

BOOK REVIEW

Antiblackness and Global Health: A Response to Ebola in the Colonial Wake

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HOW TO CITE: Tulshian P. Antiblackness
and Global Health: A Response to Ebola in
the Colonial Wake. *Fam Med*.

2025;57(5):397–398.

doi: [10.22454/FamMed.2025.354181](https://doi.org/10.22454/FamMed.2025.354181)

PUBLISHED: 1 May 2025

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Book Title: Antiblackness and Global Health: A Response to Ebola in the Colonial Wake

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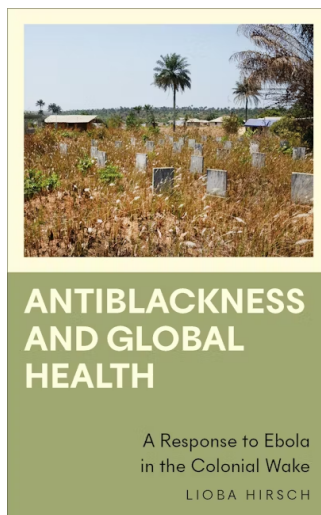
Publishing Details: Pluto Press, 2024, 208 pp., \$33.00 paperback

In *Antiblackness and Global Health: A Response to Ebola in the Colonial Wake*, Lioba Hirsch delves into the intricate intersections of race, colonialism, and systemic inequities in global health. This book challenges dominant narratives in public health by exploring the influence of antiblackness on health outcomes, policies, and practices worldwide. It invites readers to confront uncomfortable truths about the structural inequities that continue to undermine health equity, particularly for Black communities.

A central theme of the book is the enduring legacy of colonialism. The author details how colonial systems built on the exploitation and dehumanization of Black bodies laid the foundation for modern global health inequities. For instance, colonial powers justified the brutal treatment of enslaved Africans by pathologizing their bodies, framing them as inherently diseased or subhuman. These racist ideologies were embedded into medical institutions and persist in global health frameworks today, shaping who receives care, how resources are allocated, and what diseases are prioritized for funding and research.^{1,2} The author emphasizes how these colonial legacies continue to perpetuate unequal power dynamics between the Global North and the Global South, often disguising exploitation under the guise of humanitarianism.

Hirsch further examines the intersection of colonial legacies and antiblackness through the backdrop of the 2014–2016 Ebola crisis in Sierra Leone. She highlights the historical distrust rooted in colonial exploitation by outlining the hesitation of communities to engage with international health workers during the Ebola crisis. Additionally, the book discusses how existing health care infrastructures, established during colonial times, were ill-equipped to handle the Ebola crisis. She argues that these outdated systems, designed primarily to serve colonial interests, lacked the capacity to address the needs of the local population during the epidemic, exacerbating the crisis. Hirsch demonstrates how colonial era racial biases persisted in contemporary disease control strategies. During the Ebola outbreak, African communities were often portrayed as backward or noncompliant, narratives rooted in colonial perceptions of African inferiority. These biases influenced the design and implementation of health interventions, often marginalizing local knowledge and practices. Lastly, Hirsch critiques the global health community for sidelining African experts and local health care workers during the Ebola response. This exclusion mirrors colonial practices where indigenous knowledge systems were devalued, reinforcing power imbalances and perpetuating antiblackness within global health governance.

The COVID-19 pandemic serves as a stark case study for many of the colonial legacies highlighted in the book. The pandemic laid bare the structural inequities that disproportionately affect Black communities globally.³ In the United States, for example, Black individuals experienced higher rates of infection, hospitalization, and death due to systemic factors such as limited access to quality health care, overcrowded living conditions, and employment in frontline jobs.⁴ Globally, African nations faced significant challenges in accessing vaccines—a disparity rooted in the unequal distribution of resources and the legacy of colonial extraction.⁵ The author argues that these disparities



are emblematic of a broader neglect of Black lives in global health policy and practice.

While the book provides a powerful critique of antiblackness in global health, it is not without limitations. One critique is that the book's scope can feel overly focused on historical injustices without offering enough actionable steps for change. While the authors call for a radical reimagining of global health systems, the specifics of implementing these changes are less thoroughly explored. Additionally, the book's reliance on academic language may make it less accessible to practitioners and community leaders who are key to driving on-the-ground changes. Expanding the discussion to include more grassroots perspectives and practical frameworks could enhance its impact.⁶

The author argues that addressing antiblackness in global health requires more than surface-level interventions. It demands a radical reimagining of global health systems to center equity, justice, and the voices of Black communities. This includes dismantling racist policies, diversifying leadership in health organizations, and prioritizing research and funding for health issues disproportionately affecting Black populations.

Antiblackness and Global Health is a compelling call to action for scholars, practitioners, and policymakers. By delving deeply into themes of colonial legacies and the commodification of Black bodies, the book compels readers to interrogate the historical and contemporary forces that perpetuate health inequities. By linking themes of colonialism, racism, and health to the COVID-19 pandemic, the book underscores the urgency of confronting antiblackness as a central barrier to health equity.

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