The data will not save us: Afropessimism and racial antimatter in the COVID-19 pandemic

Anthony Ryan Hatch (iD)

Abstract

The Trump Administration's governance of COVID-19 racial health disparities data has become a key front in the viral war against the pandemic and racial health injustice. In this paper, I analyze how the COVID-19 pandemic joins an already ongoing racial spectacle and system of structural gaslighting organized around "racial health disparities" in the United States and globally. The field of racial health disparities has yet to question the domain assumptions that uphold its field of investigation; as a result, the entire reform program called for by racial health disparities science is already featured on the menu of the white supremacist power structure. The societal infrastructure that produces scientific knowledge about patterns of health and disease in the human population needs to confront its structural position as part of the racial spectacle organized around racial health disparities in the United States. This paper offers an interpretation of racial antimatter to explain why the data will not save us in the COVID-19 pandemic, drawing on articulations of racial spectacle and structural gaslighting within critical race theory and Afropessimist thought. By positioning events in the COVID-19 pandemic together within the same racially speculative frame, I show how the collection of racial health disparities data came up against white supremacists' political ambitions in a time-space where the demand for human life to matter and the iterative regeneration of racial antimatter collided. This paper highlights the need for ongoing analysis of the unfolding and future spectacles organized around racial health disparities.

Keywords

COVID-19, racial health inequalities, racial spectacle, structural gaslighting, afropessimism, critical race theory

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According to the CDC Covid Data Tracker, 89,713 Black people have died from complications due to COVID-19, about 13.7% of total deaths (as of 2/11/22, Centers for Disease Control and Prevention, 2022). The tracker asserts this putative racial truth along with a range of methodological caveats that let us know this number is not true. As a matter of official state knowledge, it's not known exactly how many Americans who have died from COVID-19 are Black. Local differences in mortuary practices and structural limitations in reporting practices mean that the race and/or ethnicity of the dead is known in only 85% of cases. The COVID-19 pandemic is indexed with race not just because of the material death of so many members of racial and ethnic minority groups, but because racism is a core building block of the infrastructure of state biomedicine, health journalism, and corporate healthcare in the United States.

The incompleteness of the racial data on COVID-19 mortality is a telling omission when positioned in an epistemological space where so much is known about the pandemic and racism's violence on Black bodies. A substantial body of explanatory scientific evidence documenting precisely how the fundamental causes of disease take Black lives and limbs. Nevertheless, through an automated machinery of racial health disparities data science, whatever the clarity, strength, or significance of the present study,

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Science in Society Program, Wesleyan University, Middletown, CT, USA

Corresponding author:
Anthony Ryan Hatch, Science in Society Program, Wesleyan University, 222 Church Street, Middletown, CT 06459-3139, USA.
Email: ahatch@wesleyan.edu

more data and data analysis is needed to specify the pathways and causal mechanisms that link systems of racial domination to reduced life chances for Black people. For instance, in 2019, an esteemed group of health inequality scholars argued in the *American Journal of Public Health* that "To make progress in eliminating disparities, we need more than a 'yes' or 'no' judgment about the effects of social determinants of health; we need precise, pathway-specific quantitative estimates" (Palmer et al., 2019).

I agree in principle, but what *precisely* will that get us?

To borrow from Janet Jackson: what has the data done for us, lately (Jackson et al., 1986)?. Thankfully, some calls for more health disparities research in the pandemic are tempered with warnings about the unique interpretive dangers of racial data (Chowkwanyun and Reed, 2020; Krieger et al., 2020). Calls like these seem both urgent and necessary, but they also echo Rabasa's (2011) "Tell me the story of how I conquered you," where oppressed people have to continually testify to their own subordination in order for it to be sanctioned as legitimate by governing authorities. Each successive epidemic and ongoing endemics create feelings of déjà vu. As historians of science Evelyn Hammonds and Susan Reverby frame this in their March 23, 2020, *The Washington Post* op-ed:

> … public health officials, epidemiologists, social scientists, physicians and the media since the early 1900s have continually rediscovered the "health inequalities," "health gaps" or "health disparities" that continue to separate the life chances of Whites and people of color (Hammonds and Reverby, 2020).

What happens when racial health disparities, like those made material in the COVID-19 pandemic, are episodically rediscovered and rearticulated over time? In what ways are the relationships between racial health disparities data and social policy reframed each time around?

Part of the explanation for this puzzle lies in the observation that the COVID-19 pandemic is unfolding within a racial spectacle (Davis and Ernst, 2011), erected out of heterogeneous forms of knowledge comprising both the empirical and speculative, with taken for-granted truths and propaganda wrapped up together alongside the entirely predictable, all of which frame the entirety of the pandemic and the ongoing threat it poses to the United States government and the interests it protects by force. The Trump Administration's response to the COVID-19 pandemic remains under official and scholarly scrutiny, due to its brazen manipulations of public health science and its criminal mismanagement of the apparatus of government in service of the former President's political ambitions (Poteat et al., 2020). Among their official misdeeds were its actions and inactions taken despite having operational knowledge of serious racial disparities in testing, therapeutics, vaccines, infections, morbidity, mortality, and disability. Knowledge of health disparities is paradoxically useful for the interests advanced via the racial spectacle because it sanctions the spectacle itself as antiracist, even if policy makers take the opposition action indicated by the data. Still, the painstaking calculation of the pandemic's disproportionate effects on racial and ethnic minority groups is a necessary but insufficient condition for saving those lives. Thinking with Benjamin (2016), I fear that this careful empirical work will not be enough to stem the tide of racism as it washes over the nation. "The facts, alone, will not save us," she cautions (Benjamin, 2016: 1).

In this paper, I contend that "racial health disparities" functions as a racial spectacle that generates scientific and moral fatigue and fosters the conditions for structural gaslighting that have framed the pandemic. I argue that the racial spectacle organized around COVID-19 inequality data helped to institutionalize and shore up malignant forms of medical neglect and structural gaslighting directed toward racial and ethnic minority populations living in the United States. I focus on the assumption that collecting data on racial health disparities in the COVID-19 pandemic will lead to the reduction or elimination of those disparities, an assumption that keeps scientists in an endless search for more and more refined measurements of racism's harms, while the political and economic systems that comprise the fundamental causes of those harms are given a pass until all the data are counted. When the racial spectacle of health disparities is manipulated by an openly white supremacist regime, what might only represent a distracting form of medical gaslighting under normal conditions, can turn into an effort to weaponize knowledge of racial inequalities by extending and withdrawing vital public health infrastructure.

I articulate my interpretations of racial spectacles and structural gaslighting alongside new efforts to theorize the materiality of race within interdisciplinary forms of critical race theory, Black diaspora studies, and science and technology studies. Genealogically, 'dark matter' has emerged as a powerful metaphor for critical race scholars to describe the material, symbolic, and epistemic violence associated with racialized forms of enslavement, media representation, and ways of knowing within the human sciences, especially as they intersect with, gender, sexuality, and colonial rule (Browne, 2015; Byock, 2016; Fett, 2016; Winant, 2015). Building on this work, I advance the metaphor of *racial antimatter* to account for the unstable, mysterious and seething presence of racism in spectacular yet abstract displays of racial suffering. I develop the concept of racial antimatter to analyze the racial spectacles forming around the COVID-19 pandemic and its relationship to data and power.

Theoretical frameworks: Racial spectacles, structural gaslighting, and afropessimism

Critical race scholars highlight the dynamic relationships between the material practices of racial domination and

the production of biomedical knowledge about racialized differences (Bliss, 2012; Braun, 2014; Hatch, 2016; Pollock, 2021; Roberts, 2011; Shim, 2014), genomics (Bliss, 2012; TallBear, 2013) and public health (Ford and Airhihenbuwa, 2010; Jones, 2000). This body of scholarship analyzes how scientific racism continues to define the conceptual and methodological resources that data scientists use to study and explain racial differences in health. These conceptual issues are critically important because the way that race is defined and how racism is theorized to work remain fraught conceptual and methodological issues in health disparities research. When scientists measure a variable defined as "race" in a body or population, what they are doing analytically is remembering and documenting intergenerational patterns of violence enacted on the bodies of racism's victims, not studying "race." Racial formation is the social and historical process by which racial categories are created, transformed, and destroyed (Omi and Winant, 1994: 55), and health sciences, medicine, and public health remain primary institutional sites for racial formation in this ongoing process.

Social actors utilize heterogeneous forms of data, information, and knowledge about social inequalities in both racist and antiracist projects (Hatch, 2020). This two-way action complicates the massive societal program focused on the collection and interpretation of population health data in the United States. Demographic health studies at the national, state, and local levels constitute social data infrastructures that routinely capture information about patterns of health and disease. Health disparities data scientists must engage in empirical analysis of the intersecting social structures of racism, sexism, social class, sexuality, disability, age, and immigration status as they constitute the social determinants of health that shape the lived experiences and life chances of individuals and social groups generally (Williams et al., 2019) and in the pandemic (Laster Pirtle, 2020). The organizers of COVID Black and Data for Black Lives agree that data science can and should be marshaled to create concrete and measurable change in the lives of Black people. As Faithe Day, one of the organizers of COVID Black, articulated:

> The collection of this data is essential to understanding the scope of the effect that the coronavirus is having on Black communities now, while setting the groundwork for practitioners and policy makers to offer solutions for the future—especially as Black diasporic people live with undiagnosed mental and physical health conditions every day (Day, 2020: 37).

The operative assumption is that producing and analyzing epidemiological data is critical in the development of antiracist action plans to close gaps in experiences and outcomes between racial and ethnic groups.

Health disparities data scientists are routinely called upon to measure the complex effects that racism creates, but the data must be interpreted in a theoretical space that does not unwittingly worsen racism. There's no such thing as a plain and simple statistical fact, and this is especially true in the context of racialized statistical facts (Zuberi, 2001). Scientists' interpretations of the data including their claims about whether inequalities are widening, flat, or shrinking and why are extremely important politically (Diez Roux, 2012). The statistical analysis and interpretation of racial health inequalities data must avoid the traps of cultural racism and color-coded scientific racism, which function ideologically to explain away racial health inequalities as caused by anything but racial capitalism (Hatch, 2016; Roberts, 2012). Once the data are collected, these ideological forms of racism can work to frame racism's violence as the effect of nature/evolution/genetics and/or historical development/culture. Reifying race as biological without specifying the social feedback loops that build racist societies remains dangerous (Duster, 2003, 2006).

If such data are not collected, racism's violent effects cannot be demonstrated empirically in terms that are legible to governing elites and the institutions of state used to respond to health crises. If the infrastructure to collect that data were not in place, it would represent an institutional blockade to antiracist praxis, or an open doorway to unmonitored racial domination. This has been the case with practices of colorblind scientific racism that eschew racial measurement as a strategy for obscuring institutionalized racism (Hatch, 2016; Roberts, 2011). Troy Duster importantly alerts scholars to watch out for "the destruction of or blocked access to data on the social, economic, and political aspects of health, employment status, and social stratification" (Duster, 2006: 7). Accordingly, scholars should not view COVID-19 data, or any other health data, as apolitical or protected by a veil of objectivity and liberal progressivism, but should demonstrate how social forces directly shape the production of the racial spectacles that insert data into different racial projects.

Racial spectacles and structural gaslighting

Racial health disparities data science relies on a scientific and media infrastructure that produces and circulates contradictory discourses about health inequalities (Kim et al., 2010), discourses suffused with racial ideologies that rely upon racial spectacle for their iterative rearticulation over time. Social theorists, political scientists, and historians have advanced the concept of spectacle as a way to understanding how scientific, corporate, and government institutions use systems of mass representation to shape the attention of individuals and groups in ways that maintain extreme inequalities and social isolation (Crary, 1999; Debord, 1994; Edelman, 1988).

"The spectacle is the self-portrait of power" for social theorist Guy Debord, who was concerned with the alienation and inequality that spectacle enabled in the postwar

transformations of capitalism (Debord, 1994: 19). For Debord, the spectacle was an all-encompassing mediascape including news, advertising, entertainment, and any form of representation that "celebrates a choice already made in the sphere of production" (Debord, 1994: 13). In historian Jonathan Crary's view, as individuals and groups produce, confront and negotiate spectacular culture, they are pushed and pulled along a continuum between attention and distraction, generating a range of states from hypervigilance/fatigue to daydreaming/boredom and every affective spacetime in between (Crary, 1999). Spectacles are not concerned with making an individual person see specific images but with strategies and conditions that target individuals for isolation and disempowerment within the context of their own lived experience. In his view, the macro-level institutional management of attention "has little to do with the visual contents of these screens and far more with a larger strategy of the individual" (Crary, 1999: 74). From the perspective of the interests that materialize the spectacle, the political objective is to separate individuals from one another and to regularize their thoughts and actions in service to the interests represented via the spectacle. At the level of an individual's conscious awareness of experience and time, Crary wonders "whether it is even meaningful to distinguish between conscious attention to one's actions and mechanical autoregulated patterns" (Crary, 1999: 78).

In their application and critique of Murray Edelman's concept of "political spectacle" (Edelman, 1988), political scientists Angelique Davis and Rose Ernst define racial spectacles as "displays of racial dominance that publicly reassert and reinforce racial hierarchies" (Davis and Ernst, 2011: 134). Racial spectacles function as the "narrative vehicles" for symbols, imagery, and language that convey the privately held emotions and ideologies that accompany and work to obfuscate the existence of white supremacist power structures. They analyze the racial spectacle generated around voter initiatives for affirmative action in the 2000s and embrace a dynamic model of spectacle in which the so-called public actively shapes and produces racial spectacle through public actions. Racial spectacles have "a life of their own" producing their own independent effects that are analytically separate from their role in messaging for dominant interests. Putting the issue emphatically, they state that "A racial spectacle … is white supremacy" (Davis and Ernst, 2011: 147).

Sharla Fett examines how material suffering of recaptured Africans at the Key West Depot in the 1860s was depicted as a racial spectacle in major weekly periodicals and local news outlets (Fett, 2016). Fett shows how the technologies of representation (in this case photography and mass-produced illustrations) for the racial spectacle of the recaptured slave were linked to ethnographic and biological claims that Europeans made about racial types (Fett, 2016: 95). These spectacles communicated messages

about white benevolence and the uniqueness of the historical moment for the scientific observation of Africans and the refinement of techniques of observation and record keeping. The images and words that comprise the spectacle "perform a deft pivot from sympathy to spectatorship, effectively curtailing a discussion of recaptive social crisis and future legal status" (Fett, 2016: 89). Drawing on critical race theorist Patricia Williams' work (Williams, 1991), Fett argues that the news coverage of these recaptured Africans "performed a distinct kind of alchemy that transformed misery, isolation, and death into didactic entertainment and newspaper sales" (Fett, 2016: 99).

Keith Wailoo centers what he calls "the spectacle of Blackness" as core themes in the social dramaturgy of epidemics (Wailoo, 2020). Wailoo organizes the production into four dramaturgical acts "beginning with [1] epidemiological or clinical findings that might reveal racial truths, then [2] putting racial bodies and places on stage, [3] creating the opportunity for racialized spectacle, and [4] leading to calls for racially-inflected response" (Wailoo, 2020: 605). This process does not always unfold in the same sequence in each epidemic, but Wailoo stresses that its patterned recurrence stems from a powerful "set of narrative assumptions and expectations about race that divines in advance that every calamity will have an already developed Black biological and social logic" (Wailoo, 2020: 624). What gives these racial narratives their enduring power is that the social conditions that lead to epidemics remain locked in and these stories are simply too important for the psychic, economic, and political uses of white people and white supremacy. Like Fett, Wailoo brings the racial spectacle's producers, writers, and directors into the analysis of racial hierarchies, ideologies, and global social structures like science, empire, and racial capitalism (Wailoo, 2020: 622).

Racial spectacles constitute the tactics of long-standing processes of structural, cultural, and medical gaslighting, which work to obscure the institutional practices of power (Berenstain, 2020; Davis and Ernst, 2011; Ruíz, 2020). Gaslighting is normally conceptualized as an individual-level phenomenon, but has been expanded to encompass social structural phenomena that impact and reference entire populations through gender ideology (Sweet, 2019). In her systematic critique of the practice within white feminism, Nora Berenstain outlines gaslighting in structural and institutional terms:

> Individuals, institutions, political systems, and social groups engage in structural gaslighting, regardless of whether they intend to do so, when they invoke oppressive ideologies, disappear or obscure the actual causes and mechanisms of oppression, and conceptually sever acts of oppression from the structures that produce them (Berenstain, 2020: 734–735).

Writing from an indigenous feminist standpoint, Elena Ruíz develops an intersectional, anticolonial, and structural

account of cultural gaslighting as "a conceptual ruse that diverts critical attention away from structural epistemic oppressions that continue to underwrite the colonial project" (Ruíz, 2020: 689). Importantly, this ruse promotes "the common belief that producing compelling scientific research on social inequality will be met with corrective action, since empirical evidence is thought to yield the potential to inform policy decisions in ways disproportionate to other argumentative strategies in the public sphere" (Ruíz, 2020: 692). To the benefit of people of color or not, this empirical evidence can only be legible within "the design of social structure that determines the organization of knowledges," a pre-structure upheld by hidden rules of knowledge and power in settler colonial societies (692). As Ruíz (2020) and McKittrick (2021) argue, these pre-structures have deep colonial histories.

Afropessimism

Ideas about African Americans are linked to global racial spectacles and forms of structural gaslighting that target the continent of Africa, Black African bodies living on the continent, and broader Black African diasporas (for artifacts, see Coombes, 1994; for an extended philosophical discussion, see Appiah, 1992 and Outlaw, 2017; via technologies of representation throughout white typographic culture, see Gates, 1983, Hall, 1980, and Morrison, 1992). To theorize these dynamics, I turn to Afropessimism as a loose body of critical social theories that work to dismantle the domain assumptions about progress and human difference that maintain violent formulations of anti-Black racism and the diverse social ideologies that uphold contemporary institutional racisms. In my articulation, Afro*pessimism* is the motif of racial spectacles created by Westerners and their accomplices as part of their efforts to institutionally forget what causes racial suffering for Africa's children, which, incidentally, is always already happening in the story.

Afropessimism does not comprise one unified theory, but scholars have organized its genealogy into two official versions characterized as 1.0 and 2.0 (Thomas, 2018). Although they are not normally presented as having a shared genealogy, I follow several Black feminist theorist's efforts to think about them together (see Wekker, 2021 and Bilge, 2020 for exceptions). It is beyond the scope of this article to perform a full excavation to fully sketch out both versions and the tensions within them, but two claims require explication because their resolution illuminates the cosmological terrain for my analysis of racial anti-matter in the COVID-19 pandemic. I focus on two substantive points of divergence between Afropessimist thought and the broader body of critical race theory which concerns (1) the essentialist meanings of race that the Black subject is a permanent slave and not a human being (Sexton, 2011; Wilderson, 2020) and (2) the supposition that racism is principally interpretable through the lens of social death (Mbembe, 2008, 2019; Patterson, 1982).

Under Version 1.0, Afropessimism is a practice of representation designed to shape racial ideologies and efface the Western structural causes of Africa's arrested development from the 1970s forward (De B'béri and Louw, 2011; Okoth, 2020; Olaloku-Teriba, 2018). Keith Ochieng Okoth argues that Afropessimism "bolsters neo-colonial relations between the Global North and Africa, and is often conjured up as the go-to argument to justify the entirely unnecessary and counterproductive presence of the development industry and its practitioners on the continent" (Okoth, 2020). "In this way, the widespread acceptance of negative depictions of Africa and the impossibility of post-independence economic and political forms is a key building block of Europe's vision for African neocolonialism" (De B'béri and Louw, 2011: 344). One of the central policy impacts of Afropessimism is that it generates "aid fatigue" among colonizing powers and private philanthropies (De B'béri and Louw, 2011: 342). The main idea is that everything about helping Africa, Africans, and Black people is exhausting, probably not worth the effort, and most likely a waste of time, energy, and resources. Why continue to deliver aid and support if Africa and Africans cannot be helped, saved, fixed, or managed? Fatigue is a normative response to the highly exploitative and intractable social conditions of modernity (Rabinbach, 1990); racial battle fatigue within academic institutions is particularly exhausting (Fasching-Varner et al., 2015).

Afropessimism 2.0 references both self-described "Afropessimists" (Sexton, 2011; Wilderson, 2020) and a group of interdisciplinary, intersectional humanities and social science scholars whose work grounds these articulations, but who are not "Afropessimists" (Hartman, 1997; Hartman and Wilderson, 2003; McKittrick, 2015, 2021; Sharpe, 2016; Spillers, 1987). Sociologist Orlando Patterson's ideas also feature prominently in Afropessimists' accounts of the violence, social dishonor, and natal alienation that enslavement created, a complex ontological situation called "social death" for the slave (Patterson, 1982). The concept of social death helps Afropessimists 2.0 explain how transnational slavery and its afterlives establish a symbolic relationship through which the Black enslaved person must be conceptualized as non-human so that non-Black humans can neatly inhabit the category of human (Hartman, 1997; Wynter, 1987).

By asserting and recognizing a strict ontological hierarchy between non-Black humans and Black non-humans, Afropessimism tentatively relies on a form of racial essentialism to render Black subjects as outside definitions of the human (Olaloku-Teriba, 2018), a racial ontology at odds with critical race theory's critique of racial essentialism in science and medicine (Barkan, 1991; Duster, 2003;

Graves, 2001; Stepan, 1982). Afropessimism 2.0 has been sharply criticized for its incompatibility with intersectionality and its US-centrism, but its political sentiments are broadly consistent with postwar critical theories of race and Blackness (Bilge, 2020).

From dark matter to racial antimatter in critical race studies

Scholarly interpretations of "dark matter" also offer an innovative way to theorize the socially invisible, politically unstable, and ontologically mysterious ways in which racism shapes society. Literary scholars, social, and natural scientists' accounts of dark matter postulate a direct metaphorical relationship where *race operates as dark matter* (Browne, 2015; Byock, 2016; Mascarenhas, 2018; Prescod-Weinstein, 2021; Rodríguez-Muñiz, 2016; Winant, 2015). The interdisciplinary nature of this body of scholarship is important because it speaks to the diverse social and epistemic values of race as a form of knowledge. Howard Winant theorizes that race as dark matter can be elusive as "the often invisible substance that in many ways structures the universe of modernity," disappearing in the denials that are consistent with color-blind racism (Winant, 2015: 322). Echoing Winant, Byock (2016) argues that what gives race as dark matter this immaterial quality is that it "represses" or "negates" histories from which it emerges:

> Black bodies thus make up a kind of dark matter that has shaped formulations of American identity from the beginning by and through biopolitical negation and negative identification. This presence, unlike the dark matter of physics, is neither neutral nor unmotivated; rather, its immaterial quality derives from the systemic repression of histories, presences, and vigorous human activity (47).

The spectacular nature of antebellum histories is "so heavily mediated" that scholars should not revert to analyses that try to pin down "what is or is not real" (Byock, 2016: 59). Instead, methodologies for tracking decapitation should be tracing "voices, material conditions, economic realities, modes of affiliation" outside dominant narratives (Byock, 2016: 59). Race as dark matter is described as invisible and outside of history, meanings, and social structure, yet exerting force and actively shaping history, meanings and social structure.

In contemporary particle physics, how scientists sort differences between regular matter, antimatter, dark matter is itself not easy to understand (e.g. Carosi, 2019). In theory, dark matter seems to behave less like so-called regular matter than *antimatter* does. This raises the question of whether dark matter is the appropriate metaphor for describing the micro and macrophysics of racial power that circulate via racial spectacles. For as much as these analyses of dark matter highlight unseen or invisible processes, it remains vital to pay attention to what Michael Rodríguez-Muñiz calls the "the sociotechnical materiality of race" (Rodríguez-Muñiz, 2016) and Amade M'charek calls "the materiality of race in practice" (M'charek, 2013) by tracing the relations between the institutional gaze and structured inattention of science, government, and capitalism, which facilitates the formation of what I call *racial antimatter*. Racial antimatter forms when statistical data (like data on COVID health disparities) are represented in spectacular racial terms because that spectacle enables the forgetting and weaponization of statistical data about racialized populations. These are the very same material and structural processes that are often obscured by structural gaslighting.

My genealogy for racial antimatter also comes from the ancestor, poet/philosopher, and rapper Craig Mack (1970–2018). In the 1997 Bad Boy remix of his hit "Flava in Ya Ear?", Mack proclaims "*I got the data to turn your body into antimatter*" (Bad Boy Entertainment, 2016), prophesizing when specific vibrations of sound coming from his body would enter into the listener's body transporting them into a space-age "George Jetson" future-time (Gaskins, 2014). The sonic idea here is that Craig Mack's flow *was the data* that would enter into the listener's body, transforming them from matter into antimatter. Sonic vibrations are encoded as data, stored within digital files, and then electronic pulses of energy push those sounds out and into the ear. It is unclear if Mack is saying that elemental forms of sonic power transform bodies from one state of matter into another, or, if sound simply allows one state of matter to be expressed in terms of another. Mack's ideas open up space for theorizing about data, race, and technology (Benjamin, 2019; Fouché, 2012) and how one might profitably incorporate metaphors from particle physics to describe the microphysics of racial power (see also Wright, 2015 and Hunter, 2017).

My specific interpretation of the "antimatter" in racial antimatter references the "antimaterialist" ontology that underpins statistics and what the eugenicists who created statistics thought they meant. Historian of science Theodore Porter labels statistician Karl Pearson's brand of positivism as "antimaterialist" because "[Pearson's] world was not a world of real objects, but of perceptions" (Porter, 1995: 20). Statistics are, in this strict sense, antimaterialist because in Pearson's view, statistics were mental constructions that could be investigated mathematically but did not correspond to nature in any representational way. However, we know from STS research that statistics have had enormous cultural power because statistics and their producers help to design and manufacture social world, a world they claim to objectively represent in numbers (Bowker and Star, 1999; Hacking, 2006).

I use the concept of racial antimatter to account theoretically for the quantum duplicity of counting that flows

from the collision of materialist and antimaterialist epistemologies for racialized statistical data. This quantum duplicity of counting means that the same practice can mean politically different things in terms of racism at the same time. This analytic focuses on the US nation state's problem with counting race in general and Black bodies in particular. Counting and not being counted, being remembered and being forgotten, mattering and not mattering at all are bound together in the same quantum state. The quantum duplicity of counting is also directly tied to practices of institutional forgetting and structural gaslighting. The scientific practices of counting are used within the US nation state and across racial capitalism as part of the relations of ruling, and by Black people themselves to seek remedy from racisms. Writing early in the pandemic, Michael Kennedy mourned the preemptive forgetting of numbers that accompanies this kind of now-you-see-it-now-you-don't kind of racial violence (Bonilla-Silva, 2006), writing " … only some statistics will be written down in policy; only some facts will be remembered; only some of the pithy, sanguine concepts used to get the public through this pandemic will be spoken of" (Kennedy, 2020: 289). It is very difficult for Black lives to matter in a political context where pernicious forms of racial antimatter lurk in every point of contiguity between Black people and the racialized social structure.

In next section, I trace racial antimatter through three pivotal moments in the formation of the racial spectacle of the COVID-19 pandemic. First, I trace the emergence of spectacular representations of racial disparities that set the stage for structural gaslighting in the pandemic. Following Keith Wailoo's dramaturgical framing, March and April 2020 were defined by the revelation of racial truths as epidemiological evidence documenting racial disparities around positive cases began to circulate. As specific calls for racial data by different interest groups and the presumptive relationship between racial data and health policies were reiterated, the duplicity of counting unfolded. All the while the Trump Administration was preparing for an alternative and more deadly policy response than the one presumed by liberal scientists and health journalists. Second, I focus on events surrounding the "state authority handoff" in mid-July 2020, when Trump officials determined to let the pandemic run its course and sabotage infrastructures for health. This strategy left the public health of millions in the hands of state officials who were supporting dangerous propaganda (e.g. masks don't work and vaccines are bad) under the false pretenses of protecting liberty and freedom. As conditions of structural gaslighting require, the Trump Administration's actions furthered their program of institutional forgetting. Third, in late summer, the Trump Administration made the dangerous move to privatize and securitize pandemic-related data under the dubious program HHS Protect. By positioning these events together within the same racially speculative frame, I show how the collection of racial health disparities data comes up against white supremacists' political ambitions in a time-space where the demand for Black lives to matter and racial antimatter collide.

Spectacular representations

On March 13, 2020, former President Trump declared a national state of emergency for the COVID-19 pandemic. This declaration establishes the state of exception that facilitates racial necropolitics. The very first glimmers of the racial spectacle of COVID-19 flickered by late March 2020. Speculations about racial inequalities in the pandemic were beginning to propagate through a parade of commentaries, calls for research, and public health reports. Major outlets like The New York Times, Buzzfeed, and The Atlantic were central to the circulation of the claim that data is needed and the prescriptive role it should play in ameliorating the disparities that it was assumed and expected would emerge. The same day that Trump declared state of emergency, *The New York Times* helped to establish narratives about the key COVID-19 risk factors of "age," "preexisting health conditions," and "low socioeconomic status" and to highlight the unique vulnerabilities of the poor (Fisher and Bubola, 2020).

Not finding traction elsewhere, a group of Black doctors in Virginia published an op-ed in Buzzfeed asking the CDC and WHO to release information on Black communities' access to testing and to highlight an absence of data on those tested by race and ethnicity (Prakash, 2020). The doctors hoped that having this data would help "correct our disparities or biases as health care providers." At the time doctors decided who could get tests based on patients' symptoms, which made the gatekeeping of testing subject to racial biases. Dr Cameron Webb, one of the Black doctors who authored the op-ed, is reported to have said: "That's a huge question, who has access to those tests … If you're not an NBA player, it might be a little harder for Black people to get access to those tests." At that point, Utah Jazz NBA star Rudy Gobert had tested positive for the virus after mocking it days earlier (Young, 2020). By mid-March, it was emerging as public knowledge and scientific fact that Black people were leading in positive new COVID-19 cases, multiple forms of cognitive, emotional and physical disablement, and premature deaths. By the end of March 2020, state public health officials in Illinois announced 488 new cases, 28 percent of which were identified in Black residents (Illinois Department of Public Health, 2020).

On March 30, a group of prominent Democrat congressional leaders demanded that HHS Secretary Alex Azar compel federal health agencies to start collecting and reporting data on COVID-19 risk, testing, and treatments

across by race and ethnicity in the United States (Morrison, 2020). "This lack of information," the politicians warned, "will exacerbate existing health disparities and result in the loss of lives in vulnerable communities." The fact that Democrats had to demand this data makes it clear that the Trump regime was not doing this in the first place, a fact that would be consistent with the regime's malignant indifference about the suffering of the citizenry as institutionalized in public health surveillance practices. The letter also mentioned that "a history of discrimination and marginalization has left some people of color distrustful of the medical system, making them less likely to seek out timely care." This framing works to justify the demand for data collection explicitly as a policy response to a history of exclusion. As articulated in their letter, racialized COVID-19 health disparities would have been greater and more deadly without this data guiding policy.

As of April 1, 2020 there was still "little publicly available data about the racial makeup" in COVID-19 cases. Racial testing and new infections data were not available via the Centers for Disease Control and Prevention (CDC) COVID Tracker, the Johns Hopkins COVID Dashboard, The New York Times, nor the COVID Tracking Project. Yet, in his op-ed in The Atlantic titled "Why Don't We Know Who the Coronavirus Victims Are?", Ibram X. Kendi linked the absence of knowledge of racial disparities to white people's feelings about Black suffering: "Maybe some people fear that if racial data were to show that COVID-19 is disproportionately harming people of color, then white people will stop caring" (Kendi, 2020). Harell and Lieberman's (2021) sharp experimental work shows the opposite: when White respondents who already had negative views of Black people were presented information about racial disparities in COVID, they became even less likely to support government policies that would lessen those inequalities.

In early April, reports of racial disparities from around the nation continued to find placement in major newspapers in Louisiana (Wendland, 2020), Michigan (Thebault et al., 2020), and Boston (Lazar, 2020). On April 14, United States Representatives Ayanna Pressley, Robin Kelly, Karen Bass, Barbara Lee, along with Senator Elizabeth Warren introduced legislation to require the federal government to collect and release COVID-19 demographic data including race and ethnicity, so additional funding and resources could be provided for the hardest-hit communities (Pressley, 2020). In Representative Bass's excerpted text from the letter, the spectacular case is made: "the coronavirus is disproportionately killing Black people." "Now is the time for our nation's leaders to use race-based data to finally address these disparities and save Black lives." "The legislation comes as reports across the United States point to stark racial disparities in COVID-19 cases and fatalities: the Antiracist Research & Policy Center at American University aimed to counter these failures with their own COVID Racial Data Tracker, which launched on April 15, 2020."

From the state authority handoff to HHS protect

When President James Buchanan left the question of Southern succession over slavery to the states prior to the election of 1860, he effectively aligned the governing philosophy of the Executive Branch with the civic dehumanization that flowed from the 1857 Supreme Court decision in the Scott v. Sandford case. The United States Government would not recognize the possibility of bodily autonomy, freedom, and life to nearly 4,000,000 would be African Americans. With Buchanan's choice, the federal government would stop paying attention to the Negro, at least as far as any inalienable or Constitutional rights were concerned, surrendering every Negro to the certain racism of state and local governments, where violence was so lethal and unaccountable.

In April 2020, Donald Trump and the Republican Party made an eerily similar and equally fatal decision in their campaign to wage a viral civil war through the COVID-19 pandemic. When knowledge about disproportionate Black suffering during the pandemic became uploaded into the circuit of culture (Du Gay, 1997), the US federal government orchestrated a program of structural inattention towards Black death and withdrew meaningful federal public health infrastructure that would have mitigated the loss of Black lives.

Did the racial spectacle, which circulated knowledge about who was dying from COVID-19, generate new dangers for Black people by strengthening the anti-Black public health inaction? The New York Times reporter Michael Shear framed the Trump regime's lack of curiosity about the pandemic as part of their broader effort to manipulate COVID-19 data as a means of boosting Trump's reelection campaign (Shear, 2020). The rationale for Trump's campaign against testing was to be able to show declining rates of positivity in swing states, especially in the South, that Trump and his allies needed to "liberate." Throughout the month of April, functionaries like Dr Deborah Birx presented optimistic data scenarios where the US would resemble Italy where the cases had declined. And, the Congress has since taken up the investigation of the prior administration's successful efforts to manipulate the Centers for Disease Control's Morbidity and Mortality Weekly Report as part of the effort to unearth all of the ways that data was weaponized to the detriment of public health (Clyburn et al., 2020; Sun, 2020).

Securing the data

Having successfully shifted responsibility for the pandemic to the states, and in the face of direct calls for the CDC to take the lead in responding to racial health inequalities in

the pandemic, the Trump Administration made an extraordinary decision. In July 2020, the Department of Health and Human Services (HHS) hired the private data firm TeleTracker to build and maintain HHS Protect, evacuating and circumventing the CDC and rerouting public health data through irregular channels and private corporations. Quoting from the press release from CDC Director Redfield and HHS Chief Information Officer Jose Arrieta: "There is no manipulation of this data possible within the system." 4 billion data points. Part of the alleged need for HHS Protect was information security. In the CDC press release announcing HHS Protect, Arrieta reiterated this point: "You heard me mention security, which I want to emphasize we take very seriously" (Health and Human Services, 2020).

In August, HHS refused to answer Congressional questioning about this arrangement, citing highly irregular nondisclosure agreements (Bublé, 2020). As Ruha Benjamin and colleagues wondered (Benjamin, 2019), what and/or who was being secured and fixed in place through the HHS Protect arrangement? CDC's established processes for protecting public health data were not dangerous; the data was not at great risk from aggressors *outside* the government. In fact, the data was at risk from forces *inside* the government. If the public realized the scale of negligence and malice that was governing the Trump Administration's response to the pandemic, especially the gross racial inequalities for which the government was responsible, it might have weakened Trump's prospects in the upcoming election.

Conclusion

We may have been here before. The preeminent historian of medicine Vanessa Northington Gamble, who chaired the Tuskegee Syphilis Study Legacy Committee, published an insightful article showing how Black communities in Philadelphia responded to the 1918 influenza pandemic (Gamble, 2010). According to Vanessa Gamble's account, the limited data collected about that pandemic suggested that Black people were less likely to contract and die from influenza compared to white people. Gamble theorizes that Jim Crow segregation may have functioned like a "de facto quarantine" that protected Black populations from the broader viral threat posed by whites. Black health professionals, disallowed from White medical spaces, cared for their Black patients in nascent Black-only hospitals and repurposed schools. White health professionals, medical researchers, and insurance companies also engaged in structural gaslighting, crafting racist medical theories that tried to force the limited epidemiological data to white supremacist models. And yet, as the pandemic abated in late 1918, Gamble notes:

> The epidemic also did not prompt white people to develop any major public health or medical initiatives to improve

the continued poor health status of African Americans. It also did not overturn racist scientific theories about the inferiority of African Americans or conceptualizations of black people and their neighborhoods as disease threats to white people (Gamble, 2010: 121).

In contrast to the 1918 pandemic when vast data infrastructures targeting Black people's health did not yet exist, it is a social good that data infrastructures now exist that can be used to speak truth to power, if that phrase accurately describes the practices that have produced the racial spectacle of COVID-19. Under conditions of racial segregation, structural gaslighting did not require a vast data infrastructure to thrive. Today, under nested conditions of hyper re-segregation, colorblind racism, and the rise of a neo-Confederacy, structural gaslighting requires vast data infrastructures to produce racial spectacles that can facilitate the detachment of racial theories from racial realities.

I contend that "racial health disparities" is a racial project that has not (yet) achieved its goal of reducing and then eliminating racial health inequalities. This paper has explored how racial health inequalities data science participates in a form of structural gaslighting that keeps scientists in an endless search for more and more refined measurements of racism's harms (racial matter), while the political and economic systems that comprise the fundamental causes of those harms are given a pass until all the data are counted (racial antimatter). When this science is wielded by an openly white supremacist and authoritarian regime, as has happened during the Trump regime, what might only represent a distracting form of structural gaslighting under normal conditions, turns into a form of weaponized knowledge that can be used for targeted medical neglect.

The field of racial health disparities has yet to question the domain assumptions that uphold its field of investigation; as a result, the entire reform program called for by racial health disparities science is already featured on the menu of the white supremacist power structure. The societal infrastructure that produces scientific knowledge about patterns of health and disease in the human population needs to confront its structural position as part of the racial spectacle organized around racial health disparities in the United States. The production of racial spectacle around racial health disparities is necessary because population-based metrics of racial suffering and death must be produced in order to be an action item for liberal reforms. The liberal program of racial reform has assumed that such data can be mobilized to force a reckoning with racial injustice, but sometimes that reckoning can be a liberal's fantasy based on the presumption that the matter that makes up racial bodies, matters. Instead, what also happens is that population-based metrics of racial suffering and death are mobilized to institute racist social systems, laws, and

policies based on antimaterialist epistemologies of race. In other words, the data turns their bodies into antimatter.

This paper highlights the need for ongoing analysis of the unfolding and future spectacles organized around racial health disparities. To this end, what will the racial spectacles of the future look like? If we cannot (or should not) stop the production of racial spectacles, how can we ensure that the future spectacles are less susceptible to being used for structural gaslighting? How can we ensure that the future spectacle bends towards a materialist antiracism and does not rely on the dangerous collision between racial matter and racial antimatter? This involves placing institutions that produce and circulate racial data under the electron microscope to see how unseen social and political interests can frame problems *and their solutions.* Racial and ethnic minority groups in the United States did not need scientists to inform them that they were in mortal danger during the pandemic. Perhaps the ideas of Afropessimism provide an exit ramp for racial health disparities scientists, many of whom do this work to reduce and then eliminate differences in life chances, but who feel a sense of enduring fatigue with the reform-retrenchment pattern that has characterized US race relations since Reconstruction (Bell, 2004). That exit ramp leads away from liberal reform science to abolitionist and anticolonial forms of organizing against racial capitalism, along with the radical expansion of people's capacities to care for themselves and each other. We must analyze how racial health disparities function within racial spectacles to shore up the structural inattention to those same disparities. We must remain vigilant to the serious and lasting harm that can flow from the insertion of data into racial formations.

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ORCID iD

Anthony Ryan Hatch ⓘD https://orcid.org/0000-0003-0438-9298

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