

## Producing and Preserving Our Health

A long-term strategic plan (LTSP) for Black (African) Americans should include a component that accounts for the production and preservation of Black Americans' health. Why? For the following reasons:

- Health problems imply suffering. Black Americans have suffered enough for a variety of reasons under a variety of circumstances. It is time to stop the suffering.
- Health problems not only have a physical cost, they also have an economic cost. When health problems are encountered, resources must be expended to treat the problem. These resources could be devoted to more high valued uses, if we prevent the health problems in the first place.
- The evolution of viruses and genetically-linked diseases in today's world portend crises for Black Americans if we are not fully informed concerning such viruses and diseases. We have survived so many crises historically; it would be shameful if we lose sizeable portions of our population during pandemics because we remain uninformed. Clearly, this is an avoidable situation.

Before addressing physical health, let's consider that, if the mind—the head—is the most influential aspect of a human being, then we should begin with the head when we initiate a process to ensure Black American health. Arguably, the key component to Black health is a healthy self-perception—a healthy/correct amount of self-esteem. Black Americans must be “Black and Proud,” and they must know, at the core of their being, that they are “Somebody.” This correct self-perception is not necessarily characterized by a proud walk (i.e., “he walks like a king” or “she walks like a queen”), nor of flamboyant dress. No, it is epitomized by what we do when we are alone. Do we eat properly? Do we practice good hygiene? Do we exercise?

Knowledge is too pervasive to be scarce. In other words, we know or are taught, in so many ways, how to create and maintain excellent health. When we fail to use that knowledge effectively, then it speaks to the absence of proper self-perception—a lack of self-love.

Therefore, the key to promulgating sound health for Black Americans is the requirement that we ensure that Black Americans love ourselves, members of our families, and Black people within our communities.

When we love ourselves, we will not consume tobacco, alcohol, or food indiscriminately. In addition, we will not infect each other with AIDS or shoot each other down in the street. Finally, self-love will enable us to love and not abuse our children; and care for our elderly, not send them off to nursing homes.

To create, maintain, and preserve our physical health, we must ask questions. For example, which health related concerns are most problematic for Black Americans

today? According to the Centers for Disease Control, the following diseases are the top ten killers of Black Americans:

1. **Heart disease**
2. **Cancer**
3. **Stroke**
4. **Diabetes**
5. **Unintentional injuries**
6. **Homicides**
7. **Nephritis (inflammation of the kidney)**
8. **Chronic lower respiratory disease**
9. **HIV AIDS**
10. **Septicemia (bacteria in the blood)**

We all know the proverb, “An ounce of prevention is worth a pound of cure.” Without doubt, a LTSP for Black Americans’ health must stress prevention. Why? First, it is more favorable to prevent an illness than to cure an illness. Second, prevention permits one to avoid the discomfort that accompanies illness. Third, it is time and cost efficient and effective to prevent an illness, as opposed to undergoing a curative process. There are many other reasons why preventive processes are more desirable than curative processes; however, suffice it to say that a LTSP for Black Americans’ health should focus considerable attention on prevention.

Consequently, it stands to reason that a LTSP for Black American health should account for the overproduction of doctors in the near term to address the poor health conditions of Black Americans today. We might aim for a larger doctors-per-thousand Black Americans ratio than the comparable ratio for the United States. At later point, it should become acceptable to have a smaller doctors-per-1000 Black Americans ratio. Such a call for Black doctors should be just as understandable as a call for more Black teachers. Black doctors have an affinity with the Black American community. They are more likely to provide quality service to Black Americans than non-Black doctors. The medical literature is quite clear on the disparate treatment of non-white and poor patients in the United States. We avoid these outcomes by producing sufficient doctors to meet our needs. Moreover, we never want to be susceptible to a “Tuskegee Study” type scenario for the remainder of history.

Besides ensuring that Black doctors are available, a LTSP must account for lining up health care insurance coverage for Black Americans. Too many Black Americans, like many of America’s poor, are without health insurance. It is this lack of health insurance that precipitates scenarios that lead to healthcare crises and to spells of, and extended experiences in, poverty. A lack of health insurance causes ill persons to delay seeking treatment. These delays in treatment often result in easily treated illness mushrooming into crisis healthcare. The resultant medical bills, when not covered by insurance, become a dead weight around the uninsured’s necks, which sinks them into poverty or extends their stay in poverty. The LTSP must address the question of how to provide health insurance for Black Americans.

Our bodies are machines that rely on food and drink for survival. When we consume inappropriate foods and drinks, inject inappropriate drugs, or engage in unsafe activities, we create conditions under which the body becomes sick. Keeping aside drugs and unsafe activities, which are lifestyle choices, we can focus in on food consumption as an important ingredient to establishing and maintaining good health. A LTSP for Black American health must address diet, the food we consume, as part of the puzzle for our good health. In this regard, we are likely to find that Black health and Black business intersect because a key and obvious reality for Black Americans in inner city communities is that lack of access to fresh and wholesome foods is a critical problem.

The previously alluded to “lifestyle choices” should also be addressed by a LTSP for Black Americans’ health. Whether we discuss drug addiction or engaging in unsafe sex, we highlight the connection between lifestyle choices and good health. Education is an important component of a strategy to help Black Americans make healthy lifestyle choices. Given the earlier and earlier drug-related and sexual experiences of Black Americans, it is essential that the LTSP identify methods that will ensure that all—especially very young—Black Americans are educated concerning healthy lifestyle choices, and that they are convinced to make optimal choices.

A LTSP for health must address the graying of Black America. Like the remainder of America, Black Americans are aging rapidly. The LTSP must account for meeting the needs of an aging Black American population.

Finally, what we must recognize in all of this is that the top-of-the-pyramid issue when it comes to Black American health is mental health. Our 400 plus years experience in America has not boded well for our self-esteem and mental health. Therefore, as discussed above, it is critical that we ensure the proper mental health of Black (African) Americans. Given sound mental health, we will truly love ourselves, and then assume the individual and collective responsibility to take appropriate action to safeguard our physical health. “Where the head goes, the body is bound to follow.”