Title

Anthropological knowledge under redaction: Meditations on race, health, and aesthetics

Journal

Medical Anthropology Quarterly, 38(4)

ISSN

0745-5194

Author

Edu, Ugo Felicia

Publication Date

2024-12-01

DOI

10.1111/maq.12793

Received: 16 December 2021 | Accepted: 31 March 2023

DOI: 10.1111/maq.12793

Medical Anthropology Quarterly

ORIGINAL ARTICLE

Anthropological knowledge under redaction: Meditations on race, health, and aesthetics

Ugo Felicia Edu

African American Studies Department, University of California, Los Angeles

Correspondence
Ugo Felicia Edu, African American Studies Department, University of California, Los Angeles.
Email: uedu@ucla.edu

Funding information
University of California, San Francisco Research Mentorship Fellowship

Abstract

Emerging from experimentations with form during our 2021 inaugural BFHSS Collaboratory, this article dabbles in redaction while examining logics of race and aesthetics embedded in how health is defined, measured, and depicted. I also examine logics structuring who is legible as a producer of knowledge, whose body is one from which knowledge is extracted, and who can be given access to population groups for study. Form in this article offers a reflection on the appropriateness of Blackness and pushes for a reconsideration of the relationship between form and function, appropriate claim-making, article writing, and engagement with scholarship.

KEYWORDS
aesthetics, Brazil, health, race

I can't promise that it will be straightforward. Why do you have that expectation? But if you'll allow me, I'll take you along. Consider it a kind of journey through my budding personal archive—of fieldnotes, past experiences that spring up at random, news stories that linger, and cultural references. I had to come back to these fieldnotes, moments, and memories, to sit quietly and give space for them to re-emerge differently, abruptly, uneasily, and disorderly, allowing them to disrupt.

These are my meditations—where meditation is a sitting with, a giving attention to one thing, a training in awareness but also written expressions of considerations on a subject. I've been grappling with the logics of race and aesthetics that are embedded in the ways health is defined, measured, and depicted in the realm of reproductive health in Brazil (Edu, 2019). I continue to do so here with emphasis on my experiences in Brazil alongside other moments to think about my formation as a producer of knowledge, reflecting on the things that come to bear on the production of knowledge that are often obscured or hidden away. These meditations also point to the ways we learn and embody new ways of being and sense-making, and they contribute to new understandings about aesthetics and health.

They also point to the possibilities, through Blackness, that can make knowledge production, information, and claim-making fugitive. How do you know that a memory, an experience, an overheard conversation can serve as the base or part of a base for an argument, let alone an academic one? How do you string them together or put them in conversation? What if the way you've strung them only makes sense to you? I'm reminded of redaction and the way it edits and sanitizes documents—black squares, rectangles, and blocks are used to make a document safe, clean, palatable, and appropriate, even if in the process of obfuscating or removing sensitive information, it renders the document illegible, non–sense-making, useless. And maybe it is about how you see it, as Reese discusses (2023) and as Christina Sharpe (2010) and Saidiya Hartman (2019) show us. Black squares/rectangles/blocks to clean, make safe, sanitize, edit, dare I say, beautify. Who is it being cleansed and sanitized for? Black life, joy, laughter, love, and sociality have been redacted by different actors for differing reasons. Sharpe gives us Black redaction as a means for correction, disruption, pushing back, and possibility. There is possibility from non-sense, in that place outside the frame, in dreams of elsewhere, in running from recognizability or being known or appropriate, in stealing away moments of refuge and encounters with Black humanity and existence (Moten, 2008; Smith, 2016). And while appreciative of the work to excavate beauty where it has been denied or disallowed (Hartman, 2019; Sharpe, 2019), I am interested in allowing ugliness, the failure to fit, and inappropriateness to mark and cover, to expose what otherwise might be missed when focused on what is supposed to please the senses.

And so, it will wander on. Not necessarily lost. At times just elusive, inward almost. And then suddenly, long-windedly taking you through places, thoughts, conversations, and musings, running them up against and into each other seemingly without direction or intention. Stop. Proceed again in another direction entirely until—just like that—it finishes. And there you are. You may not immediately make any connections or see what is happening. I had to come back to it. But there will be a sense, a feeling—lean into it, sit with it, and then come back if needed. This is the introduction to the introductions, where we pretend to get to know each other, how we think, commonalities, and those sorts of things.

> Because it is a function of the securing of the modes of social cohesion based on the inducing of culture-specific cooperative behaviors on the part of its human subjects, the phenomenon of Aesthetics and its discursive-semantic practice or rhetorical strategies, by means of whose meaning-signals such inter-altruistic behaviors are stably induced, must be governed by rules, at the level of human "forms of life," that are *analogous to the rules which govern the securing "of cooperative coherence"* at the level of organic life, rules which must all function, therefore, according to the semantic closure principle (SCP) which alone ensures such coherence. (Wynter, 1992, 242)

Truth: "Nothing is more irritating than this bias pompously masquerading as science [or medicine or health expertise]" (Firmin, 2002, 185).

An icebreaker, though I hate them, do indulge me. Two truths and one lie, as you weave through my meditations. The fun in this icebreaker, assuming you don't know me and thus what is true or false, is guessing what is the lie, for which you are rewarded with the truth. For example, as a new member of the *Medical Anthropology Quarterly* (MAQ) editorial board, they might decide to utilize this icebreaker to introduce and familiarize everyone. People are given some time to craft the truths and lie and the order by which they will deliver them. What I always find interesting about this icebreaker are the curation and performance of the statements and hearing the dialogues before and after the reveal. Depending on the company, purpose of meeting, and mood I am in, I might present any of the following three sets:

Set 1: I am the eldest of five children/I am of Nigerian, Italian, and Cuban heritage/I majored in physiological sciences as an undergrad.[1]

Set 2: I played soccer for UCLA's women's team/I was pre-med as an undergrad/I've studied Spanish, Portuguese, and Italian.[2]
Set 3: I am Black/I wear glasses/My true eye color is black.[3]

Written, this falls a bit flat because you cannot see me, what I look like, my affect, tones, and speed, which I find can be important context needed for guessing. Unspoken but important to this icebreaker is the sharing of two obscure truths and a believable-sounding lie, if you want to trick them, which I like doing. If you don't know the person, you are trusting them to reveal the lie. As you work through this article, I hope you will pay attention to what "feels" like truth, lie, or something else. I'll tell you which one I want you to perceive as the lie.

To think aesthetics and health is to move beyond thinking health and beauty, which tends to be the way medical anthropologists study the two. By thinking aesthetics, I want to think about the larger system that produces, maps, and sustains values or significations like beauty and ugliness, and I would argue that healthiness is a value produced and mapped through an aesthetic system, if not at least produced in conversation with said system. Health is socially constructed (Bailey and Peoples, 2017). Brazil's insistence on and cultivation of beauty through bodies, health and sanitation programs as the means for progress (Caldwell, 2007; Jarrín, 2017), and interpersonal linkings of beauty to love and care and ugliness to neglect (Horde-Freeman, 2015) are examples of how this aesthetic system function. We can think about the way healthiness maps differently onto differently sized and proportioned bodies in varying contexts without any attention to other more medicalized modes of conjuring or imbuing a value of health. Anthropologist Marilyn Strathern tells us that aesthetics has to do with the ability of form to persuade, to elicit a sense of appropriateness (1991). I define aesthetics as "the cultural construction and prescription of tastes, sensibilities, values, and affects to the appearance and arrangement of things, places, and people" (Edu, 2019, 4).

"Why are you concerned with that? You *look* healthy, like someone who is working out at least [insert the requisite number of days and amount of time] a week. I wouldn't worry about it." *Meanwhile I hadn't done any physical activity over the past few months, my father had suffered from hypertension, despite coaching and playing soccer, and would eventually succumb to the sequelae of a major stroke. Hypertension and diabetes run on his side. We are Black. In a strange twist, someone "missed a cue." Was she thinking I was looking for some kind of medical intervention?*

Medical and scientific technological advances allow for ventures into and through the body and thus the mobilization of certain data points and measurements to conjure diagnoses of health or disease or illness. Nonetheless, there is much reliance on and importance given to the reading of appearance and arrangement of bodies, flesh, and parts in diagnosis and even in who is deemed capable of diagnosing/articulating/measuring what can constitute healthy—not to mention the ways that Black women's assessments of health, steeped in what we feel, smell, see, and hear, can be dismissed in favor of what is "seen" by others. One example of this is readily found in reproductive health. The maternal mortality crisis among Black women in the United States, until very recently, has involved blaming Black women and not racism for their poor reproductive outcomes (Bridges, 2020), essentially mapping poor health and behaviors, morbidity, and death onto and into Blackness in female form. Dána-Ain Davis has articulated seven dimensions of obstetric racism: diagnostic lapses; neglect, dismissiveness, or disrespect; intentionally causing pain; coercion; ceremonies of degradation; medical abuse; and racial reconnaissance. These are tied to legacies of abuse, racism, and racial beliefs that affect Black women's treatment and diagnoses (Davis, 2018; Davis et al., 2021). I have written about neglect and mistreatment as they relate to Black women's assertions of control over their fertility through contraception (Edu, 2018). How people differently positioned within social hierarchies uniquely assess, calculate, and account for risk and lifestyle, and the ways they factor in an experience one can constitute as health or something else, can be erased by someone with authority, to one's detriment or advantage.

Calculations of a Black woman in her mid-thirties and in a PhD program:

> Bachelor's in physiological sciences
> + masters in public health + newly sedentary lifestyle + the experience watching a family member succumb to hypertension and diabetes sequelae = Concerns

Calculations of a certified doctor with years of experience:

> Black woman + mid-thirties + family history + resting blood pressure + glucose levels + other relevant labs + muscularly toned arms peeking out from a shirt covering a small-ish/petite, compact, muscular-ish Black female frame + (regular exercise and diet) = healthy, no need for concerns.

Medical authority and expertise render a Black woman's concerns null. I use redaction here, even if a bit nonsensically or absurdly, in conversation with Reese's discussion of experimentation with redaction that emerged from the Black Feminist Health Science Studies (BFHSS) Collaboratory's Fireside Chat (2022—Aboii and Reese 2023; Sharpe, 2010). I use it here to articulate the "correcting" that whiteness is always doing to Blackness, its own redaction, whiteness's own logic and calculus that assigns health or disease, concern or no need for concern, to Blackness. Harriet Washington has detailed the long history of assigning particular value to Black bodies, justifying the use of those bodies for experimentation, subjection to disease, illness, pain, and death (2006).

Blackness's approximation to health, and here this should more precisely be understood as strength or excessive health, is combined with possession of muscles and strength and used to justify the appropriateness of Blackness for certain tasks of the body—appropriateness for manual labor. But the assumption of health, even excessively, can obscure health concerns that reside invisibly or undetectable by the human eye.[4] My use of the term *excessive* is in conversation with historian Dr. Deidre Cooper Owens's notion of medical superbodies, a concept capturing the myriad ways that white society and medical practitioners wrote and constructed Black women in bondage as simultaneously physically inferior and superior and justified their treatment in sickness and health as something not quite human (2017, 109).

This article experiments with form as it examines the logics of race and aesthetics embedded in the ways health is defined, measured, and depicted. This work, in its play with form, describes the relationship between race, aesthetics, and health historically and contemporarily, and it dabbles in imagining its future. I draw primarily on ethnographic moments emerging from my fieldwork in Brazil and philosopher Sueli Carneiro's notion of *epistemicídio* (epistemicide) to examine the logics structuring who is legible as a producer of knowledge, whose body is one from which knowledge is extracted, and who can be given access to population groups for study. *Epistemicídio* describes the process whereby the contributions of Black people toward knowledge production are silenced "through negating Black people their position as subjects of knowledge … which becomes embedded in pedagogical tools and the daily relations in educational contexts, delegitimating Black people's knowledge of themselves and the world" (Cardoso, 2016, 3; see also Carneiro, 2005, 324). Similar to the ways Black women can be denied the authority to be producers of knowledge about their bodies, they are denied this possibility in other areas like academia because of their inhabitation of Black femaleness. I focus on my experiences as a way to articulate and disentangle my own means of sense-making, capturing the ways that the field's enmeshment with the forces and structure of society asserts itself upon the ethnographer and the maneuvers needed to navigate it. I also offer a venture into the making of scholarship. I draw from US experiences as well to link the distinct experiences of Blackness that are reproduced in different places in ways that can suspend and arrest Black researchers in the "field."

Following BFHSS's attention to the need for simultaneously engaging the medical sciences and popular perception (Bailey and Peoples, 2017), this article tracks the co-constitution of experts and laypeople

while also sifting through the ways that the production of aesthetics and race are based in an anti-Black logic permeating everyday life. This work expands recent conversations around aesthetics beyond the arts and brings Black feminist insights on aesthetics and Blackness to bear upon medical anthropological conversations about health and aesthetics. I use the icebreaker convention of telling two truths and one lie to tack between non-fiction and fiction, historical past, present, and future. Partly, this work begins to map and decipher (Wynter, 1992) the way that concerns with appropriateness of form proceed from historical moments that emerged alongside interests and practices for cataloguing and categorizing different types of lifeforms, life-making, and being. Accompanying these practices was the need and means for cultivating the sensibilities, logics, and affects for making such distinctions and ensuring that this information circulated among experts and laypeople. By doing so, the associations and logics continue to be reproduced together following relevant rules.

I draw from ethnographic fieldwork carried out in Brazil over 16 months between 2009 and 2012. The fieldwork was primarily based in Salvador, the northeastern capital of Bahia, with additional sites in Rio de Janeiro, Porto Alegre, and Feira de Santana. I relied on participant observation and formal and informal, semi-structured interviews with women, activists, nongovernmental organization (NGO) employees, and medical personnel, who mostly self-identified as Black. The research was concerned with the process women followed in decisions related to their reproductive capacity, with emphasis on ending reproductive capacity through tubal ligation. I visited a range of specific and mundane sites like contraception orientation lectures, health fairs, health lectures, social movement activities, dinners, house parties, beach outings, and private and public women's spaces.

BRAZIL EMERGING AND THE DEVELOPMENT OF A HEALTHY POPULATION

"The aesthetic sense is inseparable from scientific formulations" — Oliveira 2008, 228

Historically, beauty, race, and health have been linked and central concerns regarding how Brazil was represented by Europeans and the way Brazilian elites and scientists presented Brazil (Borges, 1993; Jarrín, 2017; Peard, 1999; Stepan, 1991). The scientific racism coming out of Europe and circulating during colonial period and after constructed Brazil's potential for progress and modernity as hindered (Otovo, 2016; Peard, 1999; Stepan, 1991). Brazil's highly mixed population and tropical climate were deemed factors contributing to degeneracy, marking Brazil as a prime example of degeneracy and thus its national development was assumed to be at risk. French Minister Arthur de Gobineau famously said of Brazil, "population totally mulatto, vitiated in its blood and spirit, and fearfully ugly … neither hardworking, active, nor fertile… . Everyone here is ugly, unbelievably ugly, like apes" (Skidmore, 1993, 30). Gobineau's thoughts, along with those of other social Darwinists and scientific racists of the time, were important in shaping how Europeans imagined Brazil and the way Brazilian elites in particular began to imagine "solutions" for Brazil's geopolitical predicament. Brazilian elites took up different scientific approaches to address the way Brazil was portrayed. Biotypology, the idea that human populations could be divided into distinct types with their own characteristic illnesses and psychological makeup, was one such approach taken up in Brazil and other Latin American countries. This particular project of cataloguing human types and diseases was intended to escape concrete racial categories but was taken up by Latin American countries tasked with refuting and embracing different aspects of dominant scientific racism and practicing their own brand of eugenics. Despite it not explicitly being about racial categorization, biotypology lends itself to that. A particular version of eugenics predominated in Brazil, allowing for the remodeling of the darkened population through hygiene—social and corporeal—education. The legacies of these approaches and theorizations have not simply disappeared, and we continue to see their afterlives in contemporary practices and anxieties related to health, beauty,

and disease (see Jarrín, 2017), which are always also about aesthetics and race. As Alvaro Jarrín points out, the widespread notion that bodily aesthetics were a reliable index of the nation's improvement transformed beauty into a valuable biopolitical tool, one that could be applied to any individual or population to determine its worth (2017, 52–53).

The global social hierarchy being developed at the time characterized particular bodies, colors, practices, climates, and ways of life as those that were promoting/producing progress and development as opposed to those producing degeneration, stagnation, and backwardness. Health versus disease. Fit versus unfit. Fitness has been used as a means for assessing one's health and one's ability to survive and reproduce. To be fit, then, is to have attained a level of health. Fitness can also lend itself to characterizing the ability to measure up to a standard, to be appropriate, to be in the right place. Brazil's supposed unfitness produced the need to adopt a whitening strategy for the population and a focus on eugenics that concerned itself with improving the health of the population. Control of the body became an important technique for transformation of the varying elements of the population into a united "homogenous" national identity (Caldwell, 2007; Jarrín, 2017; Oliveira, 2008). This necessarily entailed the adoption of an anti-Black system of valuation structuring philosophies, cosmologies, modes of knowledge production, sciences, practices, and worlds. According to Sylvia Wynter, a particular aesthetic, our current definition of which is dependent on culture (1992, 244), has the imperative of securing "the social cohesion of the specific human order of which it is a function." (1992, 244). It produces the meaning system capable of inducing the "altruistic psycho-affective field whose cohering mechanisms serve to integrate each specific mode of ultra-sociality or 'form of life'" (Wynter, 1992, 244). The rules guiding the ordering and cataloguing of the world were such that all that was bad, immoral, diseased, incompatible with life, excessive, ugly, and unintelligent was associated with and mapped onto Blackness. Such rules undergird the approaches, practices, and assessments galvanized for the production of knowledge, practice, and authority of the sciences, medicine, and health. The circulation and exchange of information makes this a reality not just for Brazil but other countries as well.

The disavowal of scientific racism has not magically untethered the racism and anti-Blackness coloring the worlds of health. Health or fitness, depending on the context or need, continue connoting whiteness, whether in terms of appearance, life-making, or otherwise. When the mosquito-carried Zika virus was emerging and beginning to present a threat to reproduction in Brazil, one of the first factors to come under attack were the life-making ways of the poor—for instance, staying cool in the heat via open windows, a residential aesthetic that mapped onto certain segments of society. Also noteworthy is the tell-tale sign that a mother and growing fetus had been affected by the Zika virus during pregnancy—the smaller head size of children suffering microcephaly and other associated congenital disabilities. This rubs against previous fears of deception that can't easily be assessed by the untrained eye (Otovo, 2016). Black women responsible for breastfeeding white Brazilian children were considered necessary but also a threat due to being invisibly diseased. The discernment of authorized personnel to see what the lay eye could not became important and further cemented certain entrenchments of aesthetics, race, and health. I work through some of the ways that this continues to present itself in Brazil.

Truth: #Saúde é viver sem racismo (Health is to live without racism). — Goes (2021)[5]

Fibroids are an interesting phenomenon. They are said to affect most women after a certain age. But Black women are more likely to have fibroids, more of them, and to present with larger ones. Visits to the field, like encounters, presented me with new opportunities to be interpellated, to see what was opened or closed for me in various ways. I went to the field aware that I had fibroids—my white male doctor had diagnosed me and suggested a hysterectomy. I had heard of the possible benefit of acupuncture for fibroids and decided to add fibroids to the list of concerns to be addressed by my acupuncturist. One consistent manner in which I was read in Brazil was as a Black woman.[6] The manifold ways in which I could further be read in Brazil meant that I could never predict any encounter and how it would go. Many times, I had no idea how I was read but was just left with the encounter(s) to ponder. My lower

abdomen protruded, not so obviously but for those paying attention, enough to produce inquiries of pregnancy. I visited my acupuncturist, who was alarmed by the size of my abdomen as she had never treated someone with a fibroid that size. My Black woman acupuncturist referred me to a physician who had a private practice not too far from where I lived. I, a Black, US-born, woman researcher, went to visit her, a white Brazilian woman physician. We talked briefly about my research before entering her patient room. She had a disinterested demeanor, so I answered her questions as quickly and minimally as possible. Though not there for research, I couldn't help noticing the walls plastered with advertisements for the various kinds of plastic surgery procedures she provided. I knew she specialized in gynecology and obstetrics and though I was well aware of the way C-sections and a range of plastic surgeries were paired together in Brazil, it was still jarring to see with my very own eyes in Salvador. As I lay on the patient bed and lifted my shirt to reveal my slightly protruding lower abdomen, she glanced and told me, "That right there is surgery. Acupuncture is not going to do anything. You need to do surgery." It wasn't a surprising or new response and reminded me of an interview with an activist who told me about lesbian women having their uteri removed due to fibroids. The procedure allowed them to avoid having children but relied dangerously on the practice of doctors resorting to the removal of Black women's uteri to solve the issue of fibroids, effectively sterilizing them. A woman I interviewed had been sterilized by having her uterus removed due to fibroids. Another one was hoping to rely on medicine's tendency for hysterectomies to deal with fibroids to address her desire to end her reproductive capacities, given her inability to secure a tubal ligation. It mirrored my white male physician's suggestion upon the discovery of the fibroids.

On a follow-up trip to the doctor's office, I ran into one of her receptionists in the elevator. She was significantly lighter in skin color than I was, with wavy hair, but still considerably darker than the doctor. She smiled warmly upon seeing me. On the elevator, the receptionist revealed to me that the doctor did perform C-sections. I was shocked, as the doctor had not mentioned this to me when I answered her question about my topic of research—*ligaduras* (colloquial reference to tubal ligation). I had used the Portuguese term *ligaduras* to avoid any confusion with *esterilização* (sterilization), not wanting her to think that I was studying the sterilization of medical instruments. I said as much to the receptionist, who told me that the doctor had indeed told the clinic staff, who were largely a range of lighter browns in their complexions, that I was studying the sterilization of medical instruments. There is no means by which to confuse a *ligadura* with the more general sterilizing process of objects, but somehow, a medical doctor managed to do so, or so she conveyed to her clinic staff. The receptionist asked me not to let the doctor know that she had told me of the doctor's performance of tubal ligations. Not wanting to jeopardize the receptionist and her employment, I did not try to pursue the matter further with the doctor after my issue went as far as it could with her clinic. My body signified in similar but also different ways to the ways the bodies of the women I would meet signified. I tried to be very careful in overaligning and overstanding with Black women like myself due to the distinct trajectories of the United States and Brazil, their distinct, even if similar modes of practicing anti-Black racism, and in recognition of the different ways my life has unfolded based on my particular heritage and citizenship. Many moments cautioned me against seeing simplified sameness. Nonetheless, this particular entry into the field enabled me to better understand some of what women told me they faced in their interfacing with the medical and health systems in Brazil. It was an experience of Black womanness and interfaces with medical and health systems that reproduced this, despite the context.

This experience also mirrored a few others where the opportunity to establish another site of interest for my research was thwarted by a white Brazilian. There seemed to be a reconciliation error that did not allow some of the white Brazilians I encountered to accept me as a researcher who would ask them questions. When I discussed my topic, it was often assumed that I was going to study "Black women because they/you are the ones being forced to sterilize, *né*." I never said I was studying forced sterilizations. The receptionist mentioned earlier did not have a clear answer for the doctor's misconstruction of the truth but hypothesized that maybe she didn't want to be part of my study. In terms of knowledge production, I was somewhat illegible as a producer of knowledge or, at best, it was assumed I could

only produce knowledge about myself/Black women. The number of stares (of confusion, disbelief, and shock) I received when I introduced myself as an anthropologist coming to Brazil to carry out a research project are innumerable. When this occurred with white Brazilians, it was often followed by comments indicating their exemption from my study—this took the form of comments like, "Oh that happens with Black women because they are being forced" or "Good luck" or "That will be easy for you because you are like the women with this problem." In one interaction with a white male professor, stating my US citizenship and matriculation from a US university shifted his initial reaction of disdain and disregard to one of mild intrigue. With Black Brazilians, there was often a desire to know about the research, help me, or participate. There were a few cases where folks worried that I was coming to sterilize Black women. In contrast, on previous non-research related trips to Brazil, when people asked why I was there, it was easier for questioners to grasp that I was there for capoeira Angola. I am pointing to the moments and interactions in which I could not be legible as a researcher/scientist (Carneiro, 2005) versus when I could be legible as capoeirista/angoleira/culture-maker.

There is a long history linking hysterectomies, fibroids, and Black women. In other work, I have alluded to similar experiences as related to the trajectory of fibroids and treatment differences between Black and white women in Brazil (Edu, 2019). I want to speak here to the way appearance elicited a particular response conditioned by race. I told my doctor that I had a fibroid and had been going for acupuncture. Before she made her declaration that my condition required surgery, there was nothing else upon which she could base her decision beside what she was seeing. She had not touched me, run any scans, or asked any questions to rule out pregnancy, for example. Yet upon seeing my rounded lower abdomen, she determined that the appropriate and only treatment was surgery and the kind of surgery which would remove my uterus. I don't want to take away from the way years of experience condition practitioners to "know" or "see" in ways that may escape explanation, because that is also valid. But hysterectomy was the only option offered. I wasn't given the possibility of taking hormones to reduce the fibroid's size and/or try laparoscopic myomectomy,[7] for example, or other options that included less invasive technologies and techniques and would preserve my uterus. Her response and delivery seemed less tied to evidence or best practices and more to an aesthetic system that assigns particular values and designations to certain bodies, appearances, and arrangements.

BLACK + UTERINE FIBROID = APPROPRIATE FOR HYSTERECTOMY

Brazilian nurse, scholar, and activist Emanuelle Goes's (2021) statement seems apt to think with here. In the case of fibroids, what is health? Is it keeping the fibroids from growing? Waiting to see? A hysterectomy? Being a white woman? But more importantly, what does or could health look like that does not follow a scheme that devalues and dismisses the concerns of Blackness at will or offers low tech and more crude, gross, and/or outmoded technologies and techniques for treatment? Such a scheme only offers high tech or new techniques when they are in experimental phases, and it inflates, overdiagnoses, and misdiagnoses certain diseases and disorders in ways that associate Blackness with disease/sickness/death or excess/super health. We can think of the current COVID-19 pandemic as a good example. In other words, I read Goes's statement as question: What does or could health look/feel/sound/smell/taste like if it could be done without racism? Or, flipping it, whose health depends on racism?

WHAT COLOR IS YOUR HEALTH?

It was Wednesday July 1, 2009, a day before the city would shut down to celebrate Bahia's independence. I meandered purposefully through the historic and tourist part of Salvador, known as the Pelourinho. Amid the normal array of entrepreneurs and performers advertising their wares, there were new booths throughout the plaza. As I approached the center of the town, I saw something that had not been there

earlier in the day. A large sign advertised HIV/AIDS testing for pregnant women. Stopping, I looked up to take in the tables pushed together with signs adorning them. People associated with the booth wore distinctive black shirts that read *Organização da Saúde Negra em Salvador* (Black Health Organization in Salvador). On a huge sign toward the front of the health expo was a question: "*Qual é a cor da sua saúde?*" (What color is your health?). Beside the question, the sign included information for determining one's health, the color of said health, and the importance of participation—contributing to the determination or definition of Bahian health. Accompanying the words were images of people with varying skin pigmentation and types of hair texture.

Some black-shirted members sat at the tables, attending to people passing by, while others conversed among themselves. Other black-shirted members were more active, walking around and talking to people that were passing through the area. None of the surrounding vendors, a majority of whom had darker skin colors, approached the tables for consultation. The vendors disinterestedly watched from their booths. Those working the health expo had not shown interest in the vendors either. This observation piqued my interest, and I turned my attention to the people wearing the Black health organization shirts and the people they were engaging. Most of them did not phenotypically fit into what would be categorized as part of the *população Negra* (Black population). In Brazil, phenotype is important in determining one's race and color, and it is also a vehicle for dissemblance and misreads. By *dissemblance*, I am referring to how scholars Darlene Clark Hine (1989) and Evelynn Hammonds (1997) use it to think about Black women, rape, sexual violence, and silence. But I also use it to think about racial categorization in health and medical settings specifically as well as other interactions with perceived authority. I am thinking about different ways people are identified racially in "official" interview moments versus casual moments, or when people racially self-identified during my interviews as if there was an openness for something else—"*Negra né?* (Black woman, right?)"

I watched a little more. The cameras in hand and photo-taking revealed the foreignness to Salvador, Bahia, and possibly even Brazil of those being engaged by the black-shirted members. I walked closer to the interactions. I listened. Non-Brazilian-accented Portuguese in some cases, the use of other languages in others, and the presence of translating tour guides further confirmed their foreignness to me. I wondered why an organization seemingly concerned with Black health in Salvador, based on the name on their shirts, would be interested in talking to tourists. How would their participation contribute to determining the color of health in Bahia, especially the color of health of the Black population in Salvador? The upper- and middle-class and/or non-Black Brazilians that passed by, also tourists in Bahia, would glance over but did not feel compelled to participate. It didn't pertain to them. In other words, they did not think they were the objects[8]/subjects of study. I heard one person exclaim to his friend, "*Que legal essa feira de saúde!*" (How cool, that health fair!). Some stopped and snapped a picture of the fair and then carried on. There were a few darker-skinned, *pardo* (mixed race) and *preto* (Black, *população Negra)* people seated at the furthest table of the fair. They were having their blood pressure taken or receiving a consultation from one of the fair workers. These interactions served as capture-worthy for the tourists (Brazilians and non-Brazilians) as they photographed them.

By this point, I was particularly curious about who this fair was catering to and for what purpose. I was also keenly aware that I had been standing there for a while and no one had approached me. This was not for lack of notice, as several of the fair workers had indeed noticed me and had been looking at me. I was dressed in black, old, and faded US Gap brand chinos, folded up at the bottom and folded down at the top, a tank top worn over a visible sports bra, a backpack, earrings, black Havaianas; I wore the hairstyle of locs and was visibly tired. But I had stopped and was watching what was happening. I noticed a sizable group of "white" foreigners approaching the fair area. One of the Black Health Organization in Salvador workers also noticed them, smiled, walked towards the group, and gestured for them to come see what the organization and fair were about and get their health tested. A Brazilian with the group turned around and explained in English that it was a health fair where they could get their health checked if they desired. Some of the group members smiled while others pulled out their photo-capturing machines. Photos were taken. Some of the group members cooed and nodded approvingly

of what was happening. Others turned, ready to go on. None volunteered to have their health checked. When the photographers of the group finished, the group moved along. A vendor left his post to chat with another vendor. None of them were beckoned over. I still stood alone and unapproached.

I decided to find someone to chat with and at least get their contact information for later. I knew Black Brazilian health activists in Salvador but didn't see any of them there. Looking for someone in an authority position, I decided to approach a woman I saw earlier wearing a white coat. As I moved quickly to her, I noticed more signs about STDs and HIV/AIDS. Other signs listed information about clinics throughout the various neighborhoods in Salvador and the services available. I noted that several of the clinics offered reproductive and sexual health services as well as others that specifically distributed contraceptives. Upon reaching the woman wearing the white coat, I introduced myself and my purpose in Salvador. I told her that I was looking for someone in charge to get their contact information and schedule a future meeting to talk about the organization and its work. She responded warmly and with a smile, pointing me in the direction of a woman whom she thought could help me. She called the woman over and introduced me to her, telling her what I wanted. This woman was slightly darker than the woman in the coat with big curly hair. She turned out to be the organizer of the fair. Pointing out the director of the organization, she and the white–coat-wearer led me over for an introduction. More fair workers were paying attention to me and tracking my movement from one woman to the next. The traffic of people to the fair had also picked up, with many of them wanting to have their photo snapped with the director. My introduction proceeded in blocks.

> "Director, I want to introduce you to—"
>
> "Director, please we want to take a picture with you."
>
> We stepped to the side to allow the photo. Another person arrived on the heels of that capture, also asking for a photo. Others were lining up waiting for their chance. The director motioned for me to wait. A moment.
>
> "Director, please—"
>
> Sorry, just let me take these pictures. Don't go. I want to know more about you.
>
> *Who are you?*
>
> *What exactly is your research about?*
>
> *What do you want from me?*
>
> *What institution are you attached to?*

The director was nice and cordial but made me uncomfortable. Her questions and the way she asked them unnerved me. The fair organizer left us as she had to continue organizing. The white–coat-wearer was still standing with us, smiling. The director's hair curled less than the hair of the fair organizer, and her skin was significantly lighter. I let the director know that I only needed her contact information so that we could find a time when it was less busy—

> Oop, a photo. Hold on.
>
> —to talk. She asked about my research. I told her that I was studying contraception and contraceptive services. Her smile waned. She turned and looked at me, taking me in. Her smile was gone, her pace of speaking was a bit faster, and she was solely interested in the institutions I was attached to, emphasizing my need for a Brazilian affiliation before she could allow me to observe in any clinics. She answered a question that had not been asked, as I had only mentioned observation in clinics as a possible part of my research

> methodology. I restated as much. She gave me her contact information as I assured her that I would be in touch. The white–coat-wearer offered to take me to observe at a nearby clinic, time allowing. I told her that we would have to table it for another day. She stated that it would be good to go then if nothing else to meet people—

The Director cut in to state that I would need to go through a more formal process for such to happen, so that she would know why I was there, what I was going to do with the information gathered, and in what possible places it would be published.

I nodded and agreed. I asked the director about the decision to host the fair in that particular spot and on that day. She explained that there were several different neighborhood clinics and they determined within their area what was the best place to set up their particular fair. They had chosen this spot because it was a historic center, and the time had to do with availability. I was confused by the choice of a historic center that was also a highly central tourist spot. Their focus on tourists also seemed misguided. It was July 1, 2009. I would not be able to follow up with her as she didn't answer or return any of my multiple calls. I had the necessary paperwork that she emphasized at the initial encounter. Much as it did with one of my interlocutors, the talk of paperwork veiled another reason that justified ignoring my/our request/s.

I didn't think much of this encounter until much later, years after leaving the field and having written my dissertation. It again illustrates some of the difficulties encountered while attempting to access particular spaces—who was amenable to giving me access, who was less receptive, and access to who and what. More subtly, it hints at a nuance of how particular bodies are made accessible for scientific experimentation and the production of knowledge, which is also dependent on the researcher and research machinery. It was not the first time I was offered access to sit in on or watch the happenings of particular encounters of the Black population with different aspects of the health system. It also was not the first or last time that I would have access denied or information withheld. The importance of who was willing to give me access and the terms for such access, as well as the positions of those willing and unwilling to give me access, is illustrative of how our different positionalities and their relationships to power impact the research that we conduct. It complicates the argument that Black bodies are always already available for research and experimentation and also the need to study among and with Black people. Should I be given access to intimate moments between Black people and medical or health personnel simply because we share skin color? Should I be denied because I am Black and illegible as a genuine researcher?

As aesthetics has emerged as a more salient trope in my work, I revisited this field experience. I pondered the possibility of determining the color of one's health. What color represented health? What color signified unhealthy, dis-health, disease, or sickness? What would this mean for my research? How would questions about the color of health be useful in thinking about the ways that women were making decisions about the contraceptives they would use, whether to tie their fallopian tubes, how many children to have, and with whom to partner? In a country where color plays such a pivotal role in structuring the structural and social functioning of society, how might paying attention to the role of color in determining health impart something new to our thinking about and consideration of the role of appearances and arrangements in health categorizations and systems? Or, stated differently, what is the relationship between health and skin color or race beyond biologizing race and racializing biology?

Granted, the idea of color and health is not necessarily novel. A Google search brings up images and charts that associate certain colors of body secretions, flesh, and parts with particular levels of health, healthiness, unhealthiness, or disease. A particular shade of yellow urine indicates a healthy level of hydration. Red-colored urine and feces may indicate the consumption of beets. Particular shades of menstrual blood tell a story about one's reproductive organs to a practitioner of Traditional Chinese Medicine. The presence or absence of certain colors on a baby's skin can indicate life, death, or some health concern. What other ways may an attention to appearance and arrangement, in conversation with color and race and a particular system of valuation, inform the articulation and meaning given to

particular health outcomes? How might this attention reveal the ways this valuation system is taught and made to circulate as a taken-for-granted approach to the world, as well as provide a way to decipher the system's codes and rules?

Truth: Black, the color, Blackness and black bodies have been forced into conjuring particular "human"/Human affect, behaviors, and soma.

My friend and I met in a coffee/tea shop in Rio de Janeiro. We strolled in and out of buildings, up and down steps, across big roads, and around street merchants as we made our way to the museum. She pointed to one street and told me about the Black people and communities who used to live there. Another area where Black people used to live. There. Over that way. We stopped to see if a vendor had a ring I was looking for. This whole area here. I paused my shock as I asked another merchant about my ring and then bought earrings. I unpaused and my friend continued where she'd left off. She explained how it had been necessary to remove Black people from the area we had walked through for the reformations and investments that we and others were now enjoying by obeying the compulsion to consume. She talked about the diseases that had troubled the various communities of Black people, the way the maps of Black communities overlapped with those of diseases. But she spoke of it alongside the mechanism that conjures and forces such overlaps, disrupting the temptation of anyone who would try to justify the association—*tinha que ser preto* (it had to be Black). It only has to be Black so that white can be white. The refusal to invest in areas where Black people live sets up a situation in which those areas will be condemned as high risk, violent, public health hazards with health disparities among the populations. Even when Blackness decides to invest in itself and its space, that investment is attacked and dismantled. This justifies, even necessitates, the removal, destruction, punishment, and death of Black people for whiteness to move in and set itself up as opposite to all that had been made to occupy the space with Blackness. Disease/against "life" versus Health/for "life."

We landed at the museum of interest. As my friend went to pay, I stopped at the pillar painted in black to read the information painted in white: "*A História do Negro é Uma Felicidade Guerrreira* (The History of Black People is a Happy Warrior)." Upon entering, we ventured upstairs. One of the first things we saw were glass-encased models of the area we were in, over time—it started brown with brown land and brown, single-level, basic structures. The brown structures were removed and replaced with white high-rise structures. Areas of brown land were gone, replaced by beige or grey streets and sidewalks. The few spots of brown that remained had old structures like churches or small, white, basic homes. I was reminded of an interlocutor's lament over the loss of vegetation to "development," which included the loss of a plant used for abortion. Women were forced to rely on rat poison to abort, as many could not afford the posh, beachfront clinics that provided relatively safe abortions that would not put the women at risk of death or punishment, as abortions are illegal. Brown soil and brown people considered unfit for an imagined progress and development and thus appropriate for elimination to make room for whiteness. The glass-encased models materialized a continuous attempt toward whiteness, constructed as progress, beauty, health, life. One proposed solution for Gobineau's and scientific racism's construction of Brazil was the encouragement of immigration of white Europeans to whiten the population. The process of displacing Blackness in the name of development has continued (see Perry, 2013; Smith, 2016). The distribution and manner of life-making imposed upon and created by Black and Blackened people is then used to justify them as inappropriate for life and investment but appropriate for death and disease (sometimes labor).

CONCLUSION

The conjuring and gatekeeping I have described above provides opportunities to think through ways that health is always already bound up in a system that ascribes values and meaning to appearances and arrangements of people, place, things, parts, forms, and ways. This is not unique to Brazil, despite my focus in this piece. In December 2011, US Representative Jim Sensenbrenner (R-WI) issued a state-

ment expressing his regret for an inappropriate comment he made about then-First Lady Michelle Obama. There are differing renderings of his comment: "He told the woman that Michelle should practice what she preaches—'she lectures us on eating right while she has a large posterior herself'"; "'And Michelle Obama, her project is obesity. And look at her big butt'" (Bice, 2011). Although it would seem that Rep. Sensenbrenner's commentary is an exception, it comes from a historical legacy that continues to circulate in the practice, education, and philosophy informing definitions, depictions, and representations of health. The legacy of Saartje Baartman, who was characterized as suffering from "steatopygia, enlargement of the behind," justifying the exploitative display of her body across Europe (Carton, 2008, 136) was only one of the instances in which Blackness and its features have informed and continue to inform what is considered healthy. Saartje (also known as Sarah) Baartman is one of the earliest and well-known examples of this practice—the size, arrangement, and appearance of her buttocks and genitals elicited a range of responses from white Europeans emerging from crises of self and redefining. The majority of the responses attached meanings and values (literal and otherwise) to her features. Her body was used in the construction and deployments of racialized and gendered hierarchies of human—hierarchies masquerading as science, hierarchies that persist. This is not something specific to Brazil but rather it should be analyzed alongside global discourses and practices governing how aesthetics inform our definition of, practices of, and interventions into health. Perhaps as Anarcha, Lucy, and Betsey (the mothers of gynecology), haunt medical/gynecological visits of Black women (Judd, 2014), Baartman is also haunting all moments in which our bodily or fleshly arrangements and appearances are being evaluated globally. Baartman haunts how I am read as I try to conduct research in Brazil, how I present at a conference in Europe, how I am received as a patient in Brazil and the United States, and how this article will land. This haunting is part of a global system that continues to affect our collective imaginations. If COVID-19 did nothing else, it reinforced publicly and unashamedly the status quo that says Black and Blackened people are the rightful bearers of disease and death. Calculations and predictions of when and how Africa would be affected were pronounced on loop. When Africa couldn't be cajoled along the projected COVID timeline, the continent became the appropriate site for experimentation of the novel vaccine. Brazil's own instantiations serve to remind us of the global work to be done to undo the anti-Black racism underpinning health practice.

A lie and two truths. Two truths and a lie. What is a lie? What is a truth? What if you tell someone something because you believe it to be true, but it is not? Or the reverse? If I take a DNA test tomorrow, maybe the second statement about heritage becomes "true." What needs to be true, or lie, for the integrity of your being? Is this a tactic for dealing with excess? These questions are delaying tactics because I do not want to reveal any one truth or lie—it's not that simple, right? The icebreaker itself is a lie. But the convention is reminiscent of Black women's encounters with the healthcare system—a little bit of truth, some lie (stereotype, bias, racism), and voila—diagnosis or dismissal. It also speaks to some of the maneuvering I engaged to carry out my research. *What are you here for?* Reproductive health research does something different than sterilization research, as a response, depending too upon who is asking and what they make of me (did they think I was Bahian, a Black foreigner, a Black US citizen, an African …). In the field, some lies or not-quite truths, not quite-lies were never resolved. My colleagues' words echo in my head of the need to reveal the lie as well as the potential dangers of not doing so. There is no lie as such. Truth 2 though, depends on how you define health.

ACKNOWLEDGMENTS

This research was funded by the University of California, San Francisco Research Mentorship Fellowship. Gratitude to my co-editors, Dr. Adeola Oni-Orisan and Sheyda Aboii, 2021 BFHSS Collaboratory collaborators, and the super gracious, generous, and patient reviewers.

ORCID

Ugo Felicia Edu https://orcid.org/0000-0001-6154-0754

ENDNOTES

[1] Statement 2 is a lie.
[2] Statement 1 is a lie.
[3] Statement 3 is a lie.
[4] This is to say it should not rest solely with the medical professional to determine when a test or analysis should be carried out to rule out illness or disease.
[5] Also see https:/popnegraesaude.info.
[6] Caveat to this being that my first name in Brazil is a male name so hearing my name without seeing me or even when seeing me did produce some confusion until I let them know that I was foreign and let them know the background of my name.
[7] Surgical procedure to remove uterine fibroids.
[8] Obviously, no human being is an object. My use here is to refer to the way that Brazilian society and whiteness construct Black people and Blackness as objects and, as such, appropriate for scientific, medical, and health experimentation, surveillance, and intervention.

REFERENCES

Aboii, S. M., and A. M. Reese. 2023. "Fieldwork with the Dead and Other Considerations: An Interview with Ashanté M. Reese." *Medical Anthropology Quarterly* 0: 1–14.

Bailey, M., and W. Peoples. 2017. "Towards a Black Feminist Health Science Studies." *Catalyst: Feminism, Theory, Technoscience* 3 (2): 1–27.

Bice, D. 2011. "Sensenbrenner Apologizes to First Lady over 'Big Butt' Remark." *Milwaukee Journal Sentinel*, December 22, 2011. https://archive.jsonline.com/blogs/news/136060223.html.

Borges, D. 1993. "'Puffy, Ugly, Slothful and Inert': Degeneration in Brazilian Social Thought, 1880–1940." *Journal of Latin American Studies* 25 (2): 235–56.

Bridges, K. 2020. "Racial Disparities in Maternal Mortality." *New York University Law Review* 95 (5): 1229–318.

Caldwell, K. L. 2007. *Negras in Brazil: Re-envisioning Black Women, Citizenship, and the Politics of Identity*. New Brunswick, NJ: Rutgers University Press.

Cardoso, C. P. 2016. "Feminisms from the Perspective of Afro-Brazilian Women." *Meridians: Feminism, Race, Transnationalism* 14 (1): 1–29

Carneiro, S. 2005. *A construção do outro como não-ser como fundamento do ser*. PhD diss., Universidade de São Paulo.

Carton, B. 2008. "Awaken *Nkulunkulu*, Zulu God of the Old Testament: Pioneering Missionaries During the Early Age of Racial Spectacle." In *Zulu Identities: Being Zulu, Past and Present*, edited by Benedict Carton, John Laband, and Jabulani Sithole, 133–154. Scottsville, South Africa: University of KwaZulu-Natal Press.

Cooper Owens, D. 2017. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. Athens: University of Georgia Press.

Davis, D.-A. 2018. "Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing." *Medical Anthropology* 38 (7): 560–73.

Davis, D.-A., C. Varner, and L. J. Dill. 2021. "A Birth Story." *Anthropology News*, August 27, 2021. https://www.anthropology-news.org/articles/a-birth-story.

Edu, U. F. 2018. "When Doctors Don't Tie: Hierarchical Medicalization, Reproduction, and Sterilization in Brazil." *Medical Anthropology Quarterly* 32 (4): 556–573.

Edu, U. F. 2019. "Aesthetics Politics: Negotiations of Black Reproduction in Brazil." *Medical Anthropology* 38 (8): 680–694.

Firmin, A. 2002. *The Equality of the Human Races: Positivist Anthropology*. Urbana: University of Illinois Press.

Goes, Emanuelle. 2021. "Saúde é viver sem racism." Instagram, November 20, 2021. https://www.instagram.com/p/CWfzD3VFOrwlK1pbx88AKlC2BnvEylDyCqkxsA0.

Hammonds, E. 1997. "Toward a Genealogy of Black Female Sexuality: The Problematic of Silence." In *Feminist Genealogies, Colonial Legacies, Democratic Futures*, edited by M. J. Alexander and C. T. Mohanty, 93–104. New York: Routledge.

Hartman, S. 2019. *Wayward Lives, Beautiful Experiments: Intimate Histories of Social Upheaval*. New York: W. W. Norton & Co.

Hine, D. C. 1989. "Rape and the Inner Lives of Black Women in the Middle West." *Signs* 14 (4): 912–20.

Hordge-Freeman, E. 2015. *The Color of Love: Racial Features, Stigma, and Socialization in Black Brazilian Families*. Austin: University of Texas Press.

Jarrín, A. E. 2017. *The Biopolitics of Beauty: Cosmetic Citizenship and Affective Capital in Brazil*. Oakland: University of California Press.

Judd, B. 2014. *Patient*. New York: Black Lawrence Press.

Moten, F. 2008. "The Case of Blackness." *Criticism* 50 (2): 177–218.

Oliveira, E. D. 2008. "A Cultura Da Fealdade: Tecnologia e Estética do Racismo." *ArtCultura: Revista De História, Cultura E Arte* 10: 227–35.

Otovo, O. T. 2016. *Progressive Mothers, Better Babies: Race, Public Health, and the State in Brazil 1850–1945*. Austin: University of Texas Press

Peard, J. G. 1999. *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth Century Brazilian Medicine*. Durham, NC: Duke University Press.

Perry, K. K. Y. 2013. *Black Women against the Land Grab: The Fight for Racial Justice in Brazil*. Minneapolis: University of Minnesota Press.
Sharpe, C. 2010. *In the Wake: On Blackness and Being*. Durham, NC: Duke University Press.
Sharpe, C. 2019. "Beauty is a Method." *E-flux journal* 105. https://www.e-flux.com/journal/105/303916/beauty-is-a-method.
Skidmore, T. E. 1993. *Black into White: Race and Nationality in Brazilian Thought*. Durham, NC: Duke University Press.
Smith, C. A. 2016. "Towards a Black Feminist Model of Black Atlantic Liberation: Remembering Beatriz Nascimento." *Meridians: Feminism, Race, Transnationalism* 14 (2): 71–87.
Stepan, N. 1991. *The Hour of Eugenics: Race, Gender, and Nation in Latin America*. Ithaca, NY: Cornell University Press.
Strathern, M. 1991. *Partial Connections*. Savage, MD: Rowman and Littlefield.
Washington, H. 2006. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Time to the Present*. New York: Doubleday.
Wynter, S. 1992. Rethinking "Aesthetics": Notes Towards a Deciphering Practice. In *Ex-iles: Essays on Caribbean Cinema*, edited by M. B. Cham, 237–79. Trenton, NJ: Africa World Press.

How to cite this article: Edu Ugo Felicia. 2024. "Anthropological knowledge under redaction: Meditations on race, health, and aesthetics." *Medical Anthropology Quarterly* 38: 462–476. https://doi.org/10.1111/maq.12793