to doing.

We chose the theme of Racial Geographies of Health and Wellness, seeking to draw works that put Black feminist thought, geographies, and space in conversation. We were interested in exploring how the practices and modes of knowledge production of varying branches of the sciences continue to shape global, national, local, natural, cultural, and racial landscapes and vice versa. We were interested in works that articulate how a BFHSS lens contributes to new kinds of mapping, seeing, or conceptualizing space and place. We hoped for a diversity of works—ranging from papers to poems—raising epistemological questions for scientists and healthcare personnel whose policies, practices, and research methodologies could be leveraged toward the dismantling of racist infrastructures.

The Collaboratory surpassed all our expectations, and we are grateful to all who came, made the space their own, and turned the Collaboratory into so much more than we could have ever imagined. We brought together a diverse set of over one hundred scholars, artists, and activists working to eliminate barriers, both ideological and material, against health care access, equity, and justice for Black women and thus dismantling these structures for other marginalized groups as well.

We had the privilege of listening in on a truly memorable “fireside” interview featuring Ashanté M. Reese, who shared with us the role of altars in her professional work and what it means to exercise both refusal and redaction as method. Throughout the series of conversations that followed, we gave substance to Black feminist methodologies and epistemologies in health sciences. We examined racial disparities in health, mental health among young Black girls, perinatal health disparities, and the emergence of race in everyday practices of the sciences. We tapped into indigenous ways of healing, responding to trauma, and reclaiming divine connections. We allowed ourselves to imagine a just and climate-resilient future. We gave space for alternate birthing practices that center the needs of birthing people of color. We meditated on abolition as a corporal politic. We considered the liberatory and healing power of poetry, storytelling, and collage. We grieved the deaths of so many Black women and Black girls in the year leading up to the Collaboratory, 2020–2021. And we honored our ancestors, celebrating their lives together.

We also reflected on the world of academia and what abolition in academic spaces might look like. We were intentional about exploring ways to center community in showcasing community-based participatory research. We were inspired by the life-affirming work of community organizations, health advocates, and activists working on the ground, often outside of state institutions, to improve the health and wellbeing of their communities in sustainable ways. We saw and heard about what embodying and enacting love for Black people looks like through a keynote community spotlight presentation, highlighting the important work of a reproductive justice community organization in San Francisco, *One Love Black Community*. Moya Bailey hosted this conversation with *One Love Black Community* members Asmara Gebre, Arthurine Zakama, and Daphina Melbourne.

We reaffirmed our commitment to Black feminist and decolonizing traditions, and as Tuck and Yang (2012) push us to consider, encountered the incommensurabilities of abolition beyond metaphor. We saw, heard, and were pushed to experiment with form—how do we write and *do* differently, open an event, present our work, answer community needs, conduct research? And so so much more. What we generated together cannot be easily measured.

In many ways, this special issue is the inverse of the process we undertook to create the virtual space of the Collaboratory. We now seek to translate and distill the momentum generated at the Collaboratory into a series of articles that exemplify the significance of Black feminist healing arts and their contributions to the fields of science and technology studies and medical anthropology. Having shared space and time, broken conceptual bread together, we keep the spirit of the Collaboratory and many of the resulting conversations alive through the articles that follow.

GLOBAL CONCEPTIONS OF RACE, BLACKNESS, AND FEMINISM

The articles compiled in this special issue reflect an engagement with how place shapes and is in turn shaped by distinct strains of Black feminist thought across the globe. In lieu of a monolithic Black

feminism, we offer a pluralization, *Black feminisms*, which attends to the nuances in Black feminist theory and praxis emerging from different social and geopolitical contexts. The BFHSS works presented in this special issue are thus in conversation with not only North American Black feminist traditions (see Aboii and Reese, botts-ward, and Dudley, this issue) but also with those scholars, writers, and activists hailing from elsewhere. These include voices from the Caribbean—Sylvia Wynter (see Edu, this issue); Brazil—Ana Claudia Lemos Pachecho, Carla Akotirene, and Joice Berth (see Falu, this issue); and Nigeria—Flora Nwapa, Buchi Emecheta, Nnedi Okafor (see Oni-Orisan, 2023). Contributors further engage the empirical nuances of Black emplacement in other locales such as Eritrea and Papua (see Asfaha and Palupy Rasidjan, this issue).

These different strands of Black feminism reflect efforts to distinguish the nuanced experiences of Blackness and feminism emerging out of distinct places. We intentionally converse with and theorize alongside Black feminist thought across very different spaces. A movement beyond borders and an engagement with the particularities of place (as implied by diasporic or transnational inquiry taken up by a number of disciplines) was always already a part of the BFHSS Collaboratory. Committed to careful contextualization, the Black feminisms informing the BFHSS Collaboratory approaches within this special issue avoid the captivity of universalization and conflation (Dosekun, 2021). Rather, like Alice Walker's (1983) expansive conceptualization of a "womanist" as "a black feminist or feminist of color," derived from "womanish," "referring to outrageous, audacious, courageous or *willful* behavior," acting or being "grown-up," "a woman who loves other women, sexually and/or nonsexually," "committed to survival and wholeness of entire people, male *and* female," and "not a separatist, except periodically for health," articulations of feminism within Black feminisms remain loose and changeable (Walker, 1983, xi, original emphasis). Even more telling are the ways in which these loose articulations become part of a referential dialogue across space and time, a kind of call-and-response (or "hopscotching" in the face of death and death-dealing conditions, as Aboii and Reese discuss in this issue) animating academic, creative, and activist worlds.

We are in conversation with African feminisms which speak of a desire to respond to the *intersections* of sexism, racism, and colonialism. These works claim that Eurocentric analyses of feminism lacking concurrent engagement with racism and colonialism cannot adequately address the continental contributions of African feminisms (Dosekun, 2021). African feminisms originating from the continent eschew the cosmopolitan tendencies of an overwhelmingly white, western feminism where the experiences of African women are actively erased (Okome, 2001; see also Yacob-Haliso & Falola, 2021). The "peculiar burden" of Black women, "deprived of [their] rights by sexist attitudes in the black domestic domain and by Euro-American patriarchy in the public sphere," renders the possibility of an alliance with white feminists "absurd." (Ogunyemi, 1985, 79) This insistence on continental specificity surfaces through the shared labor of theorization, a generous building with and upon—*womanism*, *stiwanism*, *motherism*, and *negofeminism* (Acholonu, 1995; Nnaemeka, 2004; Ogundipe-Leslie, 1994).

In this collage of sampling, thinking, writing, artmaking, and doing *with*, we highlight the shared and separate struggles animating Black feminist contributions to critical theory. The engagements featured in this special issue are conversations across space and time. Across the ocean from the africanfuturism perspectives we engage elsewhere (see Oni-Orisan, 2023), AfroBrazilian women's movements contextualizing engagements with Brazil are nourished by a Black African cosmovision embodied and transported to Brazil and iteratively reconstructed and remixed to contemplate the particularities of a different place. Responding "to the historical persistence of racism, sexism, class inequality, and heterosexism," these efforts reflect Black Brazilian women's struggle for social justice on their own terms *and* in conversation with the ongoing struggles of others elsewhere in the world (Pons Cardoso, 2016, 2).

In many ways, this reach to theorize race, Blackness, and feminism beyond a North American social, political, and economic terrain highlights the ways in which the Collaboratory presents as a global project not entirely captured by the bounds of any single region. That the Collaboratory takes stock of Black feminisms in the plural also carries implications for how these approaches may

productively converse with a medical anthropological project of theorizing healthcare systems and the inequitable care such systems continue to produce. Black feminist perspectives from elsewhere work to unsettle overdetermined North American understandings of race, Blackness, feminism, and wellbeing.

The global perspective of the Collaboratory attends to the ways in which North American anthropological projects already carry particular frameworks of progress or conceptualizations of healthfulness, even when pursued through modes of critique. The pluralization of Black feminism within our approach, and as necessitated by the particularities of place, refuses any easy consolidation. We present Black feminist approaches to storytelling, knowing, creating, and navigating within space that cannot be readily extracted or applied to other contexts. The storytelling of this special issue, as it presents through memorialization and critical fabulation, is in dialogue with those storytelling experiments taking place elsewhere (see the *Feminist Africa* special issue on Gender and Sexuality in African Futurism, for example). We offer a series of open-ended perspectives on just what might constitute experiences of race and racialization, Blackness, feminism, health, and other possibilities for living under the “weight that bears down on all [B]lack people” and for “how [B]lack thinkers imagine and practice liberation as they are weighed down” (McKittrick, 2021, 3).

There is an inherent unfinishedness to this work which problematizes straightforward “incorporation” or “inclusion” of Black feminist voices into the disciplinary structures of medical anthropology classrooms and conferences. Not everything presented in this special issue will prove to be legible within (or perhaps even reconcilable with) the disciplinary mores of medical anthropology. Contributors’ movements between form, citation, and ethnographic engagement reflect distinct readings of race, Blackness, and feminism *in distinct spaces*. And yet such incommensurability highlights the profound necessity of attending to BFHSS across borders here and now.

TRANSFORMING MEDICAL ANTHROPOLOGY

Medical anthropology, emerging in the post-war development era, initially concerned itself with using symbolic and interpretive methods to understand diverse experiences of illness with a specific interest in facilitating international health interventions (Foster 1982; Good, 1994; Kleinman 1978). A shift inspired in part by critical Marxist approaches (e.g., Taussig’s [1978] political economy of illness) added depth to the field in the 1970s. Also influential were the works of Michel Foucault on the emergence of biopolitics, understood as the numerous, diverse techniques aimed at the subjugation of bodies and management of populations and through which the basic biological features of the human species became the object of political strategy. Over the next few decades, several disciplinary challenges inspired by science studies, affect theory, psychoanalysis, and the ontological turn resulted in new currents within medical anthropology. Here, we foreground a medical anthropology that relates sociocultural, political, and economic systems to sickness, health, and transitions between the two in order to better understand both the lived experience and structured possibilities of suffering and healing. This special issue contends that BFHSS offers critical interventions for medical anthropology, pushing the field toward new forms of inquiry and analysis. With BFHSS, we are able to rethink medical anthropology’s classic conceptual and methodological preoccupations in order to imagine a new future medical anthropological study.

We have organized this special issue around three themes that offer timely, innovative, and necessary insights on several core concepts in critical medical anthropology: (1) *Racial Politics and Sovereignty in Reproductive Health* sheds new light on questions of citizenship, the state, and global health in medical anthropology (cf. Petryna, 2013; James, 2010; Briggs & Martini-Briggs, 2016); (2) *Honoring the Dead: Of Altars and Memorialization* uses Black feminist thought to extend previous work within the discipline on care, violence, and afterlives (cf. Mullings & Wali, 2001; Garcia, 2007); and (3) *Disrupting Racialized Narratives in Medicine* offers renewed attempts at exposing the (racial) politics of knowledge within biomedicine (cf. Gordon, 1988; Harraway, 1988; Benjamin, 2019).

Racial politics and sovereignty in reproductive health

“I am interested in the ordinary pleasures of watching my daughter grow. Yet a desire for a world where she—and the friends she holds dear—can grow, live, and breath *is* a political one, a claim that has to be asserted in a world motivated by a death drive that has never been more visible. I would like to live in a world in which Black mothers do not only come into view as political parables of pathology or resilience. I want space for the Black ordinary.”

— Jennifer C. Nash (2022, original emphasis)

Black feminists, writers, scholars, and activists have been characterizing and theorizing the complex politics of reproduction in the context of racial genocide and racial violence (Bambara, 1970; Davis, 1982) and the production of “divergent” experiences of mothering (Hill Collins, 1994), but their insights have not always been integrated into anthropological studies of reproduction. Anthropology was slow to appropriately study reproduction, only starting to do so thanks to the push of feminist and medical anthropology. Faye Ginsburg and Rayna Rapp successfully threw reproduction into the center of social theory in 1995 to show the ways that social life was dependent on reproduction. From that centering of reproduction, important constructs and ideas emerged. In particular was Colen’s (1995) notion of *stratified reproduction*, which identified the “hierarchical organization of reproductive health, fecundity, birth experiences, children, and child rearing that supports and rewards the maternity of some women while despising or outlawing the motherwork of others” (Rapp, 2000, xiv). Obstetric violence has elucidated the foundation of relations of power and violence generally but also specific to reproduction, upon which the infrastructure for healthcare was built (Davis, 2020). While these and many other concepts have provided useful tools for analysis of reproduction, it is also clear that different tools and concepts are needed to address the particularities that shape Black people’s experiences of reproduction.

The late Leith Mullings’s *Sojourner Syndrome* framework and Dána-ain Davis’ concept of *obstetric racism* are examples of what BFHSS has to offer medical anthropological studies of reproduction. Both works demonstrate the value of an intersectional approach to further elucidate the structural constraints on Black people’s lives, the myriad responses to such constraints, and how the consequences of both the constraints and responses to the constraints get into and restructure the inner workings of the body. This is in line with a BFHSS insistence on the specificity of Black women articulating their experiences to draw out the nuances of the disparities of health and its critique of the continued utilization of Black women’s bodies for the advancement of biomedical science (Bailey & Peoples 2017, 4). BFHSS pushes us to think critically about the relations that run through, across, and constitute the racialized hierarchies of reproduction—biological and otherwise.

Drawing upon recollections of the underground hospital in Eritrea, Dina M. Asfaha’s contribution to this special issue reframes the achievement of a sharp decline in the maternal mortality rate as a liberatory project of the marginalized. Revisiting the clandestine clinical spaces formed during the liberation struggle against Ethiopia and the continued efforts toward medical sovereignty despite an eight-year period of UN sanctions, Asfaha asks how Eritreans understand the labor of securing sovereignty through health. Amidst the uneven geopolitical terrain of international isolation issuing forth from accusations of terrorism and unheeded requests for reparations, Asfaha traces the political aspirations that arise out of this strategizing and improvising to perform life-saving care.

In her article, Maryani Palupy Rasidjan continues to explore this thematic of sovereignty, particularly tracing the invisibilization and hypervisibilization of Black-Indigenous Papuan women as they navigate Indonesia’s national family planning program. Caught between the political representations of an ideal Indonesian citizenry and the intersections of domestic violence, high maternal mortality, and elevated HIV infection rates, Black-Indigenous Papuan women nevertheless continue to dream and materialize

their own reproductive futures. In this sense, Palupy Rasidjan not only attends to the entanglements of public health apparatuses and police state surveillance but also seeks that which remains uncaptivating, uncaptured, and unread.

Honoring the dead: Of altars and memorialization

“Grief is a central term in the political vocabulary of the diaspora.”

–Sadiya Hartman (2002, 758)

Black feminist thought also enriches medical anthropological meditations on death, ritual, and afterlives. Medical anthropology has been traditionally concerned with cataloging rituals surrounding death to gain information about what is most important to a given society based on their social response to death. BFHSS reanimates these conversations by taking seriously the religious, the spiritual, and the otherworldly in examinations of death, dying, trauma, memory, and mourning.

Anthropology helps us think about the importance of the dead body to the living, the ways in which it is social, and how rituals serve to allow the living to appease the dead body and their own fears or sensitivities around the dead body. Further, anthropology has explored what it means or what happens when the rituals associated with death and dead bodies are upended. The field’s recent engagements with hauntings or hauntology have been concerned with what or who haunts and the experience of being haunted toward securing justice for the haunters and living better with ghosts (Good et al., 2022). Similar to psychoanalysis, anthropological studies of hauntings have emphasized the “finding and conjuring” of perpetrators of hauntings (Pinto 2018, 622; Street, 2018).

Black feminist scholars provide avenues for understanding how grief transcends bodily and temporal boundaries, opening opportunities to reckon with the systems and institutions facilitating, even necessitating certain suffering and death (Farr, 2022; Morrison, 1987; Smith, 2016). Other Black feminist scholars help us see the ways that deaths—particularly those due to anti-Black racism—reveal the vulnerability or susceptibility of similarly situated bodies that require remembrance, rememories, re-imaginings, and political actions toward new ways of healing, care, storytelling, making life, and being (Morrison, 1987; Finch, 2022; Sharpe, 2016; Wells-Oghoghomeh, 2021; Smith, 2016, Rocha, 2012). Black feminism forces a continued engagement with the constitution of boundaries between the living and dead, haunters and the haunted, and the importance of afterlives and how those are related to our abilities and creativities infused into how we mourn, grieve, care, and how we cultivate wake work (Sharpe, 2016).

In this special issue, Sheyda M. Aboii and Ashanté M. Reese offer an edited dialogue highlighting the contours of their keynote fireside conversation opening the second day of the Collaboratory. Focusing on Reese’s burgeoning work on food access, sugar, altars, archive, and remembrance in the face of erasure, Aboii traces those elements of BFHSS animating the questions asked, refusals embodied, and representations pursued in *Black Food Geographies* (Reese, 2019) and elsewhere. Together, Aboii and Reese offer shared reflections on the process and purpose of their professional and personal engagements, the “why” informing the “how” and “extent” of the work they choose to pursue.

Similarly reflecting on the processes of memorialization, reelaviolette botts-ward’s contribution attests to the sacrality of curating *#blackgirlquarantine: an exhibition of blackwomxnhealing in the wake of 2020*. Offering a virtual synthesis of grief, wake, and care work, botts-ward engages the medium of collage as an ancestral practice and affirmation of Black girl womxn life. In the process, botts-ward animates imaginaries of how we might turn the exhibit on its head, interrupting the conjoined processes of forced hypervisibilization and invisibilization explored by others in this special issue. Highlighting the liberatory potential of creative form in communal vernacular, botts-ward challenges the authority of mainstream academic forms.

Reassessing the contents of archival materials spanning from 1841 to 1856 in Montgomery, Alabama, Rachel Dudley's article returns to the creative works that have been crafted around the lives of the enslaved women forced into gynecological experimentation performed by Dr. James Marion Sims. Tarrying with the scant archival traces of these women, Dudley considers how the stories of Anarcha, Lucy, and Betsey have nonetheless been deployed as a "cumulative cautionary tale" for contemporary studies of bioethics. Thinking through points of connection between medical history, medical anthropology, and women's, gender, and sexuality studies, Dudley asks how the circulation of such stories might still be an extension of their original exploitation.

Disrupting racialized narratives in medicine

"[W]e have misrecognized the refractory desires of black culture, which are commonly not to assimilate but to transform."

—Zakiyyah Iman Jackson (2020, 34)

What constitutes knowledge, the appropriate means for acquiring it, who can produce and disseminate it, and the purpose of that knowledge has important implications for the ability to live and live well. Black ways, lives, epistemologies, theories, and knowledge, especially those coming from Black women around the world, have long been simultaneously ignored, appropriated, and undervalued (McClaurin, 2001; Cardoso & Adelman, 2016). Anthropology, despite a history of being a principal culprit of these transgressions (think of the discipline's treatment of the once-forgotten, now-celebrated Zora Neale Hurston), has, in the wake of a critical postmodern, postcolonial, feminist moment, opened avenues for amplifying the diverse ways in which people relate to, with, through, by, and against the medical industrial complex.

Medical anthropology, in particular aided by theoretical insights from science and technology studies, has grappled with the politics of knowledge, medical authority, and expertise in the last several decades. Deborah Gordon's "Tenacious Assumptions" (1988) attends to the ways biomedicine, understood as a "product of Western culture and society" (20), sustains particular ways of interpreting the body and the world. Feminist science studies critiques are celebrated for revealing the "scientific fairytale" by "wak[ing] up sleeping metaphors in science" (Martin, 1991); reconceptualizing knowledge as situated (Haraway, 1988); and shedding light on measurement as a worldmaking practice (Barad, 2012).

Yet both the contributions of Black feminist theorists and the role of intersecting systems of oppression (racism, sexism, ableism) in the production of knowledge continue to go underappreciated in this space. Knowledge production remains a central issue to Black feminist study and strategy. Excluded from loci of power within universities, academic institutions, and informal scholarly networks, Black feminist theorists have opened new possibilities for knowing out of necessity. The works of Patricia Hill Collins (1986), bell hooks (2015), and Audre Lorde (2012) have been transformative in destabilizing white supremacist narratives and, by extension, normative ways of knowing. They productively collapse boundaries between subject and object and open critical space for marginalized epistemologies. In centering the authority of lived experience, they and many other Black feminist thinkers bring into frame what previously existed outside at the margins. At the same time, Ruha Benjamin (2023) reminds us that hypervisibility may still produce invisibility or worse and of the power of selective withholding, of refusal as resistance.

Black feminist thought offers a revolutionary new politics of knowledge that allows us to move beyond medical anthropology's "single story" in marginalized spaces like Africa (Mkhwanazi, 2016). The predominant modes of producing, disseminating, and lauding knowledge in medical anthropology can only do so much. They rely on a rehearsal of description that often halts at the recognition of violences that continue to be borne. They remain exactly mired in the world as we know it to be now rather than to write onto another plane of possibility altogether. Rather than reproducing what is, Black

feminists bring into focus what could be. Writing from often-objectified positions, the contributors of this special issue disrupt the tired dichotomies that Eurocentric scholarly work relies on.

In her article in this issue, Ugo Felicia Edu continues to push for more nuanced ways to think about the role aesthetics plays in shaping everyday life, here focusing on definitions of health more generally. Edu looks to identify the subtle ways that the afterlife of scientific racism and eugenics continue to imbue contemporary practices of health with anti-Black racism. In arguing that practices and logics used to measure, define, restrict, or control health and/or disease always produce an aesthetic and the contours of racial categories, Edu illustrates the way that health is always already aestheticized and racialized. Edu's work demonstrates the way that defining and measuring health serves to aestheticize and racialize.

Nesette Falu's contribution re-reads the gynecological clinic in Salvador-Bahia, Brazil, as a space where erotic sense documents and confronts the contours of the white gaze. Ethnographically rendering the ways in which Black lesbian women exist within the intimate space of the medical examination room, Falu expands upon a medical anthropological literature focused on the many productions of reproduction. Positing a disruption of the clinical space as one that solely subjugates Black bodies, Falu reorients the field to think with the telling of sensation and the sense-making that Black queer women routinely engage. As techniques of survival, these sensorial apertures present openings onto other possibilities within and outside of the clinic.

And a note on form

“And still the emphasis on content in black culture is particular to the issue of publicness: Racist discourses expect black art to tell the true story of black life unvarnished by craft, which is also an expectation of nationalism. This reinforces the social imperative of black art and it encourages us to read black cultural works as social documents or as texts of resistance. What is lost here is not only an appreciation of artistic value but also a sense of how form can disturb the assumed precision of content and support a reconsideration of expressiveness.”

—Kevin Quashie in *The Sovereignty of Quiet* (2012, 105)

The articles in this special issue, finally, disrupt dominant expectations in academia concerning form. While there have been some notable examples of experimentation around form in recent history (Kathleen Stewart's *Ordinary Affects*, Sherine Hamdy's *Lissa*, The Crumpled Paper Boat Collective, Kathleen Stewart's and the late Lauren Berlant's *The Hundreds*, and others), the primary mode of communicating theoretical innovation in medical anthropology remains a formulaic written article, relying heavily on a predictable blend of ethnographic storytelling, theoretical insight, and, since the “reflexive turn,” a dash of careful positioning (see again: Mkhwanazi, 2016). The written works that are most often published in academic journals reproduce a distance between writer and informants, subject and object, and assume a shared subjecthood with the reader. Not only are we limiting how we communicate by staying within these bounds, we also limit what can be communicated. Black feminist thought demands that we embrace not only othered truths but also other forms of expressing these truths.

Often blackness cannot be acknowledged unless it takes a particular form. Black feminist thinkers have long experimented outside of the scripted forms by which blackness is typically recognized. We invite you to be inspired by the creative reimaginings of form offered in the works of Bettina Judd, Audre Lorde, adrienne maree brown, and Alexis Pauline Gumbs, as well as the less well-read works of Zora Neale Hurston and Hortense J. Spillers, and the experimentations in literary, poetic, photographic, and sonographic forms in the works of Toni Morrison, Lucille Clifton, Deana Lawson, and Cathy Thomas.

Black feminisms challenge the stability of form and the ways we have been asked to reproduce particular form-making processes. As Kevin Quashie (2012) contends, a public tell-all expository exigency undergirds long-standing regimes of academic productivity wherein accounts of Black life are expected and edited to rehearse resistance over and above other modes of life-sustaining expression. BFHSS approaches form in the re(visioning) Quashie offers us, contemplating “how form can [itself] disturb the assumed precision of content and support a reconsideration of expressiveness” (105).

While all the contributors bring to the forefront questions around form and the politics of knowledge, the work of bott-wards and that of Aboii and Reese presented unique challenges to the traditional peer-review process in medical anthropology because of their willingness to push the boundaries of acceptable forms of engagement. bott-ward insists on the power of collage to pay homage to the complexity of Black life in ways that words lack, while Aboii and Reese use form to expose the way knowledge is created in unplanned conversation. Through experimentation in form, we are freed from the burden of recognition into a Western liberal humanity and the work of exposing the fault in racializing discourses. We are free to, as Zakiyyah Jackson describes simply, “get on with upending and inventing at the edge of legibility” (2020, 4).

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Oni-Orisan, Adeola, Sheyda M. Aboii, and Ugo Felicia Edu. 2024. "Transforming medical anthropology: Community, praxis, and the Black Feminist Health Science Studies Collaboratory." *Medical Anthropology Quarterly* 38: 379–92.
<https://doi.org/10.1111/maq.12908>