MPHG Paper

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# Reframing Black Activism: A Genealogy for the Sick and Tired

Abstract:

The question of who is responsible for Black people’s health has been the source of political and economic turmoil since Black people were emancipated. Just as this question has existed for decades, so has the Black activism that urges the state to be accountable for Black people’s poor health. In this paper I investigate how the politics of health and blame have unfolded and varied throughout history, as well as how Black social justice movements have challenged these dynamics by prioritizing health care objectives. I focus on social justice movements that are primarily understood in terms of citizenship, rights, and anti-police violence, specifically Reconstruction, the Civil Rights Movement, the Black Panther Party, and most recently, the Reproductive Justice Movement, to underscore the Black radical tradition of connecting race and health activism. I adopt the term “Black radical tradition” from Cedric Robinson to highlight Black people’s history of resistance vis-à-vis health much like the way Robinson highlights the history of Black resistance vis-à-vis Marxist theory in his book *Black Marxism: The Making of the Black Radical Tradition.* Ultimately, I argue that a genealogy of health care and race activism is necessary to envision the causes and solutions to racial health disparities because Black activism has always envisioned and often created equitable solutions for Black health crises.

## Introduction

The question of who is responsible for Black people’s health has been the source of political and economic turmoil since Black people were emancipated. While it has existed for decades, there are specific moments in history when this question has taken special political urgency. The recent COVID19 pandemic is exactly one of those moments. In at least three U.S. states, Black deaths outweigh white deaths by two times.[[1]](#footnote-1) Even in a state like D.C., where the Black and white populations are about equal, Black people are still dying at a higher rate. These distressing statistics have sparked a public debate as to why Black people fare the worst in health. Some attribute this phenomenon to structural inequities, such as socioeconomic status; Black people make up the majority of people who do service jobs (low wage labor that is ironically considered most essential during this crisis) that prevents them from avoiding contact with the public. But more relevant to this discussion is the idea the racial disparities of COVID19 mortality and infection rates can be attributed to the lack of access to affordable and quality health care, which results in the persistence of preexisting health conditions that typically go undiagnosed.

A study conducted by the Centers for Disease Control (CDC) on the disproportionate impact of COVID19 on racial and ethnic minorities concluded that underlying health conditions and lower access to care make people of color particularly vulnerable to the virus.[[2]](#footnote-2) At a White House briefing, the National Institute of Allergies and Infectious Disease (NIAID) director Dr. Anthony Fauci said, “We have a difficult problem of exacerbation of a health disparity. We have known literally forever that diseases like diabetes, hypertension, obesity and asthma are disproportionately afflicting the minority populations, particularly the African American.”[[3]](#footnote-3) He later added that these conditions will “lead to a bad outcome with coronavirus.”[[4]](#footnote-4)

Yet, even with these alarming statistics and public health research, some prefer to focus on the personal lifestyles Black people choose to lead that makes them more susceptible to health conditions. This logic supports the idea that the state should not be accountable for ensuring health care for all through constructed notions of Black deviance. Simply stated, this rationale supposes that since Black people do not prioritize their own health, neither should the state. This rhetoric becomes a mechanism for disrupting those that try to make the state accountable for the effects of structural forces on these disparities because it asserts that one must be “deserving” of health care. And since Black people are systemically denied access to what makes one “deserving” such as having a job that provides health care or possessing the wealth to pay for healthcare, medical corporations and their political supporters divert public attention to what Black people do to make their health so poor. They claim Black people choose to be unhealthy because they choose to be poor, and any negative environmental conditions they face (food desserts, pollution, violence, etc.) are a natural result of their poverty. This view refutes the argument that health care should be a human right, because one must meet certain requirements to earn the right to quality healthcare.

While the COVID19 pandemic has done much to resurface debates about who or what is responsible for perpetually high rates of health conditions in Black Americans as well as possible solutions, historically, Black social justice movements have always been concerned with prioritizing health care in their demands to the state. This paper focuses on social justice movements that are primarily understood in terms of citizenship, rights, and anti-police violence, such as Reconstruction, the Civil Rights Movement, the Black Panther Party, and most recently, the Reproductive Justice Movement, to underscore the Black radical tradition of connecting race and health activism. I adopt the term “Black radical tradition” from Cedric Robinson to highlight Black people’s history of resistance vis-à-vis health much like the way Robinson highlights the history of Black resistance vis-à-vis Marxist theory in his book *Black Marxism: The Making of the Black Radical Tradition.* Ultimately, I argue that a genealogy of health care and race activism is necessary to envision the causes and solutions to racial health disparities because Black activism has always envisioned and often created equitable solutions for Black health crises

## Reconstruction and The Freedman’s Bureau

The Reconstruction Era is primarily remembered as a time in which the main concern of Black people was political and economic integration. The Freedman’s Bureau is especially understood as a project to make Black people full citizens in terms of political representation. However, Reconstruction was a profoundly health oriented project. The lack of awareness for Reconstruction’s health care activism in our collective memory is perhaps because few scholars have tried to particularly excavate its medical missions.[[5]](#footnote-5) Reconstruction historian, Gaines M. Foster alludes to this gap in scholarship when he states “historians have devoted limited attention to the problem of medical care for the freeman.”[[6]](#footnote-6) Gaines notes that there are however, treatments of medical care during this period for individual states in the form of journal articles, as well as brief yet detailed sections in longer pieces of work. Such is the case for *Black Reconstruction: An Essay Toward a History of the Part Black Folk Played in the Attempt to Reconstruct Democracy in America*, *1860–1880* by W.E.B. Du Bois. Du Bois, arguably the most prominent scholar of Reconstruction, to some degree attempted to highlight the medical care objectives of this period by documenting the systematic plans to care for the sick through the creation of public health departments to promote public health and sanitation and combat the spread of epidemics.[[7]](#footnote-7)

After the Civil War, four million Black Americans were released into a world that afforded them few rights and resources. Obtaining adequate health care became one of the biggest hurdles to freedom. Most physicians and municipal offices refused to provide accommodating services for the newly freed Black people since the law did not require them to. This benign neglect resulted in deteriorating health of the Black population, which brought disease and death in the early period of Reconstruction.[[8]](#footnote-8) Destitute poverty, poor sanitation and housing, lack of health facilities, and epidemics combined to make the early years of Reconstruction the nadir of Black health status. During the early years of Reconstruction, one of the major motivations of the federal government to create the Freedman’s Bureau, the first large-scale welfare program, was to actually reduce the high mortality rate. In “An American health dilemma: a history of blacks in the health system”, W. Michael Byrd and Linda A. Clayton reveal:

Congress, because of the alarming black death rates, was frightened into passing Freedmen’s legislation, which opened schools (such as Howard, Meharry, Fisk, and Atlanta University), hospitals, soup kitchens, and clinics all over the south...Nevertheless, death rates in the 1870, 1880, and 1890 censuses were so staggering, the New York Life’s and Equitable’s actuaries confidently predicted black extinction by 2000 AD.[[9]](#footnote-9)

The high Black mortality rate was a major priority in the early years of Reconstruction, and many projects had specific health goals to decrease these rates. In *Black Reconstruction,* Du Bois reveals that by 1867, only two years since the Bureau’s founding, there was already forty-six hospitals with 5,292 beds.[[10]](#footnote-10) Furthermore, he states that because of the efforts of the Bureau “The death rate among the freedmen was reduced from 30% to 13% in 1865, and to 2.03% in 1869.”[[11]](#footnote-11) Even before the formalized creation of the medical division of the Freedman’s Bureau in 1865, health care was a high priority that led to its inception. In "There Are Many Sick, Feeble, and Suffering Freedmen": The Freedmen's Bureau's Health-Care Activities during Reconstruction in North Carolina, 1865-1868”, Reggie L Pearson writes, “The federal government legally assumed responsibility for the freedmen’s health and welfare when it created the Bureau of Refugees, Freedmen, and Abandoned Lands (Freedmen’s Bureau).”[[12]](#footnote-12) The actions of the state during this period reveal that it would take more than a few volunteer doctors, clothes, and food to decrease the staggering Black mortality rates.

Improving the health of Black people would require substantial social programs because it was a lack of this support that caused their illnesses in the first place. While there were still many ways in which Black people were not receiving the aid they needed (even with this government assistance), the progress made in Black health rates due to the work of the state suggests that Black people were not solely responsible for their deteriorating health and any real attempt to help Black people would require intervention and facilitation on multiple fronts. However, state intervention would not have been possible without Black activists who worked with the white integrationist delegates (Black people had not yet been elected to Congress in the early years of Reconstruction) to create the auxiliaries for freed people on the federal, state, and local levels. [[13]](#footnote-13) These Black activists formed many leagues, meetings, conventions, parades and petitions that advocated for the full freedom of Black people, legally and otherwise.[[14]](#footnote-14) They provided substantial political pressure, pushing the state to create the policies needed to assist Black people.

One of the more active leagues created during this time was the Equal Rights League. It especially fought against the discriminatory laws that regulated the conduct of Black people known as the Black Codes, and President Andrew Johnson’s racist policies. Johnson opposed the Freedmen's Bureau Bill, the Civil Rights Act of 1866, and the Fourteenth Amendment.[[15]](#footnote-15) The league’s work led to the second phase of the Reconstruction that would give Black people a more active role in American society. During this second phase, also known as the “Radical Reconstruction”, we see Black people get the right to vote and hold office. But in 1872, soon after this second phase began, white southerners pressured Congress into dismantling the Bureau. White southerners used political ridicule and violence, including terrorist organizations such as the Ku Klux Klan, to stymy the race and health progress of the period.[[16]](#footnote-16) Soon the state expanded the existing segregated system of local private providers and religious-based charity care. The push toward the privatized health care system that exists today is largely due to the pull away from a more socialized system that was arising during Reconstruction because of the work of Black activist and their delegate allies­­. This shift was prompted by the fear of the racial equity that was coming from the adoption of racially conscious health care.

## The Civil Rights Movement

Voting and women’s rights activist, Fannie Lou Hamer once said, “I’m sick and tired of being sick and tired.”[[17]](#footnote-17) This famous civil rights quotation addresses the general frustration by the Black community for the continued fight against codified racial discrimination. Yet, her statement also undoubtedly references theperpetuallydeteriorating physical health of Black people. This quote speaks to the way in which social factors, as well as the stress these social factors cause, contribute to the health status of individuals and communities. Hamer herself died at age 59, after succumbing to heart disease and breast cancer.[[18]](#footnote-18) Just as Hamer demanded the right to health in her statement, so did the Civil Rights Movement, generally.

The Civil Rights Movement had profound health care objectives and, much like Reconstruction, is not widely recognized for its health care objectives. Many are unaware that without the Black activism of the Civil Rights Movements, Medicaid (which is arguably the closest attempt to attaining universal health in the United States) would not have been possible. Civil rights activists saw health care as a human right for all, and more specifically a pillar of racial equality. The victory of the passage of Medicare and Medicaid in 1965 was possible due to the work of Dr. William Montague Cobb, the first Black American to earn a degree in Anthropology. He did significant research connecting racism to the health and livelihood of Black people. Dr. Cobb’s work, combined with the favorable ruling of the 1963 Simkins v. Cone lawsuit, helped to apply serious political and social pressure to Congress to pass the 1965 Social Security Amendment that authorized Medicaid and Medicare.[[19]](#footnote-19) The NAACP leader and Greensboro, North Carolina dentist, George Simkins filed a suit against segregation in a local hospital. The case held that the “separate but equal” racial segregation in publicly funded hospitals were in violation of the equal protection clause of the fourteenth amendment.[[20]](#footnote-20)

Additionally, the work of the National Medical Association (NHM) contributed to the passage of the 1965 Social Security Act Amendment. The NMH was an organization that represented African American physicians and their patients. The NMH’s adoption of activist tactics at medical conventions and at their Imhotep Hospital Integration Conferences won the political fight over Title XVIII (health insurance for the elderly and disabled) and Title XIX (health insurance for people with limited income) during President Lyndon B. Johnson's administration which helped to secure the Social Security Act Amendment’s passing.[[21]](#footnote-21) Even Dr. Martin Luther King Jr. himself worked closely with the Medical Committee for Human Health, an organization of health care professionals that provided medical care for civil rights workers and community activists. In an influential speech to the organization Dr. King stated, “Of all the inequalities that exist, the injustice in health care is the most shocking and inhuman.”[[22]](#footnote-22) Interestingly, this statement was said in 1966 months after the Civil Rights Act in 1964 and the passage of Medicare and Medicaid in 1965, alluding to the harsh reality for many civil rights activists that the fight for universal access to health care had only begun. This quote has since become a rallying cry for defenders of universal health care. [[23]](#footnote-23)

It is evident that the accomplishment of Medicaid was largely a result of the push by Civil rights activists. The state was forced to acknowledge that there was a need for the creation of necessary channels for Black people to access health care due to the barriers of structural violence like segregation that caused Black poverty and homelessness. But like any racial justice victory, whether health care related or not, there was a dramatic opposition that led to a near reversal of the progress made. In fact, the decade after the passage of the Social Security Act of 1965 was the first period when we see explicit references to the neoliberal personal responsibility rhetoric. This personal responsibility rhetoric refers to the language used to diminish the experiences of disempowered peoples whose increased health care needs are largely a result of structural violence by claiming it is solely one’s individual choices that lead to illnesses. It is language invokedagainst disempowered groups even today, as with the case of the COVID19 pandemic.

Even with the improvements in Black health that many referred to as the “Second Reconstruction”, the still segregated American Medical Association (AMA), health care industry organizations, and their conservative allies were able to prevent the expansion of health care coverage.[[24]](#footnote-24) This coalition, invested in the privatization of medical care, poured millions of dollars into creating a public relations campaign that accused the Harry S. Truman administration of communist sympathies, also known as red-baiting. They used austerity, a set of political-economic policies that aim to reduce government budget deficits through spending cuts, and tax increases, to promote the idea that the U.S. could not afford universal health care. Defenders of the growing privatized medical industry claimed that the state should not be responsible for the health of people who might require even more supposedly expensive social programs (not only ones related to health care.)[[25]](#footnote-25) Health economist[**s]** also helped these corporations and politicians hinder universal health care policies by creating the theory of “moral hazard.”[[26]](#footnote-26) “Moral hazard” refers to the idea that health care will be overused if the user’s costs for health care were lowered.[[27]](#footnote-27) This theory supposes that health insurance causes people to behave differently, in terms of use and total spending, than they would behave without insurance. Essentially, it claims that there is a problem or “hazard” with affordable health care because there will be an increase in the use of medical services.[[28]](#footnote-28)

By utilizing red-baiting and the tropes of “moral hazard” and personal responsibility, powerful corporations and their political supporters controlled the direction of American health care by demonizing poor and sick people, who were typically people of color.[[29]](#footnote-29) This resulted in the substantial reduction of major welfare programs created in the 1960s as well.[[30]](#footnote-30) This allowed corporations to establish a consumer-driven health care system in which health care coverage was fundamentally linked to jobs, thereby making coverage a commodity because only those who performed a certain type of labor or had wealth were “deserving” of health care. However, even with these reductions, Black activism continued to challenge these ideologies. They demanded health care be considered a human right that is especially necessary in conversations about racial justice.

## The Black Panther Party

The Black Panther party (BBP) was initially committed to armed self-defense against police brutality but eventually evolved into a mobilization against a more ambitiously framed concept of injustice. The Black Panther Party did not limit their understanding of violence to only physical violence. As the organization grew, their philosophies also expanded. Injustice was seen in a more nuanced way. Lack of adequate housing, education, and jobs were also considered to be forms of violence, and soon they took up the fight for accessible and quality health care.[[31]](#footnote-31) The Black Panther Party saw access to health care as intrinsic to Black people’s well-being and therefore essential racial justice itself. The party opened several clinics across the country in order to deliver community-based health care that took lessons from both the successes and failures of the Civil Rights Movement. The result was the opening of the first United States community health centers in Boston, Massachusetts, and Mount Bayou, Mississippi. [[32]](#footnote-32)

The organization adopted a racially conscious approach to health care that acknowledged social determinants of health. Through its health care missions, the BBP asserted that the state’s failure to address unemployment, lack of adequate education and housing, as well as other forms of oppression, caused poor health.[[33]](#footnote-33) The BPP did not initially include health care as one of their pillars for racial justice, but they later revised their Ten Points Program to include health in 1972. To reflect their commitment to health, the sixth point in the revised document stated:

*WE WANT COMPLETELY FREE HEALTH CARE FOR ALL BLACK AND OPPRESSED PEOPLE­*. We believe that the government must provide, free of charge, for the people, health facilities which will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventive medical programs to guarantee our future survival. [[34]](#footnote-34)

The BPP party became public health heroes to those that would not have otherwise been able to access quality health care. The development of the Black Panther Party’s Ten Points and overall focus reveals a progression in what justice constituted for these activists. It was not that their mission for racial equity changed, but there was now a greater understanding that the deteriorating health of Black people was a manifestation of the racial injustice Black people face. Racial injustice does not start and end with police brutality and while this needed to be immediately remedied with radical shifts in policy, so did other forms of state violence that were and still are killing Black people.

The work of Alondra Nelson is especially relevant because of her contributions to recovering the often understated health care missions of the party. In her book, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination,* Nelson speaks to the BPP health activism as she recounts the network of free health clinics, its campaign to raise awareness about sickle cell anemia, and its challenges to medical discrimination[[35]](#footnote-35). She argues that the BBP’s health activism built upon the existing tradition of medical self-sufficiency amongst Black people and served as an inspiration for all health activists through their visions of health care equity. Nelson writes;

Although the Panthers’ politics of health and race is a seemingly more ephemeral legacy, it endures in the commitment of health activists today, both former Party members and those inspired by them; in the persistence of community-based health- care in the face of medical inequality; and the idealism that a right to health might be assured.[[36]](#footnote-36)

The book highlights the legacy of the health activism of the BPP and the need for its history in current fight for universal health care.

The BBP, the Civil Rights movement, and the early years of Reconstruction all had a common ideology that challenged the notion that it was the action or inaction of Black people that caused disproportionate rates of death and disease in their communities. Ultimately, the result of these movements is reflected in shifts toward the very possibility of universal health care, threatening those who directly profited from Black people’s and other disempowered groups’ poor health. The profit is both ideological and economic for the growing medical industry and its political defenders. The ideological profit is the continuation of the narrative that Black people are deviant and irresponsible, therefore deserving of their lot, especially their poor health. And the economic profit is [seen in] the way that this rhetoric of Black deviance maintained the commodification of health care. If the state took accountability for Black people’s health care and racial health disparities decrease, it would inherently reveal that it is not Black people’s behavior that is to blame but the lack of access to quality health care. Simply put, if race disparities in health decline due to the increased accessibility of health care it would reveal how many deaths and illnesses are a result of the state’s neglect. The Black radical tradition of demanding that the state be accountable for health care, not an industry that profits from Black mortality and illness, is still alive today with the Reproductive Justice Movement. While the Reproductive Justice Movement may be most known for its work concerning racial disparities in adverse birth outcomes, it is also concerned with the other health conditions that befall black people because of the state’s abuse.

## The Reproductive Justice Movement

In 1994, a group of Black women gathered to discuss the specific set of health barriers women of color face that were not being addressed in the Women’s Rights Movement that prioritized the experiences of middle-class and wealthy white women. The group was later called Women of African Descent for Reproductive Justice. The group’s highest priority was centering intersectional approaches to women’s health care. It coined the term “reproductive justice,” which they defined as not just the right to an abortion, but the demand that women should have access to a range of reproductive health services as detailed below.

The term “reproductive justice” was first officially used in 1994 in a statement titled "Black Women on Universal Health Care Reform."[[37]](#footnote-37) The statement was addressed to the members of congress and published in *The Washington Post* and *Roll call*, in which they voiced their criticism of the Clinton health care plan that specifically left out the underinsured and uninsured.[[38]](#footnote-38) In addition to reproductive health services, there were two particularly relevant health care reform demands.

(1) *Comprehensiveness*. The package must cover all needed health care services, including diagnostic, treatment, preventative, long-term care, mental health services, prescription drugs and pre-existing conditions. All reproductive health services must be covered and treated the same as other health services. This includes pap test, mammograms, contraceptives methods, prenatal care, delivery, abortion, sterilization, infertility services, STD’s and HIV/AIDS screening and treatment. Everyone must also be permitted to choose their own health care providers.”[[39]](#footnote-39)

(2) *Protection from discrimination.* The plan must include strong anti-discriminatory provisions to ensure the protection of all women of color, the elderly, the poor and those with disabilities. In addition, the plan must not discriminate on the basis of sexual orientation. In order to accomplish this goal, Black women must be represented on national, state and local planning, review, and decision-making bodies.”[[40]](#footnote-40)

The statement and contribution of these women set the stage for a new era of collaboration between academia and activists to create comprehensive and intersectional research, helped to create new women of color led and serving organizations, and prompted the reorganization of philanthropic foundations.[[41]](#footnote-41) The framework established in the statement resisted the neoliberal personal responsibility rhetoric that would deem the health obstacles faced by Black women as self-inflicted. The Reproductive Justice framework highlights how the tendency toward neoliberal policies in health care (as well as the state apparatus at large) conditions us to believe systemic problems have individualized solutions. The statement published by Women of African Descent for Reproductive Justice problematizes this rhetoric.

At its core, the "Black Women on Universal Health Care Reform” statement recognized that the stereotypes people hold of Black women have material consequences, especially as it relates to their bodies. These assumptions have serious implications on the ways Black women will be treated in society, and this holds true in medical settings where perceived “deviance” in lifestyle is used to explain the physical ailments of the body which may have life or death consequences. Ideas that Black women, especially mothers, are promiscuous, irresponsible and neglectful follow them into all spheres of life as state actors continue to use these constructions to support health policies, practices, and attitudes in the health care community which often constrain Black women’s ability to safely have or not have children.

The language used in the statement reveals an understanding that structural racism converges with gender discrimination and poses very specific challenges for Black women, especially in regard to their reproductive health. Women of African Descent for Reproductive Justice were concerned with the new Clinton health care plan. These Black women activists were aware that while it seemed like an attempt to achieve universal health care for all Americans, many would be excluded from coverage. While the bill advocated for abortion rights (but allowed a “conscience clause" to exempt practitioners with religious objections), it prevented a larger and more pressing conversation that could not be encompassed in the “pro-choice” versus “pro-life” debate. Women of African Descent for Reproductive Justice’s framework subverted the white middle and upper class health care discourse and envisioned a health care plan that centered justice to ensure that all women have equal access to reproductive health services. The reproductive justice activists predicated that race is a central social determinant of health, as racialization impacts one’s personal health and the degree of care they would receive.

Contemporary Reproductive Justice activism focuses on what the current race disparities in adverse birth outcomes tell us about how far we have come in this public conversation over two decades after the movements founding. Today Black women are 3 to 4 times more likely to die during childbirth. The infant mortality rate for Black Americans in the U.S. is more than twice the rate for White Americans, with similar racial disparities existing in rates of low birthweight and preterm delivery. Survivors of these adverse birth outcomes have poorer development and health in infancy, childhood, and adulthood.[[42]](#footnote-42) Reproductive justice activists are not content with the tendency to claim that these rates can be explained by maternal “risky” behaviors, such as drinking alcohol, smoking, or having less than optimal eating habits that lead to obesity and hypertension. These activists reject the notion that it is Black women’s low earnings or age that is to blame.[[43]](#footnote-43) They even partially resist the argument that the disparities can be explained by prenatal care, psychosocial stress, or perinatal infections[[44]](#footnote-44), because they believe that these contributors are a result of the structural racism in and outside of health care.

Reproductive justice activists assert that any attempt to understand these disparities must examine differential exposures to risk and protective factors not only during pregnancy, but over the course of Black women’s lives. Moreover, there is an impression that while social factors have serious physical effects on the body that are exacerbated during pregnancy and childbirth, perhaps the largest contributor to these disparities is the way medical care is rationed. First it is rationed by the state through limited access to health care, and then again by health care professionals in their poor treatment of Black women as patients. Activists focus on the subtle and sometimes not-so-subtle ways in which medical professionals and the medical complex, in each of its parts, cumulatively dismisses, misdiagnoses, and undermines Black women’s feelings and intuitions about their reproducing bodies.[[45]](#footnote-45) The Reproductive Justice Movement subverts the neoliberal personal responsibility rhetoric by making the intersection of medical racism and obstetric violence (or “obstetric racism” as coined by Dr. Dana-Ain Davis[[46]](#footnote-46)) essential to both health care reform and racial justice conversations. And an important difference of the Reproductive Justice Movement and earlier Black health activism is the consideration of gender as a social determinant of health.

Reproductive justice activists are keenly aware that the disparities in adverse birth outcomes are a manifestation of systematic violence and that health care, especially reproductive health care, is ~~quin~~tessential to racial liberation and justice. The Reproductive Justice Movement is but a part of a long Black radical tradition that operates on the understanding that racial liberation cannot be achieved without equitable access and treatment in health care.Reconstruction, the Civil Rights Movement, the Black Panther Party, and the Reproductive Justice Movement all cemented their efforts, to connect justice in health care to racial justice. In doing so, they subvert the notion that it is disempowered peoples’ individual failures for needing health care and that they must be solely responsible for acquiring it. Therefore, an examination of the genealogy of health care and race activism is necessary for us to envision the causes and solutions to racial health disparities because Black activism has always envisioned and often created equitable solutions for Black health crises.

## Conclusion

History has shown that the state can be pressured by radical action into taking accountability for racial health disparities but there are moments when the disparities themselves are all the pressure needed. Just as the state made health care more accessible during the early years of Reconstruction because of the astonishingly high Black mortality rates, will the novel corona virus provide the push to once again reveal the need for a racially conscious approach to health care? How many lives do we have to lose to make the state responsible for health care for all? While these questions remain unanswered, there is no doubt that they are on many people’s minds. Even the Trump administration officials and President Donald Trump himself have increasingly begun to recognize the fact that Black Americans are dying of Covid-19 at a greater rate than Americans of other races. However, while the Trump administration may recognize that there are racial health disparities, they claim to be uncertain as to *why* these disparities exist. In a daily coronavirus press conference on April 7th 2020, Trump claimed his administration “wants to find the reason” why Black people are the most vulnerable under the pandemic.[[47]](#footnote-47) But anyone with the slightest awareness of structural violence, especially in the form of inaccessible health care, find this supposed confusion of the Trump administration insulting.

Many take issue with the fact that inaccessible health care was not as much of a national concern prior to the COVID19 outbreak, and that it is only a concern for some now because those that typically could afford care are losing their jobs and their health care coverage along with it. The idea that one must be “deserving” of heath care (having a certain type of job or amount of wealth), the very idea that racial justice activists have always disputed, is now only being questioned because of mass layoffs, furloughs and death among whites. Perhaps, now more than ever is it important to look to the health objectives of racial justice movements, especially the Reproductive Justice Movement, because they envision a world where everyone, even the most marginal, can have their health care needs met. While the racial disparities in COVID19 mortality, adverse birth outcomes, and other health conditions show us what is possible when so many do not have access to affordable and accessible health care, the history of Black health activism shows us the vast possibilities when the concerns of the most marginal are prioritized in health care reform. As Alicia Garza, one of the founders of the Movement for Black Lives, once said, “When Black people get free, everybody gets free.”

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