Eight months into a devastating once-in-a-century pandemic, we have borne witness to an inordinate degree of human suffering, particularly among Black people in the US, who have been disproportionately affected by the federal government’s inadequate and incompetent response to the novel coronavirus. The pandemic has shone a much-needed spotlight on persistent racialized health inequities in the US at the same time that the nation reckons with racial injustice, highlighted by the recent brutal killings of Black people by police and civilian vigilantes.

If there was ever a moment to ask how we can reenvision what health justice means for Black communities, it is right now. And the response to that question must be both radical and revolutionary. We need to look no further than the health activism legacies of the Black Panther Party (BPP) and the Young Lords (YL). Both grassroots organizations rose to prominence in the mid- to late-1960s and, despite their short-lived success—YL more or less disbanding in the mid-1970s and BPP in the early 1980s—made a tremendous impact through their activism, which centered on their communities’ right to self-determination and to health. In contrast to the traditional needs-based approach, the BPP and YL leveraged a strengths-based approach, drawing on the assets of their communities and demonstrating how when communities lead, effective solutions to pressing concerns can be found.

The BPP emerged in 1966 in response to systemic oppression, including police violence, facing the Black community in Oakland, California. Before the social determinants of health became de rigueur in the arenas of health care and public health, the BPP understood and appreciated the ways in which poverty and inequality negatively influenced their community’s health outcomes and, for this reason, the BPP fought to bring quality health care services to Black communities. Their goals were to accomplish the work that the federal government was supposed to do but was remiss in doing—drawing parallels to this current moment.

The BPP’s mission revolved around “serving the people body and soul.” The organization established 13 People’s Free Medical Clinics (PFMCs) across the country, including in large metropoles, such as New York City (NYC) and Los Angeles, and smaller cities, like Winston-Salem, North Carolina, and Berkeley, California. The first 3 PFMCs were in operation by 1968, with the remaining clinics opening between 1969 and 1973. Local BPP chapters set up PFMCs in any space available, including storefronts and trailers, and recruited volunteer physicians, nurses, and medical students from nearby health care institutions to staff the clinics. The BPP also trumpeted the use of community health workers, trusted individuals from the community or familiar with the community, to aid in connecting community members with needed health and social services. In 1972, the BPP officially added “health” to its 10-point strategic plan, declaring: “We want free health care for all Black and oppressed people.”

The BPP’s health-related initiatives were diverse and wide ranging and not limited to the PFMCs, most of which ceased operating by the mid-1970s. The organization ran free breakfast programs that fed more than 20 000 children weekly during a time when the US Department of Agriculture’s food service program did not exist. Lesser known is that the BPP also organized sickle cell disease screenings and conducted research, recognizing the systemic underfunding of a medical condition that disproportionately affects Black individuals. To ensure a holistic care delivery model,
the BPP encouraged patients to ask questions and challenged their health care professionals to reimagine their mission by reading the works of Mao, Frantz Fanon, and other political ideologists.

The YL began in Chicago in 1960 and, inspired by the activism and reach of the BPP, was reimagined by its leadership in 1968 with a focus on self-determination for Puerto Rico and the empowerment of Puerto Ricans, including those on the mainland, and other oppressed people of color.¹ Spurred by this renewed mission, the YL spread to Puerto Rico and several dozen US cities, including NYC and San Diego.

Like the BPP, the YL's activism recognized the inextricable link between social context and health. In 1969, the YL pushed for improved sanitation services, the “Garbage Offensive,” in East Harlem, a predominantly Puerto Rican neighborhood, where garbage pickup was infrequent and trash cans virtually nonexistent. The city relented and began to provide more sanitation services to the impoverished neighborhood.⁶

In the South Bronx, frustrated and angered by deplorable conditions at city-run Lincoln Hospital and by the lack of an adequate response from the city to community concerns, the YL held protests and occupations of Lincoln Hospital, which helped to spur the renovation of the new Lincoln Hospital and led to the development of the People's Program. The People's Program was initially a volunteer-run methadone program that provided patients with a lesson in health activism in the heroin-ravaged South Bronx.¹,⁷ The YL was also ahead of its time in interrogating the power structure between patients and the health care system. After observing firsthand their parents' challenges navigating a broken health care system, YL members drafted the first known Patient Bill of Rights.⁷

The BPP's and YL's health activism can help to inform current efforts to eliminate health inequities. Their activism demonstrates the potential impact on marginalized communities' health when community members empower themselves and design, implement, and lead initiatives to benefit the health of their communities. It is an important reminder that any efforts to eliminate health inequities must center the voices of those who are the most burdened and that those most burdened must be the ones empowered with resources to lead such efforts.

The incoming federal administration has the opportunity to meaningfully address racialized health inequities, both preexisting and pandemic related, by supporting community-based efforts. Substantial federal funding should be allocated for community health workers and community-based organizations focused on addressing the social determinants of health, as well as upstream drivers of inequality, such as systemic racism. To achieve health equity, we must consider solutions beyond traditional health care settings and follow communities' lead. The BPP and YL showed us what is possible when the most burdened and exploited communities are centered and have the opportunity to lead.

Their health activism legacy is a reminder of “Nothing About Us Without Us.”

**ARTICLE INFORMATION**

**Correction:** This article was corrected on January 11, 2021, to fix a reference number and errors in the Corresponding Author address.

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**REFERENCES**


