

End the War on Black Health and Black Disabled People

BLACK PEOPLE ACROSS THE U.S. HAVE SHORTER LIFE EXPECTANCY, HIGHER RATES OF STRESS-RELATED MEDICAL CONDITIONS SUCH AS HIGH BLOOD PRESSURE, DIABETES, HEART DISEASE, AND UNMET MENTAL HEALTH NEEDS, HIGHER RATES OF CHRONIC HEALTH ISSUES, DEVASTATING RATES OF BLACK MATERNAL AND INFANT MORTALITY, AND HIGH RATES OF MORTALITY AMONG OUR TRANS AND GENDER NONCONFORMING FAMILY.

THE ISSUE

Black people across the U.S. have shorter life expectancy, higher rates of stress-related medical conditions such as high blood pressure, diabetes, heart disease, and unmet mental health needs, higher rates of chronic health issues, devastating rates of Black maternal and infant mortality, and high rates of mortality among our trans and gender nonconforming family.

One quarter of the Black population in the United States, 35% of Black people aged 44-65, and almost half of Black people over 65, have some form of documented disability.

A history of systemic racism, ableism, medical violence, and neglect within the health care system, combined with denial of universal, affordable, competent and quality care, has placed access to medical care out of reach for the majority of Black people. Additionally, in the current political climate, Black women, trans, intersex, and gender nonconforming people are increasingly being denied access to full sexual, gender, and reproductive autonomy.

THE DEMAND:

Universal health care is more than Medicare for All. Our entire health care system must be reorganized to ensure the physical, mental, and spiritual health, well-being, self-determination, agency, and autonomy of Black people, to eliminate profiteering insurance, pharmaceutical, and medical equipment industries, and to create conditions that will allow healing of our bodies, minds and spirits, and of the generational trauma which contributes to the war on Black health.

We believe all Black people deserve excellent, free, equitable, and easily and physically accessible health care, delivered with dignity, and free from entanglement with systems of surveillance, policing, and punishment. We are entitled to health care that meets the full dimension of our health needs, including body, mind, spiritual, reproductive and emotional care, and particularly the needs of women, pregnant, LGBTQ+, intersex, disabled, and low-income people, workers, youth, and elders.

KEY FEDERAL LEGISLATION

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- **Medicare for All (2019) Act**
- **EMPOWER Care Act**
- **Disability Integration Act**

- **CARE Act**
- **Repeal HIV Discrimination Act**

Introduction

We demand an end to the longstanding, generational war on Black people's health and wellbeing, and to the war on Black disabled people.

Legacies of the transatlantic slave trade, enslavement, and ongoing systemic and structural anti-Black racism—including racial capitalism, misogynoir, ableism, transphobia, homophobia, xenophobia, state-sponsored and sanctioned medical experimentation on Black people's bodies, environmental racism, segregation, and food, housing, and healthcare apartheid—have had profound, lasting, and devastating effects on the individual and collective health and wellbeing of people of African descent in the United States. These conditions have contributed to high rates of both acute and chronic health conditions among Black people, and to systemic denial and lack of access to comprehensive and affirming medical care.

As a result, Black people across the U.S. have shorter life expectancies, higher rates of stress-related medical conditions such as high blood pressure, diabetes, and heart disease, unmet mental health needs, and of chronic health issues, devastating rates of Black maternal and infant mortality, and high rates of mortality among our trans and gender nonconforming family.

These forces have simultaneously constructed, projected, produced, and pathologized disability across generations, resulting in systemic abuse, neglect, incarceration, institutionalization, and social and structural exclusion of Black disabled people.

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Ableism is a central and essential feature of anti-Black racism. Throughout U.S. history, resistance to slavery and anti-Black racism, as well as our natural responses to conditions of enslavement and white supremacy, such as forced labor, systemic torture, rape, deprivation, family separation, isolation, and the violence of policing, surveillance, institutionalization, and criminalization, have been pathologized. As a result, Black people have been systematically labeled as mentally and developmentally disabled, and incarcerated in psychiatric institutions and state "hospitals" to be tortured, abused, neglected, ostracized and demonized. Ableism also contributes to filicide of disabled children.

Mental disabilities (including cognitive, intellectual, developmental and psychiatric disabilities) continue to be projected onto Black people, contributing to high rates of state violence, including police violence against and murders of Black people who are, or are perceived to be, in mental health crisis – or who are responding to police violence. Black people who are, or are perceived to be, mentally disabled are subjected to high levels of surveillance, stripped of our civil rights through guardianship and civil commitment proceedings, and criminalized and incarcerated in prisons and state hospitals and institutions, including "nursing facilities" and group "homes."

Black people with—or who are framed as having—physical and mental disabilities also experience high levels of impoverishment resulting from structural exclusion from education, living wage employment, income support programs, and social and political institutions, as well as high rates of sexual, domestic, and interpersonal violence. We are often unable to access social services and spaces of support, and are reliant on

a profit-driven health care system which fails to meet our most basic needs, and is rooted in anti-Black racism.

RACIST ROOTS OF THE MEDICAL INDUSTRIAL COMPLEX

The medical-industrial complex plays a central role in promoting and enacting anti-Black racism. During slavery and throughout U.S. history, people of African descent have consistently been subject to systemic medical experimentation, medical abuse and neglect. This includes widespread experimentation on the bodies of Black women by J. Marion Sims, who purposefully withheld anesthesia, which served as the foundation of the field of gynecology. Even in death, Black bodies were not sacred. During the Jim Crow era, white medical schools often pillaged Black cemeteries for bodies to use for teaching and research, including the body of a Black intersex woman stolen to prove that “hermaphrodites” existed. Anti-Black racism is also evident in more recent state-sponsored medical experimentation on Black people such as the Tuskegee syphilis experiment, use of Henrietta Lacks’ DNA for scientific research without her family’s knowledge or consent, and ongoing testing of long-acting reproductive control (LARC) methods on women of African descent domestically and globally.

Anti-Black racism also manifests in the racialized construction of disease and disability, which frames conditions such as HIV and substance dependence as “Black,” and others, such as polio and multiple sclerosis, as “white.” As a result, conditions racialized as Black (or “other” as in the case of coronavirus, for example) are met with criminalization and exclusion instead of research and resources, and Black people with conditions racialized as white are met with neglect.

Eugenics, scientific racism, ableism, and population control policies created and promoted by the medical profession and public health institutions, have produced a culture in which Black women, queer, trans, intersex, gender nonconforming, disabled people, youth and elders have systematically been pathologized, excluded, invisibilized, and abandoned.

Additionally, Black women, disabled, queer, trans, and incarcerated people have been subjected to forced or coerced sterilization as part of a genocidal project aimed at controlling Black disabled bodies and reproduction in service of racial capitalism. Once the birth of Black children was no longer seen as profitable, including children of disabled parents, who were deemed unlikely to become “productive,” the state sought to prevent their existence.

Because the medical-industrial complex was built on experimentation, “treatment” as punishment, and violence against Black bodies, it remains a violent and neglect-filled space to navigate for Black people. Additionally, accessing health care has been, and increasingly serves as, a site of criminalization in the context of the war on migrants, the war on drugs, limitations on exercises of gender, sexual, and reproductive autonomy, and the war on disabled, trans, intersex, and gender nonconforming people. In the absence of comprehensive and affordable medical coverage, the medical system is also the primary driver of debt, absence of wealth accumulation, and poverty in Black families and communities. As a result, access to health care remains both severely limited and fraught for Black people in the United States, with profound impacts on our health and wellbeing. These effects are compounded by those of us struggling to survive in an anti-Black society.

ANTI-BLACK RACISM AS A DETERMINANT OF HEALTH

Black people in the United States exist in a culture of anti-Black violence and negligence that chronically affects our health and wellness. The cumulative effects of structural violence, deprivation, and exclusion, combined with medical abuse and neglect, have resulted in sustained, generational wear and tear, described

as “[weathering](#).” Weathering is a term used to refer to the allostatic load of chronic stress induced by systemic racism on Black people’s bodies and minds, particularly among Black people surviving at the intersections of multiple and intersecting systems of oppression, including Black disabled people, Black low/no income people, Black women, Black LGB+ and Black trans, intersex, and gender nonconforming people. These effects are compounded for Black criminalized and incarcerated people and for Black migrants, who experience additional stresses of being hunted, violated, and caged by the state, and for whom medical care is largely inaccessible to the point of being virtually non-existent.

BLACK LEADERSHIP IN THE FIGHT FOR UNIVERSAL ACCESSIBLE COMPREHENSIVE, AND LIBERATORY HEALTH CARE.

Black people have been fighting for universal health care since at least the late 1800s. We lift up the traditions of Black healers, midwives, caregivers, and freedom fighters who have provided affirming, free, or low-cost care to our communities throughout our history in the U.S. to the best of their abilities, in the face of widespread medical abandonment, abuse and neglect.

We lift up the visions, analysis, and leadership of our Black disabled family. We embrace and advance a vision of disability justice rooted in Sins Invalid’s [10 Principles of Disability Justice](#) that challenges the ways in which society, by and through racial capitalism, tethers our value to production, and renders Black disabled people vulnerable to forced labor, exploitation, and harm through “sheltered workshops” and prison and work release programs.

Disability justice asserts the inherent worth of all individuals beyond capitalist notions of productivity, and affirms that no body or mind can be left behind in our quest for Black liberation.

We recognize the many ways that ableism, including, audism, sanism, and able-bodied supremacy, constructs, and is an essential element of, anti-Blackness, white supremacy, cisheteropatriarchy, and other structures and forms of oppression. Disability justice requires all of us to commit to creating a culture of interdependence and collective access. We are committed to uprooting ableist structures and power, culture, and practices in our communities, and in our movements for Black liberation.

We also lift up and honor the work of Black women, disabled, trans, intersex and gender nonconforming people in developing and advancing a vision of reproductive justice which [centers the human right to bodily autonomy, to have children or not have children, and to co/parent in safe, accessible, and sustainable communities](#).

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