On the Art of Healing
Simone Leigh’s *The Waiting Room*

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Her body’s and her mind’s health have been made both a risk and a responsibility. What do I mean by this paradoxical statement? And, who is she? And, who cares about her risks, her responsibilities, her health and her healing? The following essay will engage with these questions as it centers on artist Simone Leigh’s work *The Waiting Room* which took place at the New Museum in New York in 2016. The analytical reflections presented here connect the description of the social and aesthetic strategies of *The Waiting Room*, a key example of health activism and black feminist practice in contemporary art making, to the broader context of the politics of health, the crisis of social reproduction under neoliberalism, and the gendered and racialized body.

Simone Leigh’s chose *The Waiting Room* as a title for her work to refer to the emergency waiting room at Kings County Hospital in Brooklyn, where in 2008 a Jamaican immigrant to the United States, who had been involuntarily admitted to the hospital, died from neglect after she had waited for nearly twenty-four hours.¹ “The patient, Esmin Green, died in the waiting room at the city-run psychiatric facility in 2008. A security video released by the New York Civil Liberties Union and other lawyers showed Ms. Green, 49, collapsing to the floor and lying there while workers ignored her. The medical examiner found that Ms. Green died of blood clots.”² *The Waiting Room* is dedicated to honoring and commemorating Esmin Green’s death caused by the institutionalized violence and structural racism characteristic to the public health care system in the United States of America. The aftermath of colonialism, the trauma of slavery and the impact of medical racism have been studied and discussed in critical scholarship.³ Yet Simone Leigh’s artistic work not only addresses these continued histories of violence and oppression, for which Esmin Green’s death while waiting for treatment has become a widely known symbol, but she equally seeks to foreground black women’s capacity for resistance, healing, community care, and collective forms of self-care by referencing historical precedents such as the “United Order of Tents, a secret society of nurses that provided care for escaped slaves in the Underground Railroad” or the “Black Panther Party’s free health clinics”.⁴
The Waiting Room created a temporary alternative health center at the New Museum. This healing environment sought to resist the health injustice and institutionalized racism of the health care system by focusing on alternate histories of black women’s importance to bodily and spiritual healing and by connecting these to contemporary black female subjectivities, collective care practices, and political struggles. In an article published by the Guardian Simone Leigh underlined her interest in black women’s importance to health as follows: “What I’m really interested in is the survival tactics and self-determinant actions of black women. Healthcare is one way in which black women have disseminated their ideas across the U.S., historically, because one of the first jobs that they ever had access to was nursing.”

The installation at the fifth floor of the New Museum combined a number of different elements representing and making possible both bodily and spiritual care. Dried pants and herbs collected in glass jars and installed on lines of shelves resembled a traditional herbal medical store. “An herbalist apothecary (inspired by a shop owned by one of the artist’s collaborators, herbalist Karen Rose, as well as by the artist’s visits to muthi markets in South Africa that feature indigenous medicines derived from plants).” Meditation mats, which the visitors were allowed to use, formed the center of a meditation room, “where the artist screens video works focusing on the existential status of women of color.”

Much like a real health center, The Waiting Room provided public health sessions, which included workshops on, holistic care practices, classes in herbalism, classes in acupuncture and massage sessions. In the words of Simone Leigh “these types of things would have helped prevent Esmin Green from working herself to death.” Esmin Green herself had made a living and earned the money necessary to support her family back in Jamaica through performing caring labor. “Green had worked as a caregiver for the elderly and at a children’s day care centre, sending money back to her six kids in Jamaica.” In 2000, Arlie Russel Hochchild, a sociologist focusing on globalization in care work, introduced the notion of “global care chains” to describe the links between care deficits for the elderly and children in the global North and the extraction of caring labor through migration from the global South. Green’s life and death therefore exemplifies both the gendered and racialized conditions of caring labor under neoliberal capitalism and the gendered and racialized dimensions of the public health system in the United States. Women of color bear a large part of the burden of underpaid and exhausting caring labor and are denied adequate public health care. The health activism in Leigh’s social art practice mourned and honored the death of Esmin Green by offering access to the kind of care and healing that might have been of help to Green.
The public program brought together a wide range of different knowledges and practices in plural ranging from herbalism to performance rituals, scholarship on black bodies and toxicity and a public conversation on abortion. Karen Rose, a specialist in Eastern and Western herbal medicine, whose Sacred Vibes Healing and the Sacred Vibes Apothecary, which she started in Brooklyn in 2002, and which inspired the apothecary-like installation, gave a gallery talk and a series of workshops dedicated on “How to heal yourself with plants”. Anthropologist Vanessa Agard-Jones gave a lecture “On Toxicity” focusing on pesticides, sexual politics, and postcoloniality in Martinique. She shared her research for her forthcoming book Body Burdens: Toxic Endurance and Decolonial Desire in the French Atlantic. Artist María Magdalena Campos-Pons presented a performative meditation on survival bringing rooted in spiritual practices, in particular Yoruba practices that form part of the Black Atlantic diaspora. Lorraine O’Grady, who in 1980 performed guerilla-style as Mlle Bourgeoise Noire, “in part created as a critique of the racial apartheid still prevailing in the mainstream art world”, spoke with the audience about aging. Titled “Ask me anything about aging”, O’Grady opened questions about aging from the audience. This public programming much like the installation practiced art making as a form of healing and raised awareness for the social dimension of healing by inviting other artists, healing experts, and scholars, all of them women of color, to contribute.

The public program that turned the museum into an alternate center for health care and healing practices was complemented by the Waiting Room Underground. While the underground was a historical reference to the Underground Railroad and also to the more recent Black Panthers, it also highlighted that it is possible to create a temporary private underground can be created in the public environment of a museum. Out of public view, a more caring and more intimate context was created through this underground practice. Such “in-depth engagements” were organized in the form of “intimate classes” with New Museum partners such as “the Hetrick-Martin Institute, an organization that provides services for LGBTQ youth.” Home Economics formed part of the underground program and offered courses to young black women in New York who worked with “master herbalist Karen Rose, renowned musician Kaoru Watanabe, and Afrocentering creator Aimee Meredith Cox.” Even though the idea of the public has been constitutive to the making of the modern institution of the museum, the idea of turning the museum into a temporary safe space is important when it comes to art-based healing practices and developing more intimate forms of community care practices and self care.

In July 2016, while The Waiting Room was on show at the New Museum, two black men, Philando Castile and Alton Sterling, were shot dead by police in the US. In response to these fatal shootings, Simone Leigh convened a
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group of around hundred black women artists who met privately at the museum after hours and for weeks used the space provided by the museum to organize collectively around mourning the dead and find ways of collective healing. The idea of the underground movement and the museum as a temporary safe space out of public view was important to this collective work. Leigh’s strategy of separatism that focuses on black women’s subjectivities and black women’s healing is central to countering “the continued inhumane institutionalized violence against black lives.”20 The group became Black Women Artists for Black Lives Matter, and together they prepared “a public event in solidarity with Black Lives Matter at the New Museum” which was held on 1 September 2016.21 This public event included “healing workshops, performances, digital works, participatory exchanges, displays, and the distribution of materials.”22 Healing, as Simone Leigh’s practice shows, has “a profound need for intimacy and privacy, for secrecy, for going underground.”23 Such healing in intimacy and secrecy is reminiscent of Édouard Glissant’s “right to opacity” which he opposes to “Western thought” with its “requirement for transparency.”24 Opacity, intimacy, secrecy, underground, and strategic separatism forming around black women’s subjectivities and collectivities are central to Simone Leigh’s approach to practicing the art of healing.

Public Health: Risk and Responsibility

At the beginning of this essay I wrote that her body’s mind and her body’s health have been made both a risk and a responsibility. In the context of Simone Leigh’s The Waiting Room this referred to Esmin Green who died waiting after she had been “involuntarily admitted” at the emergency waiting room.25 Risk and responsibility are complexly joined together by the historical aftermath of slavery, colonialism and racism on one hand and by neoliberal regimes of care and public health on the other side. Black lives are at risk. Jennifer Jen-Lyn García and Miena Zulfacar Sharif state the following in an article jointly authored and published in the American Journal for Public Health: “First, we assert that racism as a social condition is a fundamental cause of health and illness.”26 And they go on to write that “a growing body of research shows, racism is a social determinant of health that perpetuates and exacerbates the very trends our field works to reverse. Therefore, public health, at its core, is antiracist work.”27 But what if public health puts black lives at risk? What if public health reproduces institutionalized racism and health inequality? At the same time, austerity, pragmatism, and the neoliberal regime of governance have individualized risk. One’s risk management is one’s responsibility. One’s health is one’s responsibility. One’s self-care is one’s responsibility. In order to “dismantle public welfare resources and shift responsibility for care onto individual citizens” self-care has
been coopted into the regime of neoliberal governance. Simone Leigh’s social art practice that foregrounds black women’s lived experiences, resistant histories, and healing traditions, addresses the complex entanglement of risk, racism, (public) health, and responsibility. As an artist she assumes responsibility for honoring a black woman’s death caused by the public health service. As an artist she not only creates collective forms of mourning and commemorating her death, a symbol for institutionalized racism and health injustice, but also creates collectively shared forms of much needed self-care outside of the grip of neoliberal co-option. Healing therefore speaks to the violent histories of continued racism and to the conditions of neoliberalism. “Leigh endeavors to transform the waiting room from a space of compliance to a locus of self-reliance, retaliation, and resiliency. As a result, she sees the act of healing, both symbolic and real, as an act of civil disobedience - a necessity in order to overcome the ailments of systemic racism.”

Annotations

6. Ibid.
7. Ibid.
8. Ibid.
9. Ibid.
12. Ibid.
13. Ibid.
14. See: Ibid.
17. Ibid.
18. Ibid.
22. Ibid.
27. Ibid