

A Paradoxical History of Black Disease

Cyrée Jarelle Johnson

Content notes: slavery, white supremacy, racism, genocide, violence, death

Just two months after the Civil War ended, freedmen began to die in droves from contagious diseases, such as cholera and smallpox. Their former slavers, however, attributed the high mortality of these diseases among those they had once traded as property to an inherent physical and moral inferiority. “Nothing on earth could make them wash,” asserted a tourist from Britain recounted in Marshall Scott Legan’s “Disease and the Freedmen in Mississippi during Reconstruction.” Initially, little concern was given to the fact that freedmen lived in densely populated portions of the city and without the means or plumbing to wash frequently—conditions engineered by the white powers that be.

In the months that followed, a smallpox sick house was destroyed as it was built, likely due to the association of smallpox with black people. This left black-run organizations and the Freedman’s Bureau completely responsible for stopping the march of smallpox through black communities in the Eastern United States, Legan asserts. Since they could no longer own black people, they happily left us for dead. Legan notes that former slaveholders were “freed of the antebellum master-slave relationship in which the blacks had represented capital investment” and thus “expressed little concern for the health and welfare of the freedmen except when it posed a threat to their own.”

Black illness is treated as inevitable and attributed to some inherent racial inferiority. This attitude both evinces and encourages a lax, shrugging attitude towards black illness and death. If a disease, like smallpox, like COVID-19, is only affecting black people why not open the economy, why do anything to halt its progression, wonders non-black America. Meanwhile black people die in large numbers while white people are treated with care by medical providers and survive.

As I write this, over [79,500 people have died of COVID-19 in the United States](#); by the time this article is published, the number will be far higher. The disease is spreading rapidly in cities known for their black culture: New York City, New Orleans, St. Louis. In each of these cities black people are dying in numbers disproportionate to our population as a whole.

Now, as ever, once The President and his cadré of inepts learned that black people composed the majority of deaths the focus shifted from harm reduction to personal responsibility. “It’s very sad,” noted Dr. John Fauci during a press briefing in early April “there’s nothing we can do about it right now.” To him, it came down to “health disparities” and “comorbidities,” which we know to mean disabilities and chronic illnesses, such as asthma, diabetes, and heart disease.

The [Surgeon General](#) asked black people to halt transmission of COVID-19 for those we love, saying “do it for granddaddy, do it for your big mama, do it for your Pop Pop...we need you to step up and stop the spread.” He also mentioned that handwashing was less common in cash-poor households than in those with higher incomes.

He did not, however, mention that “cities in the United States, including Baltimore, Chicago, and Detroit, have seen thousands of water shutoffs resulting from unpaid bills. Residents have had to buy or “borrow” water while they were shut off, and here as in the rest of the world, expensive water results in compromised hygiene,” as Isha Ray did in her article [“Handwashing in the Time](#)

[of COVID-19.](#) Now, as in the time of smallpox, black people are burdened with stopping a disease that we did not create while the government ignores solutions that could maximize black access to essential resources and lessen the death count among black people.

The government, like the loser that heads it, takes no responsibility for the way that they have created the conditions for COVID-19 to ravage the black community. They take no responsibility for the way that their ham-handed treatment of life sustaining medication caused a shortage in sick and chronically ill communities and will likely continue to do so. They fail to understand or nefariously pretend to fail to understand how the history of anti-black racial apartheid in the United States made black people sitting ducks for deadly viruses past and present.

Like COVID-19, [Systemic Lupus Erythematosus](#) is a disease that disproportionately sickens and kills black people. [Hydroxychloroquine](#), a medication used to stop flares—times when rheumatological diseases are active and cause the most damage—in Lupus, Rheumatoid Arthritis, and other rheumatological diseases, was touted as a miracle cure to COVID-19 without a clinical trial or an ounce of proof. Seemingly overnight, people with Lupus, like myself, were unable to access our prescriptions.

Lupus is a disease in which the immune system attacks the body. Severe manifestations are relatively common and sometimes deadly. The disease is associated with death in black families and black culture. Among those who died of lupus complications are J. Dilla, Michael Jackson, and N'Deaye Ba. Many of these complications are caused by inflammation, and the deterioration of major organs because your body sees them as an invader. COVID-19 relies on inflammation to kill as well. In addition to respiratory failure, COVID-19 kills by creating inflammation that attacks major organs as well. It can cause strokes, heart attacks, and blood clots; it kills otherwise healthy people with cruel ease.

So why then were a population already highly at risk to all of these maladies left without their medical standard of care, as Hydroxychloroquine is sometimes called for Lupus and RA? If the White House had suddenly become privy to medical inequity and the chronic illnesses it causes, why did they see fit to say the name of a drug that people rely upon on the nightly news until people stockpiled it in a panic like it was a 40-pack of toilet paper rolls? And most importantly, if our medication could cure, prevent, or even slow COVID-19, why was the solution to snatch sick people off of our regimens and redistribute it to others? Why were some of the most vulnerable people in this crisis deemed unfit to medication that may save our lives *when we already had regulated prescription access*?

Because of the assumption that black sick people can and should live without their medication if abled white people happen to need it. Drug manufacturers and insurance companies said as much. [Kaiser Permanente](#) noted that Hydroxychloroquine stayed in the body “for up to 40 days” as though that was a comfort. Doctors, and even dentists in some cases, wrote prescriptions for themselves and their families. People with Lupus and other rheumatological diseases watched their prescriptions go unfilled as pharmacies in New York and California mysteriously ran dry. Even though the President and his henchmen claimed to understand the role of disability and chronic illness in making COVID-19 more deadly, their actions evidenced that even when no additional assistance beyond filling existing prescriptions was needed we would not be spared from harm.

We were deemed totally disposable, just a roadblock in the way of getting everyone else *our* meds. The removal of medication access seemed to signal that the medical industrial

complex thought we would be just fine without our life sustaining medication. Yet the lack of care took the idea of black illness for granted, even knowing the environmental, social, and historical context from which it emerged, and elected us the ideal casualties of this disease. We were deemed enough to live without the medication that keeps us alive, yet inherently too sick to survive the latest plague and there's nothing anyone can do about it: the paradox of black disease.

The history of this ambivalence is as old as the black/white racial divide, stemming from white vacillation as to whether or not black people are superhumanly immune to disease, or subhuman and genetically helpless in the face of illness. A purported immunity to malaria and yellow fever among the peoples of West Africa was part of the driving forces of the Transatlantic slave trade. Black history in the United States is predicated on this dichotomy, created and enforced by whites to work black people to death as their property or leave us to die in conditional freedom.

But this duality lives elsewhere, too. It's the attitude that an unarmed black person should be shot dozens of times, but a white mass shooter should be run through the local Burger King drive-thru. It's the same sentiment that believes black women have too many children, and watches them die giving birth. The system that frames us as engaging in "drug-seeking" behavior when we ask for pain medication is one that admits its belief that black illness is a given and the current systems of the United States bears no responsibility to treat us. It's a disgusting, self-serving binary that views black people as unharmable when it wants to hurt us and as naturally "defective" when we cry out that we are hurt.

At no single time in the history of the United States have black people been allowed to just be human: in need of medical care, vulnerable to harm, in want of nutritious food, warm clothing, and shelter fit for human beings. The only options non-black people give us is the role of superhuman monstrosity impervious to sickness and bullets, or a subhuman animal euthanized at the first hint of illness, and the historical treatment of black contagious disease reflects this reality.