

Our Vision and Values

Mission: To dismantle racism and accompanying systems of oppression in health, while simultaneously cultivating means for collective liberation that center the needs, priorities, and self-determination of Black people and other people of color, particularly those most marginalized in our communities.

White Coats for Black Lives (WC4BL) aims to dismantle racism in medicine and fight for the health of Black people and other people of color. While not exhaustive, you will find several of our guiding principles and vision below. This document represents both what we believe in and aspire to be. We encourage all current and prospective chapters to ensure their *organizing* encompasses these ideologies, as we view them as essential in ensuring the health of Black people and communities. We also list them here so we may be held accountable in our efforts. While some of our work is focused on more immediate harm mitigation, we do not believe in reformist policies. We demand intentional, community-centered, transformative change.

Our job is two-fold: 1) dismantling dominant, exploitative systems in the United States, which are largely reliant on anti-Black racism, colonialism, cisheteropatriarchy, white supremacy, and capitalism; and 2) rebuilding a future that supports the health and well-being of marginalized communities. As Fannie Lou Hamer said, "Nobody's free until everybody's free."¹² We are dreaming of a world where Black people have the autonomy, prioritization, and tools to lead healthy lives on their own terms, and the health of our society is rooted in the well-being of those most marginalized. We believe in fighting for that dream using longitudinal organizing and direct action that prioritizes building collective power over individual gain. We are constantly learning as individuals and as an organization, and we recognize that our work and praxis will continue to evolve.

Dismantling

Racism

From race-based medicine to using Black people for medical experimentation and clinical practice, dominant medical practice in the United States has been built on the dehumanization and exploitation of Black people. Historically, early American medical experimentation was dependent on slavery, and enslaved people who were no longer able to work on plantations were commonly given to medical institutions for experimentation.³ This legacy continues in the disproportionate number of major academic centers located in poor communities of color, where many medical trainees learn to practice on Black and brown people.

Medical practice in the U.S. is informed by race as a political system, and works to legitimize race through false biological arguments. The very existence of American chattel slavery relied

¹ Fannie Lou Hamer. "Nobody's Free Until Everybody's Free." Speech, Founding of the National Women's Political Caucus, Washington, D.C., July 10, 1971.

² Charlene Carruthers. "Charlene Carruthers on Black Liberation for All Black People." Youtube, August 24, 2017. <https://www.youtube.com/watch?v=qcVfqvR-iwY>.

³ Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006), 57-58.

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on scientific and medical justifications for Black inferiority. Race was created as a tool for exploitation by white people who placed themselves at the top of their invented racial hierarchy, in opposition to Blackness in particular. It is important to note that the creation of racial categories was a result of racism; as expressed succinctly by Professor Dorothy Roberts, "Race is the product of racism; racism is not the product of race."⁴ While a relatively recent invention, racism has concrete and devastating effects on health, especially for Black communities. In this context, practicing truly just medicine requires treating race as a political category within the framework of an intentional system of oppression and exploitation, and intentionally practicing anti-racism*. It means both ending the ideologies and practices that paint Black bodies as diseased or grotesque, as well as dismantling the systems that steal Black people's health, well-being, and self-determination.

With regards to medicine in particular, risk is conceptualized in a way that shifts blame and responsibility to individuals and "biological difference" as opposed to the oppressive structures that directly impact individuals and communities. For example, Black people in the U.S. have higher rates of hypertension, not due to inherent vulnerability or personal behavior, but because of systemic oppression. The persistent erasure of this reality serves multiple purposes: 1) It avoids naming and identifying anti-Black racism as a cause of disease, 2) it is a mechanism used by governing systems and healthcare providers to absolve themselves from addressing the systemic causes of disease, and 3) it allows continued profiteering off of the oppression of Black and brown people (for example, by profiting from race-based medications such as BiDil rather than allocating resources to address social inequality).

*We define anti-racism as the practice of intentionally dismantling racism, and accompanying systems of oppression, while centering the needs and well-being of those most marginalized in our communities, and cultivating the means for collective liberation.

Anti-racism requires:

- Intentionally dismantling anti-Black racism, white supremacy, capitalism, imperialism, colonialism, and cisheteropatriarchy
- Dismantling fatphobia
- Self-education, including:
 - Black queer feminist praxis (theory and practice)
 - Unlearning toxic medical knowledge and relearning medical care that centers the needs of Black people and communities
- Centering those most marginalized in our communities
 - "Nobody's free until everybody's free." -- Fannie Lou Hamer
- The redistribution of power and resources (including reparations)

Resources:

- [Black Youth Project 100](#) (Organization)
- [Building Movements Through a Black, Queer, Feminist Lens](#) by Samantha Borek (Interview with Charlene Carruthers)
- [Black Women Radicals](#) (Organization)
- [Black Lives Matter](#) (Organization)

⁴ Roberts, D. *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century* (New York: The New Press, 2011).

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- [The Movement for Black Lives](#) (Organization)
- *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* by Harriet Washington (Book)
- *How We Get Free: Black Feminism and the Combahee River Collective*, edited by Keeanga-Yamahtta Taylor (Book)
 - Includes [The Combahee River Collective Statement, 1977](#)
- *Fatal Invention: How Science, Politics, and Big Business Recreate Race in the Twenty-first Century* by Dorothy Roberts (Book)
- *Fearing the Black Body: The Racial Origins of Fat Phobia* by Sabrina Strings (Book)
 - [Fearing the Black Body](#) - The Nod (Podcast episode with Brittany Luce and Sabrina Strings)
- [The Racist History of the BMI - Racist Origins of Fighting Obesity](#) by Adele Jackson-Gibson (Article)
- [The Bizarre and Racist History of the BMI](#) by Your Fat Friend
- [Everything You Know About Obesity is Wrong](#) by Michael Hobbs (Article)
- [Is Racism a Public Health Issue?](#) by the Center for the Study of Racism, Social Justice, and Health (Article)
- [Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness](#) by Da'Shaun Harrison (Upcoming book to look out for)

White Supremacy

Whiteness is an invented political tool created through violence in the service of establishing domination, maintaining control, and obtaining property and capital. A claim to whiteness has been historically used as a violent means for stealing lives, autonomy, and economic, political, and social power. Tools of whiteness are varied and numerous, including but not limited to slavery, colonialism, imperialism, capitalism, individualism, and professionalism. (Here, professionalism refers to social norms created in work settings to largely police Black people.)

White supremacy may be defined as "a political, economic and cultural system in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings."⁵ It permeates every dominant American institution, including healthcare. Further, radical Black and brown activists have long articulated white supremacy as a global, colonialist project to further subjugate communities of color, and called for international solidarity (e.g. solidarity of Third World women, resistance against South African and Israeli Apartheid).

Racism, capitalism, and white supremacy are interdependent systems which lead to the particular dehumanization, exploitation, and murder of Black people. This means that addressing racism alone will not provide liberation for all Black people. The destruction of racial hierarchy, created for the purpose of exploitation, whiteness, and white supremacy, requires dismantling racial capitalism altogether.

Resources:

⁵ Francis Lee Ansley, "White supremacy (and what we should do about it)" in *Critical White Studies*, Ed Delgado, R. and Stefancic, J, (Philadelphia: Temple University Press, 1997): 592-595.

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- White Supremacy: (And What We Should Do About It) by Francis Lee Ansley in *Critical White Studies: Looking Behind the Mirror* (Book)
- [The Great Chain of Being](#) by Jonathan Marks in *The Encyclopedia of Race and Racism* (Article)
- *Between the World and Me* by TaNehisi Coates (Book)
- [Whiteness as Property](#) by Cheryl I. Harris (Paper)
- [The Problem is White Supremacy](#) by Barbara Smith (Article)
- [How to Dismantle White Supremacy](#) by Barbara Smith (Article)
- *Race and the Enlightenment: A Reader*, Edited by Emmanuel Chukwudi Eze (Book)

Capitalism

Capitalism, which aims to maximize profit, is antithetical to the health and well-being of marginalized populations, particularly Black people in the United States. By definition, capitalism relies on minimizing input costs (including provisions for the well-being of workers) and maximizing profitable outputs; it is "based on the exploitation of the many by the few."⁶ Historically, in the U.S., this has meant the invention of chattel slavery and the dehumanization of Black people in order to create a perpetual, unpaid labor force. The intersection of racism and capitalism is illustrated in Ruth Wilson Gilmore's understanding of racial capitalism: "Capitalism requires inequality and racism enshrines it. All capitalism is racial from its beginning, which is to say, the capitalism that we have inherited - that it's constantly producing and reproducing itself, and it will continue to depend on racial practice and racial hierarchy no matter what."⁷

The U.S. continues to profit from the dehumanization and exploitation of Black people, for example the transformation of slavery into forced prison labor. In addition, capitalism and racism continues to steal wealth, resources, safety, and life from Black communities and other communities of color. For all of these reasons, capitalism must be dismantled. This includes patent laws and other mechanisms that compromise patient access for the sake of profit, the medical-industrial complex, prisons and police, and restricted availability of medical knowledge (e.g. private journals, subscription-based access). This also means rejecting neoliberal policies and logics, which only serve to repackage and further perpetuate racial capitalism, and maintain social and economic control by the exploitative wealthy through privatization and the prioritization of the free market.

Socialism provides one alternative that establishes collectively-owned resources and prioritizes basic human rights. Black queer feminists have expanded socialism to further movements that critically approach class, gender, race, and sexuality. Additionally, any discussion of labor must include disability and dismantle the ways that capitalist systems monetize work and commodify bodies, thereby prioritizing constant production and the bodies viewed capable of this production (e.g. eugenics). However, regardless of economic system, we must be cognizant of the violent and eugenicist rhetoric of "curing" disability, which further perpetuates oppressive concepts of normalcy and shifts the focus onto individuals rather than the systemic and environmental inequities that are not built to support everyone's abilities and bodies. We believe in cultivating systems that center collective care where resources are equitably shared to both fulfill needs and support the self-determination of all Black and otherwise marginalized people.

⁶Ibid.

⁷ Gilmore, Ruth Wilson. "Geographies of Racial Capitalism with Ruth Wilson Gilmore." *Antipode Online*. June 01, 2020. <https://antipodeonline.org/geographies-of-racial-capitalism/>.

We believe that healthcare is a human right and that all patients must be prioritized over profit. This can be achieved in the following ways:

- The creation of a universal healthcare system in the United States that adequately funds all staff and resources required to fully support disabled individuals (e.g. home healthcare, service and emotional support animals, accessible transportation, etc.)
- The uncoupling of academic medical institutions and profit-driven industry
- Community participation in research and publically available medical research and journals
- Elimination of patents in pharmaceutical and medical industries
- Decolonized medical exploration for the benefit of patients, not profit
- Community-owned healthcare centers and production
- Divestment from prisons and police and prison abolition (discussed in further detail below)
- Minimum living wages
- Abolition of medical, educational, and other forms of debt

Resources:

- *Deadly Monopolies: The Shocking Corporate Takeover of Life Itself—And the Consequences for Your Health and Our Medical Future* by Harriet Washington (Book)
- *From #Blacklivesmatter to Black Liberation* by Keeanga-Yamahtta Taylor (Book)
- [What Did Cedric Robinson Mean by Racial Capitalism?](#) by Robin D.G. Kelley
- [Racial Capitalism: Reading List](#) by Haymarket Books
- [Geographies of Racial Capitalism with Ruth Wilson Gilmore – An Antipode Foundation film](#) (Video)
- [The Nap Ministry](#) (Organization founded by Tricia Hersey)
- [Socialism 101: A Reading List](#) by Haymarket Books
- [Economic Justice – M4BL](#) (Demands and Resources)
- [Indigenous Socialism](#) (Red Nation - Political Education)
- [To Say Disability Will Disappear When Capitalism Does is Eugenics, Not Liberation Theory by Adrie Rose](#) (Article)
- *Capitalism and Disability: Selected Writings* by Marta Russell, Edited by Keith Rosenthal (Book)
- [Disability is a Cause and Consequence of Poverty](#) by Rebecca Vallas and Shawn Fremstad (Article)
- [You Can't Say "Eat the Rich" if You Don't Include Disabled People in Your Labor Activism](#) by Reina Sultan

Colonialism and Imperialism

Imperialism and colonialism involve a country using its power to influence or dominate another nation or group of people. Both are frequent tools of the United States, which has a long history of destabilizing nations of color through election interference or physical invasion, enforcing economic sanctions and embargoes, undermining the economies of poorer nations by flooding their economies with cheap goods (e.g. NATO), establishing capitalist economies, etc. Imperialism expresses itself in American medicine and includes, but is not limited to: non-locally run global health initiatives (where undertrained providers tend to be the standard of care), medical experimentation on poor international communities, reusing old medical devices abroad, restricting access to medical supplies in under-resourced countries (e.g. via

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embargoes), and ravaging international communities for natural resources or "genetic material." The forms of knowledge prioritized in medicine are also projections of colonial logics, with doctors framed as experts on health and the bodies of their patients, and Western notions of health and disease imposed on communities that conceive of their own health very differently. In addition, the appropriation and co-optation of health knowledge from traditional healers is a colonial project.

Health justice means being committed to dismantling medical racism and exploitation both within and outside of constructed national borders, transferring stolen power back to our patients and communities, crediting and compensating healers for their knowledge, and prioritizing the knowledge and perspectives of patients and their communities in the understanding of health and delivery of healthcare. Further, we reject the assertion of the nation-state over human rights, particularly those of marginalized communities, and support the abolition of borders.

Resources:

- *Fatal Invention: How Science, Politics, and Big Business Recreate Race in the Twenty-First Century* by Dorothy Roberts (Book)
- [Revisiting the Dark History of Birth Control Testing in Puerto Rico](#) by Yara Simón (Article)
- Resources on the Development of the Smallpox Vaccine
 - [Onesimus \(?- ?\)](#) by Euell A. Neilson (Article)
 - [How an African Slave in Boston Helped Save Generations from Smallpox](#) by Erin Blakemore (Article)
- [Boycott, Divestment, and Sanctions](#) (BDS Movement)
- [Palestinian Youth Movement](#)
- [No More White Saviors](#) (Advocacy Campaign)
- [Indigeneity, Settler Colonialism, and Indigenous Liberation](#) (Red Nation - Political Education)
- Haymarket
 - [Study and Struggle: Deconstructing Settler Colonialism and Borders](#) (Conversation)
 - [Haymarket Books for Resisting Empire](#)
 - [No Human Being is Illegal: Organizing for a World Without Borders](#)
 - [Border and Rule: Global Migration, Capitalism, and Racist Nationalism](#)

Hierarchical, Professionalized Medical Practice

Western medicine was built to be an exclusionary field that privileges wealthy, white, cisgender men. From witch hunts to strict licensing laws to suing midwives for any bad outcomes, physicians have utilized violence to oust women and femme healers, monopolize medical care and knowledge, gain sociopolitical and economic power, and ultimately undermine medical care for marginalized communities. This was largely done through the professionalization of the medical field, which was designed to keep out women, and when compounded by segregation in the U.S., particularly Black women. By transitioning from a trade field to a profession where trainees have to attend a medical school, and restricting admission to largely white, cis men, American medicine ensured the exclusion of marginalized communities. While American medical schools no longer officially restrict admission based on gender, the admission process is still very much discriminatory, nepotistic, and financially prohibitive.

The discriminatory professionalization of medicine has created a hierarchy that privileges physicians as healthcare providers, and undermines healers who have traditionally provided for larger, often marginalized communities. There is a long European history of poor communities relying on women and femme healers for medical care who had a strong understanding of anatomy, herbs and other traditional treatments.⁸ In the Americas and the Caribbean, enslaved women carried knowledge of both African and European medicine and provided healthcare as midwives, nurses, and doctors (known as *hospitalieres* in the French Antilles) to Black and non-Black communities.⁹ Black American midwives carried, and continue to carry, generations of birthing knowledge, passed down from enslaved ancestors, and were trusted and crucial members of their communities.¹⁰ Yet in attempts to gain power, medical doctors have consistently attacked other healthcare providers, particularly midwives. Through strict regulations, licensing laws, segregation, and the dominant American medical system's accumulation of power, the number of Black midwives has dwindled. However, despite all these obstacles, there are still Black individuals and organizations that carry on traditional birthing practices today.

The power and prestige given to medical doctors in the U.S. today is not a direct result of scientific advancement or service to the larger community, but the intentional and often violent consolidation of power. To continue to allow the professionalization of medicine is to support the monopolization and rationing of medical care, knowledge, and research. We must support universal, community-driven medical care that pulls from a variety of medical practices and knowledge to best serve the needs of patients. Further, medical knowledge must be publicly owned and shared.

Here are some ways we can support non-hierarchical, deprofessionalized medical care:

- Engage in community-run medical research
- Support the creation of worker-owned medical institutions in communities of color
- Demand all medical journals be open access
- Fund community-based midwife and doula training programs
- Create national guidelines for candidacy for MDs and DOs that do not rely on restrictive or discriminatory licensing requirements (e.g. Step examinations)

⁸ Barbara Ehrenreich and Deirdre English, *Witches, Midwives & Nurses: A History of Women Healers* (New York: Feminist Press, 2010).

⁹ Bernard Moitt, *Women and Slavery in the French Antilles, 1635-1848* (Bloomington: Indiana University Press, 2001).

¹⁰ Tamar Hallerman, "Black Midwives Carry on Traditions but Fight for Legitimacy in Georgia," *The Atlanta Journal-Constitution*, Published February 3, 2021.

<https://www.ajc.com/life/black-midwives-carry-on-traditions-but-fight-for-legitimacy-in-georgia/FQLWESLD2JF47OEBMZUKM4GOCA/>

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- Remove licensing and practice guidelines that discriminate based on degree type, but rather considers training (e.g. MD vs NPs). This is especially important given how many NPs and PAs are female.^{11 12}
- Abolish the hierarchy that treats doctors as the experts on patient's bodies
- Prioritize the work and knowledge of healers who have been intentionally and traditionally left out of Western healthcare spaces

Resources:

- *Witches, Midwives, and Nurses: A History of Women Healers* by Barbara Ehrenreich and Deirdre English (Book)
- [Black Midwives Carry on Traditions but Fight for Legitimacy in Georgia](#) by Tamar Hallerman
- [What It's Like to Be a Midwife or Doula Fighting Black Maternal Mortality](#) by Nina Bahadur
- [Southern Birth Justice Network](#) (Organization)
 - [National Black Midwives Alliance](#)

Building

Universal Healthcare

Everyone deserves the right to universal, justice-based healthcare. Black organizations and activists, particularly the Black Panther Party, have demanded universal healthcare, education, and research for all Black people. Black communities in the U.S. have long had to provide healthcare for themselves as they were ignored and exploited by dominant medical institutions.

Ensuring truly accessible healthcare begins with establishing a single-payer health system, but goes far beyond this. At minimum, regardless of race, socioeconomic status, ability to pay, neighborhood, insurance status, or immigration status, every patient should be evaluated and managed by fully-trained medical professionals. The practice of relying on trainees (residents and students) as the standard of care for Black, Brown, and poor communities must end. People of all gender identities and sexual orientations should have access to affordable, affirming medical care. Medical providers must unlearn the false equivalency between weight and health, and fat people must have access to affirming healthcare free of stigma and guilt. We hope that through collective movement building, marginalized communities gain shared ownership of holistic medical institutions and research that prioritizes health*. This means both funding and promoting justice-oriented health care providers from marginalized communities in addition to dismantling structural health inequities.

A note on the protection of immigrant populations:

¹¹ "Total Number of Nurse Practitioners, by Gender," Kaiser Family Foundation, 2021.
<https://www.kff.org/other/state-indicator/total-number-of-nurse-practitioners-by-gender/?currentTimeframe=0&selectedDistributions=female&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹² "Total Number of Physicians Assistants, by Gender," Kaiser Family Foundation, 2021.
<https://www.kff.org/other/state-indicator/total-physician-assistants/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Healthcare access should not be limited by immigration or documentation status. Everyone deserves to receive medical care and bodily autonomy in a safe and supported environment. Health institutions must have established policies, multilingual signage, and outreach that informs patients that they not only have a right to safe medical care but are welcome. Immigration authorities and punitive and carceral mechanisms of surveillance have no place in hospitals, and medical providers should not cooperate with such authorities. We are dedicated to a future where immigrants of color are no longer criminalized. Until that time, we commit to pushing for a medical system where people are not only guaranteed affordable care, but feel safe pursuing it.

How can we fight for universal healthcare in the short-term and long-term:

- Demand the dismantling of racist and capitalist systems that threaten health (e.g. redlining, environmental racism, etc.)
- Establish a national, single payer healthcare system
- Integrate all medical services segregated by insurance status
- Dismantle all student-run medical clinics and establish equitable healthcare for uninsured and undocumented patients
- Fund community-based and run medical clinics and institutions
- Create mechanisms for public and institutional accountability
- Expand resources and medical education around gender-affirming healthcare, particularly gender-affirming care for patients of color
- Mandate intersex affirming policies and ban intersex surgery for unconsentable patients
- End use of all race-based algorithms (e.g. GFR, spirometry, score calculators)
- Deconstruct the falsehood that weight equates to health, including ending the use of BMI

*As defined by the WHO in 1946, health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." We would like to expand this definition and believe in a world where individuals and communities have the autonomy and power to define health in their own terms in safe and supportive environments that center transformative justice, anti-racism, anti-capitalism, reproductive justice, and harm reduction principles. In clinical settings, patients should be prioritized as experts of their own bodies, which means dismantling the colonial hierarchy that places doctors as the experts on a person's health. Blame must be shifted from individuals/decisions and to the systems of oppression that contribute to disease manifestation, risk, and management. Lastly, the absence of disease can never mean the destruction of people and conditions that lie outside of colonial and capitalist definitions of normal.

Resources:

- [The Black Panther Party: Ten Point Program](#)
- [Constitution of the World Health Organization](#), Adopted in 1946
- [Indigenous Women Rising](#) (Organization)
- [Black Alliance for Just Immigration](#) (Organization)
- [Physicians for a National Health Program](#) and [Students for a National Health Program](#) (Organizations)
- [Audre Lorde Project](#)
- [Providing Ethical and Compassionate Health care to Intersex Patients: Intersex Affirming Hospital Policies](#) by InterACT and Lamba Legal
- [Even During a Pandemic, Fatphobia Won't Take a Day Off](#) by Claudia Cortese (Article)

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- [Home Care Workers and Clients are in an Impossible Position During the Pandemic](#) by Vilissa Thompson
- *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* by Alondra Nelson (Book)

Prison Abolition

Prison and punishment systems, carceral logics, policing, criminalization, and legality are political systems crafted for state control. These systems attribute "deviant" behavior to personal failings, masking violence perpetrated by the state (i.e. institutional racism, houselessness, unemployment or low wages, etc.). Modern day policing in the United States originated from runaway slave patrols and Jim Crow law enforcement.¹³ Policing was designed as a tool for the white elite and has consistently been used for the surveillance, control, and terrorization of Black people and people of other marginalized identities. Further, the prison industrial complex not only represents the repackaging of former systems of Black oppression (i.e. slavery, Black codes, Jim Crow), as articulated by Michelle Alexander, but also continues to invest capital into the oppressive carceral state and enable private and government profiteering off of the exploitation of Black people.

Prisons are inhumane and make both people and whole communities sick on a multitude of levels: the spread of communicable diseases (e.g. TB, COVID), individual and community trauma, family separation, difficulty gaining housing or employment upon reentry, interruptions in care, etc. For all of these reasons, being dedicated to health requires us to abolish (not reform) prison and surveillance systems. As Angela Davis writes, "many efforts to change these repressive structures — to reform them — have instead provided the glue that has guaranteed their continued presence and acceptance."¹⁴ We must address the root causes of inequality by investing in Black communities, championed by Black radical activists as divest/invest, and advocate for transformative justice and community accountability initiatives that prioritize the humanity and collective liberation of Black communities.

Healthcare systems currently act as extensions of the carceral state and are integral to the surveillance and policing of people and communities. This is seen in the police presence in hospitals, patients handcuffed to hospital beds, the criminalization of addiction, relationships with "child protective services," and more. Carceral logics are also utilized in public health, seen in the COVID pandemic and increased surveillance state (e.g. arrests and fines for mask or social distance violations), cloaked in the language of public good. These tactics only work to increase investment and capital into retributive justice, police, and prisons. For all these reasons, we believe in being intentional about the role of prison abolition in transforming our healthcare systems.

Ways we can bring prison abolition into everyday medical practice:

- Remove all cops from hospitals and clinics
- Defund the police and divest from the prison industrial complex, including "alternatives" such as house arrest or electronic monitoring

¹³ Angelica Casas and Chelsea Bailey, ed. Franz Strasser, *Early American Policing - Runaway Slave Patrols (US & Canada)*: BBC News, 2020): <https://www.bbc.com/news/av/world-us-canada-52943128>.

¹⁴ Angela Y. Davis, *Why Arguments Against Abolition Inevitably Fail* (The Medium, 2020): <https://level.medium.com/why-arguments-against-abolition-inevitably-fail-991342b8d042>

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- Invest in community resources
- Dismantle surveillance systems (e.g. facial recognition)
- Abolish ICE and immigrant detention
- Establish transformative justice initiatives and practices
- Expanding beyond reformist, individual-centered, and performative approaches to racism and capitalism in medicine (e.g: solely focused on microaggressions, implicit bias trainings, kneel-ins, task forces, establishing more DEI offices, establishing more free clinics etc.) to transforming and abolishing oppressive systems

Resources:

- [National Bail Out Collective](#)
- [#8toAbolition](#)
- [Stop LAPD Spying Coalition](#)
- [Critical Resistance](#) (Organization)
- [Yes, We Mean Literally Abolish the Police](#) by Mariame Kaba (Article)
- [Project NIA](#) (Organization)
 - [Transformative Justice: A Curriculum Guide](#), A Project NIA collaboration
- [Transformative Justice: A Brief Description](#) by Mia Mingus
- [Moving at the Speed of Trust: Disability Justice and Transformative Justice](#) by Leah Lakshmi Piepzna-Samarasinha and Elliot Fukui (Online Event)
- [Community Accountability | TransformHarm.org](#)
- *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* by Michelle Alexander (Book)
- *Race After Technology: Abolitionist Tools for the New Jim Code* by Ruha Benjamin (Book)
- *Are Prisons Obsolete?* by Angela Y. Davis (Book)
- *Shattered Bonds: The Color of Child Welfare* by Dorothy Roberts
 - ['Abolition is the Only Answer': A Conversation with Dorothy Roberts](#)
- [Chapter III: The Convict Lease System](#) by Ida B. Wells in *The Reason Why the Colored American Is Not in the World's Columbian Exposition*. The Afro-American's contribution to Columbian literature.
- [13th](#) by Ava DuVernay (Documentary)
- [Prison Abolition Resource Guide](#) by Micah Herskind
- [Disability Solidarity: Completing the 'Vision for Black Lives'](#) by the Harriet Tubman Collective (Article)
- [We Should Still Defund the Police](#) by Keeanga-Yamahtta Taylor (Article)
- [Is Prison Necessary? Ruth Wilson Gilmore Might Change Your Mind](#) by Rachel Kushner (Article)
- [Abolition Is the Answer for a Failed Police and Prison System](#) (Articles)
- [Overview — Study and Struggle](#) (Readings)
- *Who Do You Serve, Who Do You Protect?* Edited by Joe Macaré, Maya Schenwar, and Alana Yu-lan Price and Foreword by Alicia Garza (Book)
- [Critical Resistance: Resources](#)
- [Interrupting Criminalization](#) (Initiative)
- [AORTA | Resources](#)
- [Home - Abolition](#) (Journal and Readings)
- [1M Experiments](#) (Project)

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- [Durham Beyond Policing – For Community-Led Safety and Wellness](#) (Grassroots Coalition)
- [Abolition Journal](#) (Readings)

Harm Reduction

Everyone deserves the right to non-judgemental and comprehensive medical care. As defined by the Harm Reduction Coalition in the setting of drug use, "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs." This involves an acknowledgement that drug use is complex and does not compromise an individual's right to safety and health. In connection with prison abolition, we also recognize how the War on Drugs has been used to target and destroy Black and brown communities. We must support the healing of individuals and communities that have been, and continue to be, actively harmed by racist drug policies and the criminalization of substance use. This requires organizing to dismantle oppressive systems and policies, particularly mass incarceration, mandatory minimum sentencing, police violence, and racist drug sentencing, as well as centering reparations as a framework for building healing justice. Harm reduction extends beyond substance use, and applies to the destigmatizing and decriminalization for sex work, for example. By centering care and honoring the humanity of all people, we can work towards stigma-free, comprehensive, and equitable healthcare for all.

Ways to promote harm reduction in healthcare settings:

- Destigmatize and decriminalize drug use (both currently and retroactively)
- Promote public health trainings on overdose prevention, including requiring all medical providers to undergo this training for free (i.e. Naloxone certification)
- Fund needle exchanges and safe consumption and injection spaces
- Provide free drug use education and substance use disorder counselling
- Release all people incarcerated under three strikes laws or minimum mandatory sentencing for drug possession as part of larger prison abolition efforts
- Using destigmatizing, people-centered language in healthcare spaces
- Decriminalize sex work

Resources:

- [TransformHarm.org](#) (Resource hub)
- [National Harm Reduction Coalition](#)
 - [Movements That Intersect with Harm Reduction](#)
- [Resources for Addressing Harm, Accountability, and Healing](#) by Critical Resistance
- [14 Years After Decriminalizing All Drugs, Here's What Portugal Looks Like by Zeeshan Aleem](#) (Article)
- [DecrimNY](#) (Coalition)
- [DECRIMNOW: A Campaign to Decriminalize Sex Work in DC](#)

Reproductive Justice

As defined by the SisterSong Women of Color Reproductive Justice Collective, reproductive justice is the "human right to maintain personal bodily autonomy, have children, not have

children, and parent the children we have in safe and sustainable communities."¹⁵ Dominant U.S. medical practice has a long history of enacting reproductive violence against Black and brown people as a form of social, political, and economic control. These attacks have taken various forms, from forced reproduction to forced sterilization, eugenics, birth control testing (for example, in Puerto Rico), criminalizing substance use in pregnancy, framing LARC (Long-acting Reversible Contraception) as an answer to poverty, and unrelenting attacks on Black and brown doulas and midwives. While it is important for American medical institutions to confront this history, this is far from enough. Power, decision-making, and bodily autonomy belongs to marginalized people and communities, particularly for Black and brown people. This requires dismantling the oppressive sociopolitical factors that limit reproductive justice and freedom, including mass incarceration, socioeconomic inequality, employment-based insurance, the medicalization of birth, criminalization of poverty, and police violence.

How we can help support reproductive justice in our communities:

- Establish universal healthcare, including access to birth control, abortion services, and fertility services
- Establish federally-funded, universal child care
- Fund Black and brown midwives, doulas, and demedicalized birthing centers
- Support organizations centering reproductive justice for marginalized communities:
 - [SisterSong Women of Color Reproductive Justice Collective](#)
 - [Black Mamas Matter Alliance](#)
 - [Forward Together](#)
 - [Southern Birth Justice Network](#)
 - [SPARK Reproductive Justice NOW](#)
 - [In Our Own Voice: National Black Women's Reproductive Justice Agenda](#) (Policy initiative)
 - [Black Women's Health Imperative](#)
 - [Bold Futures](#)
- Fund Black and brown lactation consultants
- Protect the right of lactating parents to have a safe, private, non-bathroom place to pump and store breast milk, as well as ensuring that pumping is allowed during paid breaks
- Establish a mandatory living wage
- Establish universal paid parental leave for a minimum of 1 year
- Abolish prisons, policing, and surveillance systems including the use of "Child Protective Services" as a means to punish and control Black and brown parents and separate families
- Decriminalize substance use (both currently and retroactively)

Resources:

- [Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change](#) by SisterSong Women of Color Reproductive Health Collective, Pro-Choice Public Education Project, and others
- [How Many Black, Brown, & Indigenous People Have to Die Giving Birth? A National Call for Birth Justice and Accountability](#)

¹⁵ SisterSong: Women of Color Reproductive Justice Collective, Reproductive Justice. <https://www.sistersong.net/reproductive-justice/>.

Citation: WC4BL National Working Group, "Our Vision and Values," *White Coats for Black Lives*, Published June 25, 2021.

- [Reproductive Injustice: The State of Reproductive Health Care for Women in New York State Prisons, A Report of the Women in Prison Project of the Correctional Association of New York, 2015](#)
- [No Más Bebés](#) (Documentary)
 - [Unwanted Sterilization and Eugenics Programs in the United States](#) by Lisa Ko
- [Remembering Fannie Lou Hamer](#) by the Resilient Sisterhood Project
- *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* by Dorothy Roberts (Book)
- *Undivided Rights: Women of Color Organize for Reproductive Justice* by Jael Silliman, Marlene Gerber Fried, Loretta Ross, and Elena R. Gutierrez (Book)
- *Medical Bondage: Race, Gender, and the Origins of American Gynecology* by Deirdre Cooper Owens (Book)
- *Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization* by Khiara Bridges (Book)
- [Fighting for Reproductive Justice, Health, and Freedom: A Reading List](#)

Environmental Justice

Environmental racism disproportionately affects Black and brown communities, particularly those that are under-resourced, resulting in disease (i.e. asthma, lead poisoning). Environmental racism can take many forms, including placing pollution-producing facilities and landfills in largely low-income communities of color, gentrification and forced displacement, highway construction in Black neighborhoods, substandard housing, redlining, factory dumping, food apartheid, contaminated water sources, oil pipeline placement, and more. These intersecting oppressive systems also contribute to the housing instability and houselessness experienced by Black and brown communities, which is then further criminalized by the carceral state. A common theme across the different forms of environmental racism is a disproportionate amount of pollution produced by overdeveloped, colonial populations and the resulting environmental burden disproportionately impacting low-income Black and brown communities, both within colonizing countries as well as globally. In the U.S., Black and Indigenous activists have continuously fought for environmental justice, with prominent examples being the Flint Water Crisis and the Dakota Access Pipeline protests. Any attempt to holistically support the health of individuals or communities means ensuring everyone has access to healthy, safe, and just environments.

Ways to practice environmental justice in medical practice:

- Fight for green and renewable energy
- Dissolve oil and gas industries
- Enforce strict environmental regulations and equitable disbursement of pollution-producing facilities
- Privatize water
- Land back for Indigenous communities
- Reparations for Black and Indigenous communities

Resources:

- [We ACT for Environmental Justice](#) (Organization)
- [Indigenous Environmental Network](#) (Organization)
- [Race is The Biggest Indicator in the US of Whether You Live Near Toxic Waste](#) by Zoë Schlanger

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- [The Red Nation](#) (Organization)
 - [Environmental Justice](#)
- [HaymarketBooks.org](#) (List of Current and Past Teach-Ins on Various Topics)
 - [How We Go Home: Voices from Indigenous North America](#)
 - [Indigenous Resistance Against Oil Pipelines During a Pandemic](#)
 - [Black and Indigenous Liberation through Abolition](#)
- [NDN Collective: Defend. Develop. Decolonize.](#) (Organization)
 - [Land Back](#)

Queer and Trans Liberation

The liberation of queer and trans people from oppressive sexual and gender norms is an essential part of the world we hope to build. Cisheteropatriarchy is a belief system that values cisgender, straight, male-identified people over people of other gender identities and sexual orientations. It is based on European ideas about normative gender and sexuality, and it is intimately connected to colonialism and white supremacy. We are committed to centering the intersecting needs and dreams of BIPOC queer and trans people in the fight for racial justice, as our queer and trans siblings chart a course towards more expansive notions of kinship, bodily autonomy, and freedom.

Ways to promote queer and trans liberation in healthcare settings and in our communities :

- Establish universal healthcare, including full access to gender-affirming care and fertility care for queer and trans people.
- Adopt formal policies ensuring that trans and non-binary patients hospitalized in shared rooms are roomed according to their gender identity or, for non-binary people, according to their preference for roommate gender or a private room. Ensure ample access to all-gender restrooms in all healthcare facilities.
- Advocate for the bodily autonomy of trans and non-binary people by removing medical gatekeepers from the process of accessing gender-affirming healthcare (such as requirements for therapists' letters prior to accessing gender-affirming surgery).
- Support efforts that create resource redistribution for HIV/AIDS survivors and the family members of those who died during the early years of the HIV/AIDS pandemic due in large part to the federal government's inaction, which was driven by homophobia, transphobia, and racism.
- Repeal SESTA-FOSTA and support the decriminalization of sex work.
- Abolish carceral systems (police, jails, and prisons) that disproportionately impact queer and trans people, particularly BIPOC queer and trans people.
- End the conditioning of essential social resources (food, housing, healthcare, education, safety) on relationship or marital status, for example by allowing workers to add family members other than their spouses and legal children (parents, siblings, friends, partners' children, multiple romantic partners) to their family health insurance.

Some organizations to learn about and support:

- [House of GG](#)
- [The Marsha P. Johnson Institute](#)
- [Lesbians of Color Symposium \(LOCS\) Collective](#)
- [TGI Justice Project](#)

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- [The Audre Lorde Project](#)
- [Sylvia Rivera Law Project](#)
- [Southerners on New Ground](#)
- [Familia TQLM](#)
- [National Queer Asian Pacific Islander Alliance](#)
- [Solutions Not Punishment Collaborative](#)
- [Queer Women of Color Media Arts Project](#)

Resources:

- The Combahee River Collective Statement, 1977
- *Sister Outsider* by Audre Lorde (Book)
- [Sylvia Rivera and Marsha P. Johnson's Fight to Free Incarcerated Trans Women of Color is Far from Over](#) and [Filmmaker and Activist Tourmaline on How to Freedom Dream](#) by Tourmaline (Articles)
- [The Queer and Trans Fight for Liberation -- and Abolition](#) by Dean Spade (Article part of [Abolition for the People](#))
- [Reciprocal Solidarity: Where the Black and Palestinian Queer Struggles Meet](#) by Sa'ed Atshan and Darnell L Moore (Journal Article)
- [The Critical Polyamorist](#) (blog by Kim TallBear, an Indigenous scholar)
- [Black on Both Sides: A Racial History of Trans Identity](#) by C. Riley Snorton (Book)
- [Black Girl Dangerous: On Race, Queerness, Class and Gender](#) by Mia McKenzie (Book)
- [A New Queer Agenda](#) (Special issue of the Scholar & Feminist Online webjournal)
- [A Herstory of the #BlackLivesMatter Movement](#) by Alicia Garza

Additional Resources:

Reading lists featuring Black women authors:

- [Black Disabled Woman Syllabus: A Compilation](#) by Vilissa Thompson
- [Black Women, Books, and the Quest for Liberation: A Reading List](#) by Ashely Tisdale

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