

Art in America



Going Underground: An Interview with Simone Leigh

Protest against police brutality in Prospect Park
July 4, 2015. Courtesy Simone Leigh.

By Rizvana Bradley | INTERVIEWS AUG. 20, 2015

Simone Leigh's Free People's Medical Clinic (FPMC) was originally a community-based art commission for "Funk, God, Jazz and Medicine: Black Radical Brooklyn," a collaboration between Creative Time and the Weeksville Heritage Center in autumn 2014. The clinic has been discussed and written about with respect to questions of gentrification, architectural preservation, history and community health. During the month it was in operation, uniformed nurses, performers and DJs gathered together in the Stuyvesant Mansion in Weeksville. Today part of the Crown Heights neighborhood, Weeksville was founded by James Weeks in 1838 and was one of the first free black communities in the nation. Stuyvesant Mansion was the home of Dr. Josephine English, the first black female OB-GYN doctors in New York.

Leigh's clinic not only paid tribute to the historical legacy of these black doctors and nurses, but also provided allopathic healing services, yoga and pilates classes, and free HIV screenings for members of the community. Almost one year after the clinic's run, the artist reflects upon the legacy of health care in the black community, the art of caregiving, and the problem of framing black life around the liberal discourses of dignity and empathy in our present moment of violent state enclosure.

RIZVANA BRADLEY Most of us are familiar with the Black Panther Party's (BPP) free clinics and community lunch programs of the 1960s and '70s. But you draw on several other references and sources for this project. What

prompted you to do a project centered on the history and the art of caretaking in the black community, and how do you situate Free People's Medical Clinic in relation to your larger practice?

SIMONE LEIGH Malik Gaines and Alex Segade asked me to participate in a performance event during the opening of Kellie Jones's touring exhibition "Now Dig This! Art and Black Los Angeles 1960-1980." They gave me a prompt: the album *Seize The Time* by Elaine Brown, who at one point was a leader of the Black Panther Party. I had not read much about the Black Panthers so I looked for recent scholarship and found a book called *Body and Soul* by Alondra Nelson. It focused on the original Free People's Medical Clinics, a Black Panther Party initiative in the 1960s and '70s across the U.S. The BPP clinics brought direct care services to the community with the help of volunteers. They also focused on screenings and treatment for sickle cell anemia, a genetic disease that disproportionately affects African-Americans. I attempted, but was unable to produce *Free Breakfast For Children* for "Now Dig This," which came to MoMA PS1 in 2012. The free breakfasts were some of the best known initiatives of the BPP's clinics. What became my clinic builds on a long history of medical self-sufficiency among African-Americans, a result of being denied necessary healthcare during slavery and segregation. When Creative Time asked me to propose a project about self-determination in Brooklyn, this idea was already ruminating.

FPMC was a recreation of the BPP clinics, and was also inspired by the legacy of the United Order of Tents, a secret society of black nurses who have been meeting in private to do good works and serve their communities. The order was founded in 1867 by Annetta M. Lane and Harriett R. Taylor, two black nurses who were former slaves and worked on the Underground Railroad. The Tents have operated continuously to this day, making them the oldest Christian fraternal organization in the U.S. Finally, I was inspired by the Àsìkò school, in which I have participated twice. Founded by Bisi Silva of the Centre for Contemporary Art, Lagos, Àsìkò travels to a different country each year and convenes a pan-African group of artists, curators and scholars. The clinic and Waiting Room, the magazine I edited, in some ways mimicked this kind of interdisciplinary sourcing of knowledge.

I typically work in an auto-ethnographic mode. My practice has been object-based for the most part. I have created sculpture, installation and video, with performance sometimes as the form for the work. My artwork is in large part an exploration of black female subjectivity, and I also am interested primarily in a black woman audience. Issues that often come up are labor, authorship and women as the containers of community knowledge and as a source for material culture. So when I was asked to make my work live, I thought a focus on black nurses would address many of my interests and concerns.

BRADLEY It seems like you did a lot of research leading up to the project. I'm curious how you came to learn about key African-American medical pioneers.

LEIGH Much of the research was gleaned from the archives of the Schomburg Center for Research in Black Culture and the Weeksville Heritage Center. The most startling discovery was the work of the Tents. One wonders why their legacy isn't common knowledge. Having grown up in Chicago's South Side I have been aware of many private groups and social clubs that support such organizations. Much of black culture is developed, honed and supported within these groups. It seems that having a real humanity in the public sphere is often impossible, and so often black culture is cultivated in private. In researching the Tents, the desire and need for separatism came up again and again. Some people refer to this private model as "safe space."

The FPMC itself was located inside Stuyvesant Mansion, built in 1914, which was home to Dr. Josephine English. English was the first African-American gynecologist with a private practice in New York state. She delivered all of Malcolm X and Betty Shabazz's children. She was also a tireless community advocate and her family has continued her work. It was wonderful to work in a space that was actually hallowed ground.

BRADLEY This is a marvelous project for so many reasons, but specifically because it brings together the historical strands of black community politics with an aesthetic that refigures an idea of community.

The FPMC asks us what it

means to be in a community and act communally. It strikes me that your interest in the concept or idea of community, particularly with respect to black life, has particular urgency for our times.

LEIGH Three of the four hospitals in the area of the clinic were either closed or scheduled to close while we worked on FPMC. Obamacare had been established the year before, but it was being contested all the way to the Supreme Court. The clinic opened in the aftermath Eric Garner and Michael Brown's deaths that summer. #BlackLivesMatter had emerged as the civil rights movement of our time.

Empathy and the lack thereof became a significant recurring idea as I conceived the clinic. Recently multiple studies emerged confirming that both black and white people, including medical personnel, assume black people feel less pain than white people. The effect of this lack of empathy has been devastating. Many black people are suspicious and wary of medical care because of the Tuskegee syphilis experiment and other studies supervised by white doctors and scientists who have repeatedly indicated that they used black bodies because they do not experience pain. The Tuskegee experiment, a clinical study by the U.S. public health service to track the natural progression of syphilis in 600 black men in Alabama, was conducted between 1932 and 1972. The men were never told they had the disease and were never treated for it.

The general lack of empathy for black people is a factor in every aspect of interaction with medical providers. It goes to the core of what is difficult to name and change in terms of structural racism and sexism. This is another reason why #BlackLivesMatter is such an appropriate title for a civil rights movement here and now.

BRADLEY It seems you're also interested in #BlackLivesMatter not as a call for liberal political empathy, but rather in its function as a communal call that demonstrates the limits of liberal empathy. In other words, liberal politics can only conceive of and generate empathy for the individual, rather than for forms of communal blackness. There's a way in which this project speaks to your desire for new forms of collectivity. Can you say a bit about the structure of community healthcare (in Brooklyn) that you are reimagining?

LEIGH One of the traditional functions of black nurses in our community is to bridge the empathy gap between black people and other medical providers. This is just one of the reasons why they are the backbone of our community. Creative Time's call for artists to participate in "Black Radical Brooklyn" included, in the initial press release, the language of "dignified care." But I was trying to describe an African-American aesthetic, taking what was already there in the Weeksville neighborhood and what I found on the traditions of black women nurses. What people read was, "we're finally bringing some dignity to these black people." I was trying to reveal something beyond dignity that's always been there.

BRADLEY In addition to HIV tests, health screenings and wellness visits, the part of your project that offered homeopathic and allopathic services to the public—like yoga, acupuncture sessions and dance classes—expands our view of what healthcare in our present moment ought to include. These sessions ask us to consider alternative health and care practices—the daily processes of living and recuperating—that have sustained us and keep us thriving, and that we ought not to neglect.

LEIGH The clinic provided an array of services that were focused on preventive care. We offered well-woman care or gynecological services through established midwifery and doula services, massage, acupuncture, dance (based on Katherine Dunham's technique and choreography), yoga, pilates, blood pressure screenings, HIV testing and counseling, and lectures on herbalism. We intended to create an Afrocentric space by establishing an active clinic in the Stuyvesant Mansion that would bring black people's medical concerns from the margin to the center. One thing we discovered is that delivering direct care to the community is not possible in the ways that it was in the '70s. Insurance laws put in place to protect people also function to restrict a doctor's ability to give care. We met for hours with one local hospital and couldn't figure out how to get over the insurance issue. All solutions were cost prohibitive. The presence of midwives in the clinic allowed us to offer care visits for women, but no primary care for men was available beyond blood pressure and other basic screenings. Another reason for the focus on allopathic services is the importance of self-care and preventive care modalities, which in our culture are often situated in spas and treated as a luxury, not a necessity.

BRADLEY Stuyvesant Mansion also became a site for performativity and theatrical improvisation. These aspects of the FPMC underscore the much-debated point about the divide between art and life. You seem to be moving further, asking us to consider the conceptual relation between art, life and healing. Does this all link up with an idea of what it means to do the work of caretaking and perform the work of healing on, through and with others? Can healing as an artistic practice become a means of accessing body knowledge, another kind of history?

LEIGH One of my favorite parts of the clinic was the lecture on herbalism by master herbalist Karen Rose. In her lecture she discussed how medicine was "sung." "The songs themselves are medicine, as was the herb that was sung about," she said. In this project I sought to expose a more nuanced and expanded understanding of medicine that I have experienced in many cultures of the diaspora. There has always been a blurred line between medicine that seeks to heal your physical wounds and emotional wounds, like your broken heart or damaged self-esteem. I have listened to this lecture several times and I'm always stunned at how casually and succinctly Rose writes an entire epistemology about knowledge and form and self-care. But yes, I created the FPMC as a performative space. There was even a DJ booth run by artist Charles Fembro.

BRADLEY There is clearly an aesthetic component to the clinic. I would like to hear about the integration of your object-based sculptural practice into this project, particularly your choice to decorate the Stuyvesant Mansion with cowrie shells, flowers and other objects, and to have nurses and caretakers attending to visitors in uniform. It's almost as if, in decorating the first floor of the mansion, you've highlighted the action of waiting, but you've also turned the concept of waiting and the space of the waiting room into something vestibular to life and culture, death and struggle. The idea of the waiting room conceptually draws out the space of history and time, just as it interrogates our ways of building and dwelling and organizing ourselves in space.

LEIGH The story of Esmine Elizabeth Green directly influenced this idea of the waiting room. Green died in June 2008 at age 49 after waiting 24 hours in the psychiatric emergency room of Kings County Hospital in Brooklyn without being seen. I see the waiting room as a space of impossible memorialization in a way, and a space where aesthetic ideas can get worked out. I am compelled by this idea that the artistic form is as important as the information the form delivers. This observation is something I encounter continuously in my explorations of African and diasporic cultures. In Western cultures there is a stated separation between style and substance; there is an idea of the object and the decoration. Black aesthetics deny this separation. One reason I had acupuncture or dance or yoga happening in the waiting room is because I wanted to display what was going on inside the rooms, so the clinic is revealing itself in and through these performances as a space of collective healing. But it's also a way of going back, revisiting and revising histories and stories, like those of Green and the BPP.

BRADLEY Can you say more about Waiting Room Magazine, the published collection of poetry, art, fiction and essays released alongside this project?

LEIGH This was the magazine I created for the FPMC, which included contributions by well-known writers and academics who were reflecting on the issues of medicine and self-determination. The magazine is primarily composed of scholarship by and about black women, and features texts by Vanessa Agard-Jones, Naomi Jackson (who addressed the death of Esmin Green), Robin Coste Lewis, Aimee Meredith Cox, Sharifa Rhodes-Pitts and Alondra Nelson, who wrote about the painful legacy of Tuskegee. Nontsikelelo Mutiti completed the design. Rhodes-Pitts created "ladies pages" for the magazine. Coste Lewis submitted a poem that describes her discovery of a slave-owning ancestor; Agard-Jones included an excerpt from her paper on sand as a metaphor for the Caribbean and same-sex desire. I also contributed photos of the Muthi market in Durban, a market/apothecary/pharmacy that is as long and wide as a city block. In this market, as in many markets I have visited in African and diasporic communities, the idea of medicine is bigger than pharmacology for the body.

BRADLEY It's an eclectic mix of personal reflections and historical ephemera. In light of this, can you discuss how the FPMC links up with a black feminist imagination?

LEIGH I keep coming back to these images of the tragic death of Green, dead on the floor in the waiting room of Kings County Hospital. She migrated to the United States from Jamaica 20 years prior, leaving her family, including her children, behind in order to send them monetary support from the States. By the time she arrived at the psychiatric ward, Green had been despondent and out of work for months. In one line the New York Times presented an apt description of the tragedy: "Waiting may have killed her." It is images like these that pushed me to make work addressing the intersection of black women's bodies and health care in this project. I am not a public health expert. I am an artist. But my personal opinion is that the number one killer of black women in the U.S. is obedience.

BRADLEY That's a really powerful illustration of black female expendability, which becomes the basis for our concepts of precarity and medical liability. I wonder if you are taking up a specific history of black women laboring as caregivers for their communities. If the distribution of work is gendered and racialized, it strikes me that black women's work reveals a form of surplus that often gets overlooked. Black women sustain the social life of community work, which stands in distinct contrast to the regulated distribution of labor instituted and demanded by capitalism.

LEIGH I think this question of black female doctoring and caregiving, and this long history of black women's medical activism, is bound up with the symbolic importance of the Stuyvesant Mansion as the center of the community. This is something I wanted to underscore in the Free People's Medical Clinic. The clinic was established in an area of Brooklyn previously called Weeksville. Weeksville formed into a community of black people, many or most of whom were ex-slaves. The community had its own school, two churches and even a newspaper. Susan Smith McKinney, born in Weeksville in 1880, became the first black woman doctor in New York state. The mansion where the clinic was housed was formerly a senior and community center owned by the family of Dr. English.

Also, your question about labor that has historically gone unrecognized recalls evangelical churches. There, it is common to have a row of "church nurses" seated in the front row, dressed in white and ready for duty should the spirit hit someone and they lose control of their body. But I also believe this display functions as an opportunity to pay nurses respect for their work, which often plays out as critical but anonymous labor.

BRADLEY This project speaks to the transformative potential of black life at the height of political closure and state brutality. What does it mean to you to reflect on the FPMC and questions of collective care, art and community in this particular social moment?

LEIGH Working on establishing a social practice project like the clinic was especially critical to me given the sociopolitical context we are living in now. This photograph [of protest imagery with a sign that reads "Please Stop Killing Black People"] was taken on July 4th in Prospect Park. This is my neighborhood in Brooklyn. The photograph was taken several days after a man gunned down nine black people during their Wednesday night bible study at the Emanuel African Methodist Episcopal church. In reaction to Nat Turner's slave rebellion, the white-run city of Charleston outlawed all-black churches in 1834. The A.M.E. congregation met secretly until the end of the Civil War in 1865.

I am also reminded of the last day of the clinic, when two doctors from one of the original Black Panther Party clinics visited. They told me that when they were working in the same neighborhood in the '60s, they were so besieged with direct conflict from the police that the facade of the building was covered in sand bags. They said it was much more like a bunker than a hospital. We are so besieged now. Perhaps it is time to do as the Tents do, go back underground.

<http://www.artinamericamagazine.com/news-features/interviews/going-underground-an-interview-with-simone-leigh/>