

On Care and Citizenship

Performing Healing (in) the Museum

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As a result of the most pressing concerns of our global present, care, essential to life and survival, is at the center of political struggles and ethical concerns in the 21st-century. With access to health care infrastructures highly unevenly distributed, and caring labor vastly exploited, care injustice is on the rise. The Waiting Room by artist Simone Leigh addresses these concerns. Dedicated to commemorating care worker Esmine Elizabeth Green, who, after 24 hours of waiting, died in the waiting room of a Brooklyn hospital in 2008, this project transformed the New Museum into a center for care, and political mobilization. Foregrounding the experience of Black female subjectivities, alternative healing, and radical resistance, Leigh's art-as-social practice gave rise to Black Women Artists for Black Lives Matter, who used the museum for self-care and political organizing. This essay follows the nexus of care and citizenship through the political dimensions of infrastructural access to health care and culture. Remembering that the modern museum, implicated in the politics and economies of colonial capitalism, created rituals of citizenship based on an exclusionary gendered and racialized notion of the citizen, this essay asks if The Waiting Room enacts a ritual of care as ritual of citizenship.

Caring for myself is not self-indulgence, it is self-preservation,
and that is an act of political warfare.

—Audre Lorde

Survival establishes the fundamental context for caring.

—Berenice Fisher and Joan Tronto

On June 19, 2008, Esmine Elizabeth Green, a Jamaican immigrant to the United States of America, died in the waiting room of Kings County Hos-

pital in Brooklyn. She had come to New York in the 1990s in order to find work so she would be able to provide for her family of six dependent children back home in Jamaica. Having recently lost her job as a care worker, and wandering the streets, it had been determined by the hospital that she appeared to be in need of psychiatric care. After having been involuntarily admitted, she was left waiting for 24 hours. The security video recorded by the surveillance camera exposes the lack of care with workers ignoring her even after she had collapsed and was lying on the floor. Her death resulted from blood clots¹ (Harris, 2011). Esmine Elizabeth Green's tragic death in the hospital waiting room is symptomatic of the larger crisis of care we are presently witnessing. Firstly, there is the globalization of caring labor performed by a mostly immigrant work force providing child care, elderly care, domestic work and maintenance for offices or public buildings. Their cheap labor fuels the economies of richer countries and is exploited by the richer sectors of society. Secondly, there is an exclusionary health care system that leaves many without cover and in particular denies adequate care to immigrants or poor people. An article published in *Women's Health News* acutely and painfully raised the crucial questions that need to be asked with regard to Esmine Elizabeth Green's death: "What if Esmine Green wasn't a poor woman? A black woman? A woman with mental *health* problems? A woman who needed to use the public hospitals, which should *not* be providing substandard care just because they serve poor/black/mentally ill people?" (Walden, 2008)

In 2016, Esmine Elizabeth Green's death was at the center of Simone Leigh's multi-part work *The Waiting Room*, which took place at the New Museum for a period of three months from June through September. New York-based artist Leigh, born to Jamaican parents, transformed the museum into a site for healing. Commemorating and honoring Green's life and death, *The Waiting Room* provided the kind of care that might have prevented her from falling into despair and from being involuntarily admitted to the

1 — The security camera captured Esmine Green's death on video. The video can be found online here: <https://www.youtube.com/watch?v=9lKUwBCIBzA>

hospital. *The Waiting Room* presented a new public ritual of care, which provided holistic care offerings performed by visitors to the museum, either meditating alone or participating in collective sessions.

The work's title is a direct reference to the waiting room at Kings County Hospital, the site of violent neglect where Esmin Elizabeth Green had died. The title calls out the failure of the systemic discrimination of a racialized and gendered health system disproportionately denying adequate care to Black and Brown bodies. Leigh's critical approach focuses on practicing collective healing rather than merely calling out the care injustice with its failures and its deadly neglect. The ritual of care initiated by the artist remembered and mourned Esmin Elizabeth, while also honoring the long history of self-organized health provision in the Black community that can be traced back to the period of slavery in the United States of America. Emphasizing this parallel and alternative history of Black healing, which includes collective practices such as song or dance, is in and of itself a contribution to healing as it strengthens the memory of Black opposition to health discrimination, thus foregrounding endurance and resistance rather than focusing on the violence and trauma of victimization. Such histories of Black underground care important to the artist range from the *United Order of Tents*, a semi-secret society of Black nurses which was founded in 1867 by two ex-slaves, Annetta M. Lane and Harriett R. Taylor, to the *People's Free Medical Clinics*, which were run by the *Black Panther Party* in the 1960s and 1970s. Counteracting health injustice and the violence of systemic medical racism, these examples form part of "the long history of medical self-sufficiency among African-Americans, a result of being denied necessary healthcare during slavery and segregation" (Leigh, 2015, artinamerica). *The Waiting Room* mobilized this tradition of self-organized community care through offering free *Care Sessions* at the museum. Based on the idea of holistic healing, these sessions transformed the museum into a temporary health center.

When first encountering Simone Leigh's *The Waiting Room* in an article published in *The Guardian*, my interest in this multi-part artwork, and in particular in its social art practice dimension, was immediately provoked

since Leigh's practice raises questions on two interconnected strands of research and analysis I have been working on in the past. I am interested in how the implications of the historical ties between the modern concept of gendered and racialized citizenship, and the modern institution of the museum—as established during the French Revolution with the museum heralded as a site for performing new rituals of citizenship—are being taken into account by critical and emancipatory art practices realized in museums today (Krasny, 2017; Wallach Scott, 2005; Duncan, 1991). I am equally interested in the relation between artistic practice and caring; in particular I seek to understand better the artistic ways of working that not only make care—including the absence of care—visible, but that are actually about doing care as they enable the capacity to perform care collectively (Krasny, 2018). In the context of these two questions, the relationship between the museum and citizenship on one hand and art production and care on the other hand, Leigh's approach is of particular interest as her artistic work joins the museum institution and care together. What is of importance here is that death, pain, healing, and care were not amalgamated, so they feed into the seemingly endless stream of spectacularization and othering. Exploiting the pain of others and absorbing self-care practices into a commodity chain are characteristic of much arts-based and cultural production in the neoliberal twenty-first century. *The Waiting Room* most care-fully pushed back against all of this.

Analyzing the conscious entanglements of care, art, and the museum *Waiting Room* from a distance, I cannot provide an account of atmospheric qualities one might have felt and experienced as an audience member. What I can speak to are the important structural dimensions of the *Waiting Room* as they pertain to transforming a museum into a site where rituals of care are practiced.

For a feminist politico-philosophical analysis of citizenship, care, and the museum in *The Waiting Room* I draw on feminist care ethics; in particular, feminist care ethicist Joan Tronto's feminist democratic care ethics. On citizenship studies, I draw on the work of gender historian Joan Wallach Scott, in particular. I also build on the notion of the ritual of citizenship performed at the institution of the art museum put forward by Marxist art historian Carol Duncan. In light of today's globalized care

economy, with its largely immigrant care force, Tronto has proposed that nations extend their citizenship so that “all of the care relations in which the care worker is involved should make her or him eligible for citizenship by virtue of her/his care relationship with those who are engaged in caring relations with citizens” (Tronto, 2011, p. 175). Her radical political proposition is important to my argument that the ritual of care performed by *The Waiting Room* is, in fact, a new type of ritual of citizenship as the museum is transformed into a site where collective care practices are being enacted, yet not spectacularized.

Fully aware that Leigh’s work is dedicated to the exploration of Black female subjectivities and to foregrounding the experience of Black women, I acknowledge that as a White woman living in Central Europe, I am, of course, not the artist’s target audience. I write about this work from a position of distance in more than one way. This distance concerns historical, geographical, and cultural differences. Having grown up emotionally and intellectually in the post-Nazi context of the post-genocidal condition of Vienna—in particular experiencing the changes in Holocaust commemoration in parallel with the changes through immigration cultures from the late 1980s onwards—I strongly believe that part of the complex and difficult process of healing globally is to write humbly and carefully about art practices that perform healing and caring across different geographies and histories of trauma and resistance, violence and endurance.

Healing (in) the Museum

Can the museum be an institution useful to practices of healing and collective care? The question unpacked here concerns the capacity of the museum to be a site of healing in light of the historical legacies of this institution. The museum was one of the central cultural institutions articulating the formation of modernity, based on colonial-imperial capitalism, and the establishment of the nation state. The modern museum was premised on the model of a classed, racialized, gendered, and therefore highly exclusionary normative idea of citizenship. Exacerbating this haunting historical legacy of the modern museum is the fact that today cleaning and guarding,

the poorly paid caring labor in museums, is most likely carried out by racialized and gendered bodies, often Afrodescendants in Europe or the United States of America, or part of the more recent globalized immigrant care force (Vergès, 2019, e-flux).

Citizenship and the museum are two modern Western institutions that are closely linked to the French Revolution when the idea and ideology of national citizenship was first worked out with “the establishment of civil equality, entailing shared rights and shared obligations” (Brubaker, 1989, p. 30). Historically, the museum presented a new type of public space where citizens appeared to each other as citizens. The modern institution of the museum, following the example set by the Louvre in Paris, which opened to the public as a result of the French Revolution, developed a new “ritual of citizenship” through “bind[ing] the community as a whole into a civic body” (Duncan, 1991, p. 91). The visit to the public museum demonstrated that as citizens they belonged to the shared public culture on display and equally that shared public culture belonged to them. The racialized, classed, and androcentric foundations of citizenship with “slaves, wage-earners and women (...) initially ruled out of active citizenship” render suspect all claims of equal belongings when it comes to the shared past which a society is implicated in. Given the exclusionary idea of citizenship behind the new ritual of citizenship celebrated by the modern museum; given the historical exclusion of women and Black people from the status of creativity and artistic genius; given that many European museums effectively hold hostage thousands of objects looted and stolen from the African continent during the period of European colonial regimes, the institution of the museum does not easily come to mind as a site useful to holistic health care, for remembering emancipatory Black histories, for celebrating women’s histories, or in supporting political self-organization (Krasny, 2017). It follows that the museum as an institution still has much work to do in order to counteract the implications of these historical legacies. Looked at from this perspective, the museum does not appear as a site readily or easily available as a site of caring and healing for those historically excluded from citizenship. Therefore, *The Waiting Room* can be understood as an artistic practice that actually performed ‘healing in the museum’ and ‘healing the museum.’ This had everything to do with the holistic approach to healing

that recognized and celebrated the power of resistance through self-organized community work. While one might all too easily confuse the kinds of healing practices offered, which included meditation, yoga, dancing, singing, massage, acupuncture, with the neoliberal ideology of wellbeing and health consumerism, it is important to stress that *The Waiting Room* made clear the potency of these practices. They were used to strengthen community and to allow for a public ritual of care between strangers, between members of a museum public, to emerge.

From a social and political justice standpoint, both the museum and the hospital, the two modern institutions addressed by *The Waiting Room*, are rife not only for critique, but for radical and thorough transformation so they will care better for the common good. At the same time, from an ethical and political standpoint, it is important that continued critical scholarship on these institutions prevents them obscuring their implications in the historical system of the nation state with state power linked to the establishment of institutionalized racism, sexism, bias, exclusion, and abuse. Gendered, sexualized, and racialized inequality and violence mark the collection and the exhibition history connected to the modern institution of the museum and the health care and medical research history connected to the modern institution of the hospital (Bennett, 1991; Foucault, 1973).

For the museum's temporary transformation into a health center, Leigh carefully provided information on Esmin Elizabeth Green, included examples of her earlier work, and created a setting for healing with meditation mats, movement studios, and an apothecary. Installed on the fifth floor of the *New Museum*, *The Waiting Room* honored Green with an introductory essay. An apothecary was stocked with a wide range of medicinal herbs. Video monitors provided documentary footage of Leigh's earlier work, such as the *Free People's Medical Clinic*, with the *Waiting Room* a continuation of collective health care practices already explored and tested in this 2014 project (Leigh, 2014, creativetime). Central to this was the dimension of social art practice with Leigh inviting a number of alternative healing practitioners, performers, and theorists to contribute. The *Care Sessions* included *Guided Meditation for Black Lives Matter*, *Afrocentering* with Aimee Meredith Cox, *Massage* with Malik K. Bellamy,

Community Acupuncture with Julia Bennett, and *Learning How to Heal Yourself with Plants: Herbalism Workshop* with Karen Rose. In addition to these free-of-charge care sessions, there was public programming with lectures and performances, which were accessible with museum admission. These included Rashida Bumbray's performance *Motherless Child Set*; Chitra Ganesh speaking *On Disobedience*; Karen Rose's herbalism gallery talk *Learning How to Heal Yourself with Plants*; María Magdalena Campos-Pons' *Remedios: Performance Rituals as Healing*; an intimate conversation with Lorraine O'Grady titled *Ask Me Anything About Aging*; and Vanessa Agard-Jones' lecture *On Toxicity (The Waiting Room, 2016, newmuseum)*.

Foregrounding the importance of Black women's resistance and the legacies of Black women's suffering, the installation and the care sessions created intimate settings in public space for participating in bodily and spiritual practices of healing which were non-exclusionary. Mindful of the historical and contemporary violence of the color line, Simone Leigh makes clear her emphasis on Black female subjectivities, yet allows for a public ritual of collective care including those who wished to participate, to learn, and to heal regardless of their gender, race, or ethnicity. Healing understood as a holistic practice relies on many different sources of care. Leigh's work brought together expertise ranging from herbalism to meditation, song, dance, and acupuncture. Joining together the world of art and the world of healing, the artist refused to accept the normative separation between these fields, which is owed to the histories of art and the histories of medicine in Western epistemology. The professionalization of art and medicine in the Western context, beginning in the Renaissance period, gendered these professions male and disconnected them from collectively shared practices of cultural expression and healing, which, historically, were often led by women. Defying this separation of art and healing, Leigh connects spiritual, mental, and bodily care taking.

Care, Citizenship, Race, Gender

The Western history of citizenship is intimately connected to the Western history of care. Historically, those who performed the tasks of caring were

largely excluded from participation in public and political life. Not only making visible, but actually performing caring collectively in the museum, in the public eye, of course counteracts and challenges the long-lasting echoes of this division which, in the context of the United States of America, is also implicated in the historical legacies of the regime of slavery which turned caring labor into enslaved labor.

In her book *Caring Democracy, Markets, Equality and Justice*, Joan Tronto shows that in the history of ideas relevant to the formation of the concept of Western democracy, since the polis in ancient Greece, those “associated with dependency and care” were “ineligible for public life” (Tronto, 2013, p. 25). This split persisted until modern times with classed, racialized, and gendered subjects living in nation states, yet denied access to citizenship. Building on the work of T.H. Marshall, Tronto shows that during the second half of the twentieth century, to be a citizen had come to mean to be a worker (Tronto, 2013, p. 26). Paid work became the norm for citizenship. What did this mean for those not performing paid work? (Tronto, 2013, p. 26). Broadly speaking, all those not performing work for pay were considered second-class, second-rate citizens. And what did democracy’s failure to conceive of care as democratic value mean? This failure made impossible the freedom to care. This failure did not make care a shared and collective responsibility for politics. The problem of care was left to the market. Arlie Hochschild and Barbara Ehrenreich have analyzed “the global care chains” with the extraction of caring labor through migration from the global South (Hochschild, 2000; Ehrenreich and Hochschild, 2002). This not only resulted in the exploitation of caring labor but also in a disenfranchised globalized care force without a political vote. These care workers face conditions of precarity and often a lack of rights, including a lack of access to adequate health care.

Care is a battlefield. Care requires political action. Care requires healing. *The Waiting Room* invited the performance of collective care practices, importantly including self-care. This is a potent way in which contemporary art has introduced a collective ritual of care. Thinking back on the founding moments of the modern museum instituting a new historical ritual of citizenship with citizens looking at and appreciating the shared culture of the

nation state, we come to understand that today's new ritual of citizenship centers on care. This not only shows that all citizens are always in need of care, but also emphasizes that care could be a way to citizenship. Tronto argues that "we should think of care as a ground for conferring citizenship" (Tronto, 2005, p. 130). In many states around the globe, citizenship gives access to public health services. Linking citizenship to care means that health justice has to acknowledge the implications of and responsibility for the "afterlife of slavery" with its "skewed life chances, limited access to health and education, premature death" and the right to care for those who migrate in order to perform caring labor (Hartman, 2008, p. 6).

The Museum as a Site of Political Organizing

In the first week of July 2016, while *The Waiting Room* was on show, two black men, Philando Castile and Alton Sterling, were shot dead by police in the US. In response to these fatal shootings, Simone Leigh negotiated with the museum that she could use its infrastructure after hours for mourning and for organizing collectively. On Sunday July 10, "over one hundred black women artists gathered to form a collective force underground, known as Black Women Artists for Black Lives Matter or BWA for BLM (*Black Women Artists for Black Lives Matter*, 2016, newmuseum). Going underground is one of the resistant strategies used by Black communities for organizing care collectively. Leigh in particular emphasizes the influence and the importance of the strategies employed by the *United Order of Tents*, the oldest Black women's organization in the United States, a Christian Fraternal Benevolent Organization that provides health care for the sick and care for the poor and elderly. With chapters operating across the United States of America since 1867, they continue to address changing community needs. The organization's members operate on the principles of secrecy with the organizing principles and rituals shared among members only. This strategy of semi-secrecy, of partly going underground in order to be resilient and resistant above ground, was adopted and emulated by Leigh together with the group of women gathering at the museum who then formed Black Women Artists for Black Lives Matter. The group gathered at the museum after hours, out of public sight; the museum providing

a safe space with the group employing strategic separatism. Collectively they prepared and programmed a public event.

Of course, this part of *The Waiting Room* had not originally been foreseen. The urgency of Black lives under attack led to the museum responding to the artist's proposition and making room for political organizing. Without any curatorial oversight or interference, the *New Museum* trusted the artist and let her use the infrastructure after hours. Again, the interconnectedness of citizenship and care are at the heart of this. Police violence targeting Black and Brown bodies is a most dangerous and often deadly violation of the rights of citizens. Care here is the care for life. Access to just care, caring labor, and being free to care for one's kind are most unevenly distributed. Care, understood broadly as all the interconnected and interdependent activities necessary for life and survival, is therefore a material and ethical question concerning care justice, care equality, and care freedom. Fighting for care justice and for freedom to care includes political mobilization and organizing just as much as community-based health care and healing practices. Care is at the center for a politics of fighting back systemic racism regarding both the fatal consequences of deferred rights in health care and the fatal consequences of police protection premised on a system of white supremacy. The group of over a hundred women artists came together to mourn the deaths of the two young men. Assembling and organizing politically can be understood as another form of most urgently needed collective healing that pushes back against the pervasive violence against Black and Brown bodies in the United States of America. Political organizing needs safe spaces. In order to prepare for public action, artists-activists need spaces to gather and to prepare. Here, the museum provided the infrastructure necessary to prepare collectively a public event which then took place at the New Museum on the first of September 2016. The evening was organized collectively by the following artists who formed *Black Women Artists for Black Lives Matter*. They are all named here in order to not privilege the individual artist over the collective, and in order to not forget that collective action depends on the care, efforts, and concerted action of many:

Elia Alba, Omololu Refilwe Babatunde, Firelei Báez, Chloë Bass, Suhaly Bautista-Carolina, Laylah Amatullah Barrayn, Aisha Tandiwe Bell,

Joeonna Bellorado-Samuels, Michelle Bishop, Tokumbo Bodunde, Janice Bond, Alicia Boone-Jean-Noel, Charlotte Brathwaite, Sheila Pree Bright, LaKela Brown, Tracy Brown, Rashida Bumbray, Crystal Z. Campbell, Alexis Caputo, Tanisha Christie, Andrea Chung, Elvira Clayton, Pamela Council, Aimee Meredith Cox, Vivian Crockett, Una-Kariim A. Cross, Stephanie A. Cunningham, Tamara Davidson, Joy Davis, Sonia Louise Davis, Danielle Dean, Lisa Dent, Abigail Deville, LaTasha N. Nevada Diggs, DJ Tara, Abby Dobson, Kimberly Drew, Dominique Duroseau, Tara Duvivier, Minkie English, Nona Faustine, Catherine Feliz, Yance Ford, Carolyn Lieba Francois-Lazard, Tia-Simone Gardner, Ja'Tovia M. Gary, Ebony Noelle Golden, Kearra Amaya Gopee, Stephanie Graham, Adjua Gargi Nzinga Greaves, Kaitlyn Greenidge, Deana Haggag, Carrie Hawks, Robyn Hillman-Harrigan, Kenyatta A.C. Hinkle, Lehna Huie, Rujeko Hockley, Kemi Ilesanmi, Ariel Jackson, Tomashi Jackson, Ashley James, Shani Jamila, E. Jane, Fabiola Jean-Louis, Steffani Jemison, Jacqueline Johnson, Natasha Johnson, Ladi'Sasha Jones, Jay Katelansky, Daniella Rose King, Nsenga Knight, Ya La'Ford, Geraldine Leibot, Toya A. Lillard, Stephanie Lindquist, Simone Leigh, Jodie Lyn-Kee-Chow, Anina Major, Helen Marie, Brittany Marrow, Nomaduma Rosa Masilela, Tiona McClodden, Paloma McGregor, Glendalys Medina, Nina Angela Mercer, Helina Metaferia, Joiri Minaya, Jasmine Mitchell, Elissa Blount Moorhead, Nontsikelelo Mutiti, Shervone Neckles, Jennifer Harrison Newman, Mendi Obadike, Lorraine O'Grady, Adenike Olanrewaju, Sherley C. Olopherne, Jennifer Harrison Packer, Sondra Perry, Shani Peters, Julia Phillips, Ada Pinkston, Sharbreon Plummer, Mary Pryor, Kameelah Janan Rasheed, Amber Robles-Gordon, Shellyne Rodriguez, Karen Rose, Clarivel Ruiz, Annie Seaton, Karen Seneferu, Derica Shields, Alexandria Smith, Tiffany Smith, Mikhaile Solomon, Kara Springer, Mary A. Valverde, Sam Vernon, Shannon Wallace, Camille Wanliss, Anastasia Warren, Patrice Renee Washington, Fatimah White, Nafis White, Ayesha Williams, Saya Woolfalk, Lachell Workman, and Akeema-Zane (Black Women Artists for Black Lives Matter, the New Museum).

The public event they organized together focused on the political importance of healing. It was announced on the museum's website as follows:

This dynamic evening will feature collectively organized healing workshops, performances, digital works, participatory exchanges, displays,

and the distribution of materials throughout the New Museum Theater, Lobby, Fifth Floor, and Sky Room. (*Black Women Artists for Black Lives Matter*, 2016, newmuseum)

Freedom to Care

As societies globally are marked by increasing care injustice, the freedom to care is infringed, hampered, and violated. *The Waiting Room* specifically addressed the precariousness of Black lives at the convergence of disproportionate caring labor and denial of health care. Leigh's practice at the New Museum brought together care and political organizing which emphasizes the ethical and political dimension of healing. In 2014, Alicia Garza—who, together with Patrisse Cullors and Opal Tometi, initiated the African-American activist movement *#BlackLivesMatter* as a protest to the acquittal of George Zimmerman, who had fatally shot the Black teenager Trayvon Martin—wrote the following: “When Black people get free, everybody gets free” (Garza, 2014, *thefeministwire*). Through Leigh's artistic work, we see a new ritual of citizenship take shape, a ritual of care that is at once bodily, spiritual, and political as it transforms the material museum infrastructure into a caring infrastructure. Freedom to care needs practice. Freedom to care is a political demand. Freedom to care is a right of citizens. In Joan Tronto's words: “What makes us free, actually, is our capacity to care and to make commitments to what we care about” (Tronto, 2013, p. 94).

Freedom to care lies at the heart of this new public ritual. *

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