

The *Longue Durée* of Black Lives Matter

Black Lives Matter was first articulated just a few years ago, but it has been the leitmotif of anti-racist struggles for generations.

The Movement for Black Lives extends the work of previous movements that challenged forms of oppression that act on Black bodies with impunity. It should be understood in the context of Ida B. Wells' anti-lynching campaign, Fannie Lou Hamer's reproductive justice demands, and the Black Panther Party's health activism. The 50th anniversary of the Black Panther Party is an occasion to recall that its work confronted the callous neglect and the corporeal surveillance and abuse of poor Black communities.

Similar demands have been the centrifugal force of social movements that for centuries have refused to have Black lives cast beyond the human boundary. (*Am J Public Health*. 2016;106:1734–1737. doi:10.2105/AJPH.2016.303422)

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Black Lives Matter was first articulated as an affirmation, a declaration, and an exclamation just a few years ago, but it has been the leitmotif of anti-racist struggles for generations. The Movement for Black Lives (M4BL) bloomed from the seeds of earlier, protracted struggles to attain a full measure of social, political, and physical well-being.

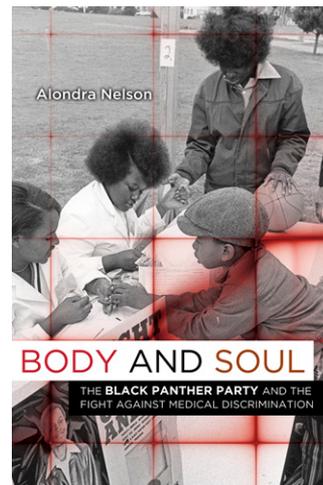
The healing practices of enslaved Africans, for example, challenged a plantation culture concerned with whether their bodies were “sound”^{1(p15–35)} enough to labor rather than with their whole healthfulness—a paradox of power described by journalist-activist Ida B. Wells as “dwarf[ing] the soul and preserv[ing] the body.”^{2(p75)}

DWARF THE SOUL AND PRESERVE THE BODY

Wells trailed the evolution of this perverse paradox into the late 19th century, when African American labor was no longer owned outright and concern for the preservation of even “sound” Black bodies declined. She tabulated the lynching murders of Black men, women, and children in a harrowing publication entitled “The Red Record.”² These data shone light on the enormity and constancy of these extrajudicial murders and the fundamental disregard for Black lives they evidenced. (Wells' pioneering data activism also anticipated the Mapping Police Violence research project launched by Black Lives Matter activists that quantifies “police

killings”—data about the use (and abuse) of force that neither federal authorities nor most municipalities collect in a systematic way).³

For Fannie Lou Hamer, a southern sharecropper and icon of the 20th-century civil rights movement, extrajudicial actors' unbridled ability to take Black life with impunity was inextricably linked to the power of supposed caretakers to cause harm, including stifling the reproductive liberty of those whom they were entrusted to heal. She used the poignant euphemism, “Mississippi appendectomy,” to describe the surreptitious sterilization of poor Black women in her home state—a violation she experienced personally at the hands of a White doctor in 1961. Against the backdrop of this abuse, Hamer necessarily understood her social justice activism to encompass a spectrum that spanned from the violent suppression of voting rights and economic exploitation, to sterilization without consent and police brutality. Historian and biographer Chana Kai Lee concluded that Hamer “regarded sterilization as a political concern” rather than merely a medical one and “as proof that Mississippi deemed black life worthless and dispensable.”^{4(p81)} It is little wonder then that Hamer would come to demand



Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination (University of Minnesota Press; 2011).

not just civil rights but also human rights for marginalized communities like hers.

SERVE THE PEOPLE BODY AND SOUL

The Black Panther Party (BPP) took up the urgent work of safeguarding Black flourishing in October 1966 when it emerged in Oakland, California, proclaiming to “serve the people body and soul.” The BPP responded to the discrimination faced by poor communities that were surveilled and impaired by

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institutions and individuals that were supposed to “protect and serve” and to heal.

This 50th anniversary of the BPP’s founding should not be an occasion for hagiography. Rather, it is an invitation to look beyond accounts of the organization that have been shaped by an insidious, state-sanctioned disinformation campaign that quickened its demise and would, in later years, obscure the capaciousness of its politics. This is an opportunity to take full measure of the BPP’s historical significance and, in so doing, acknowledge the underappreciated breadth of the organization’s political commitments and how these bridged to social welfare concerns.⁵

Citing deindustrialization, poverty, stubborn segregation, racist “law-and-order” policing, and deficient social services in Oakland and elsewhere, Bobby Seale and Huey Newton established the Black Panther Party for Self-Defense to address barriers to equality. A cornerstone of its work was what it called “policing the police”: protecting local communities through legal armed surveillance of police and, if needed, resistance to police brutality. The BPP’s founding blueprint, the Ten-Point Platform of 1966—which borrowed liberally from the US Declaration of Independence—included this declaration as Point 7: “We want an immediate end to POLICE BRUTALITY and MURDER of black people.”^{6(p3)} The BPP’s original platform also spoke to the provision of fundamental needs: “We Want Land, Bread, Housing, Education, Clothing, Justice And Peace,” read Point 10.^{6(p4)} Established from its beginnings as an organization engaged with social welfare matters, the BPP’s

attention to these issues would be amplified in later years.

Although we hold the BPP constant in collective memory—leather-clad, gun-toting radicals suspended in ideological amber—few things in life are static, least of all social movements. As the BPP evolved, its dedication to community service heightened owing in part to tactical exigencies. In the first year of the BPP’s founding, Newton was incarcerated for the attempted murder of a police officer. By the organization’s second year, other members of the BPP had also faced grave and, at times, lethal exchanges with law enforcement. The BPP grew rapidly in these early years, but these violent exchanges nevertheless decimated the organization’s ranks through incarceration and fatalities—and threatened to erode its community support. In response, the BPP recalibrated the relative weight of its founding commitments, bringing an extant dedication to social programs to the forefront of its work.⁵

In 1968, as the BPP was expanding across the United States and the globe, its central committee ordered that all chapters of the organization must sponsor “serve the people” initiatives, including, minimally, a Free Breakfast for Children program. During this time, specific attention to health politics and the provision of health care also began to take on a larger role in the organization’s community welfare endeavors, such that by 1970 the establishment of People’s Free Medical Clinics (PFMCs) was added as a BPP-wide mandate.

The BPP’s “serve the people” programs were a calculated alternative to President Lyndon B. Johnson’s Great Society programs. Newton and Seale

worked in a “War on Poverty” program in Oakland before launching the BPP. Drawing from this close-quarters experience, they regarded this federal initiative as a scheme that would not eradicate poverty and, furthermore, would intensify state surveillance of and control over poor communities.⁵

The BPP’s array of “serve the people” programs by contrast was intended to be more democratic and to hold transformative potential. This perspective was encapsulated in the words of Fred Hampton, head of the Illinois chapter of the BPP before he was killed in his sleep and without cause by municipal and federal law enforcement: “First you have free breakfasts, then you have free medical care, then you have free bus rides, and soon you have FREEDOM!”^{7(p227)} As Hampton conveyed, the BPP prized these community-based programs as essential elements of its wider social justice campaign.

FREE HEALTH CARE FOR BLACK AND OPPRESSED PEOPLE

In 1972, BPP chairwoman Elaine Brown oversaw a revision of the BPP’s founding manifesto.⁵ This revision included the addition of a new Point 6, an explicit demand for “completely free healthcare 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 preventative medical programs to guarantee our future survival. We believe that mass health education and research programs must be developed to give Black and oppressed people access to

advanced scientific and medical information, so we may provide ourselves with proper medical attention and care.^{8(p48–49)}

The BPP advocated preventive health care and, with its ambition to obtain access to scientific research, also noted the importance of health literacy to the overall vitality of poor Blacks.

Also evident in this statement was the BPP’s “social health” outlook, a standpoint that drew links between the state of health and the state of society, between the well-being of individual bodies and the health of the body politic. Anticipating contemporary research about how the effects of racial inequality can become “embodied,”^{9,10} the BPP suggested that discrimination shapes health and healing; its statement underscored that extramedical factors, and not just biological ones, contributed to the disparate illness burden on poor Black communities.

As health activists, the BPP faced a grim dilemma. On the one hand, the health needs of poor Blacks were severely neglected because they were excluded from mainstream medicine—sometimes by design and, owing to historic mistrust, sometimes by choice.¹¹ On the other hand, these same communities were disproportionately enlisted in medical research that was physically or epistemologically precarious; African Americans faced discrimination in the health care system and in research studies built upon spurious theories of Black biological inferiority.¹¹ In short, poor Blacks were medically underserved and also overexposed to the worst jeopardies of medical practice and research. Yet the response of the BPP and the communities it engaged was not a blanket rejection of medical practice and

scientific research, but rather more rigorous engagement with them anchored in a conception of healthfulness that included freedom from medical discrimination and entitlement to social rights.

The Black Panthers' health activism responded to the dire conditions they observed in their communities. Hospitals were seen as contributing to this state of affairs, rather than alleviating it. The BPP newspaper ran several accounts of the inhumane and demoralizing treatment experienced by the Black poor in these settings. A February 1970 article in this vein concluded with a *cri de coeur*: "Our people are dying of medical miscare—we must all work to make the People's Free Health Clinics a reality."^{12(p15)}

PEOPLE'S FREE HEALTH CLINICS

In its creation of community-based health clinics, the BPP joined the ranks of the era's radical health movement, which included feminists, counter-culturalists, New Left activists, and politically awakened health professionals.⁵ At these alternative health care institutions, the radical health activists empowered their community members to assert their voice in medical settings and in their interactions with health professionals, in keeping with the antiauthoritarianism of the 1960s and 1970s. This democratization of medical practice and knowledge at community clinics was a key principle of the BPP's health work.^{13,14}

The cornerstone of the BPP's health activism was its network of PFMCs located in 13 cities across the United States. By 1968, clinics were operating in Chicago, Illinois; Seattle, Washington; and Kansas City, Missouri. The first of

three Portland, Oregon, clinics opened in 1969. The Los Angeles chapter's Alprentice "Bunchy" Carter PFMC was established in late December 1969, despite attempts by the Los Angeles Police Department to block its opening through harassment. The following year, BPP clinics were launched in New York, New York; Cleveland, Ohio; Boston, Massachusetts; Winston-Salem, North Carolina; and Philadelphia, Pennsylvania. The New Haven, Connecticut, and Berkeley, California, clinics opened in 1971, and the Washington, District of Columbia, chapter's clinic followed in 1973.⁵

The BPP leadership did not provide material support for the PFMCs it obliged all chapters to establish. Satisfying Seale's mandate therefore required considerable ingenuity on the part of chapters. The clinic directive, which required, at the very least, a location, supplies, and personnel, presented a significant challenge. Unsurprisingly then, nontraditional settings, including storefronts or trailers, were repurposed into feasible clinics, and resources needed to operate the clinics, including equipment and supplies, were obtained from an eclectic variety of sources, through a variety of methods.⁵

Businesses, churches, and other organizations provided financial support for the BPP's health programs. Donations also came from student associations, community groups, fellow progressives, and via door-to-door solicitation. Physician Tolbert Small, a BPP ally and its medical director between 1970 and 1974, recalled that he requested donations from medical supply and pharmaceutical companies on behalf of the BPP (oral communication, Tolbert Small, MD, May 12, 2006).¹⁵ Other doctors who collaborated with the BPP's

health programs, such as UCLA psychiatry resident Terry Kupers, contributed drug samples to the PFMC pharmacies (telephone communication, Terry Kupers, MD, October 16, 2007).

Volunteer medical professionals, including physicians, nurses, pharmacists, lab technicians, medical technologists, and nursing and medical students were a crucial source of support at the PFMCs. They worked alongside members of the BPP in the clinics engaging in tasks that ranged from administrative tasks to examinations to simple lab work. Those volunteers in turn trained members of the BPP and the community to staff the clinics and provide basic care. For more critical matters, BPP members working as "patient advocates" accompanied those requiring further consultation or more advanced treatment to local hospitals.

The PFMCs had broad purpose. They were ecumenical spaces in which medical care was a central aim, but not the only one: As Cleo Silvers details in my conversation with her included in this issue of the *American Journal of Public Health*, patient advocates also offered support with financial problems, housing issues, translation services, schooling, and legal advice. A patient advocate might also encourage political education and recommend participation in a reading and discussion group.

Speaking of his work with the Los Angeles Panthers, Kupers recollected that the chapter's clinic "couldn't handle anything very serious." He continued, "[w]e did a lot of kids' infections, sore throats . . . basic work-ups. We were basically a triage system." (telephone communication, Terry Kupers, MD, October 16, 2007). The PFMCs primarily provided first aid and

essential services, such as childhood vaccinations, physical examinations, and screenings for conditions including high blood pressure, lead poisoning, tuberculosis, and diabetes. Optometry services, pediatric services, and gynecological examinations were available at a few locations. The Portland BPP chapter founded its Malcolm X People's Free Dental Clinic in collaboration with a local dental school. A fully insured ambulance service staffed by emergency medical technician-trained BPP members was established in Winston-Salem because emergency medical services in that community were "often distributed on a racial basis rather than on the basis of need."^{16(p7)} Although the scope of treatment was limited, the PFMCs provided accessible, trustworthy options.

SICKLE CELL ANEMIA SCREENING

The BPP built an ambitious and innovative campaign of education and screening to fight sickle cell anemia on the foundation of its clinic network. Sickle cell anemia is an incurable genetic disease most commonly present in people of African descent. This "blood disease" was readily taken up by the BPP as a symbol of solidarity with Black communities and as a sign of Black suffering.

Despite being known since 1910, by the early 1970s, sickle cell anemia had received scant attention from health researchers, biomedical research funding agencies, and philanthropists. This collusion of inattention would lead the BPP to establish independent screening programs to test for the presence of sickle cell trait and disease. Sickledex—an

inexpensive and portable diagnostic test introduced in 1969 that could reveal preliminary diagnoses outside the laboratory—was used by the BPP to conduct disease screenings in private homes, at community gatherings, and in its clinics.^{5,17} The BPP also conveyed information about the disease in self-published pamphlets and posters, during media appearances on “The Mike Douglas Show” and elsewhere, and in the pages of *The Black Panther*, its newspaper. The BPP’s campaign combined health education and services and helped to make sickle cell anemia a matter of national notice and urgency. This was a bittersweet success for the organization: it succeeded in exposing the plight of the Black sufferers of sickle cell disease, but was less successful in its efforts to fasten its critique of for-profit health care to the widespread neglect of Black well-being.

CENTER FOR THE STUDY AND REDUCTION OF VIOLENCE

Recognizing that Black flourishing required more than health care access, the BPP’s health politics also encompassed medical self-defense—that is, protection of vulnerable communities from harmful biomedical experimentation. This emphasis was demonstrated in the organization’s challenge to the formation of the Center for the Study and Reduction of Violence (CSRV) at the University of California at Los Angeles (UCLA).⁵ Governor Ronald Reagan announced plans to establish the CSRV in January 1973, a few months after the existence of the four-decade Tuskegee syphilis study was revealed to the nation. The

planned research unit was to house a slate of biomedical studies of violence. Some of the research protocols specifically identified Black and Latino boys and men and the incarcerated as experimental subjects, with the implication that these groups were inherently prone to violence.

When Newton learned of plans for the CSRV, he was deeply concerned. Working with attorney Fred Hiestand, Newton devised a strategy to block state funding to the center with the hopes of stalling its formation. A coalition of other social justice organizations that recognized the acute jeopardy that this research posed for marginalized communities, including the National Association for the Advancement of Colored People and the United Farm Workers Association, were also brought on board. The BPP-led coalition took its challenge to the California State Legislature, where Hiestand delivered a counternarrative about the causes of violence that rooted it in capitalism, imperialism, militarism, and racism, rather than in the bodies of Black and Brown persons. The BPP’s social health perspective was evident here in the stark contrast drawn between its understanding of the political etiology of violence and biological and behavioral models advanced by the CSRV’s proponents. Against the backdrop of heightened public scrutiny following the Tuskegee revelations, Hiestand’s testimony, and that of many others opposed to the CSRV, proved persuasive and requests for state funding of the UCLA center were declined.

LONGUE DURÉE OF BLACK STRUGGLES FOR WELL-BEING

The BPP’s health activism extended a long history of

struggle against forms of oppression that act on Black bodies with impunity in such ways as to hamper flourishing, do harm, or make die. This *longue durée* of Black struggles for well-being offers context for the Movement for Black Lives. This is a battle that stretches back to the era of slavery when people of African descent were deemed fractional beings—three fifths of a human—and when “soundness” took precedence over health. As the BPP’s biomedically based interventions made patent—following Wells—the devaluation of Black life operates in a dialectic of callous neglect and corporeal surveillance. The BPP’s work of 5 decades ago laid the groundwork for today’s demands for Black equality and Black thriving. Last summer, M4BL released its platform, “A Vision for Black Lives,” that aims to “continu[e] the legacy” of struggles for “reparations, Black self-determination and community control” and to advance “new iterations of movements. . . for reproductive justice, holistic healing and reconciliation, and ending violence.”¹⁸

Similar demands have been the centrifugal force at the center of social movements that for two centuries have refused to have Black lives cast beyond the boundary of the human. 

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