

## Liberation After/life: Narrative Connectivity and Black Women's Cancer Mortality

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### Abstract

This article discusses Black feminist resistance to the ways in which cancer discourses, conflating plasticity in Zakiyyah Iman Jackson's sense with neoplasticity, pathologize Black femininity. Focusing on Audre Lorde and Henrietta Lacks, this article argues that, though both women died from cancer, they also haunt the present moment by living on through community, both family and the lives they have touched from a distance, through writing or through cells, through time and space. Ultimately, this haunting offers a kind of liberation from the pathologizing hegemony of racial and gendered capital that contributed to their cancer in the first place. Even death cannot break such connections.

### Keywords

Blackness, cancer, mortality, afterlives, interconnectedness

In the eyes of the state and its systems of white supremacy, Black women are presented as dangerous, as life outgrowing the limits of white definition, as refusing to follow rules. Black women's survival, let alone thriving, is described as aberrant, malignant, in the face of structures grounded on the oppression of Black women and the extraction of their flesh as a resource to be contained and controlled. From this racist perspective, it's easy for doctors to blame Black women when they get cancer, relying on the language of racialized predisposition or innate biological differences. But, from the perspectives of Black women facing cancer, their illnesses are inextricably caught up in the violences of structural racism. Under a racist healthcare system, where doctors train by studying what diseases look like on white skin and use guidelines informed by blatantly racist

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assumptions, care from prevention to diagnosis and treatment is regularly delayed or denied to Black women, unless it's in service of research that might benefit white women. As Deirdre Cooper Owens explores in *Medical Bondage: Race, Gender, and the Origins of American Gynecology*, Black women's stolen labor, stolen bodies, and stolen flesh have laid the foundation for contemporary gynecologic care including gynecological oncology. Meanwhile, Black women are dying of cancer way too often, and way too quickly. Discussions of liberation usually rely on hope for a future. What, then, does liberation look like when one knows one won't survive? And what does liberation in the face of death look like when death itself is racialized?

I want to discuss the lives and after/lives of two twentieth-century Black women who, though they died from cancer, still live on through connections to others, especially other Black women. Audre Lorde's writing reaches across decades and death itself to forge connections with Black lesbians who knew Lorde in life as well as those who weren't born until after she passed away. Through the medium of Lorde's work—her cancer narratives, poetry, and essays—deep moments of mutual care, empathy, and love become untied from time, freed from the necessity of continued embodiment to continue the work of liberation through connection. And Henrietta Lacks touched not only the lives of her large family, especially her children, but also, the grandchildren who continue her legacy, though she did not get to meet them. Her after/life is much more complicated than Lorde's because, where Lorde put her words out into the world, Lacks's cells were stolen by racist doctors, and her legacy only came to light decades later. But many of her relatives explain that the effects of her cells' survival—life-saving medical care—are very much in line with the kinds of care work she was known for in life. To her family, then, death not only freed her from a painful illness, it gave her an opportunity to take back control of her tissue from researchers and continue to show her love by caring for people across the world. Though in one sense this narrative sees Lacks and her influence reduced to the remnants of her cancer, grown in labs across the world, in another, it reads as a liberation narrative for a family haunted by racialized medical abuse. To see Lacks in every life she saved is to give her some agency in and in spite of her death, thereby also giving her the credit, honor, and gratitude she is more than due. Then it's not so much in the cultures of her stolen cancer as in the story her family tells that Lacks lives on. For Lacks, as for Lorde, narrative itself offers a kind of after/life that is potentially liberatory. Of course, this narrative falters in the face of how the cures, preventative vaccines, and other medical miracles Lacks's cells have borne are still distributed by a structurally racist healthcare system in ways that prioritize rich and white families while it is far, far harder for members of her family themselves to access the love their mother's cells offer from beyond the grave.

## (over)growth

Too often the conversation around Black women dying of cancer erases them by either romanticizing their lives, erasing their pain and oppression in the process, or foreclosing any possibility of liberatory work in the face of, or following, a death foretold. Somewhere in between these two extremes, a nuanced argument can be made for a kind of liberation from the twin violences of conquest and cancer in the diasporic movements of care, work, and love.<sup>1</sup> Stories told and poems written, loved ones' memories blur the borders between life and death. Rather than arguing that death itself is liberating, I want to spotlight how the connections Black women form with each other both before and—mediated by text, memory, or cellular culture—after death still gesture toward a liberatory collectivity. It is in between individuals, in relationships and gatherings where love lives. Such networks or webs of love cannot fully be killed or conquered, so long as they keep growing, keep forming connections, so long as Black women love and are loved.

Cancer is frequently viewed through a strictly biological lens as aggregates of cells growing too fast, evading immune responses, growing their own blood supplies and spreading. The language of malignancy is one that functions on several levels as dry jargon of dysregulation, neoplasia, and poor differentiation but also as the language of unwelcome or undesirable forms of growth and colonial attempts to conquer, fight, and win. In Sherwin Nuland's *How We Die*, a popular text exploring fatal illness in lay terminology, Nuland describes cancer as "malicious exuberance...continuous [and] uninhibited...a homicidal riot of devastation...the members of a barbarian horde run amok...with a single-minded purpose: to plunder everything within reach" (1995, 207). There's an uncomfortable resonance between the language of dangerous vitality applied to cancer and the ways in which the US government has both historically and contemporarily described Black people, especially during uprisings against racist violence such as the Black Lives Matter uprisings of 2014 and 2020. This practice of rhetorical violence also highlights the intersections between anti-Black racism and ableism by casting sick people as both victims and problems, foreclosing the possibilities of life, community, and liberatory work for Black people living with cancer. Cynthia Wu (2002) explores this element of cancer discourses in "Marked Bodies, Marking Time," in which they contrast Susan Sontag's approach to oppressive cancer metaphors to Lorde's. Sontag's response to "military metaphors" is to criticize the dual metaphoric implications of "physician...hero and...patient...battlefield" wherein "the patient often becomes the cancer or the enemy itself" and the corollary that "social problems are described as 'cancers' of the body politic," arguing that such military rhetoric is entirely problematic. In contrast, Lorde "finds a way in which to reclaim" this discourse, redirecting the metaphors such that patients are "the agent[s] and the discriminatory practices against women who have breast cancer—rather than the disease or the patient—is the target" (Wu 2002, 245–46). This critical intervention mimics discourses about the place and

function of militant rhetoric in liberatory struggles outside disability and illness contexts, which often follow the fault lines of colonial and racializing taxonomies, such as white political valorization of nonviolent resistance and denigration of revolutionary practices involving, as Malcolm X put it, “any means necessary.” As I write this, I’m currently sitting in the Indiana University Liberated Zone, where simply voicing support for the rights of colonized people to resist occupation and genocide has led to the arrests of fifty-five of my colleagues, who have been racially profiled and differentially punished based on the anti-Blackness of state and local police. This situation might seem unrelated to the subject at hand, but when Black people are considered violent threats for speaking truth to power, and the cops, in their retreat from our encampment, went out of their way to run over our medical supply tent, the linkages between anti-Black militarization, public engagement with disability and disabled people as part of the community, and institutional fear of the liberatory potential of rhetorical empowerment become starkly apparent in real time. As Wu points out, Lorde’s deployment of militant metaphors is specifically a means of embodying the communal and empowering nature of living as a person with a non-normative body caught up in racializing and gendering structures of oppression. Wu writes, “Lorde remakes her changed body into one that initiates her into a community of woman-centered warriors,” referring in part to the Dahomey Amazons who cut off their breasts for the sake of their military prowess, but also to her friends who care for and support her “though the hospital personnel have withheld support” (2002, 251). This community of warriors, linked to West African women’s strength specifically through embodied difference, calls into question the ways in which Enlightenment thought pathologizes communities via the interlocking taxonomies of race, gender, and ability. Specifically, as Zakiyyah Iman Jackson writes, “black female flesh’s death and debility historically and contemporarily arranges and capacitates Man and powers empirical science—Henrietta, Lucy, Anarcha, Betsey, Saartjie” (2020, 198). Lorde instead uses her illness to incapacitate Man and disempower empirical science by visibilizing these trends and the collective resistance she, her friends, and her sisters in the struggle for survival embody.

Jackson examines how Blackness is constructed as plastic, how “the fleshy being of blackness is experimented with as if it were infinitely malleable lexical and matter, such that blackness is produced as sub/super/human at once, a form where form shall not hold: potentially ‘everything and nothing’ at the register of ontology” (2020, 3). This mode of plasticity gestures towards the ways in which the middle passage degenders and divides Black embodiment into Spillersian flesh. It gestures towards carceral logics that fear Blackness as subhuman and violent. Lorde explores this construction in *A Burst of Light*, the journals from her last years with cancer. She wrote of research proclaiming there to be “no rampant hunger in the U.S.A. I wonder if they realize *rampant* means *aggressive*. So. The

starving old women...eat out of garbage bins. 'I only eat fruit,' she mumbled...while her gnarled Black hands carefully cut away the rotted parts of a cantaloupe with a plastic Burger King knife" (Lorde 2020, 85). Here Lorde redirects the plasticity often applied to Blackness back upon the violence experienced by Black women in the form of hunger, in doing so highlighting the ways in which Black women are mislabeled as the causes of their own struggles, as hunger, rather than hungry, plastic flesh. This plasticity simultaneously contributes to the medical construction of a Blackness that is superhuman and therefore ineligible for appropriate medical care, from breathing treatments to kidney transplants to pain control.<sup>2</sup> Plasticity has also contributed to the long history of medical research done on (often not consenting) Black people to develop standards of care and treatments that are then, primarily, made available to white patients, a cycle contemporary cancer researchers are trying to break. This cycle of medical exploitation and abandonment is exemplified by the story of Lacks, whose cells have saved countless lives while her family cannot often afford necessary medical care. Contemporary cancer researchers are trying to break these cycles of violence and benefit Black cancer patients rather than use them. For instance, Drs. Olufunmilayo Olopade and Michael Hall (2006) and Juliet Daniel and her lab (Basse-Archibong et al 2017; quoted in McDowell 2021) research the genetics underlying cancer disparities in ways that, without reifying biological race, focus on providing care targeted to the kinds of cancer most common in Black patient population, rather than hoping what works for white patients will work for everyone.

Cancer is itself (neo)plastic, which is perhaps why the logics of plasticity inspire, from the white colonial perspective, such fear of Blackness. But plasticity can be a mode of flight, too, in the multiple valences of liberatory movement, diaspora, and survival. For Jackson, plasticity, though a site of struggle and violence, is also home to "alternative conceptions of being and the nonhuman that have been produced by blackened people" (2020, 3). Tiffany Lethabo King frames a similar concept in the fungible: "as a Black fleshy analytic, I argue, Black fungibility can denote and connote pure flux, process, and potential." (2019, 23). It is this slippery sense of plasticity and fungibility—as multifaceted modes that have shaped and continues to shape Blackness—that acknowledges both the real violence of white (re)constructions of Black flesh and the potential for furtive, resistive, and alternative Black sculpture wherein structures of white supremacy become neoplastic, while Black plasticity offers survival new shapes in spite of and in the face of impending death from cancer.

These liberatory forms of fugitivity and fungibility, of engaging with the body as "pure flux, process, and potential" threaten the structures of white cisheteropatriarchy on which US healthcare is founded, as well as the complex interplay between neoplastic forces of white supremacy and capitalist production

of profitable flesh. Lorde critiques the way medical discourses, in the form of healthcare workers, patient advocates, and volunteers, police her embodiment postmastectomy for her unwillingness to conform, as much as possible, to expectations of a normative femininity that is more concerned with looking healthy than feeling healthy. Lorde describes this pressure of “socially sanctioned prosthesis” as “merely another way of keeping women with breast cancer silent and separate from each other” that impedes collective resistance against the structures of carcinogenesis such as the legalization of “carcinogenic, fat-stored hormones in beef-feed” (1997, 15). But Lorde also criticizes the way in which what healthcare workers see as looking healthy is a specific, white(ned) normative femininity. When Lorde goes in for postoperative care, her “first journey out since coming home from the hospital,” she celebrates and plays with her beauty, the particular beauty of a Black lesbian feminist survivor who now gets to relearn her body and how it feels to live in:

A friend had washed my hair for me and it was black and shining, with my new grey hairs glistening in the sun. Color was starting to come back into my face and around my eyes. I wore the most opalescent of my moonstones, and a single floating bird dangling from my right ear in the name of grand asymmetry. With an African kente-cloth tunic and new leather boots, I knew I looked fine, with that brave new-born security of a beautiful woman having come through a very hard time and being very glad to be alive. (60)

Lorde feels good about herself, until the nurse comments on her refusal to wear a prosthesis, and “looked at me urgently and disapprovingly as she told me that even if it didn’t look exactly right, it was ‘better than nothing...You will feel so much better with it on,’ she said. ‘And besides, we really like you to wear something, at least when you come in. Otherwise it’s bad for the morale of the office’” (60). Lorde’s own feelings of well-being are not sufficient to make her care team feel good about their work, because she’s embracing her “grand asymmetry.” For them to feel as though they’ve actually helped her in some way, she needs to perform a particular kind of femininity, the kind that, according to the plastic surgeons Lorde critiques, is only possible through “look[ing] decent in clothes” or “wear[ing] a normal bra or bikini,” either through surgical reconstruction or by wearing a prosthesis she never wanted in the first place, presumably that given to her by a volunteer from the American Cancer Society while she was still in the hospital (71). Significantly, this prosthesis was clearly made for a white woman, a “lambswool form...the strangest part of the collection...its blush, pink nylon envelope with a slightly darker apex.” When she tries it on, it feels “awkwardly inert and lifeless...having nothing to do with any me I could possibly conceive of. Besides, it was the wrong color, and looked grotesquely pale through the cloth of my bra” (44). To the medical establishment, Lorde’s actual well-being is secondary to the goal of corralling and

(re)constructing her body according to not only a rigid notion of feminine embodiment but also a white default against which her embodiment, and, by proxy, her well-being are judged. Her refusal to wear a prosthesis is also a refusal to constrain herself to symmetry, to white supremacy, to narrow gender expectations, and to the notion that surviving looks a certain way—namely, looks like “normal,” like nothing has changed.

### “broaden[ing] the definition”

Contrary to the conquest-hungry language of medicine, when Black people speak about their own cancers, the sense of who and what is plastic, who and what is *too much*, flips, exposing the ways in which cancer itself perpetuates colonial, racist violence. Against this background, then, Black fungibility offers the chance to reshape survival in the face of carcinogenic violence. Throughout *A Burst of Light*, Lorde emphasizes the ways in which cancer is just another form of the interlinked violences of racism, conquest, and misogynoir. She writes that “the struggle with cancer now informs all my days, but it is only another face of that continuing battle for self-determination and survival that Black women fight daily, often in triumph” (Lorde 2020, 83). Lorde reiterates this argument later in the journals, writing, “of course cancer is political—look at how many of our comrades have died of it during the last ten years! As warriors, our job is to actively and consciously survive it for as long as possible, remembering that in order to win, the aggressor must conquer, but the resisters need only survive” (132). Viewing survival as the way to combat systemic violence might seem an unreachable goal given “how many of our comrades have died.” But for Lorde, survival itself can be a site of Black feminine fungibility, where the struggle can be redefined on her terms, and where even death cannot silence her.

As she writes *A Burst of Light*, Lorde knows that she likely won’t survive in her body for much longer. But this does not lead her to give up the fight for survival on her terms. Instead, Lorde frames survival as a fungible, plastic opportunity to spread and share her writing and care for other Black women in global networks of mutual love. Her body becomes a tool in this struggle that she cares for on terms that allow her to fight, write, and win: “I must not surrender my body to others unless I completely understand and agree with what they think should be done to it. I’ve got to look at all of my options carefully, even the ones I find distasteful. I know I can broaden the definition of winning to the point where I can’t lose” (94). Saidiya Hartman, in her exploration of the relationship between performance and subjugation under enslavement, examines “encroachments of power that take place through notions of reform, consent, and protection [that] rather than bespeaking the mutuality of social relations or the expressive and affective capacities of the subject,...facilitated subjugation, domination, and terror precisely by preying upon the flesh, the heart, and the soul” (1997, 5). While Hartman writes about the performances of subjection enslavers demanded from

their captives, her argument that “such performances...made the captive body the vehicle of the master’s power and truth” resonates with Lorde’s experiences with the rhetoric of blame deployed against cancer patients, which highlight precisely how Black women are pressured to perform a particular role as both racialized and non-radical victims of cancer whose flesh is the problem, and whose hearts and souls must be corrected to treat that problem (Hartman, 1997, 8). Critiquing a doctor who argues that people get cancer because they aren’t sufficiently happy, Lorde asks, “Was I wrong to be working so hard against the oppressions afflicting women and Black people? Was I in error to be speaking out against our silent passivity and the cynicism of a mechanized and inhuman civilization that is destroying our earth and those who live upon it? Was I really fighting the spread of radiation, racism, woman-slaughter, chemical invasion of our food, pollution of our environment, the abuse and psychic destruction of our young, merely to avoid dealing with my first and greatest responsibility—to be happy?” (1997, 77). Lorde’s refusal to play this blame game and her refusal of prosthetics are two facets of her embodiment of resistance, her refusal to let her body be used as a vehicle for “the master’s power and truth,” to uphold the structures of violence and oppression that continue to harm and kill, extract and exploit. In making informed treatment decisions that prioritize her goals and in using fungible notions of survival to “broaden the definition of winning to the point where I can’t lose,” Lorde embodies the resistance of refusing to be the master’s tool so that she can continue her work to dismantle his house. In her dedication to live and die on her own terms, even if those terms were reached through fungibility under pressure, Lorde says fuck you to power, to cancer, and to the broader structures of racist violence that lead to so many Black women dying from cancer in the first place.

Lorde’s refusal to be subjugated, her immortality in work and words that reach through time to Black women today facing cancer, giving them something to hold on to, offers a liberatory sense of community not limited by the confines of late-stage cancer. Across time, space, and even beyond her own death, she calls out from her work to those who need her:

We all have to die at least once. Making that death useful would be winning for me. I wasn’t supposed to exist anyway, not in any meaningful way in this fucked-up white boys’ world. I want desperately to live, and I’m ready to fight for that living even if I die shortly. Just writing those words down snaps everything I want to do into a neon clarity. This European trip and the Afro-German women, the Sister Outsider collective in Holland, Gloria’s great idea of starting an organization that can be a connection between us and South African women. For the first time I really feel that my writing has a substance and stature that will survive me. I have done good work. I

see it in the letters that come to me about *Sister Outsider*, I see it in the use the women here give the poetry and the prose. (2020, 94–95)

Lorde manifests this commitment to living “even if I die shortly” in her work. Lorde’s writing becomes connective tissue, a manifestation of her care for her community that will outlive her. In this context, her dedication to writing up to the end of her life illuminates the ways in which her writing is itself made of love: “I want to live...with as much sweetness as I can decently manage, loving all the people I love, and doing as much as I can of the work I still have to do. I am going to write fire until it comes out my ears, my eyes, my noseholes—everywhere. Until it’s every breath I breathe. I’m going to go out like a fucking meteor!” (110). Her writing embodies this meteoric power of continuance even after her own body dies. And “all the people [Lorde] love[s]” in life and in her work love her back, and carry her words onward.

### “almost together”

Henrietta Lacks’s voice isn’t printed in bookstores across the country, although her story, and words from her family finally are. But so are the words and stories of the doctors who stole her cells. For decades, her story was covered up by their lies, a cover-up served by the lack of communication to her rural, poor family. Meanwhile, the doctors got rich off her cells, which, in proliferating, saved—and continue to save—many lives. What liberation exists for someone whose life and flesh were stolen, whose stolen cells keep so many others alive? Lacks’s death was political; her cancer, her lack of prompt medical attention, her stolen cells, the lack of communication with her family are all sequelae of the precarity of life, as Christina Sharpe theorizes, “in the wake” of enslavement. Sharpe explores “think[ing] care in the wake as a problem for thinking and of and for Black non/being in the world” (2016, 5). This framing of care highlights its importance not only for the living but also the dead, and the necessity of “defend[ing] the dead...tend[ing] to the Black dead and dying...the Black person, to Black people, always living in the push towards our death” (10). This care is relational. As Lacks’s cells blur the lines between non/being, between after/life, she provides life-saving medical care to countless people, saving many from dying from cancers like her own. In reclaiming credit for saving those lives out of the control of her cancer and her doctors, Lacks’s family frees her memory from the flat character of victim of medical abuse, remembering with gratitude and care the Lacks they knew and love. Lacks’s nephew Gary Lacks used biblical passages about how a seed “does not sprout to life unless it dies” to explain to journalist Rebecca Skloot that “Henrietta was chosen...and when the Lord chooses an angel to do his work you never know what they are going to come back looking like” (quoted in Skloot 2010, 295–96). This reading of Lacks as an angel not only frames the lives she has saved as her own good work, rather than that of the doctors, it grounds the way the cells that killed her survive to do that work in religious faith that matters

deeply to her family and Black American culture more broadly. Here her cells remain in the wake, but in a way that frees them from the narratives of extracted medical resource, carcinogenicity harnessed, and instead cares for her memory as a caring family woman, plastically able to find new ways to survive and connect, full of life and love.

This faith recasts Lacks's cells and their proliferation as not only agentic but holy, liberating her after/life from the control of doctors who stole and would contain her angelic efflorescence. As Deborah Lacks says of the phenomenon of "HeLa contamination," when HeLa cells seed and overtake other cell cultures, "my mother was just getting back at scientists for keepin all them secrets from the family...You don't mess with Henrietta—she'll sic HeLa on your ass!" (quoted in Skloot 2010, 263). Deborah distinguishes between the cells and her mother, but maintains this sense of integral connection and agency in her assertion that her mother animates the cells and directs their movements. This sense of agentic—if unexpected—movement animates the work of artist Charmaine Lurch, whose wire sculpture and multimedia artworks explore and honor Black women who've been relegated to the role of absent presence, including Lacks. In an interview with King, Lurch describes the tesseract as a way of moving through time and space liberated from the confines of here, now and linear flight: "I really love that idea of the tesseract, because I work in, I create in space. And so I'm always thinking about the space. And the tesseract is a four, a four-dimensional, um, shape that you can't see. And so I'm saying the Black body will move and does move in different ways. Henrietta Lacks moves in different ways that we can't see" (quoted in King 2019, 176). For King, Lurch's work renders the connections between Lacks and the "diasporic figures and exilic movements of" other Black women from the Caribbean to Canada (192). Through the media of visual art and faith, as well as cell culture, Lacks's story works as connective tissue, bringing together the struggles of a network of Black women moving towards freedom in unpredictable ways.

Of course, this diasporic movement of wire and cells does not erase the violence and loss of cancer death, stolen tissue, doctors who care more about discovery than care, and who profit on the flesh of a woman for whose family basic medical care remains largely inaccessible. It does not erase that Deborah Lacks was only able to know her mother through the absent presence of cells suspended in growth medium. Of the process of tracing her mother's story, Deborah said, "all this stuff I'm learning...it make me realize that I did have a mother, and all the tragedy she went through. It hurts but I wanna know more, just like I wanna know about my sister. It make me feel closer to them, but I do miss them. I wish they were here" (quoted in Skloot 2010, 289). After/lives are not wholly absent; through them, echoes of past and glimpses of future meet. But neither are these tesseracts the same as being altogether here and now. Instead, they offer

moments of something else, a resonance that lives in the in-between, in relational networks of love and care. Lorde argues, “our battle is to define survival in ways that are acceptable and nourishing to us, meaning with substance and style. Substance. Our work. Style. True to our selves” (2020, 132). Lorde links her survival to her work, and in that linkage, opens a window in the face of death, where her voice shines through with style and substance across intervening years and in the absence of a living body to reach and hold space with Black women readers today. And while working to research her family, it is with substance and style that Deborah Lacks asks Skloot to take a picture of her with a photo of her late sister by her mother’s grave, saying, “it’ll be the only picture in the world with the three of us almost together” (quoted in Skloot 2010, 288). The proximity of “almost together” expresses love and care that, mediated by Deborah’s narrative of her late family, by the photograph she brings to re-present her sister, shakes loose the rigid structures of death and time, allowing, if only for a snapshot, for this liberatory connection to become visible.

Community, fugitive from cancer and violence, renders survival itself plastic, death itself fungible. Connection and care between Lorde, her loved ones, and her readers, between Lacks, her family, and the people she’s saved, folds time, frees love from the limits of embodied continuity, and redefines what it means to survive together in the face of fatal violence. Then Black plasticity offers, instead of the ways it has been deployed to pathologize Black being, a doorway to liberation through community. And while this liberation, too, is fugitive, not quite visible, not quite complete, this “almost together[ness]” that comes from carrying the dead in your heart offers something irreducible in its connective tissue, in the love it tesseracts through time and space.

## Notes

<sup>1</sup> I use the term *conquest* in Tiffany Lethabo King’s (2019) sense to make space for and break down siloes that artificially separate the struggles of Black, Indigenous, and Afro-Indigenous Peoples and the violences they face.

<sup>2</sup> Lundy Braun (2014) explores the complexities of breathing treatments in detail in *Breathing Race into the Machine*. The American Thoracic Society only called for the end of race correction factors in lung function testing in 2023. In their 2020 article in the *New England Journal of Medicine*, Drs. Darshali Vyas, Leo Eisenstein, and David Jones explain that kidney function tests are arbitrarily inflated based on an assumption that Black people have stronger baseline kidney function than non-Black people. Consequently, Black people have to be much sicker than white people before they qualify for the transplant waiting list. And Christina Sharpe (2016) discusses pain control in *In the Wake*, as does Deirdre Cooper Owens (2017) in *Medical Bondage*.

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