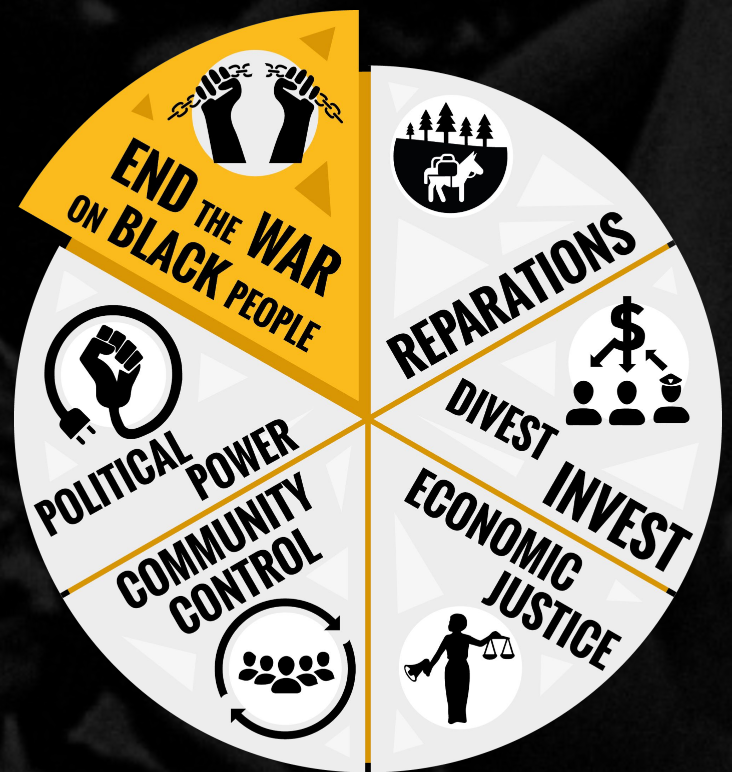
A VISION FOR BLACK LIVES

POLICY DEMANDS FOR BLACK POWER, FREEDOM, & JUSTICE

END THE WAR ON BLACK HEALTH AND BLACK DISABLED PEOPLE



POLICY BRIEF 5 of 13

POLICY PLATFORM 1 OF 6

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THE MOVEMENT FOR BLACK LIVES

END THE WAR ON BLACK HEALTH AND BLACK DISABLED PEOPLE SUMMARY

INCLUDING:

REAL, MEANINGFUL, AND EQUITABLE UNIVERSAL HEALTH CARE THAT GUARANTEES:
PROXIMITY TO NEARBY AND ACCESSIBLE COMPREHENSIVE HEALTH CENTERS,
CULTURALLY COMPETENT SERVICES FOR ALL OUR PEOPLE
DIGNITY, AUTONOMY, AND COMPREHENSIVE SYSTEMS OF CARE FOR DISABLED PEOPLE,
SPECIFIC SERVICES FOR QUEER, GENDER NONCONFORMING, AND TRANS PEOPLE,
FULL BODILY AUTONOMY, FULL REPRODUCTIVE SERVICES,
MENTAL HEALTH AND DRUG TREATMENT,
PAID PARENTAL LEAVE, AND COMPREHENSIVE QUALITY CHILD AND ELDER CARE

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:

- ***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.

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.

***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.

Disabled And Here

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

> 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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WHAT IS THE PROBLEM?

HEALTH DISPARITIES:

Black people experience significant health disparities with respect to cancer, respiratory disease, stress-related conditions such as high blood pressure and heart disease, and HIV. According to the Department of Health and Human Services' Office of Minority Health:

- In 2015, 2.6 million people of African descent in the U.S. had asthma. Black women were 20% more likely to have asthma than their white counterparts.
  - Black people are almost 3 times more likely to die from asthma-related causes than the white population.
  - Black children are 10 times more likely to die of asthma than white children.
- Black people suffer from higher rates of cancer, and are more likely to die as a result.
  - Black men and women are almost twice as likely to develop stomach cancer and 2.5 times more likely to die from stomach cancer than whites.
  - In 2012, Black men were 1.3 times and 1.7 times, respectively, more likely to have new cases of lung and prostate cancer and 2.3 times as likely to die from prostate cancer than white men.
  - Black women are just as likely to have been diagnosed with breast cancer, but almost 40% more likely to die from breast cancer, than white women.
  - Black men are 60% more likely to have liver and bowel cancer than white men.
  - Black women are 1.4 times more likely to die from liver and bowel cancer than white women.

- Black people are almost twice as likely to be diagnosed with diabetes as whites, and more likely to suffer complications such as end-stage renal disease and lower extremity amputations.

- Although Black adults have the same or lower rate of cholesterol as their white counterparts, they are 40% more likely to have high blood pressure, and are less likely than their white counterparts to have their blood pressure under control. Black women are 1.6 times more likely (60% more likely) than white women to have high blood pressure.

- Black people are 30% more likely to die from heart disease than whites.

- Black people are between 1.5 and 2 times as likely to die of hepatitis than white people.

- Black people are 13% of the US population but 49% of all new HIV diagnoses in the U.S. HIV disparities are particularly high for Black people in the South, where the population of Black Southerners living with HIV is more than 3 times greater than the share of the South's population that is Black (20%).

    - In 2016, Black people were 8.4 times more likely to be diagnosed with HIV than whites.

    - Black women are 18.6 times more likely than white women to become HIV positive, and are almost 18 times as likely to die of HIV/AIDS than white women.

        - In 2010, Black women represented nearly two-thirds of all estimated new HIV diagnoses among women (64%), 6 in 10 women living with an HIV diagnosis, and more than 6 in 10 deaths among women with HIV.

        - Black women's average incidence of AIDS is five times higher than that of any other racial and ethnic group of women.

        - ***The CDC estimates nearly half (44%) of all Black trans women are living with HIV***.

    - Black men are living with HIV at 8.6 times the rate of white men, and are almost 6 times as likely to die from HIV/AIDS.

- Black people living below the poverty level are twice as likely to report psychological distress compared to those earning twice the poverty level.

> - In 2017, suicide was the second leading cause of death for Black people ages 15 to 24.
> - Black girls in grades 9-12 were 70% more likely to attempt suicide compared to their white counterparts of the same age.

Black maternal mortality, second only to that of Native women, is a national crisis. According to the ***Black Mamas Matter Alliance***:

> - Black mothers are 3-4 times more likely to die in childbirth, and 243% more likely to die of pregnancy-related causes than white women
> - Black people experience twice the rate of infant mortality as whites.
> - Black mothers are twice as likely to receive late or no prenatal care.

ACCESS TO CARE

Despite the passage of the ***Social Security Administration Act***, which created Medicare and Medicaid, and the passage of Medicaid expansion through the ***Patient Protection and Affordable Care Act (ACA)***, significant disparities in access to care persist.

- Black people are twice as likely as white people to go without health insurance or to rely on public insurance:
  - 53% of Black people have an income below 200% of the Federal Poverty Level (FPL), compared to 25% of white people in the U.S.
  - 20% of Black people are uninsured, c ompared to 12% of white people. Black people constitute 12% o f the overall U.S. population, but 16% of people without health insurance.
  - 24% of Black people are covered by public insurance (Medic aid) compared to 16% of white people.
  - While health insurance coverage rates have increased substantially due to the implementation of the ACA, 16.5% of nonelderly Black women in the United States still lacked coverage as of 2014.

- Only 53% of Black people access health insurance through their employers, compared to 72% of white people.
Studies show that Black people are less likely to work in jobs that make health insurance available than whites. They are also less likely to be offered health insurance, and less likely to take it when offered.

- ***Eight states currently have work requirements as a condition of eligibility for Medicaid***: Arkansas, Indiana, Kentucky, Maine, Michigan, New Hampshire, Utah, and Wisconsin. Eight additional states (Alabama, Arizona, Mississippi, North Carolina, Ohio, Oklahoma, South Dakota, and Virginia) have applied to the federal government for permission to impose work requirements. ***Since June 2018, nearly 17,000 people have lost coverage as a result of work requirements in Arkansas alone***.

- The integration mandate created by the ***U.S. Supreme Court in Olmstead v L.C***., which requires that disabled people receive services in the most integrated setting appropriate to their needs, has still not been met. Nearly half of Medicaid funds for Long Term Supports and Services (LTAS) go toward institutional "care," ***instead of home and community-based services***.

- Private insurance routinely doesn't cover life fulfilling, sustaining, promoting, and enhancing products and services such as hearing aids and personal care attendants. Additionally, the current medical system systematically denies coverage for allopathic, homeopathic, and traditional health remedies.

- ***A 2009 study found that 45,000 people die annually in the U.S. due to a lack of medical coverage.***

Many states have not adopted Medicaid expansion, leaving many working class and low- and no-income Black people uninsured. This continuing critical lack of quality and affordable health care is especially ravaging our communities in rural areas.

In addition to nonexistent and inadequate coverage, structural segregation and discrimination have profound effects on access to health care. Communities of color experience high rates of hospital closures, understaffing, under-resourced and poorly maintained health care facilities, culturally incompetent physicians, unfair and unequal access to preventative screenings and treatment, as well as proximity to toxic industries and environmental hazards. Further exacerbating health disparities, there are significantly fewer health professionals of color to provide competent and culturally appropriate clinical services for people of color.

Access to care is also limited for specific populations within Black communities, including people who are underemployed, undocumented, and incarcerated in prisons, jails, detention centers, and state “hospitals,” people with physical, mental, cognitive, intellectual, psychiatric, and developmental disabilities, people who use controlled substances or who experience substance dependence, people living with HIV, Hepatitis C, and other criminalized medical conditions, elderly, young, and queer, transgender, intersex and gender nonconforming folks. Black trans people are systematically denied coverage for necessary, gender affirming medical procedures. Additionally, Black women, trans, intersex, and gender nonconforming people with and without health care coverage consistently face violence, neglect and violations of privacy and bodily integrity, including nonconsensual drug testing, shackling during labor and delivery when incarcerated, and sexual assault, within our healthcare system.

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.

THE DEMAND

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, and emotional care, and particularly those of women, pregnant, LGBTQ+, intersex, disabled, and low-income people, workers, youth, and elders.

We envision a health care system that is person-centered, in which self-determination and dignity of risk are integral, through which Black people are able to access the care and services they need in their homes or in a facility of their choosing. We envision a health care system in which access to care is uncoupled from profit and the insurance, pharmaceutical, and medical equipment industries.

Any new insurance coverage proposal must provide full coverage to everyone (including individuals of all immigration statuses), include a robust provider network, offer protections against discrimination and adequate reimbursement rates for providers, create strong patient protections, including nondiscrimination provisions and cultural competency standards, and implement cost controls for medical equipment that ensures coverage translates into real access.

WE DEMAND:

- Access to full, free, competent, accessible, quality patient-centered and comprehensive preventative and curative health care, rooted in thorough informed consent and recognition of the bodily autonomy of the patient, including neighborhood based health centers and home-based care.

- Full, flexible, unrestricted, and liberatory long-term and temporary supports and services for disabled people, including living wages and stability for care workers.

- Removal of geographic, physical and economic barriers to accessing care, enabling individuals to receive the care they need wherever they live through:

  - Allocation of resources to provide care that follows people wherever they go through the ***Money Follows the Person (MFP) model.***

  - Increased paratransit funding, particularly in rural areas.

- That all medical care be fully uncoupled from systems of surveillance, policing, punishment, and immigration enforcement, including mandated reporting. Elimination of mandated medical treatment, including "alternatives" to incarceration, which involve mandated drug treatment programs and mental health treatment through mental health, domestic violence, prostitution, and other specialized courts.

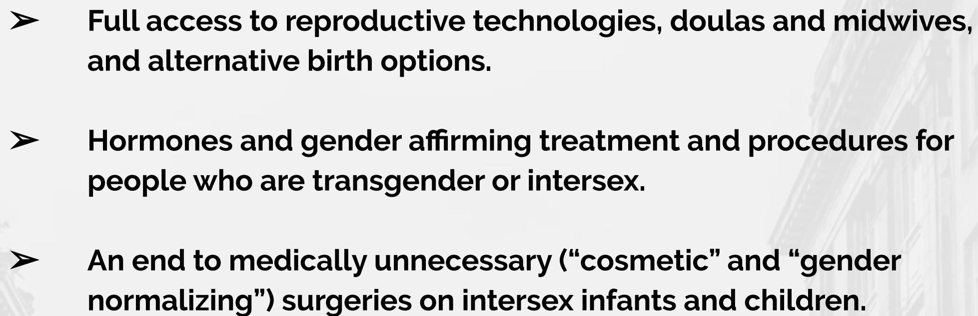
- Low-threshold, non-coercive, patient-centered, peer-driven, community-based mental health care rooted in principles of prevention, harm reduction, trauma-informed care, freedom of choice, and dignity of risk.

- Training and support to family and community members around prevention and intervention in mental health crises without involving law enforcement or other carceral responses or coercion, and to end filicide of disabled children.

- Full agency to Black women, trans, intersex and gender nonconforming people, and people with mental, physical, and emotional disabilities and substance dependence, to decide what level and type of care their bodies need.

- The full range of reproductive health care services, comprehensive sex education, contraception, and abortion, HIV and STI prevention and care, and competent maternal care that values and respects Black women's lives, autonomy, and wellness.

WE DEMAND:



- Full access to reproductive technologies, doulas and midwives, and alternative birth options.
- Hormones and gender affirming treatment and procedures for people who are transgender or intersex.
- An end to medically unnecessary ("cosmetic" and "gender normalizing") surgeries on intersex infants and children.

- Loving, accessible, comprehensive, and quality maintenance and management of health to our aging Black people and disabled people, as well as the rest of the Black community.
- An end to denial and removal of civil rights through competency, guardianship, and civil commitment proceedings, and an end to indefinite and punitive civil commitment.
- Access to services that speak to Black people's cultural needs.
- Increased numbers of medical and public health professionals in Black communities providing competent and culturally sensitive care, and increased coverage of traditional, naturopathic, and allopathic healing modalities.
- Destigmatized and full access to menstrual products in all public institutions, including schools, hospitals, jails, and prisons.
- Universal quality, accessible, and culturally competent childcare.
- Paid family and parental leave and sick days.

We also understand health to be more than the absence of disease, and affirm the globally accepted definition of health: a "complete state of physical, mental and social well being."

Achieving health for our people is about much more than providing services and care. It is ensuring that our people have the material and social resources required to not only survive, but thrive. This includes quality affordable and accessible housing, access to water, food, and dignified care that values all bodies and minds, safe and connected communities, affirming, high quality education, livable income, and freedom from the violence of white supremacy, cisheteropatriarchy, and ableism in all of their forms, including law enforcement terror, injury, death, isolation, negative imagery, discrimination, disenfranchisement, and marginalization.

These conditions are all deeply connected to our health and wellbeing. Achieving health for all of our people will require attention to healing our whole selves, our whole communities, and the systems in which we interact, live, and produce.

Disabled And Here

HOW DOES THIS SOLUTION ADDRESS THE SPECIFIC NEEDS OF SOME OF THE MOST MARGINALIZED BLACK PEOPLE?

- Black children would have access to preventative care, which allows for healthier development and wellbeing throughout their lives.

- Creates access to holistic, community-centered health care support so individuals can receive comprehensive care in their homes and local environments.

- Creates workforce development opportunities for marginalized Black people to become paid providers in their communities.

- These proposals address the health care needs of specific groups of Black people who have faced violence and exclusion within the health care system, including, but not limited to: Black disabled people, undocumented people, people living with HIV and people at risk of HIV, and Black women, LGBTQ, and gender nonconforming people, and Black intersex people born with perfectly normal, atypical bodies who are often subject to harm.

FEDERAL ACTION:

- Pass legislation to expand public health care to all U.S. residents without conditions, including citizenship or work requirements, covering the full range of health care needs, including comprehensive contraception, abortion, and reproductive health care and technologies, maternal health care, comprehensive coverage of health care needs of trans, intersex and gender nonconforming people, elders, people living with the full spectrum of disabilities, and HIV, mental wellness treatment, no cost cancer screening, dental and eye care, interpreters and patient advocates, and coverage of allopathic and homeopathic care, through accessible, patient-centered, and comprehensive health care, including neighborhood-based health centers and home-based care.

- Pass the ***Medicare for All (2019) Act***.

- In the interim, pass legislation that extends Medicaid expansion to all states, eliminates work requirements, restores the Money Follows the Person (MFP) policy, and expands long-term supports and services (LTSS) by:

  - Passing the ***EMPOWER Care Act***, which would expand and extend the MFP policy;

  - Passing legislation ensuring that all services provided by community health workers, including, but not limited to, care attendants, doulas, health coaches, patient navigators, and outreach workers are billable.

- Pass legislation ensuring that Black people have universal, equitable, and free access to Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP), including:

  - A national campaign to increase awareness and knowledge of PEP, especially in emergency rooms, clinics, and healthcare settings.

  - Targeted outreach nationwide to ensure access to PrEP for Black women, men, trans, nonbinary, gender nonconforming people, and Black people living in the South.

- Pass the ***[Disability Integration Act](#)***.

- Ratify the ***Convention on the Rights of Persons with Disabilities treaty***.

- Pass legislation limiting discrimination against disabled people in health care, including:

  - discrimination due to inaccessibility of medical and diagnostic equipment, or failure to provide effective communication and access to information to individuals with communication and sensory disabilities;

  - discrimination in policies and procedures concerning decisions to withhold or withdraw life-sustaining treatment, including, but not limited to, advance care planning that discourages the choice to receive life-sustaining treatment based on messages suggesting that it is "better to be dead than disabled;"

  - discriminatory "futile care" policies allowing healthcare providers to use quality of life judgments to overrule the decision to receive life-sustaining treatment made by individual, surrogate, or advance directive;

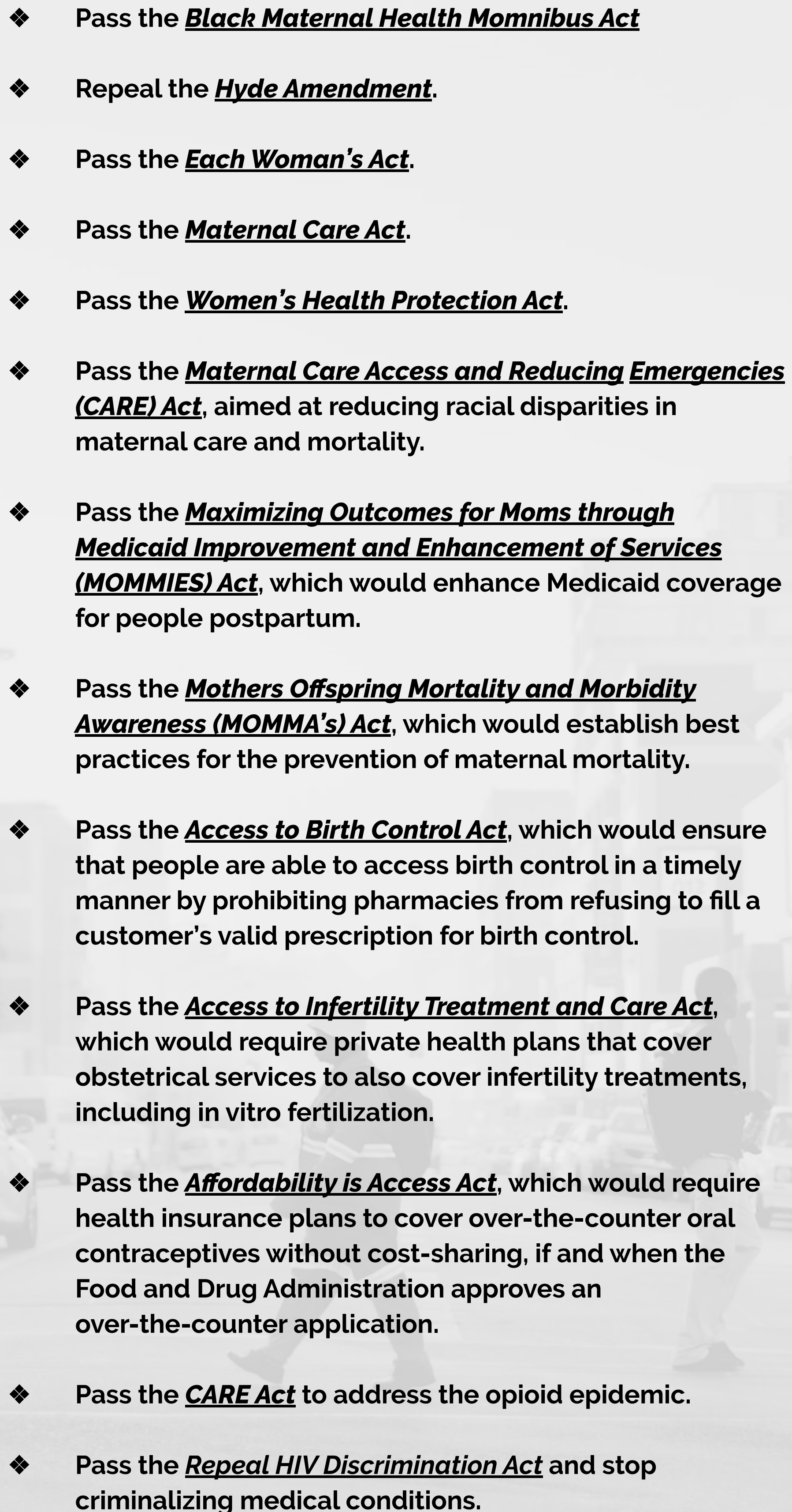
  - discriminatory relaxing of Constitutional and statutory constraints on the power of guardians to withhold or withdraw life-sustaining treatment from disabled people;

  - discrimination in organ transplant eligibility, organ procurement policies, and related services; and

  - discriminatory rush to judgment and denial of life sustaining treatment of newly injured persons based on hasty and unsupportable diagnosis of "persistent vegetative state" (PVS) earlier than 90 days for an anoxic brain injury, or one year for a traumatic brain injury, and before careful testing consistent with guidance from research studies on misdiagnosis of PVS.

- End the surveillance and tracking of care workers.

- Fund research on health disparities and determinants of health that harm Black people's health outcomes, including and particularly Black women's reproductive health outcomes.



- Pass the ***Black Maternal Health Momnibus Act***
- Repeal the ***Hyde Amendment***.
- Pass the ***Each Woman's Act***.
- Pass the ***Maternal Care Act***.
- Pass the ***Women's Health Protection Act***.
- Pass the ***Maternal Care Access and Reducing Emergencies (CARE) Act***, aimed at reducing racial disparities in maternal care and mortality.
- Pass the ***Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act***, which would enhance Medicaid coverage for people postpartum.
- Pass the ***Mothers Offspring Mortality and Morbidity Awareness (MOMMA's) Act***, which would establish best practices for the prevention of maternal mortality.
- Pass the ***Access to Birth Control Act***, which would ensure that people are able to access birth control in a timely manner by prohibiting pharmacies from refusing to fill a customer's valid prescription for birth control.
- Pass the ***Access to Infertility Treatment and Care Act***, which would require private health plans that cover obstetrical services to also cover infertility treatments, including in vitro fertilization.
- Pass the ***Affordability is Access Act***, which would require health insurance plans to cover over-the-counter oral contraceptives without cost-sharing, if and when the Food and Drug Administration approves an over-the-counter application.
- Pass the ***CARE Act*** to address the opioid epidemic.
- Pass the ***Repeal HIV Discrimination Act*** and stop criminalizing medical conditions.

- Eliminate barriers for people with chronic pain to access opioid medications.

- Pass legislation that not only expands health coverage to all people but to also control out of control costs of care, including medications, medical devices, etc.

- Pass legislation to protect against bankruptcy or credit score issues due to medical debt.

- Pass legislation that ends medically unnecessary ("cosmetic" and "gender normalizing") surgeries on intersex infants and children.

- Enact national paid parental leave legislation that goes beyond the current ***Family and Medical Leave Act*** (FMLA), which only guarantees unpaid job protected leave. Paid parental leave is policy in many wealthy countries around the world that ensures time to nurture and properly parent children.

- Pass the ***Healthy Families Act***, which would set a national paid sick days standard.

AGENCY ACTION:

- ***End enhanced biomedical and molecular surveillance of people living with HIV/AIDS***.

- Eliminate work restrictions creating forced dependence for SSDI recipients.

- Remove racialized, ethnic, and biological medical restrictions on migration to the U.S. and repeal the public charge rule.

- Enact policies ensuring trans-affirming/gender-affirming healthcare in immigration detention, consistent with 1557 of the ***Affordable Care Act***.

STATE ACTION

- Ensure comprehensive and fully accessible public health care to all people without conditions, including proof of immigration status or work requirements, covering the full range of health care needs, including:
  - comprehensive contraception, abortion, and reproductive health care and technologies;
  - maternal health care;
  - comprehensive coverage of health care needs for people living with the full spectrum of disabilities, and HIV, elders, and trans, intersex and gender nonconforming people;
  - comprehensive, affirming, and non-coercive mental health prevention services and treatment;
  - interpreters, patient advocates, and coverage of allopathic and homeopathic care.
- Pass legislation adopting Medicaid expansion as initially imagined by the ACA, without work requirements and burdensome enrollment/re-enrollment administrative requirements.
- Pass legislation or policy to ensure all services provided by community health workers, including but not limited to doulas, care workers, attendants, health coaches, patient navigators, and outreach workers, are billable.
- Eliminate and repeal state-based barriers to abortion access and insurance coverage.
- Pass legislation that would eliminate criminalization of self-managed abortions and adverse pregnancy outcomes.

STATE ACTION:

- Repeal HIV criminalization laws, prohibit use of criminal laws to prosecute people living with HIV/AIDS for exposure, transmission, and non-disclosure related offenses, and eliminate sentence enhancements and sex offender registration requirements for people living with HIV/AIDS. Increase awareness of impacts of HIV/AIDS on Black communities, including Black women and LGBTQ+ people, and promote trauma-informed care at all levels that addresses personal, structural, and institutional violence experienced by Black people throughout the medical system. Support workforce development around trauma-informed care for HIV service providers.

- Ensure early intervention for D/deaf children, competent treatment, and access to hearing aids and ASL lessons, ending language deprivation for D/deaf children and adults.

- Provide loan forgiveness for all medical and public health professionals of color working in Black communities, and expand access to abortion and competent and quality maternal care by funding training for medical students, health care professionals, nurse practitioners, certified midwives, and physicians' assistants.

- Pass strong legislation condemning and defunding "crisis pregnancy centers" offering false and misleading information about abortion and other reproductive health options and redistribute resources to reproductive justice initiatives.

- Eliminate incentives that promote Long-Acting Reproductive Control (LARCs) methods over other contraceptive methods, including alternatives to incarceration or conditions of release that require or promote LARCs, and provide necessary resources for both initiation and discontinuation of LARCs.

- In conjunction with patient advocates, create guidelines that protect intersex children who are covered under Medicaid from medical harm and trauma. In addition, implement state regulations that require pediatricians, endocrinologists, and urologists to be accountable for any procedures that threaten the emotional, psychological, and physical well-being of an intersex child or adolescent.

LOCAL ACTION

- Ensure comprehensive and fully accessible public health care to all people without conditions, including proof of immigration status or work requirements, covering the full range of healthcare needs, including:
  - comprehensive contraception, abortion, and reproductive health care and technologies;
  - maternal health care;
  - comprehensive coverage of health care needs of people living with the full spectrum of disabilities, and HIV, elders, and trans, intersex and gender nonconforming people;
  - comprehensive, affirming, and non-coercive mental health prevention services and treatment;
  - interpreters, patient advocates, and coverage of allopathic and homeopathic care.

MODEL LEGISLATION

- France has a system of universal health care largely financed by the government through a system of national health insurance. It is consistently ranked as one of the best healthcare systems in the world.
- Countries such as Egypt, Algeria, Canada, the U.K., and Germany have some form of universal health care.
- Minnesota and Oregon have included doula services in their Medicaid coverage.
- ***Louisiana LEAD-K (Language Equality and Acquisition for Deaf Kids)***.

MODEL PROGRAMS:

- ***Parachute NYC***—Parachute NYC Manhattan Mobile Treatment Team employs a mix of peer specialists and clinicians to work with clients recently diagnosed with psychotic disorders and their families.
- ***CAHOOTS*** program (Eugene, OR) and Salt Lake City Mobile Crisis Teams. However, both of these programs are still connected to law enforcement and dependent on dispatchers to divert calls to them, and on law enforcement to make a decision to not respond. We are advocating for programs completely disconnected from law enforcement

RESOURCES

- ***The Consequences of Being Uninsured For African Americans***
- ***Universal Health Coverage By Country***
- ***U.S. Hospitals and the Civil Rights Act of 1964***
- ***The Impact of the Coverage Gap for Adults in States not Expanding Medicaid by Race and Ethnicity***
- Addressing Unequal Treatment: ***Disparities in Health Care***
- ***Blueprint for Sexual and Reproductive Health, Rights, and Justice***
- Black Mamas Matter: A ***Toolkit for Advancing the Human Right to Safe and Respectful Maternal Health Care***
- In Our Own Voice, Our Bodies, Our Lives, Our Voices: ***The State of Black Women and Reproductive Justice***
- *TL Lewis*
- *Maps to the Other Side*
- *Institute for the Development of Human Arts-NYC*
- *Depressed While Black*

ORGANIZATIONS CURRENTLY WORKING ON POLICY

- BLACK FEMINIST FUTURES
- SISTERSONG
- HEARD
- HARRIET TUBMAN COLLECTIVE
- SINS INVALID
- FRONTLINE WELLNESS NETWORK
- INTERSEX JUSTICE PROJECT
- LEAD-K
- MOMSRISING

ORGANIZATIONS CURRENTLY WORKING ON POLICY

- ADAPT
- CENTER FOR DISABILITY RIGHTS
- DISABILITY JUSTICE CULTURE CLUB
- COMMISSION ON PUBLIC HEALTH SYSTEM
- DOCTORS FOR AMERICA
- IN OUR VOICE

AUTHORS & CONTRIBUTORS

- ***Talila "Tl" Lewis, HEARD, Harriet Tubman Collective***
- ***Dustin Gibson, Harriet Tubman Collective***
- ***Andrea J. Ritchie, Interrupting Criminalization***
- ***Mark-Anthony Johnson,*** Frontline Wellness Network
- ***Paris Hatcher, Black Feminist Futures***
- ***Monica Simpson, Sistersong***
- ***Ash-lee Henderson, Highlander Center***
- ***Arneta Rogers,*** Positive Women's Network
- ***Cara Page, Changing Frequencies***
- ***Sean Saifa Wall, Intersex Justice Project***
- ***Monifa Bandele, MomsRising***
- ***Kenyon Farrow, The Body***
- ***Dara Baldwin, Center for Disability Rights***
- ***Whitney Maxey, Miami Public School Teacher***
- ***Kwame Torian Easterling, MD, MPH***
- ***Monica R. Mclemore, PhD, MPH, RN, University Of California, San Francisco***
- ***Johanna Thompson, MPA***
- ***Nimaako Brown, MPH, Ches***

RELATED BRIEFS

AN END TO JAILS, PRISONS AND DETENTION CENTERS

COVID 19 PLATFORM

END THE WAR ON BLACK HEALTH AND DISABLED PEOPLE

END THE WAR ON BLACK WOMEN

END THE WAR ON BLACK COMMUNITIES

END THE WAR ON BLACK MIGRANTS

END THE WAR ON BLACK TRANS, GENDER NONCONFORMING AND INTERSEX PEOPLE

A VISION FOR BLACK LIVES

POLICY DEMANDS FOR BLACK POWER, FREEDOM, & JUSTICE

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THE MOVEMENT FOR BLACK LIVES