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Shit Voyeurism, Anti-Blackness, and the Spherical: Rendering Antibiotic Use in Africa

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Abstract

This piece interrogates anti-Black racism and coloniality in global health reporting on antibiotic use in Africa. I focus on *New York Times* discourse, imagery, and films, reading these intertextually with wider political and public health rhetoric. In critically attending to mediated imaginaries of Nairobi, Kenya as "unhygienic," I demonstrate how this figuration comes to index local pharmaceutical practices that appear "non-Scientific." The situated knowledge informing such practices is disregarded or, worse, presented as a threat to be targeted and eliminated. Such biomedical transgressions are indexed in the *NYT* by racialized references to waste, dirt, and excrement, turning the (structurally white) reader-viewer into what I call a *shit voyeur*. Building on Sylvia Wynter's conceptualization of Man, I argue that Man-the-shit voyeur disregards his own culpability in rising antimicrobial resistance, locating health risks instead in the contaminating nature of Others. This racialized grammar is further subtended by the logic of the spherical—the illusion that the world-as-sphere is a totality that Man can perceive with a unidirectional gaze. Global health reporting that is racialized via the logics of the spherical and shit voyeurism not only fails to accurately represent medical concerns in Africa but also perpetuates biomedical hegemony and/as global white supremacy.

Keywords

Racism, coloniality, global health, media, antimicrobial resistance, waste, militarized biopolitics, Kenya

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Introduction

In the spring of 2019, the *New York Times* (*NYT*) published a prominent article on the "overuse" of antibiotics in Kibera, an informal settlement in Nairobi, Kenya (Jacobs and Richtel 2019).[1] The central message of this article, as well as the video embedded within it, was that pharmaceuticals are being misused and, as a result, are in danger of losing their efficacy. Readers and viewers are implored to come to the rescue of these imperiled drugs. Meanwhile, the residents of Kibera are depicted as shit-mired and inundated in waste, appearing woefully ignorant about the proper use of antibiotics, an ignorance that is portrayed as threatening to the global health order. Although the setting is Kibera, the same story could have unfolded in any number of places around the world, so we are told, leading the authors to sometimes generalize to all of Africa and even Asia.

Informed by three years of ethnographic research on pharmaceutical engagements in East Africa, I approach this *NYT* article, imagery, and video as anthropological objects of analysis in this piece.[2] My interpretation is situated at the interface of medical anthropology and feminist, anti-racist, and decolonial science and technology studies (Lyons, Parreñas, and Tamarkin 2017; Mavhunga 2017; Pollock and Subramaniam 2016). In critically attending to how colonial and racist imaginaries of Africa structure global health reporting, I also think with scholarship on anti-Blackness and the racialization of risk (Bailey 2016; Mbembe 2017), attendant to how "racial grammars" (Bonilla-Silva 2012; Pierre 2019) reproduce differential valuations of lives, of who is at risk and who poses a risk (Benton 2016). I probe (liberal) US media coverage of health in Africa to reveal and dismantle these racialized political and epistemic frameworks.

As I interrogate racialized grammars cutting across the *NYT* article, images, and video on antimicrobial resistance, I also read these as intertexual with wider political and public health rhetoric, including statements by former US president Donald Trump and former Director-General of the World Health Organization (WHO), Dr. Margaret Chan, to demonstrate how contemporary articulations of biocommunicability (Briggs and Hallin 2010) about health in Africa are predicated upon an ethico-onto-epistemology (Barad 2007) in which health or medicine practiced outside certain parameters is seen as a dangerous category violation.[3] Such transgressions are indexed in the *NYT* by pervasive (racialized) references to dirt, refuse, and shit, turning (structurally, white) reader-viewers into what I call "shit voyeurs."[4]

This "shit voyeur"—who is ambivalently attracted to and repulsed by anti-Black representations of abjection in Africa—goes unmarked but occupies the structural position of the well-informed, educated, self-sufficient, bourgeois, white, cis-heteromasculine subject that Sylvia Wynter (2003) calls "Man." As Wynter theorizes it, this genre of the human, Man, has "over-represented" itself to the point of mistaking itself for the human writ large and thus relegating others to the

status of subhuman or nonhuman. Part of what renders "us" (*NYT* readers) into this Man-cum-shit voyeur, I argue, is our own self-anointed belief in our capacity to stand outside of our situated time and place, peering at the Other with a gaze that cannot be returned. This is a practice that Peter Sloterdijk (Sloterdijk and Butler 2009) dubs the "logic of the spherical" and it is what enables the reader-viewer to disregard the scientists in the *NYT* video who point to US agricultural practices as critical sources of rising antimicrobial resistance. Blind to our own culpability, the (white) Man-cum-shit voyeur sees health threats instead in the uncontained (racialized) contaminating nature of Others.

Meanwhile, as Man-the-shit voyeur consumes pathologizing media coverage about Africa, this media's seemingly abject, suffering, and ignorant subjects are concomitantly rendered subhuman, dangerous, and threatening (Benton 2016). I demonstrate how this negation of full human status is a constituent element of contemporary global health logics, which are not only fundamentally colonial (Richardson 2020), but also thoroughly *racialized* (Abimbola and Pai 2020). In global health reporting, the cancellation of human status (via anti-Blackness) transforms "places like Kibera" into global threats and targets, producing health interventions that are durably "attached to war" (Terry 2017), ostensibly about protecting Others but actually working to shore up white welfare and well-being at the expense of the global majority. That these racialized grammars are pervasive, perhaps even inexorable, in contemporary global health is demonstrated by the degree to which they scaffold even presumably well-intentioned reporting by liberal media outlets.

"Like It Or Not"

The individuals who are portrayed in the *NYT* piece tend to be rendered in one of three ways: as villains—frequently (Black) mothers and "untrained" pharmacists—whose ignorance endangers antibiotic efficacy; as heroes—usually "experts" from the US—coming to the imperiled drugs' defense; or as victims—who are invariably (innocent) children or unconscious (mute) patients, one of whom will die by the article's end, seemingly as a cautionary tale for readers. In this portrayal, it is made abundantly clear who has Science and who does not, who can make a legitimate claim to knowledge and who cannot.[5] Each "villain" and "hero" is introduced with a phrase indicating their relationship with Science, a formula that seems to be typical of *NYT* health reporting on Africa. For instance, a piece from the *NYT*'s Global Health series that focused on traditional healing and Ebola in rural Uganda (McNeil 2019) characterized a healer's wife (who is (mis)translated as his "triage nurse") as "dangerously wrong" in her knowledge. Her ignorance demonstrates for readers why "medical experts worry that such combinations of misinformation and wishful thinking are common among traditional healers who, *like it or not*, are the front lines of rural African medicine" (McNeil 2019, para. 4, emphasis added).

The implicit assumption that the reader will not "like it" bespeaks a neocolonial violence that seeks the eradication of others' practices "in the name of the common goods of progress, civilization, development, and liberal inclusion" (de la Cadena and Blaser 2018, 3; see also Wynter 2003, 289). To this list we can add "health," understood as a particular relationship to scientific biomedicine. As Vincanne Adams writes of international health programs, "the notion that health is only possible if pursued as a scientific goal is seldom questioned" (2010, 44). At the same time, such portrayals erase the structural conditions that make health elusive for many, as well as the numerous ways that biomedicine has been deployed in Africa in the interests of (neo)colonial exploitation and resource extraction, racialized "development" and NGO economies, and global health surveillance and securitization (Biehl 2016; Meek 2023b; Nkrumah 1966; Pierre 2019; Richardson 2020). The combined effect of this erasure of structural conditions and disavowing of other ethico-onto-epistemologies is the reproduction of pathologizing stereotypes of Africa as a dark continent harboring latent threats like virulent disease (Benton and Dionne 2015; Peckham and Sinha 2017).

In the *NYT* piece on the "misuse" of antibiotics in Kibera, the pharmacists receive much the same treatment as the Ugandan traditional healers from the Ebola article. Below a photograph of a small pharmacy in Kibera reads the caption, "Pharmacy stalls often sell antibiotics in amounts that are far less than the recommended course" (Jacobs and Richtel 2019). The "like it or not" is implicit here: the reader likely comes to this piece already "knowing" that such practices are part of a global threat. Whatever well-informed reasons residents in Kibera may have for using medicine in this way are brushed aside. Yet in my fieldwork in neighboring Tanzania, I found that buying partial doses of antibiotics is a strategic, life-saving practice (Meek 2023a). Over half of all drugs in sub-Saharan Africa are potentially counterfeit and thus the quality of medicines cannot be taken for granted (WHO 2017). Further, as patients cannot always afford additional regimens after a drug has failed, many employ embodied trial-and-error methods for first testing the medicinal efficacy of a given treatment before investing in a full dose. These are just some of the ethico-onto-epistemologies that are effaced by the *NYT*'s reporting of antibiotic "misuse." Although counterfeit antibiotics are mentioned in the article, this concern receives a mere two sentences; the fact that many Kibera residents cannot afford more than a few pills at once receives just *one line*. Rather—given that the title attached to the online article is "Cheap Antibiotics Fuel Deadly Drug-Resistant Infections"—the message would seem to be that these pharmaceuticals should be even *more* expensive and thus further out of reach for this community. Such a framing only makes sense within a murderous, anti-Black logic that would see more Africans die to shore up the health of (white) populations elsewhere.

One of the individuals appearing in the role of villain in the *NYT* piece is Mr. Otieno, who owns a local pharmacy stall in Kibera. Despite the fact that Otieno

spent years apprenticing for another pharmacist in the community, the authors describe his practice like this: "Like most of the small shopkeepers who provide on-the-spot diagnosis and treatment here *and across Africa and Asia*, Otieno does not have a pharmacist's degree *or any medical training at all*" (Jacobs and Richtel 2019, para. 3, emphases added). Note that years of apprenticeship is rendered as "no medical training at all." What knowledge Otieno does have is seen as dangerous—akin to what I have conceptualized elsewhere as "fugitive science" (Meek 2023a, drawing from Rusert 2017). Such practices are "scientific" in the sense that people learn about the capacities of drugs (e.g., if they are counterfeit, poisonous, etc.) through deliberate, embodied experimentation (Neely and Meek 2024). This provides critical knowledge in spaces where laboratory science has been de-capacitated by the *longue durée* of (neo)colonialism and racial capitalism (Nkrumah 1966; Robinson 1983).[6] Such practices are "fugitive" in relation to a Western global health apparatus that seeks to discipline them, to replace them with biomedical "compliance."[7]

As a form of "minor empiricism" (Andrews 2015) that is not marked by a university degree, Otieno's medical expertise does not qualify *as* knowledge at all within hegemonic biomedical frameworks. His work as a pharmacist cannot rightly exist within a global health paradigm; it simply is not (real) (de la Cadena 2015). This nonexistence haunts the *NYT* article; it appears as spurious mirage, copy, and illusion: "With its baby blue interior, *medical posters* on the wall and a cabinet overflowing with bandages, Otieno's stall *could be mistaken* for a health clinic" (Jacobs and Richtel 2019, para. 31, emphasis added). The posters *are* medical, but Otieno's knowledge, we are reminded, is not. I see this as an instance of "the power of modern disciplines and their knowledges to cancel the possibility of what emerges beyond their grasp" (de la Cadena and Blaser 2018, 18). Not being graspable as "medical," Otieno's training is cancelled, and he becomes only a "charlatan" (Stengers 2003). We are cautioned that we would be "mistaken" to think otherwise.

Shit

This same *NYT* article was also posted online in the Deadly Germs, Lost Cures series, where the photographs take center stage. The headlining image—which fills the entire screen when one arrives at the site—depicts a sprawling garbage dump seemingly located haphazardly in the midst of a low-income urban neighborhood of corrugated-iron homes. The caption under this image reads, "Heaps of garbage in Kibera, Nairobi—one of Africa's largest slums" (Jacobs and Richtel 2019). In front of the garbage pile walks a smartly dressed Black man, smiling and talking on a cell phone. The image appears to subtly educe dissonance about the contradictory effects of globalization and development in Africa. A certain proper teleology seems to be out of order, such that the cell phone may even strike the reader as more like "matter-out-of-place" (Douglas 1966) than the refuse. Perhaps the viewer may wonder if cell phones really belong in such a

scene. Upon reading the article, one is led to wonder if maybe antibiotics do not belong there either.

The equating of Kibera residents with trash is a constant refrain throughout: the authors depict the "slum" as a chaotic and sullied landscape of "sewage canals" crisscrossing "squalid and crowded living conditions," where residents are perpetually bombarded by "flying toilets" (Jacobs and Richtel 2019). Children are described as "frolicking in the muck," their families living in "one-room shacks," next to "hand-dug latrines" between "dirt paths." These descriptions seem intentionally chosen to help support one of the article's central premises—that the community's "poor hygiene" is exacerbating their rates of sickness, in turn exponentially increasing their propensity to "misuse" antibiotics. We are invited to adopt the perspectives of global health researchers who "trudge" through "muddy footpaths, dodging children, stray dogs and the occasional chicken" while thinking to themselves that "it's no wonder people here are constantly sick" (para. 27).

One way to interpret the mode of biocommunicability in this article is through Mary Douglas's (1966) classic account of dirt as "matter-out-of-place." What makes something out of place, Douglas argues, is that it violates or transgresses category boundaries and cannot be properly classified into one category or another. This disrupts the correct ordering of the world, thus symbolically threatening disorder and even death. I return in the following section to the question of *what* precisely is the category being violated here, but first I elaborate further how the pervasive references—both textual and visual—to dirt, waste, and excrement operate as a form of gendered anti-Blackness within the article.

The equation of dirt with death is made explicit in the piece. For instance, Marc-Alain Widdowson, deputy director of global health protection for Kenya at the Centers for Disease Control and Prevention (CDC), is quoted as saying that there is a "vicious cycle" at play in which "lack of sanitation" will lead to more disease, in turn increasing rates of antibiotic use (or, here, "misuse"), and then resulting in further antimicrobial resistance. The careful reader is meant to understand that the dirtiness of this community therefore presents a threat to them too as microbes travel beyond national borders and infect populations elsewhere.

Not made explicit, however, is the way in which excrement also comes to symbolize the body's dirt.[8] There is a constant oscillation between dirt, shit, and garbage, which, taken together, conjure powerful notions of contamination and danger. Dirt, mud, and muck are described in equal detail as sewage, shit, and latrines. Consider, for instance, the following line: "At night, feces-filled plastic bags are tossed from rooftops by those afraid to venture outdoors. Residents call them flying toilets" (Jacobs and Richtel 2019, para. 19). This seemingly random anecdote is in fact symbolically central: it conveys that a proper order has been violated and that this transgression poses a threat. The danger here is

overdetermined in that, we are told, the residents too are afraid. We never learn what it is that they fear, but then perhaps that does not matter for the rhetorical effect, as the evocation of fear *is* the point.

Scholars writing about asymmetrical sanitation infrastructures have stressed how they stem from and reinforce structural inequalities such as differential access to public space (Doron and Raja 2015) and the privatization of the commons (Thieme 2017). In Africa's rapidly growing informal urban settlements, sanitation inequality is increasingly politicized, from the rise of "poolitical tactics" in South Africa (McFarlane and Silver 2016) to the "publicizing of private matters" via the "right to shit" in Ghana (Chalfin 2014, 103, 94). At the same time, scholars have also critiqued how the discourse around sanitation forms part of a larger racialized civilizing project, used to justify expanding imperialism, sexist and racist violence, and the imposition of capitalist disciplinary regimes (Anderson 1995; Aretxaga 1995; Burke 1996). None of these factors are given any consideration in the *NYT* piece, however. Instead, the population is presented as unhygienic in a way that assumes hygiene to be a universal and standardized value, achieved (or not) solely by individual choice and entirely disconnected from politics or even economic conditions. (We never learn *why* Kibera is an impoverished community, for instance.)

This portrayal is strikingly reminiscent of the racist ideologies that scaffolded European colonialism where "Natives" were seen as "naturally" dirty, degenerate, and diseased (Anderson 1995; Vaughan 1991). Waste and shit index abject, disposable life, the "dysselected" non- or subhuman who is epitomized as Black within Man's self-representation (Millar 2020; Wynter 2003). In the *NYT* article, the dirtiness of the racialized body and the pestiferousness of the environment are most vividly conjoined in the image of a "black river." The section of the article titled "Poor Sanitation, Rampant Disease" opens with this florid prose: "There is no escaping human waste in Kibera. It oozes from shallow, hand-dug latrines, pools into rivulets and finally builds into a black river" (Jacobs and Richtel 2019, para. 18). By combining images of a black river, brown shit, and dark-skinned bodies, the language of the article layers anti-Black tropes that, together with depictions of ignorant practitioners and risky practices, discursively reinforce the disposability of Black lives.

Shit Voyeurism

Such pervasive references to shit reproduce racist and colonial ideologies, but they do other work as well. They also summon "racialized, gendered relations of looking and seeing" (Nakamura 2008, 29) to make up (Hacking 1999) a particular kind of subject-reader—one whom I dub the "shit voyeur." This voyeur is produced by the affective ambivalence of such scenes. On the one hand, there is a sense of disgust and repulsion: the imagery of shit "oozing" and "pooling" is likely meant to be experienced as viscerally repugnant. At the same time, the reader is invited to partake in the consumption of this shit. While the images may shock, they do

so in a way that has become predictable, perhaps even pleasurable. Much as Susan Sontag once wrote about photographs of others' suffering, the "image as shock and the image as cliché are two aspects of the same presence" (2003, 23). For shit voyeurs—that is, for those of us who consume liberal, mainstream US news—disgust and pleasure may also be conjoined in such a way.

The ambivalence of shit voyeurism can perhaps be better grasped through psychoanalytic approaches to disgust, rather than through the structural framework that Douglas employs. For instance, Julia Kristeva's (1982) notion of the "abject" entails a violent repulsion of that which threatens the boundaries of the subject.[9] This happens when something that has been cast off—and yet is barely separate—threatens to encroach upon the subject once more. A common example of abjection is the response of horror that one might feel when seeing a corpse, as this is a reminder of one's own inevitable death. With regards to dirt and hygiene, Kristeva maintains that "it is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite" (1982, 4). While Douglas's structural approach relies on a strict binary between dirt and purity, Kristeva's deployment of abjection incorporates and accommodates a sense of ambivalence and the possibility that the subject may be attracted and repelled simultaneously. This orientation can help us account for our own practices of shit voyeurism as consumers of US news, allowing us to better understand how the sprawling garbage heap in the article's headlining image might compel a readership, drawing in busy people with short attention spans, even as it also repels, eliciting disgust.

It is no coincidence that another central villain of the *NYT* piece is the figure of the mother. The mother features prominently in Kristeva's (1982) accounts of abjection as that which, having created us, we must then cast off to form our own identity. Consequently, the ferocity with which we love mothers is easily transformed into the ferocity of condemnation, blame, and disavowal. What Kristeva's psychoanalytic approach does not fully address, however, is how these scenes of ambivalent abjection are *racialized* (Hartman 1997), taking particular aim at Black motherhood (Roberts 1998; Spillers 2003). To understand the simultaneous repulsion and desire of the shit voyeur we need to recognize this subject position as being one of Man's making (Wynter 2003). In Wynter's explication of genres of the human, women too are seen as naturally "dysselected" in relation to Man's over-representation of his own "descriptive statement": his projection of his self-image onto both nature and the cosmos (262). It is from the perspective of Man-the-shit voyeur that such misogynoir (Bailey 2016) comes to be directed at the mothers in this *NYT* article, mothers whose poverty, femaleness, Blackness, and third-world status overdetermine their exclusion from full human status (Millar 2020).[10]

One such mother in the *NYT* article is Ms. Mbone, who has a perennially sick newborn son. Mbone explains that her challenge has been the prohibitive cost of medical bills, which have amassed to almost an entire year's salary for her husband, who works as a bus station porter. Although Mbone does not believe that her son's problems can be reduced to the "unsanitary conditions" of their neighborhood, the authors brush aside her concerns, writing, "epidemiologists and public health experts who have studied Kibera say there is a direct correlation between the community's poor hygiene and the infections that stalk nearly every household" (Jacobs and Richtel 2019, para. 23).

Even before this Scientific rejection of Mbone's situated knowledge (Haraway 1988), the authors have set the scene by pointing out how her family is enmeshed in dirt and shit. They write about how "Ms. Mbone and her husband have become inured to the sight and smell of untreated sewage that flows in front of their one-bedroom shack," so much so that these parents sometimes allow their three-year-old daughter to play "frolicking in the muck" (Jacobs and Richtel 2019, para. 20). To drive home the point, a prominent image shows Mbone washing clothes in what has been described earlier in the article as a "sewage canal" behind her home. Another image depicts a group of women doing laundry near a stream, with the caption, "Washing clothes in a stream polluted with sewage. Human waste is unavoidable in Kibera" (Jacobs and Richtel 2019). These misogynoir-istic representations (Bailey 2016) depict mothers as conduits for shit, responsible for sickening their own children by exposing them to dangerous contagions. Blackness itself comes to appear as contagion as the (white) reader-viewer is reminded of the threat these actors pose to antibiotic efficacy, a threat that may sicken them as well.[11]

Bringing home this point, the *NYT* article concludes with one more photograph of garbage. Here, another mother, carrying her two-year-old daughter and followed by her five-year-old son, is walking on a narrow earthen path between two clay and corrugated iron homes. The path is completely overlain by waste, and they are heading towards the sprawling trash heap depicted in the article's cover image. It appears that this family will have nowhere else to go once they exit the narrow corridor they are heading down. Meanwhile, the path is hemmed in on both sides by clay walls that seem to be closing in around the family, bulking and swelling like monsters threatening to engulf them. On the left side of the image, we can see the corrugated-iron roof of the home, itself covered in refuse. There is a plastic bag perched near the edge, perhaps a "shit toilet" that has yet to be ejected. The combined effect of these elements is a visceral sensation of claustrophobia and disgust: it seems as if the family is about to be swallowed up by a combination of dirt, trash, and shit, with the mother leading the way.

The little boy, who appears closest to the viewer, has turned his head partially around, as if looking back towards us. His turning seems almost to be imploring us

to respond. The image interpellates Man-the-shit voyeur as white savior, crafting whiteness and the white gaze as outside the scene. We can read this appeal through the racialized grammar of humanitarian reason (Benton 2016) and its moral economy of childhood. As Didier Fassin writes about HIV/AIDS in Africa, when children are rendered innocent, their parents—and especially their mothers—begin to seem all the more guilty: "In the end, blame devolves onto the dominated" (2013, 129). Further, the logic of compassion that such images of children may invoke is far from altruistic.[12] Being a manifestation of relations of political domination, compassion is frequently mobilized—as it is in the *NYT* piece—*rather than* invoking concerns for social justice (Fassin 2012, 222). As I elaborate below, the article instead implores us to protect and defend vulnerable, abused, and imperiled *drugs*. We are asked to partake in a moral economy of antibiotics in which pharmaceuticals have come to occupy the structural position of the child—the position of innocence and purity—in the grammar of humanitarian reason. The *NYT* narrative thus prioritizes the saving of medicines over the saving of (Black) lives, the protection of drugs' efficacy at a cost to (Black) lives.

This concern with saving antibiotics elucidates why shit and dirt are constantly referenced throughout the piece. The drugs themselves are the matter-out-of-place, indicating the violation and transgression of category boundaries (Douglas 1966). The dirt, refuse, and shit serve as *indexes* for this other category violation, for the presence of pharmaceutical practices out of place. The "misuse" of such drugs appears as a threat to the global health order. Mothers who give their sick children antibiotics without prescriptions and pharmacists who lack medical degrees are rendered sources of contagion in the same way as shit. Recall that Otieno's practice violates the very category of "medical," with his posters being described as medical while his apprenticeship is translated into "no training at all." It is this kind of category violation that explains why so much shit is present in the article and why reader-viewers have been made into shit voyeurs. All pharmaceutical use in the Kibera community is condensed into the symptom of "lack of hygiene," indexically referenced by shit as matter-out-of-place.

"All of Us Are at Risk"

The overarching message of the *NYT* article, then, is that the Kibera community is at fault for their own affliction and death; they are to blame for the antibiotics' ineffectualness. Their "lack of hygiene"—and the category violations that indexes—is revealed as the true source of the "global threat" of antimicrobial resistance. Put differently, *they are a global threat.* As Guy Palmer, a professor of infectious disease at Washington State University, expresses in the piece, "we can't effectively mitigate the growing problem of antibiotic resistance without dealing with places like Kibera" (quoted in Jacobs and Richtel 2019, para. 11). We might then ask, what are places *like Kibera*? Based on its portrayal in this article, one could conclude that places "like Kibera" are places which are full of shit. *Shitty places*.

As I write this, it is impossible not to recall the infamous words of former US president Donald Trump, who remarked that African nations (as well as Haiti and El Salvador) are "shithole countries." He allegedly made this statement on January 11, 2018, when speaking with members of the US Senate about protections for immigrants. The *Washington Post* reported that Trump asked senators, "Why are we having all these people from shithole countries come here?" (Dawsey 2018). The *NYT* coverage of this scandal referred to Trump's remarks as "racially tinged" and reminiscent of his prior racist remarks, including his assertions that all Haitians have AIDS and that Nigerians who relocate to the US will "never go back to their huts" (Davis, Stolberg, and Kaplan 2018).

It stretches credulity to imagine that there is no semiotic connection between Trump's "shithole countries" remark and the *NYT* article the following year portraying Kibera residents as mired in shit. This connection does not have to be intentional to be impactful. Reading these media representations as intertextual, we begin to see a larger story emerge: Africans are equated with shit and shit itself is a threat, to be kept out (Trump) or managed (*NYT*). As Lucy Suchman (2016) reminds us, mediated imaginaries have tangible, material effects even when they are wildly inaccurate (see also Alenichev, Kingori, and Peeters Grietens 2023). As material semiotic actors, these media performatively enact both an "us"—who become (white) shit voyeurs—and an Other—residing in "places like Kibera"—who become racialized risks, threats, and ultimately, targets.

Dr. Palmer, the infectious disease professor, is also quoted in the *NYT* piece as saying that there "are a billion people living in similar situations" to those in Kibera and, as a result of their unsanitary conditions, "all of us are at risk" (Jacobs and Richtel 2019, para. 11). The Kibera community's very existence—including its minor empiricisms and fugitive sciences—is interpreted as a risk for "us," with "us" understood as rational Man in the Global North. Such discourses entail an operation of racialization that "makes it possible to identify and define population groups in a way that makes each of them carriers of differentiated and more or less shifting risk" (Mbembe 2017, 35). As a result, even though we learn of life-threatening challenges facing members of the Kibera community, it is "us" who appear as the ones in danger by the conclusion of the story.

This rhetoric indexes a larger phenomenon, beyond the realm of global health reporting. Trump's comments enact an anti-Blackness that lumps together all non-Euro-Americans, associating them with contagion (Haitians with AIDS) and shit ("shithole countries"). Similarly, the *NYT* article continuously slips between non-Euro-American places and peoples, including "Kibera residents," "developing world," "Nairobi," "Kenya and other emerging economies," "Kenyan children," "densely populated settlements like Kibera," "Africa," "the world's poor," "poor Kenyans," "one of Africa's largest slums," "Africa and Asia," "places like Kibera," and "a billion people living in similar situations" (Jacobs and Richtel 2019). It would

seem to make no difference at all if this were an article about Delhi residents, rural Nigerians, Brazilian children, or emerging economies writ large. It is the fact that they all appear dysselected—by evolution or the market, race or poverty (or both)—that allows them to be lumped in this way, rendering them apart from the full human status granted to Man (Wynter 2003, 317). As a result, nothing whatsoever need be said about the specificity of Kibera, Nairobi, or Kenya.

But place matters. At first, the newly post-independence Kenya pursued state-driven capitalist development, which stressed "medical modernization" (Ombongi 2017). It achieved enormous increases in access to biomedical care during the 1960s and into the 1970s, only to face a near collapse of government health infrastructure by the early 1980s. This fallout was a result of several converging factors in East Africa: the end of the Cold War, growing national debt, an international oil crisis, global economic depression, and the rise of neoliberal economic ideologies (Dilger 2012). The structural adjustment policies conditioning loans from the International Monetary Fund and World Bank required severe reductions in national budgets for healthcare, privatization or cost-sharing for medical services, and unfettered markets that became flooded with cheap—and often counterfeit—pharmaceuticals throughout much of Africa (Meek 2023b; WHO 2017). An earlier notion that the state should be charged with protecting the health of its citizenry was replaced with the rhetoric of consumer-driven choice and the value of the free market to address healthcare needs. In Kenya, "the government health institutions simply buckled…Overcrowding and acute shortage of drugs became the norm not the exception in government health facilities" (Ombongi 2017, 365). These developments precipitated a shift away from international medicine—which emphasized primary healthcare and sought to build up national health infrastructures through development—to global health—a fragmented conglomeration of nonprofits and private-public partnerships that have instead prioritized efforts to reduce the "burden" of specific diseases (Biehl 2016).

The apparently unregulated and dangerous nature of pharmaceutical markets in "places like Kibera" is therefore a result of political economic formations, including colonialism, neoliberalism, and racial capitalism (Benton and Dionne 2015; Meek 2024). It is simultaneously a function of these very ideologies that this context is concealed, leading to accounts of biomedical use in contemporary Africa in which the entirety of the problem appears to reside in dirt and shit, ignorance and disorder. Even Marc-Alain Widdowson at the CDC frames it this way, as he is quoted saying, "a lack of sanitation leads to more disease, which leads to higher antibiotic use, which leads to greater resistance…It's a vicious cycle" (Jacobs and Richtel 2019, para. 25). To address the issue of "the community's poor hygiene," Widdowson has conducted "surveillance work" in Kibera since 1979. In the following section, I consider the role of such "surveillance

work" in global health, demonstrating how it is fundamentally racialized despite never mentioning race explicitly.

War

Theorists of globalization have pointed to an internal contradiction in the very notion of the "global." On one hand, the global invokes unfettered borders, increased commerce, international migration, and instant connection between geographically distant places. On the other hand, today's world is also characterized by an increase in the production of borders, walls, and gated communities—from the US-Mexican border to gated communities in South Africa (Brown 2010; Ferguson 2006; Mbembe 2019). Within the realm of global health, there are similarly "incongruent visions of the global" (Peckham 2018, 191). This often manifests as a tension between humanitarian biomedicine, which espouses a common humanity and access to essential medicines as a human right, versus global health security, which prioritizes surveillance to protect wealthy countries from emerging infectious diseases elsewhere (Lakoff 2010). It is quite telling, then, that deputy director Widdowson's research in Kibera is described as "surveillance work" in the *NYT* piece.

Contemporary practices of health surveillance in the United States grew out of nineteenth-century developments, when the nation began implementing systematic border controls, partially due to fears of racial Others carrying infectious diseases—much like Trump's statement about Haitians having AIDS. The increasing use of surveillance technologies in US-led global health interventions today—for instance, via drones and satellites—can be understood as a formation of US imperialism that enacts "an outward extension and reinscription of the nation's borders on the 'front lines' of the 'war' against infectious disease in the developing world" (Peckham 2018, 192).[13] Meanwhile, knowledge that is produced in this way—by employing the same logics and grammars as warfare—functions to extinguish that which it targets; such knowledge is "destined to destroy rather than preserve the forms of lives at which it aims its focus" (Chow 2006, 41; see also Meek 2024; Terry 2017).

The invocation of the logics of war are not always subtle in the *NYT* article. Embedded within the online article is a link to a nine-minute video, titled "Revenge of the Bacteria: Why We're Losing the War," with a caption that warns, "Bacteria are rebelling." The associated image is also striking: against a bright orange background looms a gigantic white mouth, gaping open and full of brightly colored capsules and tablets of various shapes and sizes. The gaping mouth seems to be moving towards us in a menacing way and the pills appear almost like bacteria—their sizes and shapes resembling microorganisms and subtly reminding us that mouths are receptacles for bacterial grow. In this visual pun, the "revenge of the bacteria" takes the form of drugs which, having become impotent, turn into invading microbes.

As one scrolls through the online article, this video is positioned directly after the words "all of us are at risk" (Jacobs and Richtel 2019, para. 11) and directly before the words "Worldwide, resistant pathogens already claim 700,000 lives each year" (para. 12). The video—which represents rising antimicrobial resistance as a war—is thus bookended by references to how reader-viewers themselves are potential victims in this global battle. Read in the context of the larger article, Man-cum-shit voyeur is invited to recognize himself as a victim of the "misuse" of antibiotics by Kibera residents. If "places like Kibera" are fomenting a war that puts our (white) lives in danger, does it not then follow that the people in Kibera are our enemies?

This video is part of a larger visual infrastructure operating across several registers to produce a pervasive and generalized sense of fear, anxiety, uncertainty, and risk among (white) US publics. This regulation of affect reflects profound transformations in the definition of health over the past century. As Joseph Masco puts it, "Health as an absence of disease or anxiety is long gone"; instead, in the atomic age, we negotiate "degrees of contamination," "degrees of anxious association," and "degrees of escalating risk" (2010, 152). Such existential anxieties have been further reinforced by the normalization of the body as inherently ill (Dumit 2012) and by the ways that pathogens have become weaponized in warfare, leaving the public with "a terrified sense of being quietly and covertly attacked at the micro level by new and more virulent mutating germs" (Terry 2017, 26).[14] Given this broader context, readers of the *NYT* article will likely have already internalized a notion of pervasive risk and generalized insecurity, priming them to accept the messaging that they are under threat from yet another nebulous (and racialized) danger.

The video's narrator explains that *NYT* reporter Matt Richtel has been interviewing health experts to "find out if we are reaching the end of the antibiotic era." We are warned that "modern medicine depends on the antibiotic" but that "having used it so much, we are now putting it at risk" (Bracken, Richtel, and DeKornfeld 2019). Here we are oriented towards the threatened antibiotic and the horizon of an "antibiotic era" that is ending. This orientation not only constructs an object (the endangered antibiotic) but also the subject who orients towards it—those at-risk shit voyeurs asked to imagine the encroaching horrors of a world without "modern medicine" (Ahmed 2006).[15] Further, a particular world is brought into being here, a world always invoked as "the" world. "The world" orients us towards a (white, colonial) totality which can be grasped by Man alone: it is only ever invoked in the *NYT* article when referring to "the Moderns" (Latour 2010) and their institutions, as in the phrase "the world's leading medical institutions" (Jacobs and Richtel 2019, para. 37).

Ironically, the scientists interviewed in the video locate the most virulent source of antimicrobial threat elsewhere—within our own practices. They point out that 80

percent of the antibiotics used in the US are in agriculture and that this industry is so powerful that (unlike in Europe) industrial farms are not required to allow health officials access to investigate outbreaks of antimicrobial-resistant bacteria (Bracken, Richtel, and DeKornfeld 2019). Given the immense reliance on antibiotics in industrial agriculture in the Global North (Blanchette 2020; Landecker 2023), it is worth considering why there is not similar "global" health reporting on the risky behaviors and entrenched cultural practices of industrial scale agribusiness owners in the United States.[16] Granting Man a rationality we deny to racialized Others, we can more easily recognize that the decisions of American agribusinesses are likely informed, knowledgeable, and driven by something like rational self-interest (and the capitalist imperatives of accumulation). The fact that it is so easy to imagine Africans as lacking in these same qualities has to be understood, I argue, as a form of racist and colonial epistemic violence that continues to shape the very contours of the thinkable in contemporary global health (Denyer Willis, Kayendeke, and Chandler 2023; Vaughan 1991).

The scientists' message is at odds with the narrative of the article in which it is embedded, but by the video's conclusion viewers are once again reoriented to the logic of global health security. Rather than make an appeal for political reform of US agribusiness—let alone entertain the possibility that our own lack of hygiene might be contributing to the deaths of people elsewhere—the video concludes with the following warning: "Unless *the world* acts consistently together, it doesn't make a difference" (Bracken, Richtel, and DeKornfeld 2019, emphasis added). "The" world reorients us towards the univocity of the sphere once again, to the white-washing of history and political economy, to Man's over-representation of himself as simultaneously all that is (human) and yet none to blame.

The Logic of the Spherical

The spherical logics of global health insist upon the surveillance of Others' practices, even after having briefly alighted on the shit in our own backyard. This is perhaps one of the metaphysical feats enabled by Man's creation of the world-as-sphere. Elaborating on Heidegger's concept of the world as picture, Sloterdijk (Sloterdijk and Butler 2009, 31) argues that the "geometricization" of the world in the form of a sphere is the central idea of modernity, "the decisive deed of the early European enlightenment" (2009, 31). The world-as-sphere helped to birth the concept of Man, the figure who fancies himself able to stand (seemingly like God) outside or above the sphere and contemplate its totality: "The affair of Western reason with the totality of the world is created and unfolds in the symbol of the geometrically perfected round form" (Sloterdijk and Butler 2009, 30).

Sloterdijk argues that one legacy of the world-as-sphere is that the concept of multiplicity became philosophically inferior to that of rounded, singular, perfected unity (see also Mignolo 2018). Similarly, Wynter (2003, 299) notes that while an earlier notion of the human as Christian at least recognized the diversity of other

gods (even if they were assumed to be false ones), it was with the advent of secularized and biocentric Man that no other notion of the human could even be conceived.[17] As Man came to perceive himself as the whole of humanity, he simultaneously maintained the illusion that the world-as-sphere is a totality *and also* that he could stand outside of it, peering down, with a unidirectional gaze that *cannot be returned*. Recall Otieno, the pharmacist whose practice is denied the qualifier "medical," muted as knowledge, because he belongs to "places like Kibera," to the "developing world," rather than to "the" world. As Achille Mbembe has put it, "In modern consciousness, 'Africa' is the name generally given to societies that are judged impotent—that is, incapable of producing the universal and of attesting to its existence" (2017, 49). As such, Otieno cannot stand outside of the globe and declare what is. This is a "God trick" (Haraway 1988) that Man reserves for himself, making it possible for Science to be weaponized against minor empiricisms and fugitive sciences, so that others' knowledge is disregarded or, worse, understood as a threat to be eliminated. Health and medicine practiced outside certain parameters becomes seen as a dangerous category violation, one indexed in the *NYT* article by pervasive references to dirt, refuse, and shit, turning Man into a shit voyeur who floats, seemingly blameless, above the world he has devastated.

The univocity and power of the sphere orients not only media representations of antimicrobial resistance today, but also concrete global health interventions. Recent years have seen an outpouring of concern on this topic from the WHO, accompanied by declarations that the rise of antimicrobial resistance is one of the "greatest challenges" to global health today. Dr. Margaret Chan, former Director-General, has pronounced that "*the world* is heading towards a post-antibiotic era, in which many common infections will no longer have a cure and, once again, kill unabated" (2011, emphasis added). Notice the invocation of "the world" here, as well as the assumption that everyone lives in *that* world, one in which common infections do not and have not already been killing unabated. Perhaps the greatest conceit of "the" world—or "the" globe in global health—is that it seems to include everyone even while it actively cancels those who reside elsewhere (Mignolo 2018). Seen in this way, global health regulation can be read as continuous with war (Meek 2024; Terry 2017; Yates-Doerr et al. 2023). This is a militarized biopolitics that seeks to destroy epistemological and ontological differences when they resist incorporation into a liberal imaginary of "the world."

Critical studies of global health security and international health reporting must do more to address how these (neo)colonial dynamics reproduce not only staggering economic disparities but also global white supremacy (Abimbola and Pai 2020; Alenichev, Kingori, and Peeters Grietens 2023). This is particularly true with regards to health reporting and interventions in Africa, where racism and anti-Blackness are often presumed not to be relevant (Pierre 2013).[18] But, just as with development and humanitarianism (Benton 2016; Pierre 2019), global health security and its media coverage is fundamentally *racialized*. Pathologizing,

misogynoir-istic media portrayals and their consumption by the white gaze of the Man-cum-shit voyeur contribute to an economy of life in which necropolitical processes disproportionally expose racialized bodies to disease and death.

The racialized logics of the spherical and the shit voyeur are central technologies through which particular places and practices (e.g., African "slums," "unruly" medical practices) become seen as threats to "the whole," while other (white) "risky" practices (e.g., American overconsumption of antibiotics) do not evoke the same concern.[19] This racist framing hides where and how health threats are actually generated, figuring African consumers rather than American industries as loci of risk. In this way racialized media narratives not only fail to accurately represent medical concerns elsewhere but also perpetuate existing forms of biomedical hegemony and/as white supremacy. These racialized grammars manifest across textual, visual, and filmic registers, building on one another to dehumanize the Poor, the Black, the (Black) Mother, and the whole "archipelago of Human Otherness" (Wynter 2003, 321). They form a mode of biocommunicability around health in Africa today—enacted across the political spectrum, from the *New York Times* to Donald Trump to the WHO—that is murderous in both its anti-Blackness and its ethico-onto-epistemic violence.

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Notes

[1] The piece first appeared in print on April 7, 2019, in the New York edition, with the headline "Miracle Drugs, Misused, Do Harm to Kenya's Poor." It was also published online—in the Deadly Germs, Lost Cures series—with the revised title "In a Poor Kenyan Community, Cheap Antibiotics Fuel Deadly Drug-Resistant Infections."

[2] My research focuses on pharmaceuticals in the Southern Highlands of Tanzania where complexly nuanced understandings of the characteristics and uses of drugs circulate widely and constitute a form of knowledge that at times includes, but also transcends, that of biomedicine and global health (Meek 2023a; Neely and Meek 2024).

[3] For Karen Barad (2007, 90) the term "ethico-onto-epistemology" captures the inseparable entwining of value, being, and knowledge. I use it to gesture towards the interconnections between pharmaceutical knowledges (e.g., the *NYT*'s Science versus fugitive science), ontologies (e.g., counterfeits), and the various values attributed to these contested drugs.

[4] In making this argument, I refer to "whiteness" and "racialization" not as identity markers or fixed categories, but rather "as a set of sociopolitical relations that striate subjects according to the degree to which they conform to Man and are thus granted (or not) full human status" (Millar 2020, 9, drawing from Wynter 2003). It is in this way that the *NYT* reader-viewers—as shit voyeurs—are structurally white.

[5] I follow Banu Subramaniam and Angela Willey (2017, 10) in distinguishing between "Science" as knowledge practices legitimized by official institutions and apparatuses versus "science" as a more capacious term that includes other empirical ways of knowing. See also Mavhunga 2017.

[6] I understand racial capitalism to refer to the process by which capital accumulation racializes—creating, intensifying, and/or naturalizing racial (and other) distinctions—to enable and justify economic exploitation, including the ongoing dispossession, indebtedness, and underdevelopment of the African continent (Bhattacharyya 2018, 5). Although conceptually developed by Cedric Robinson (1983), the term *racial capitalism* originated in Africa as part of the struggle to end South African apartheid in the 1970s (Jenkins and Leroy 2021, 4).

[7] Although beyond the scope of this article, such pharmaceuticals are at times also deployed in ways that exceed biomedical diagnoses—such as, for instance, being used to palliate ulcers caused by grief or cool down the heat of bewitchment (Meek 2020; Neely and Meek 2024). These uses too entail ethico-onto-epistemologies that are reduced to "ignorance" and "misuse" in the colonial grammars of global health reporting.

[8] In her later work on natural symbols, Douglas also maintained that the binary structure of purity and dirt had direct implications for the symbolism of bodily processes like defecation: "Social intercourse requires that unintended or irrelevant organic processes should be screened out…Therefore all such physical events, defecation, urination, vomiting and their products, uniformly carry a pejorative sign for formal discourse" ([1970] 2003, 79–80).

[9] Kristeva devotes a section of *The Powers of Horror* to engaging Douglas's work. She explores the relationship between social structure and what she calls the "psychic-symbolic dimension," asking, "what desiring motives are required in order to maintain a given social symbolics?" (1982, 67).

[10] The term *misogynoir* was coined by Moya Bailey (2016) to refer to the specific forms of representational violence directed at Black women in US media and popular culture. Misogynoir "is a combination of *misogyny*, 'the hatred of women,' and *noir*, which means 'black' but also carries film and media connotations" (Bailey 2016, 2).

[11] Thank you to reviewer 2 for this incisive point about Blackness being rendered contagion (a kind of "shit" itself) in both the realm of social reproduction (e.g., bad mothers harming their innocent children) and in the case of antibiotics (e.g., Africans polluting global antibiotic ecologies).

[12] Writing about images of suffering, Sontag maintains that "so far as we feel sympathy, we feel we are not accomplices to what caused the suffering. Our sympathy proclaims our innocence" (2003, 102). As with shit voyeurism, the elicitation of sympathy conceals the viewers' own culpability, invisibilizing colonial legacies and the ongoing predations of racial capitalism.

[13] During the 2014–15 Ebola epidemic in West Africa, for instance, satellites were used to identify "disease hotspots," targeting them like a kind of "precision warfare" (Peckham and Sinha 2017, 26). The satellite images that saturated media coverage of this epidemic "serve[d] to reinforce stereotypes of Africa as a place of dark secrets—of latent threats—which call forth a corresponding effort of exposure and enlightenment…In so doing, it directs our gaze away from socioecological complexity to targeted objects" (31).

[14] Joe Dumit (2012) argues that the normalization of the body as inherently ill has been driven by the pharmaceutical industry's attempts to "grow" markets for medicine by increasingly treating risks for diseases as themselves disorders in need of treatment. Wellness remains elusive since "no matter how much risk we reduce, we still have 100 percent risk of dying" (Dumit 2012, 24), which means that there is potentially no limit to the medicalization of risk or the anxiety this provokes.

[15] As Sara Ahmed elucidates in her work on queer phenomenology, "objects become objects only as an effect of the repetition of this tending 'toward' them, which produces the subject as that which the world is 'around'" (2006, 120).

[16] See Hannah Landecker's (2023) analysis of the medicated feed industry in the US and how it remakes metabolic relationships between humans and animals. For an ethnographic account of human exposure to antimicrobial-resistant bacteria in (and beyond) agribusiness in the US, see Alex Blanchette's (2020) work on American factory farms.

[17] Wynter writes, "While, as Christians, Westerners could see other peoples as also having gods (even if, for them, necessarily 'false' ones as contrasted with their 'true' and single One), as subjects defined by the identity Man, this could no longer be the case. Seeing that once its 'descriptive statement' had been instituted as the only, universally applicable mode of being human, they would remain unable, from then on until today, of (to paraphrase Lyotard) conceiving an Other to what they call human" (2003, 299).

[18] As Jemima Pierre insists, "The very production of 'Africa'—its colonial history, its geographical, political, and cultural mapping, as well as ongoing discursive configurations of the continent's incorrigible difference—occurs through ideas of race" (2013, 5). She also demonstrates how much of contemporary Africanist anthropology fails to recognize this, perversely reinforcing Africa's racialized Otherness as a result (198–207).

[19] Thank you to reviewer 1 for this insightful framing.

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