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# Black and Waiting: *Bioethics and Care during the Covid-19 Pandemic*

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BY MALI COLLINS

*Those in power keep invoking “the normal” as in “when we get back to normal.” I’ve developed an aversion to that word normal. Of course, I understand the more benign meanings of normal; having dinner with friends, going to the movies, going back to work (not so benign). However, I have never used it with any confidence in the first place; now, I find it noxious. The repetition of “when things return to normal[,]” as if that normal ... was not in contention. Was the violence against women normal? Was the anti-Black and anti-Indigenous racism normal? Was white supremacy normal? Was the homelessness growing on the streets normal? Were homophobia and transphobia normal? Were pervasive surveillance and policing of Black and Indigenous and people of colour normal?*

—Dionne Brand<sup>1</sup>

To what is everyone so eager to return when the Covid-19 pandemic eventually ends? In poet and essayist Dionne Brand’s evocation of the narrative of the pandemic, “the normal” is a mere figment of nostalgia, benign for some but unlivable for others. After all, there is no return to a time before the daily barrage of police brutality and structural inequity in the Americas. Brand writes from her perspective as a Black person living in Canada, but Black people in the United States, including me, can easily relate to this conclusion. The normal to which many people hope to return is a normalcy Black people were never meant to survive. I, too, “hate that normal.”<sup>2</sup>

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Covid is also an antagonism in Black people’s cultural relationship to time, a relationship characterized not by a tumultuous “now” fraught with a highly public resistance to White supremacy but rather by intergenerational endurance *despite* White supremacy. Thus, the poet argues that what we are experiencing is not a mere fragment of time, and perhaps not even a “present,” but rather another iteration of the convergence between the mundane and forever of anti-Black violence amidst and because of the pummeling of a biomedical tragedy. We are *Black-in-time*—in it, but never of it.<sup>3</sup>

The intergenerational wait for our moment of racial reckoning is its own unique biomedical warfare, which cannot end with the end of a pandemic. This warfare undercuts our daily health with anxiety and depression, shortening the very chromosomes we pass down to our children.<sup>4</sup> What I, a scholar of the cultural histories of Black women’s reproductive lives, find most provocative is how bioethicists might theorize the body while undoing the rhetoric of “crisis” that often surrounds Black lives and the vessels that contain them. Brand’s corporal rhetoric imagines for us how multiple “bodies” construct our individual realities during the Covid-19 pandemic. She questions the governing “bodies” that seek to “run the country like a business”; she pulls forward the “endoskeleton of the world” as one that is fundamentally anti-Black. She asks questions about the disability of a body of a people, about a society where those who embody signifiers of Blackness are dis-abled from exercising personal liberties under the constraints of racialized capitalism, further constricting social and economic mobility. A popular Black American colloquialism—“to be ‘bodied’”—means to be murdered. Thinking the Black vernacular as a theory for living, Black people must also

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materialize our bodies for them to expire. Black bodies are only legible through death: one must be bodied to get any attention from the very institutions that also attempt to determine our daily lives. We must be sick, in pain, near death, or actually dead to become symbolically legible to a government rightfully preoccupied with ending a global pandemic.

Understanding the ongoing violence against Black bodies can inform what the future of bioethics ought to be. How bioethicists treat Black bodies now and forever defines the evolution of equity in health care. Despite the ethical rules and regulations put in place to prevent harm, the medical industry is founded partly on unjust experimentation on enslaved Black people. Bioethics as a field must confront these many layers of anti-Black racism. Abstractly but also literally, to be embodied as a Black person is simultaneously to be *bodied*.<sup>5</sup>

The questions I pose to health care providers, bioethicists, and those who practice antiracist health work are these: How will you confront anti-Black racism within every formulation of “treatment”—diagnosis, care, medication distribution, physical therapy? How long will the violence against Black lives be dissolved into talking points about our bodies? How can one listen, ethically, to Black people? These are questions of practice, of politics, and of care. What our bodies tell medical practitioners about the history of unasked bioethical questions—rather than the perceived pathology of the lives that embody it—may also bear more questions than answers. Our bodies may also yield answers that are not for medical practitioners to understand.

The Black health crisis, and the crises that compound onto and into the Covid-19 crisis, cannot be disentangled from the institutional and systemic ailments with which they are consolidated. Philosopher Anthony Bogues diagnoses the same entanglement within American imperialism, which aims to “consolidate its single truth as the *only* way of life, thereby confirming to us and itself that we are indeed at the end of history.”<sup>6</sup> A dominant narrative seems to ring louder when crisis is discussed, with the story being one in which “the end” is abrupt and inevitable. In the pandemics discussed here, it is very true, in the most literal sense, that some people have met the end via death. Yet sometimes it seems that those dying can imagine the most, see through the crisis that will claim their life to a broader truth, and discover that dying is not the only way of life;<sup>7</sup> we are free to imagine beyond the structures of crisis that demand our death. In an uncorrupted imagina-

tion, no possibility for the reversal of the end should be unaccounted for. As bioethicists, providers, and caregivers committed to anti-racist practice, we must ask ourselves, What is the role of bioethics in institutional health care’s disregard for anti-Black trauma in the birth room, in the dialysis center, and in the intensive care unit? Is it ethical to separate generational gendered and racialized violence of African diasporic people from their health care treatment in medical institutions today?

The daily threat of Covid-19 joins the barrage of threats Black people are experiencing and have always experienced, including incessant xenophobia, homophobia, and transphobia. However, the “postpandemic” or “after Covid” rhetoric misaligns with the realities and experiences of Black folks who are living with the persistence of anti-Black racism. There is simply no temporal progression to our discourses about Covid that makes sense with the experiences of Black life; during Covid, we have not become less and less worth saving—there was no “before” when we were more valuable than we are at present. I do not know what will become of our bodies after this “moment.” I do not even know what we will end up calling it. But I do know I have grown impatient with watching Black people die. We must not wait for the crisis to “end” for racial and health justice to be served. This means asking ourselves what it means to assume a position of passivity within these crises. The cycle of anti-Black racism in health and health care may have originated in the past, but many types of encounters—systemic, institutional, or interpersonal—are opportunities to lay a different future for the medical care of Black folks and the field of bioethics. We cannot return to the normal practice of medicine or bioethics. Doing so is unethical.

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1. D. Brand, “Dionne Brand: On Narrative, Reckoning and the Calculus of Living and Dying,” *Toronto Star*, July 4, 2020, <https://www.thestar.com/entertainment/books/2020/07/04/dionne-brand-on-narrative-reckoning-and-the-calculus-of-living-and-dying.html>.

2. *Ibid.*

3. This was also the name of an exhibit at the Fashion Institute of Technology in New York City, curated by their Black Student Union (2020). It is also a term informed by panelists from Princeton University’s two-part panel series “Time for Black Studies,” on January 18, 2021, convened by Ruha Benjamin and featuring

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Rahsaan Mahadeo, Kiese Laymon, Michelle M. Wright, Chanda Prescod-Weinstein, Denise Ferreira da Silva, and Roderick Ferguson.

4. D. H. Chae et al. "Racial Discrimination and Telomere Shortening among African Americans: The Coronary Artery Risk Development in Young Adults (CARDIA) Study," *Health Psychology* 39, no. 3 (2020): 209-19.

5. Social death is a main concept in a Black studies critical framework called "Afro-pessimism." For more on this, see F. Wilderson, *Red, White, and Black: Cinema and the Structure of U.S. Antagonisms* (Durham, NC: Duke University Press, 2010); J. Sexton, *Black Men, Black Feminism: Lucifer's Nocturne* (New York: Palgrave Pivot, 2018); and S. Hartman, *Scenes of Subjection: Terror, Slavery, and Self-Making*

*in the Nineteenth Century* (Cambridge: Oxford University Press, 1996).

6. A. Bogues, *Empire of Liberty: Power, Desire, and Freedom* (Dartmouth, NH: Dartmouth College Press, 2010), 13.

7. These ideas come from filmmaker and culture worker Marlon Riggs in *Black Is ... Black Ain't* (California Newsreel, 1995, preview at <https://howard.kanopy.com/node/116235/preview>), which he created while dying of HIV/AIDS in 1994. In this documentary, he posits that he is compelled to shoot it while dying to fulfill his wish of "getting Black people to communicate with one another." "If I'm not doing that," he continues, "I'm wasting my time."