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# Introduction: Health, Healing and Caring

*Kristin Burnett, Sara Ritchey and Lynn M. Thomas*

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The decision to devote a special issue to health, healing and caring was made in 2018. Our aim was to showcase scholarship that moved beyond narrow institutional histories of biomedicine to consider a more expansive set of gendered practices and sources. A year later, COVID-19 began its devastating spread, placing an unparalleled contemporary spotlight on our historical themes and bringing new urgency to our project. COVID-19 upended the world as people worked to slow its transmission, to care for those of who became ill and isolated, and to mourn the many we have lost. The pandemic and human responses to it have deepened existing inequalities. On global, national and often local scales, access to healthcare and vaccines has been unjustly distributed. Shutdowns and lockdowns necessary to curb the virus's spread have heightened caregiving responsibilities and driven many to poverty, hunger and despair.

All of these phenomena have been deeply gendered and racialised. In North America, where all three special issue editors are based, and elsewhere, the bodies of women and Black, Indigenous and other racialised peoples have experienced disproportionate health burdens and care work. Although these structural and social inequalities have long been present, the pandemic has exacerbated and brought unprecedented public attention to both the necessity of caring networks and the disproportionate presence of feminised and racialised labour that sustains these networks in institutional and domestic settings. To ensure that this special issue spoke to the exigencies of our historical moment, we invited two conversation pieces. Together, these pieces hold space for discussing these vital issues and speaking back to conventional norms of scholarly publishing, which frequently reduce expressions of experience and knowledge to single-authored academic articles.

The first conversation is a virtual kitchen table discussion between Karen Flynn, Notisha Massaquoi and Lana Ray. In 'Care(ful) Disruption: Privileging Indigenous and Black Women's Standpoints on Care and Healing', the authors identify the ongoing expectation of 'sacrifice' for racialised and Indigenous women – an expectation that guarantees poorer health outcomes for these women while at the same time ensuring that their essential work is erased, undervalued and unpaid/underpaid. This conversation is particularly pressing as Indigenous and Black people in so many places are at greater risk of contracting and dying from COVID-19. Staggeringly disparate health outcomes experienced by Indigenous and Black people can only be understood through histories and ongoing legacies of enslavement, settler colonialism,

imperialism and white supremacy. Contemporary public health responses must acknowledge these histories and ongoing realities of systemic oppression. Through their conversation, Flynn, Massaquoi and Ray make visible the myriad of ways that Indigenous and Black women provide essential care work within their own communities and the academic institutions that too often seek to make that labour worthless. In countering such erasure, they show that their 'standpoints play a crucial role in the regeneration of [their] presence and the degeneration of structures of domination'.

The second conversation piece, 'Mothering, Care and the Academy: Making the Invisible Visible' by Emilee Gilbert, Sarah Knott and Carla Pascoe Leahy, considers how COVID-19 has dramatically altered landscapes of care work and academic labour. The challenges of caregiving in this pandemic, we know, have fallen disproportionately on women, and particularly on racialised women as essential and frequently low-wage workers. In the United States, for instance, over 2 million women dropped out of the US labour force after February 2020, largely due to the inability to balance work and care obligations, especially as schools and childcare centres shifted to virtual learning or closed.<sup>1</sup> Drawing on the work of Audre Lorde to make visible affective labour and unequal care obligations, Gilbert, Knott and Pascoe Leahy suggest modifying academic labour policies and practices.<sup>2</sup> They advocate measures such as making caregiving visible through email notifications and 'care caucuses' that support caregivers among faculty, staff and student populations and intervene with administrators. They also acknowledge, however, that calling attention to the reality of domestic care labour is not always an option for workers made vulnerable by white supremacy, settler colonialism, capitalism, patriarchy and homophobia.

The way that concepts of care are transmitted and transformed in filial relations and encounters in and out of the home and community is captured, in part, in the cover art created by Lisa Boivin, a member of the Deninu Kue First Nation located in present day Northwest Territories, Canada. Boivin's art explores the disabling effects of settler colonialism on Indigenous communities and concepts of wellness through resurgence and resistance.<sup>3</sup> Like the conversation pieces, her art destabilises the ways in which knowledge is transmitted. Drawing on Dene oral traditions, Boivin uses art as part of a relational storytelling process to recount her family members' experiences in Canada's genocidal Residential School system. As an artist and doctoral student in Rehabilitation Science, Boivin infuses her work with Dene concepts of health and wellbeing that are grounded in relationships to land and Indigenous sovereignty. Her images project an understanding of bodily wellness and mobility that fluctuates between extremes of disability or wellness depending on context, such as clinical settings, the home or the natural world.

Additional dimensions of varied racialised and gendered experiences of caring and healing emerge among the eleven papers in this special issue. They shed light on the many historically situated ways that care is marginalised, even while remaining the most consistent and sustaining day-to-day factor in the health and wellbeing of our communities. Indeed, care work forms the foundations that make possible all other labours. Authors here argue for the power of embodied knowledge and experience in developing the care paradigms that sustain all communities; that is, they reveal, over a vast range of places and times, the gendered, racialised and visceral dimensions of care.

Our initial plan for this special issue was to host a symposium in Nanaimo, British Columbia, Canada in May of 2020 that would bring together contributors and editors to reflect on the connections and tensions among the submissions. The pandemic compelled our symposium, like so many others, to go online. Despite the format shift, we had rich conversations and were struck by how creatively and rigorously presenters gave life to the themes outlined in our call for papers. It was exciting, for instance, to see the sheer variety of ways that people interpreted our three keywords: health, healing and caring. Moreover, it was fascinating to see how definitions and cognate terminology are often field specific and to learn from the overlaps and disjunctures between different areas of gender history.

One of the original aims for this special issue was to showcase how gender historians are contributing to fresh cross-disciplinary discussions on healing and caring. In recent years, medical anthropologists and science and technology scholars have shed light on the complex and unequal co-production of 'traditional' forms of medicine and biomedical knowledge.<sup>4</sup> At the same time, feminist sociologists have illuminated the gendered dynamics of caregiving and the devaluation of its everyday and emotional labour.<sup>5</sup> Authors here engage those insights to reconstruct more nuanced and more expansive histories of healing and caring. Their gendered histories work to de-naturalise biomedical formations and examine palliative care in addition to therapeutic treatment. They also reveal how gender – along with intersecting social identities and inequalities rooted in race, ethnicity, sexuality, class, religion and nationality – has shaped which forms of healing and caring gain institutional power and how such privileging has changed over time.

Presenters at the symposium and here in these papers also met our challenge to highlight a diversity of healing practices and a broad range of historical sources. We called for papers that make legible health practitioners and practices from various time periods and places that have been marginalised, reconfigured or altogether erased. We were especially interested in foregrounding those who have been sidelined by methods that favour an abundance of archival and institutional records. Scholarship rooted in intersectional feminism and critical race and settler colonial studies has highlighted the imbalances and distortions produced through reliance on formal archival records alone. Authors here demonstrate how the documentary records left by state, colonial, missionary and biomedical actors often erase and devalue care labour coded as 'women's work' or that is undertaken informally by family members, friends and chosen family. To counter these erasures and devaluations, they deploy methods ranging from oral histories and ethnographic research to constructing alternative archives and reading more conventional sources against the grain and through radical recontextualisation. Collectively, these papers foreground three crucial themes in new gendered histories of healing and caring: women-centred sites, the vitality yet invisibility of women's healing and caring work, and the importance of spiritual realms and religious sources.

The presence and persistence of women-centred sites of healing and caring comes into view across a diversity of chronological and geographical settings. Contributors demonstrate how such sites have existed in contexts of extraordinary medical pluralism – contexts where multiple forms of medical knowledge and practice have vied for hegemony – as well as where biomedicine has become the dominant form. In their

various historic and geographic settings, women-centred healing networks and caring practices have both flourished and been the target of state and religious control and censure. Reconstructing the history of these networks and practices is vital work for feminist scholars. Yet, as contributors to this volume insist, these networks and practices must not be romanticised but rather explored as realms both where people provided and received important forms of feminised nurture and healing, and where power relations were elaborated and sustained. Authors are especially attentive to how intersecting dynamics of race, ethnicity, colonial status, enslavement, class, religion and age have structured profoundly unequal relations among girls and women. They are also attentive to how women-centred sites of healing and caring have rarely been entirely free of male actors or patriarchal norms and influences.

In her essay 'Mixing/Medicine', Jacqueline Holler draws on inquisition records to reconstruct the robust and diverse women's healing networks that existed in early colonial New Spain. Much historical scholarship on health in sixteenth- and seventeenth-century Mexico has rightly focused on the devastating impact on Indigenous people of colonial conquest and violence, and infectious diseases introduced from Europe and Africa. Holler contributes to a linked body of scholarship that seeks to understand the colonial and deeply hybrid forms of healing and caring that emerged alongside and in the wake of that devastation. Medical pluralism in colonial Mexico included European folk and Galenic medical traditions and Indigenous and African ones that encompassed botanical preparations, minor surgeries, spiritual healing and divination. By reading Catholic inquisitorial records 'against the grain', Holler finds a therapeutic landscape structured by dense connections between Spanish, Indigenous, African and mixed-race women healers whose practices ranged widely from assisting wealthy and poor women in childbirth to providing medicines that could cure fevers, produce abortions or 'tame' husbands. Brown and Black women often emerge in Holler's account as the healers with the most far-reaching and powerful reputations. Yet, the very fact that we learn of their work through records aimed at parsing 'magic' from 'medicine' and punishing practitioners of the former testifies to the vulnerability of their authority and networks.

Jennifer Webster finds similarly complex women's healing networks more than three centuries later in Central Asia. Her essay, 'A Place for Women Only', examines healing at Islamic shrines in Kyrgyzstan during the late Soviet and post-Soviet periods. Drawing on ethnographic fieldwork, oral history interviews and archival research that Webster conducted in 2011 and 2012, the essay examines how gender-segregated spaces at religious shrines have long been important sites for women in their therapeutic quests for fertility and safe childbirth, for enhancing their own health and that of children and relatives and for remembering the dead. Muslim sites of healing have existed alongside public and private biomedical clinics and hospitals that are often under-resourced. Women move back and forth between indigenous and biomedical sites in search of healing and caring. One renowned healer, Gulshan Koichubekova, whose work Webster highlights, in fact, first trained as a nutritionist at a Soviet technical college during the 1980s before accepting a spiritual calling in the 1990s. As an apprentice healer near the shrine of Idris Paygambar, Koichubekova learned to communicate with patron saints and shrine spirits who then guided her healing practice. Kyrgyz state officials (like their Soviet predecessors) and senior Muslim

authorities have often discouraged women, for various reasons, from seeking such care. Nonetheless, many Central Asian women continue to be drawn to 'women only' spaces as powerful sites of healing and care.

Shifting our attention to West Africa, Devon Golaszewski considers the history of women healers and caregivers by documenting the co-production of the distinction between 'traditional' and 'biomedical' midwifery in Mali. Rather than being a long-standing social formation, Malian Traditional Birth Attendants (TBAs) were the product of layered political struggles in the postcolonial period. Historically, popular midwives were but one category of female reproductive specialists in Mali. Other important categories included excisers who performed genital surgeries and initiated young women into adulthood, and nuptial counsellors who educated young women for sex within marriage. During the 1970s and 1980s, Malian health officials chose only to incorporate popular midwives – renamed and retrained as TBAs – into the national health system. Golaszewski importantly demonstrates that this decision emerged from both the logics of the international Primary Healthcare Movement and the priorities of local officials. Malian policy makers and civil servants sought to distinguish empirical and therapeutic medical practices from spiritual and cultural ones, elevating the former over the latter. They also sought to discourage excisers, nuptial counsellors and other healers whose work they deemed injurious and an unnecessary expense. Such postcolonial initiatives challenged gerontocratic hierarchies among girls and women, and those rooted in endogamous social groupings, while shoring up newer inequalities rooted in school education and salaried employment.

Considering another part of the African continent during roughly the same time period, Simonne Horwitz examines a deeply biomedicalised site of female healing and caregiving: South Africa's kidney dialysis and transplant wards and clinics. Horwitz argues that female nurses played vital – if often unrecognised – roles in providing highly technical care and in developing new procedures that improved outcomes for dialysis and post-transplant patients. Unlike transplant nurses in other countries, some also published their own research articles. South Africa's kidney programmes were pioneered in the 1960s, the height of apartheid. Initially, they were all-white affairs: teams of Afrikaans- and English-speaking white doctors and nurses treated Afrikaans- and English-speaking white patients. Beginning in the mid-1970s, propelled by both political changes and an exodus of white nurses from state-run medical facilities, the government employed Black nurses to work first in Black-only dialysis centres and, later, in the kidney wards and clinics tied to the elite research hospitals at the University of Cape Town and the University of Witwatersrand (Wits) in Johannesburg. Drawing on medical publications, personal papers and extensive oral history interviews in the 2000s with those who staffed the Wits kidney transplant unit, Horwitz explains that white and Black nurses recalled feeling part of a 'team' that did important and innovative work. At the same time, most recognised – from varying perspectives – how inequalities of race, gender, language and age had structured their everyday work of healing and caring for patients.

The technical innovations developed by kidney transplant nurses in South Africa that remained largely undocumented suggest how care work is historically, and remains, simultaneously vital and yet invisible. Indeed, one consistent theme across the tremendous chronological and geographic scope covered by these essays is the

invisible and public undervaluing of feminine and feminised care labour. Within the gendered realms of healing and health provision, work that is coded as female receives significantly less attention, and this erasure is often even more pronounced in regards to the labour of Indigenous and Black women. If we consider the ways that gendered labour has been and continues to serve as a point of social, political and economic contention and negotiation, then it is clear that making visible affective labour and care work is a potentially radical act. In some contexts, the gendered language of healing and caring work alongside women's domestic roles is employed strategically to further political and personal goals, as well as achieve greater financial compensation and professional authority. In these instances, women's care work and affective labour is political and disrupts dominant discourses that are rooted in heteronormative patriarchy, white supremacy and settler colonialism. These articles show how informal networks of caregivers, voluntary organisations and the more formally trained female-allied health workers continue to serve their communities and frequently step in when state systems of care are absent or fail.

In 'Feeding and Healing Bodies and Souls', Aeleah Soine calls for a re-examination of gendered models of care in nineteenth-century Germany to elucidate the complex ways women carved out space for themselves. Soine encourages an examination of women's healing work from a more holistic perspective that moves beyond the 'trained nurse' and the 'Sarah Gamp' caricature of the slovenly drunken working-class private duty nurse, to include women's supportive care work like the donation and preparation of foods and goods. Hospitals depended on donations of fresh food, clothing and blankets in order to properly care for their patients. Although the philanthropic efforts of elite women are well known, the contributions of working class women who donated materials they produced themselves have gone largely unnoticed. This fuller picture allows us to see working-class women as more than just recipients of hospital charity but as essential to the maintenance of these institutions through their productive labour. Drawing on financial records, Soine notes that caring work looked very different for women depending on their social and class location but was no less valuable. From this overlapping and complementary system, she argues, emerged a uniquely German iteration of nursing work and caring labour that was deeply gendered during the latter part of the nineteenth century.

Taylor Soja's essay on Sarah Macnaughtan explores the care work, cooking and affective labour that this upper-class British woman provided for British soldiers. Although Soja situates Macnaughtan's career within the larger history of philanthropic work undertaken by white elite British women throughout the empire, she argues that Macnaughtan's care work was intimately connected to her political aspirations and feminist politics. According to Macnaughtan, providing care work and material comfort to British soldiers was a service to the empire that entitled her to full citizenship. The First World War also highlighted the increasingly liminal spaces that women's untrained voluntary caring labour occupied within a growing system of state-sponsored healthcare. While in South Africa and Belgium, Macnaughtan's social standing allowed her to operate freely, when she travelled to Petrograde and entered a different institutional context, her lack of training was seen as a problem and her voluntary contributions unwelcome. This period witnessed a shift where healing and care giving work considered to be uniquely female was increasingly reserved for

those women who possessed formal credentials and training. This shift also allowed for the solidification of a hierarchy within biomedicine that would not be challenged by women of Macnaughtan's class.

Moving forward in time, Catherine Carstairs's piece, 'More than Cleaning and Caring', explores the history of dental hygienists in Canada after the Second World War. As a female-dominated profession, the work of dental hygienists was regarded as an extension of women's domestic roles and was subordinated to the largely male dental profession. Considering the impact of the feminist movement on dental hygienists, Carstairs shows how dental hygienists struggled to assert their independence from dentists. Arguments made by dental hygienists for greater independence employed the importance of their care work especially in public health and preventative practice. Dental hygienists used caregiving discourses to justify the expansion of their scope of practice and the right to establish their own practices while distancing themselves from 'money grubbing' dentists. Struggles to make dental hygienists visible as professionals within the healthcare hierarchies mirrored struggles to control female-dominated health professions elsewhere.

Everyday acts of care that take place within intimate settings are brought to light in Benjamin Klassen's 'Facing it Together', which uncovers the practical day-to-day work of caring for Persons with AIDS (PWAs) by community members, friends and chosen family in Vancouver during the 1980s and 1990s. Klassen's paper seeks to make visible this informal care work by placing it alongside the more overt and public activism of the gay rights movement. He connects informal care to broader political movements like the breakfast programme for children run by the Black Panther Party in the United States and argues that the caring work performed in support of the gay community formed the foundations of the larger more public political movement. By valorising public and spectacular political acts, he shows, we ignore and undervalue this essential work both because it is considered to be 'women's work' but also because it takes place largely outside of the public purview. It is noteworthy that several of the men Klassen interviewed found their caring work surprisingly rewarding and valuable in ways they had not initially anticipated. Their everyday acts of kindness and caring served as a powerful, indeed revolutionary, political message during a period when the dominant society stigmatised and vilified individuals living with AIDS.

A surprising preponderance of responses to our call for papers centred religious and spiritual sources, thus demonstrating the vitality and dynamism of such sources for extending histories of medicine beyond biomedicine to include wider realms of gendered health, healing and caring. Several contributors to this special issue, for example, call attention to the ways that religious authorities have engaged medical and healing practices in the interest of enacting care for women. Their expressions of care often came in the form of regulatory discourses and the invention of new illnesses and dangers that, as they framed it, imperiled women's livelihood. The threat of these afflictions, according to religious leaders, required official protections. These essays demonstrate how religious and moral advisors have identified non-normative feminine behaviour and the abdication of domestic and maternal expectations as symptoms of affliction, and thus how religious and moral concerns have shaped the production of medical knowledge in part by calling public attention and allocating resources to the study of perceived illnesses. These essays demonstrate the ease with which

medical knowledge has been wielded for the purpose of enforcing gender norms. When women have refused reproductive roles in the social order, medical and religious discourses have often worked in tandem to pathologise such behaviour. In this sense, we might think of the convergence of medical and religious discourses as a form of care 'trolling', as claims to care that barely conceal efforts to animate and legitimise moral panic about unregulated female sexuality. The papers in this issue thus reveal the trans-historic might of the twinned rhetorics of religion and medicine to police women's bodies and behaviour. They display the many ways that religious authorities have frequently used the tools of medicine as an enforcement mechanism.

The pressure that religious and moral concerns have exerted on the allocation of practical medical advice is made evident in Tali Buskila's essay, 'Private Body and Social Order'. Buskila examines the discussion of two diseases among Spanish Jews of the early modern Ottoman Middle East: sperm-retention melancholy and suffocation of the womb. Matters of sexual propriety were at the heart of both diseases, as both were understood to be caused by problems within the sexual organs: excessive retained sperm or menstrual fluid. Although the remedies for these afflictions differed according to gendered social and moral expectations, they each ultimately hinged on the regulation of women's sexuality and fertility. Men's therapeutic options were constrained by vows of fidelity, but were nonetheless multiple; they included masturbation, sex with an enslaved woman, annulment of marriage or taking a new wife if a previous wife was infertile. Women who suffered from suffocation of the womb, a far more pervasive illness, encountered fewer therapeutic options due to concerns about female sexual propriety. The diagnosis of suffocation of the womb was particularly prevalent among younger, unmarried women in whom, it was believed, the retained menstrual fluid might be sublimated into vapours that caused a form of hysteria. Buskila contextualises early modern discussions of these historically specific sex-related illnesses within a society that offered outsized social rewards to mothers and expressed anxieties about the sexuality of unmarried young women. These diagnostic categories thereby served regulatory roles; they located healthy female sexuality firmly within the framework of marriage where, ultimately, it was converted into 'motherhood'. Women who did not fit within the expected parameters of marriage and motherhood were subject to medico-social concern about the dangers of autonomous female sexuality and hopeless longing for conception.

The mutually reinforcing regulatory discourses of religion and medicine are on display in the essay by Annabella Esperanza, 'Medicalizing the Jewish Ritual Bath'. Like Buskila, Esperanza focuses on the Ottoman Empire, though at a later period, in the nineteenth and twentieth centuries. Even then, religious authorities were seeking to import the language of medicine, care and public health as a way of legitimising ritual practices aimed at regulating women's bodies. Esperanza's study tracks a shift in Sephardic Jewish thinking about permissible water temperatures for the ritual bath (*miqveh*). Deliberations about bath temperature were guided by a consistent desire to regulate gender and sexuality. Some rabbis, for example, noted that the cold temperature of the bath might cause women to immerse incorrectly or even to refuse to immerse, particularly in winter months. Frigid waters thus threatened procreative purposes by perpetuating women's state of ritual impurity or causing temporary infertility. Esperanza deftly connects rabbinic anxiety about women's avoidance of immersion



with Ottoman Jewish interest in maintaining the purity of a collective Jewish body. By recasting purity laws in scientific terms, not only did ancient Jewish law gain biomedical credence, but women's state of ritual purity was also transformed into a matter of health. As rabbis permitted warming of the waters, they linked purity of the soul with cleanliness of the body and thus connected women's ritual practices to the health of the family and indeed of the whole community.

Rachel Louise Moran's essay, 'A Women's Health Issue', reminds us that the moralisation and politicisation of medical rhetoric is not a matter of the distant past out of which our purportedly enlightened secular society has grown. Moran explores the pointed religious and moral agenda that informed the late twentieth-century emergence of a new disease category, post-abortion syndrome (PAS), and reveals how anti-abortion counsellors and activists concealed their political efforts under the guise of care work. As in Buskila's exploration of 'suffocation of the womb', which served as an explanation for women's perceived hysteria, Moran observes that the anti-abortion activists and counsellors who designed PAS started from the premise that all women were naturally, healthfully fulfilled by motherhood. As the advocates of PAS imagined it, married, heterosexual womanhood was a woman's greatest longing and achievement and thus, if a woman felt unsatisfied or unfulfilled in marriage, the 'trauma' of her previous abortion was a likely cause. Their interest in the health of women marked a divergence from previous anti-abortion rhetoric, which had focused instead on the health of the foetus. PAS was a *woman's* disease and thus anti-abortion activists appropriated feminist language and tactics for advocating for women's health. They posited that physicians had coerced women into abortions, provided them with misinformation, and had deliberately suppressed their knowledge of PAS. Although anti-abortion activists succeeded in gaining some mainstream medical attention, medical researchers ultimately discredited the syndrome; however, as Moran concludes, health regulations designed to 'protect' women receiving abortions, which were inspired by PAS rhetoric, persist.

Other essays in this collection plumb religious sources as a way of making visible women's participation in and knowledge of healthcare. Webster, Holler and Soine, for example, use oral histories, inquisition records and financial data to demonstrate that women's care labour in religious and spiritual spaces played a key role in sustaining the daily health of their communities, even while their actions were not legible as legitimately, officially or even licitly 'medical'. Meanwhile, Golaszewski demonstrates how spiritual and esoteric aspects of care were sidelined and transformed by the process of creating biomedicalised categories of caregivers, particularly the Traditional Birth Attendant. Taken together, the ample religious and spiritual sources on display in this special issue remind us that the same kinds of religious discourses and spaces that enable some scholars to make visible feminised care labour and healing practices have also been used to conscript care and medicine for the purpose of limning women's health agency and channelling it into reproductive ends.

In addition to the articles and conversations collected in this special issue, we include two review essays that underscore the gendered and racialised dimensions of care and healing economies. The works examined in the review essays highlight radical possibilities for reimagining care from the margins, while also clarifying the gendered and racial politics at play in constructing those margins. Shireen Hamza

and Kelsey Henry examine six recent books that unsettle traditional understandings of skilled knowledge and clinical space, and challenge perceptions of medical history and practices that centre physicians. The result is a re-valuation of health, healing and caring that embraces community-based healing, informal care and intuitive and experiential knowledges. The authors also call attention to the way that knowledge production about bodies and care has the potential to reach beyond academic circles to inform and include an array of patients, caregivers, policy makers and community activists. The review essay by Ezelle Sanford III grapples more specifically with the role of medical knowledge in creating and solidifying racial differences. Considering three recent monographs, Sanford explores how health and disease became sites for constructing racial hierarchies at the edge of empire where, at times, racial categories were more porous and flexible especially regarding mixed race peoples. In eighteenth-century Jamaica and the 'Greater Caribbean', colonial authorities participated in growing conversations across the British Empire that legitimised the de-humanisation of Brown and Black peoples through the construction and deployment of medical 'science'. Indeed, Sanford emphasises the destructive influence of that work on contemporary medical theory and practice. Confronting such histories and their ongoing effects is particularly important amid our latest global pandemic when racialised peoples are experiencing vastly different health outcomes and caring expectations.

By making visible the often affective, domestic, informal and regularised forms of everyday care that have forged and sustained well and sick bodies in varied settings across geographies and chronologies, this collection contributes to a historicisation of the essential care labour of the COVID-19 pandemic. Perhaps unsurprisingly, the essays expose deep, continuous and connected histories of healthcare hierarchies segmented by gender, race and class, in which cure and swift medical intervention is valorised while the sustaining acts that enable bodies to await cure, or that comfort those for whom no cure awaits, remain invisible. But these essays do not dwell on invisibility; instead they showcase the body knowledge generated in informal caregiving sites through hands-on treatment and intimate and emotional therapeutics. They demonstrate a range of powerful, indeed radical, acts of healing made possible by the process of de-naturalising biomedical normativity. In doing so, they contribute nuanced and expansive histories of healing and caring that might more appropriately guide our post-pandemic reconfiguration of therapeutic landscapes and care economies.

## Notes

1. National Women's Law Center. *A Year of Strength and Loss: The Pandemic, The Economy, and the Value of Women's Work*. National Women's Law Center, March 2021. [https://nwlc.org/wp-content/uploads/2021/03/Final\\_NWLC\\_Press\\_CovidStats.pdf](https://nwlc.org/wp-content/uploads/2021/03/Final_NWLC_Press_CovidStats.pdf)
2. The authors cite, in particular, the works of Audre Lorde. Most recently, Lorde's foundational essays and poetry have been edited by Roxane Gay in *The Selected Works of Audre Lorde* (New York: Norton, 2020). See also foundational theorists like: bell hooks, *Ain't I a Woman: Black Women and Feminism*, 2nd edition (New York: Routledge, 2014); Audre Lorde, *Sister Outsider: Essays and Speeches* (Berkeley: Crossing Press, 2012); Kimberle Crenshaw, 'Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color', *Stanford Law Review* 43 (1991), pp. 1241–99; Kimberle Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', *University of Chicago Legal Forum* (1989), pp. 139–67; Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment* (New York: Routledge, 2000); Deborah King, 'Multiple Jeopardy, Multiple Consciousness: The Context of Black Feminist Ideology', *Signs: Journal of Women in Culture and Society* 14 (1988), pp. 42–72; Annette Gordon-Reed,

- Race on Trial: Law and Justice in American History* (New York: Oxford University Press, 2002); Gabriella Gutiérrez y Muhs, Yolanda Flores Niemann, Carmen G. Gonzalez and Angela P. Harris (eds), *Presumed Incompetence: The Intersections of Race and Class for Women in Academia* (Louisville: University Press of Colorado, 2012); Peggy Bristow (ed.), *'We're Rooted Here and They Can't Pull Us Up': Essays in African Canadian Women's History* (Toronto: University of Toronto Press, 1994); Afua Cooper, *Utterance and Incantations: Women, Poetry, and Dub* (Toronto: Sister Vision Press, 1999).
3. Lisa Boivin, 'Image Based Story Telling: A Visual Narrative of My Family's Story', *Canadian Medical Association Journal* 190 (2018), pp. E1112–3.
  4. Robbie Davis-Floyd and Carolyn Fishel Sargent (eds), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives* (Los Angeles: University of California Press, 1997); Julie Livingston, *Debility and the Moral Imagination in Botswana* (Bloomington: Indiana University Press, 2005); Stacey Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania* (Bloomington: Indiana University Press, 2010); Abena Dove Osseo-Asare, *Bitter Roots: The Search for Healing Plants in Africa* (Chicago: University of Chicago Press, 2014); and Projit Bihari Mukharji, *Doctoring Traditions: Ayurveda, Small Technologies, and Braided Sciences* (Chicago: University of Chicago Press, 2016).
  5. Arlie Hochschild, *The Managed Heart: The Commercialization of Human Feeling* (Berkeley: University of California Press, 1983); Evelyn Nakano Glenn, *Forced to Care: Coercion and Caregiving in America* (Cambridge: Harvard University Press, 2010); Kathi Weeks, *The Problem with Work: Feminism, Marxism, Antiwork Politics, and Postwork Imaginaries* (Durham: Duke University Press, 2011); and Silvia Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle* (Oakland: PM Press, 2012).

**Kristin Burnett** is a Professor in the Indigenous Studies Department at Lakehead University, Thunder Bay, Ontario (Canada). Her research focuses on Indigenous history, race and colonisation, settler studies, women and gender history, and the social history of health and medicine.

**Sara Ritchey** is an Associate Professor of history at the University of Tennessee, Knoxville (USA). She is co-editor in chief of the journal *postmedieval* and author of *Acts of Care: Recovering Women in Late Medieval Health* (2021) and *Holy Matter: Changing Perceptions of the Material World in Late Medieval Christianity* (2014); and co-editor of *Gender, Health, and Healing, 1250–1550* (2020).

**Lynn M. Thomas** is a Professor of history at the University of Washington, Seattle (USA). She is the author of *Beneath the Surface: A Transnational History of Skin Lighteners* (2020) and *Politics of the Womb* (2003); and co-editor of *The Modern Girl Around the World* (2008) and *Love in Africa* (2009).