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Authors
Thomas, Jamie A.
Bucholtz, Mary

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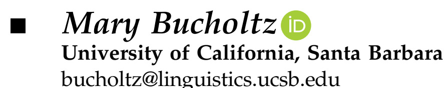
■ *Jamie A. Thomas*
Santa Monica College
thomas_jamie@smc.edu



■ *Mary Bucholtz*
University of California, Santa Barbara
bucholtz@linguistics.ucsb.edu

Personal Protective Equipment Against Anti-Blackness: Communicability and Contagion in the Academy

A lethal infectious disease is among us. Alarmingly, the disease burden's distribution is strikingly unequal. White subjects have a far greater viral load, particularly because of noncompliance with public health guidelines. Yet the virus has a much more harmful impact on Black, Indigenous, or people of color (BIPOC) populations, which are vulnerable due to structural inequities. The disease is commonly transmitted through talk: The more forcefully an infected individual speaks, the greater the viral shedding of virus-containing droplets or aerosolized particles; vitriolic political rallies and violent, seditious activities are especially dangerous. However, these widely publicized flare-ups often overshadow the everyday chronic form of infection, which is even more insidious because it is endemic to the white population and therefore less recognized. [viral infection, anti-Blackness]

This is a Public Health Emergency Declaration. This is Not a Test. This is Not a Metaphor.

A lethal infectious disease is among us. Alarmingly, the disease burden's distribution is strikingly unequal. White subjects have a far greater viral load, particularly because of noncompliance with public health guidelines. Yet the virus has a much more harmful impact on Black, Indigenous, or people of color (BIPOC) populations, which are vulnerable due to structural inequities. The disease is commonly transmitted through talk: The more forcefully an infected individual speaks, the greater the viral shedding of virus-containing droplets or aerosolized particles; vitriolic political rallies and violent, seditious activities are especially dangerous. However, these widely publicized flare-ups often overshadow the everyday chronic form of infection, which is even more insidious because it is endemic to the white population and therefore less recognized.

The illness takes three communicative forms; in all three manifestations, the infected person typically denies that they have the virus. Most of the infected display telltale symptoms of discursive aggression, from monopolizing conversational turns, microaggressions, and gaslighting, to hateful epithets and threats of violence. However, many, especially in academia, are asymptomatic but infectious carriers who spread the contagion through covert linguistic behaviors like interactional exclusion, whispering campaigns, gatekeeping practices, and closed-door discussions leading to discriminatory decisions. Carriers are identifiable through their habitual mouthing of empty platitudes about diversity and compulsive issuing of "statements

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of solidarity." Disease clusters of the worst cases tend to form in politics and the media, but such superspreader events have proven difficult to contain. Severe infections pose an immediate threat to public safety, because the most advanced stages can result in physical violence and even—for some in the infected subjects' immediate vicinity—death.

This pathology is referred to as *racism*, *white supremacy*, or *anti-Blackness*. We analyze the disease through the lens of anti-Blackness both because the construction of Blackness is fundamental to racial hierarchy and because of the persistent, pervasive, and extreme harm of anti-Black racism. Our diagnosis may appear merely metaphorical, but metaphors of racism-as-disease are too simplistic to illuminate the complexity of anti-Blackness. Nor is this announcement satirical; in today's increasingly dystopian world, satire is no longer possible. Rather, our warning is both literal and heuristic, an analogy that reveals the parallel political and semiotic processes of viral infection and anti-Blackness (cf. Thomas 2020 on anti-Black racism and zombie contagion).

Medical authorities, including the Centers for Disease Control and Prevention, have shown that racism is a public health crisis that does lasting harm to Black people's physical and mental well-being. That is, racism is quite literally a biological weapon invented by white people. However, we repudiate the notion, proposed by white-supremacist scholars, that this weapon is somehow "natural"; racism is biological not in its origins, but in its effects (see Harris's [2018] actuarial account of racism as necro-being).

Moreover, anti-Blackness has been so rampant for so long that it is now fully normalized, as reflected in Lorde's ([1984] 2007) diagnosis of the US as a "sick society." Thus, white liberals discomfited by Trump's florid anti-Blackness took reassurance in Biden's proclamations that the US was "back to normal" following his assumption of the Presidency; however, for Black Americans, very little structurally changed. Etiologically, anti-Blackness is distinctive from, but no less toxic than, other threats to human life and well-being; indeed, it interacts with these threats by creating their conditions and amplifying their effects (e.g., higher maternal mortality rates, biomarkers of chronic stress, greater incidences of cancer and asthma). Nevertheless, we reject the widespread framing of racism as an individual pathology or disease. Rather, anti-Blackness is an epidemiological crisis that unfolds very differently across populations: For Black people, racism is a matter of life and death; for white people, racism is a way of life.

Against another pandemic, COVID-19, masks have proven to be effective personal protective equipment. Crucially, masks also protect those within the wearer's range; hence their use requires concern for others' well-being. Conversely, governmental and individual incompetence and/or malice place members of the public in harm's way, especially those, disproportionately from racially subordinated groups, forced into contact with the infected at the pandemic's frontlines, often due to their roles as essential(ized) workers—farmworkers, grocery clerks, bus drivers, healthcare workers, educators. Politicians' decisions to withhold vital protection while promoting unmasked activities and anti-mask ideologies therefore operate as a technology of necropolitical control by imposing death on Others (Mbembe 2019). The global pandemic of anti-Blackness demands a similar sense of responsibility—yet, as with COVID-19, this responsibility has not been embraced or even acknowledged by its most flagrant superspreaders, nor by white liberals who fervently avow that they are "not racist."

Our diagnosis involves a semiotic transposition of Briggs's (2005) concept of communicability: Where Briggs uses linguistic anthropology to expose the racist social processes behind disease, we use linguistic anthropology to expose the diseased social processes behind racism. This pandemic has been trivialized by Trump and his supporters even more strenuously than COVID-19. However, the Biden administration's "racial equity" discursive fetish and accompanying posturing are no panacea. A necropolitical state built on slave labor cannot truly recognize anti-

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Blackness and its deep historical, economic, and sociopolitical roots, let alone redress its all-encompassing and devastating effects.

The academy, too, has always been intertwined with the necropolitical economics of enslavement and dispossession (Akee 2021). Our own discipline, linguistics—including linguistic anthropology and related fields—is by no means immune to the communicable disease of anti-Blackness. It is therefore crucial to test regularly for infection within the academy, while bearing in mind that a negative test does not necessarily indicate absence of contagion. At the end of this document, we offer methods for identifying and combating anti-Blackness and other racist symptomatology in academia.

Diagnosing the Diseased

Anti-Blackness is constantly mutating and thus often difficult to diagnose. The illness originated in Europe and quickly spread via colonialism, slavery, and religious oppression (Ribeiro da Silva 2011). In the virulent US variant, the infected make repeated bizarre attempts to justify the enslavement and extermination of other human beings. As Warren (2018) recounts, in the antebellum period Black people desiring freedom from forced labor and ceaseless torture were diagnosed by Cartwright (1851a), a white American physician, with drapetomania, literally "fugitive madness," an imaginary psychiatric condition. As with the labeling of self-liberating Black people as *runaways*, Cartwright promoted the idea that avoiding enslavement was a "disease of the mind" (1851a: 707) that destabilized the slavery-based economy (1851b). He declared the very notion of free Black life a communicable psychosis and deemed post-revolutionary Haiti irremediably overrun with the disease and therefore an existential threat to the US. Today, of course, we recognize that the true pathogen is not free Blackness but anti-Blackness.

The persistence of anti-Black racism over centuries has led to hypotheses that its disease process is genetic. Research demonstrates that transmission is in fact via community spread, typically linguistically. Nevertheless, the disease's endemic nature within the white population, coupled with its global communicability, presents considerable challenges. Unlike COVID-19, no vaccine is available to inoculate against anti-Blackness, and eradication is unlikely, although a well-funded and Black-led effort to fight the disease can bring it under greater control (cf. Spears 1999).

How to Spot an Outbreak

In epidemiology, the "R-number," or reproduction number, measuring a population's person-to-person infection rate determines the scale of a public health emergency. In the pandemic of anti-Blackness, the R-number—which is also the *racism number*—remains dangerously high. This R-number shows the discipline of linguistics to be within a chronic state of anti-Blackness. From its colonizing (Errington 2008; Irvine 2008), to current extractive research on Black and other racialized communities (Charity Hudley et al. 2020; Rickford 1997), linguistics objectifies and commodifies Blackness. This longstanding practice lays bare anti-Black racism as a system for expropriating resources and capturing value from Black bodies and voices. Such exploitative processes operate in conjunction with disciplinary regimes that devalue Black people's language expertise. Meanwhile, the prescriptivism of academic discourse and the institutional marginalization of Black language(s) exclude Black people from educational, and hence economic, opportunity. Even when Black linguists manage to persevere, the discipline's anti-Blackness daily threatens their survival and well-being (Lanehart et al. 2020).

In academic settings, an outbreak may be suspected whenever resistance arises to transformative change that decenters whiteness and centers Blackness, a move that also creates space for other subaltern collectivities (Davis 2003). Symptoms include resistance to institutional diversity efforts, failure to cite or even read the research of

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Black scholars, overrepresentation of white male scholars in syllabi and publications, and strategic protection of the status quo in predominantly white scholarly organizations and events. Such symptoms should be reported to the appropriate authorities (e.g., Black Twitter, Ling Twitter); given the infectiousness of this disease, even a single case is cause for swift action. Most disturbingly, in academia the deadliest forms of the virus are typically found among the institutionally powerful, whose scholarly and educational practices and administrative policies predictably spread anti-Blackness.

Strict quarantine measures—such as removal from teaching duties, dismissal from editorial boards, and withdrawal of academic honors—are indicated in order to avoid further disease spread. Contact tracing is also necessary to identify and contain the source of infection, whether transmitted through direct contact or indirectly, via academic genealogy. Transmission via infected objects, such as textbooks and "canonical" publications, may occur if hygienic precautions are not taken; the pathogen can survive in such environments for dozens, even hundreds, of years.

Flattening the Curve to Protect Academia's Essential Workers

Because anti-Blackness has differential effects, we offer recommendations both for those most likely to spread this disease and those most likely to be harmed by it, particularly in academic contexts. Like the overwhelmingly BIPOC essential workers of the COVID-19 pandemic, the BIPOC essential workers of the anti-Blackness pandemic are especially susceptible to long-term harm, given that conditions of anti-Blackness place all sociopolitically marginalized subjectivities at risk (Anand & Hsu 2020). Academic essential workers include (as enumerated by Moten and Harney 2004: 104), "composition teachers, mentorless graduate students, adjunct Marxist historians, out or queer management professors, state college ethnic studies departments, closed-down film programs, visa-expired Yemeni student newspaper editors, historically black college sociologists, and feminist engineers," among many others.

If you are in a high-risk category (i.e., if you are white), *take steps to protect others*: cover your mouth, keep it shut (when not speaking in the service of disease control and prevention), and give other people plenty of space. If you know you are infected, you have an ethical responsibility to remove yourself from contexts known to facilitate spread of the contagion (e.g., departmental leadership roles, tenure/promotion committees, invited talks, editorial boards, reviewing panels). If you are a Black or otherwise marginalized academic essential worker required to work in proximity to the infected, practice social distancing, protect your space, and remove yourself from toxic workplaces—in short, "get out" (Thomas 2020) and shelter in place in a secure social bubble of trusted friends and colleagues. *Do not underestimate the threat*: This disease is deeply entrenched within our discipline and has led to research and pedagogy that is not only intellectually unsound, but pernicious in its dehumanizing effects.

Despite popular belief, "diversity" and "inclusion" rhetorics are inadequate responses to this virus in academia, providing only minimal protection and doing little to reduce transmission rates (Ahmed 2012; Calhoun 2021; Urciuoli 2010). Instead, the academy's proliferating anti-Blackness should raise fundamental questions regarding the narrow theories, methods, and modes of public and political engagement that are permitted and rewarded, which in linguistics alone have resulted in the systematic exclusion of countless BIPOC scholars. Parikh and Carter (2020) offer an astute diagnosis of their own discipline: the "malignant intersection of narcissism and racism in anthropology and academia." Although the unmarked—and unmasked—white supremacy of the academy remains recalcitrant, they prescribe confrontation and explicit naming as key to the structural changes needed to center BIPOC scholarship, teaching, learning, and well-being.

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It is therefore an urgent and constant task for linguistic anthropologists to critique and dismantle racially toxic communicative practices in our profession. The scourge of anti-Black racism is daily transmitted through such discursive mechanisms as admissions and funding decisions, syllabi, lectures, grading, recommendation letters, mentoring and advising, peer review, citation practices, faculty and administrative meetings, and award nominations. With no known cure, and with new variants and disease vectors constantly emerging, we must remain vigilant in identifying anti-Blackness in all its forms and reducing its spread and harmful effects.

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