ABSTRACT

TITLE OF THESIS: EXPLORING THE POLITICS AND RADICAL HEALTH ACTIVISM STRATEGIES OF BLACK-LED GRASSROOTS ORGANIZATIONS IN WASHINGTON, D.C.

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Black communities in Washington, DC have long experienced health inequities due to a history of inequitable social policies and inadequate access to health-related resources (Jackson, 2017). Health scholars and social justice activists implicate the political economy and racial oppression as a root cause of health inequities in the country. Black grassroots organizations demonstrate a history of political and social resistance to oppressive health and social systems, defending their right to health and autonomy, known as radical health activism (Nelson, 2011). Despite rich accounts of Black-led health interventions, their contributions to public health practice and frameworks have not been widely reviewed in public health discourse. By using informant interviews and descriptive study analysis, the health politics and subsequent health intervention strategies of Black grassroots organizations in Washington, D.C were examined.

The 3 core themes that emerged from this study were health politics, radical health intervention strategies, and successes and challenges.

EXPLORING THE POLITICS AND RADICAL HEALTH ACTIVISM STRATEGIES OF BLACK-LED GRASSROOTS ORGANIZATIONS IN WASHINGTON, D.C.

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Introduction

Washington, D.C. has one of the highest rates of racial health disparities in the United States (King et al, 2022). Research has demonstrated that racism, income inequality, housing discrimination, food apartheid, and inadequate healthcare access are some of the contributing factors to health inequities in the District and nationally (Diaz, 2004). For example, these factors contribute to high maternal mortality rates for Black women and birthing people. Black birthing people in D.C. made up 90% of birth related deaths and the Black maternal mortality rate (MMR) is 70.9 out of 100,000 live births, while the national Black MMR is 47.2 (Grablick, 2022). Black residents also live up to 15 years less than White residents showing a major disparity in life expectancy (Roberts et Al, 2020). The onset of the COVID-19 pandemic has only exacerbated the poor health and social conditions of Black residents stemming from unaddressed medical racism and inequitable economic and housing policies that drive poverty and displacement (Jacobs, 2020). Despite robust policy measures to increase healthcare access and improve community health inputs, Black DC residents have made up to over 70% of all COVID related deaths, while only representing 44% of the population (Barthel, 2021). According to the most recent D.C. Health Equity Report, 20% of health outcomes derive from clinical care while the remaining 80% comes from socioeconomic factors, behaviors, and genetics (Nesbitt, 2019). However, clinical care and access-driven healthcare policies, such as the Affordable Care Act (ACA), remain a priority in the mainstream public health landscape in attempting to alleviate health disparities without addressing the systemic racism and oppressive foundations of health and healthcare practices and standards (King, 2020).

A wide range of health disparity research has been critiqued for posing apolitical and ahistorical frames of the social determinants of health and focusing too broadly on social and medical epidemiology instead of defining systemic solutions to health inequity (Griffith, Johnson, Ellis, and & Schulz, 2010). Over recent years, public health literature has contextualized the politics of health and the broader political economy as a root cause of racial health disparities. As the United States has created and upheld racial hierarchy through slavery, segregation, racial discrimination, and other violent forms of oppression fueled by white supremacy, the health of Black Americans has been neglected. Because of this, Black communities have had to form and have often relied on their own health interventions to meet their needs that have been neglected by the state (McQuirter, 2003).

The works of Alondra Nelson and David McBride expose the histories of Black communal resistance to medical oppression and systematic neglect of the state more broadly by expounding on radical health activism (RHA). Radical health activism stems from the material health conditions of economically and politically oppressed peoples driven by racial capitalism, discriminatory economic and social policies, and disinvestment from needed community resources (Nelson, 2011). U.S. based radical health activism and radical care methods in the U.S. are carried out by grassroots organizations and or collectives of community members primarily in low-income, Black and Brown neighborhoods to fight for health rights they have been systematically denied (Hobart, 2020). Scholars such as Nelson and McBride have studied the organizing methods and radical politics of Civil Rights health activists and radical health movements akin to the Black radical movements that prioritized self- determination and autonomy as

solutions to poor health conditions imposed by the state. Black implementations of RHA are situated in the Black radical tradition, a legacy marked by political resistance to racial capitalism to form social systems and networks rooted in anti-capitalist values and frameworks to achieve Black self-determination (Robinson, 2020).

Public health research is limited in its discussion of community health activism specifically within its connection to radical politics and radical health movements. Understanding the political frameworks and strategies to combat structural inequities upheld by oppressed communities themselves is critical to understand the scope of radical health activism and its influence on particular societal conditions as an approach to solving pervasive health inequities.

This thesis contextualizes the structural health problems and emerging community health organizing efforts of Black organizations in D.C. Washington, DC has long been a landmark of Black-led political and social activism. As the nation's capital, the historical positioning of a majority Black populated city, formerly known as Chocolate City, provides rich examples of Black led health and social movements (Asch and Musgrove, 2017). D.C.'s history is marked with racialized oppression carried out through disenfranchisement, redlining, segregation, gentrification, police violence, and income inequality (McQuirter, 2015). These historical structural problems along with increased medical racism at the turn of the COVID-19 pandemic has accelerated racial health inequities such as disparate vaccine access, leaving Black people further in the margins (Yearby et Al, 2020). These factors, novel and old, bring unique challenges to Black communities in achieving optimal health and advancing health equity. However,

few studies have explored the works of Black organizations' health activism and their contribution to public health practice in their communities.

To address the gaps in the literature, this study uses qualitative methodology to examine the health politics and subsequent health intervention strategies of Black grassroots organizations in Washington, D.C.

Literature Review

According to the World Health Organization (WHO), health is defined as the " state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2008). The U.S.' role as a settler-colonial empire has robbed African Americans of the collective right to wellbeing and instead, has systematically placed this racial demographic in conditions of physical, mental and social precarity (Ford & Airhihenbuwa, 2010 & Semmes, 2010). Black people have historically experienced disproportionately worse health outcomes and conditions than their white counterparts, creating grounds for critical inquiry of the relationship between race (racialization) and health (Ford and Airhihenbuwa, 2010). Scholars in social justice disciplines have grappled with uncovering the etiology of pervasive racial health disparities to form pathways toward racial equity that bridge political science and sociological perspectives in the field of public health research and practice (Griffith and Johnson et al, 2010). This literature review assesses public health and social science literature to contextualize the relationship between systems of racial oppression and colonization toward racial health disparities as well as the development of radical politics that has galvanized Black community based laboratory health interventions as solutions to precarious health conditions.

Over the years, the pervasiveness of racial health inequalities have led many public health leaders to assess how systemic racism and other structural barriers contribute to racial health disparities in the United States. The development of the social determinants of health (SDOH) framework has become a progressive addition to public health discourse, evolving away from viewing poor health outcomes as a result of

individual choices and genetics by assessing the impact of the built environment, socio-economic status, education, and healthcare access on health as opposed to merely medical care (Braveman and Gottlieb, 2014 & Bambara, Fox and Samuel, 2007). While this framework is helpful to understand social cultivation of health outcomes, health scholars have critiqued the limited focus of SDOH in conceptualizing the potential root causes of health inequity in public health research. There is a growing literature connecting social health factors to a broader domain of oppressive, macro-level systems, known as the politics of health or political determinants of health, that govern institutions most associated with social health creation (housing, employment, healthcare, and policy).

The Politics of Health

Nelson (2011) writes "health is politics by other means," declaring the function of healthcare and health-related institutions as a form of social control governing who has a right to health and who does not. Politics (or the political) is more critically defined within the context of power where "desired outcomes are achieved in the production, distribution and use of scarce resources in all the areas of social existence," (C Bambra, D Fox, A Scott-Samuel, 2007). Therefore, by this context, the health outcomes of Americans are intrinsically linked to the political and economic organization of the State (the political economy). The linkage of health disparities to the political economy is a rare occurrence in public health and medical literature but critical public health and social science scholars argue that the political economy of health cannot be separated from our understanding of health disparities and our efforts to address them (Harvey, 2021 & C Bambra, D Fox, A Scott-Samuel, 2007). Black health scholars and theorists, in particular, have added to the literature assessing the political determinants of health, its role in

setting the functions of health care, social systems and its implications on Black life and health outcomes overall. The political and social determinants of health and its implications for Black life in the U.S. can be broadly characterized under the context of colonization, the political economy, and the Medical Industrial Complex (MIC).

Contextualizing Colonization and the Political Economy's Role in Healthcare and Racial Health Disparities

Since its inception, the U.S. has manipulated the social, political, economic, psychological, and health conditions of Black life, cementing the violent and ongoing conquest for control and power, known as colonization (Semmes, 2011).

The U.S. political economy, defined as capitalism, has been studied as a primary technique of racial oppression and colonization to uphold political and economic domination over the Black population. The colonized position of Black people in the U.S. and across the African Diaspora is an immediate and intentional barrier, blocking the race from the right to autonomy. Cedric Robinson (1983) analyzes the inherently racialized nature of capitalism in Western contexts where racial hierarchy, hegemony and other White supremacist beliefs and processes are quintessential to the economic functions of the state. Robinson coins 'racial capitalism", illuminating the essential role racism has to the accumulation and expansion of capital markets where goods and resources are produced and distributed. The exploitative relationship between Black people and capital was ignited through the capture and enslavement of Africans, which robbed them of their land, labor and dignity to serve the monetary interests of colonial powers and ultimately jumpstarted the US economy (Robinson, 1983). Racial capitalism has been linked to racial health disparities in critical public health literature and has been outlined as a

fundamental cause of socioeconomic inequities that undermine the health of racialized communities (Laster Pirtle, 2020).

The social determinants of health constituted within institutions such as housing, education, employment and healthcare all operate under a racial capitalist economy, grossly misappropriating access to social contributors to health, based on race and class. Housing discrimination, residential segregation, employment discrimination, communal divestment, racial dislocation (gentrification) and other racist practices have been essential to upholding economic oppression and the ordinance of racial capitalism, disallowing Black people as a whole from obtaining access to wealth and resources (Williams and Petierse, 2010). As a result of these systems over the last several decades, the country has a devastating racial wealth gap. For example, according to 2019 data, White Americans reported to have a median household wealth of 7.8 times higher than Black American households, $188,000 to $24,000 respectively (Moss and Mcintosh et al, 2020). Wealth is required to obtain basic necessities that are commodified in this country. Therefore, by systematically setting a devalued relationship between wealth and Blackness and controlling access to health-related resources such as food, housing, health care on the basis of race, Black people are virtually sanctioned into poverty and illness (Rahman, 2020). The emergence of neoliberal policies over the last few decades that create austerity (cuts to social programs) further contribute to social negligence by the state, refusing to invest in the social fabric of the country in order to maintain quality health for all. The U.S. political economy and its colonial function creates state sanctioned poverty and other violent social conditions strongly correlated with poor health outcomes such as chronic illness and disease. These factors have historically

subjected many Black Americans to encounter another form of colonization: Medical Oppression.

Medical Oppression and the Medical Industrial Complex

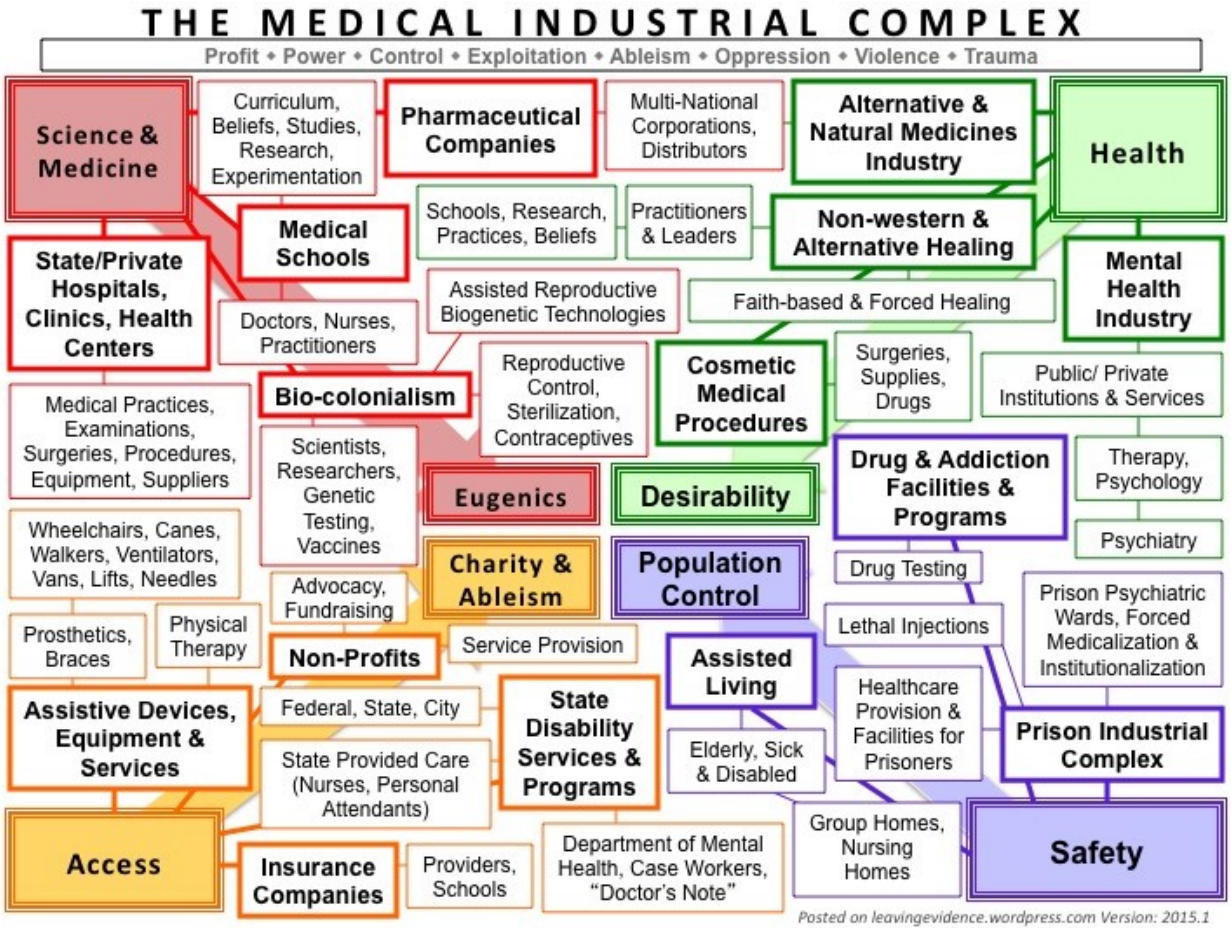
Expanding on the works of late scholar and psychiatrist, Franz Fanon, Williams III, O., Pieterse et al (2010), highlight the role of Western health care systems as an instrument of colonization, dominating the methods of health practice for social control. The American medical system and health philosophies were founded on White supremacist ideals of eugenics and biodeterminism which has dehumanized Black and Indigenous peoples. Early Western medical studies and practices that sought to serve White supremacist narratives of Black inferiority were used to justify slavery and genocide (Bailey and Krieger et al, 2017). Health scholars have studied the medical establishment's role in colonization as it has delegitimized and removed racialized people from their Indigenous health philosophies and practices while emphasizing scientific discovery and pioneerism (Laws, 2021 & Duffy, 2011).

Setting even more precarious conditions of exploitation and isolation, Black people have a particularly violent and extractive relationship with the US medical system aimed to exert power over their lives and bodies. Harriet A. Washington (2006) describes the historical foundations and contemporary examples of medical oppression introducing the term, medical apartheid, which details the use of Black bodies as subjects for unthinkable medical experimentations and medical neglect. Examples of this include: the Tuskegee experiment in Alabama where Black men were refused treatment for syphilis, scientific experiments that tested aggressive behavior of Black children while refusing access to needed medication and water and vile experiments that subjected Black patients

to excruciating pain comparing their pain threshold to White patients (Washington, 2006 and Scharff et al, 2010). Black Americans from slavery to now, have suffered from medical discrimination and medical abuse barring access to necessary medical care, further distancing Black people from healthcare and health overall. The collective trauma of Black individuals encountering medical racism and neglect has proven to be fatal on several accounts and has fostered sentiments of distrust in medicine and medical institutions as a whole (Washington, 2006). Over the years, the public health community has had to contend with the violent history of the medical establishment, charging doctors, nurses, researchers, and health policy makers to confront medical racism to alleviate racial health disparities. While Black Americans have gained access to American medical industries as health practitioners and patients through liberal integrative policies, such as the Civil Rights Act and the ACA, the convergence of the political economy and medical oppression known as the medical industrial complex poses a persistent barrier to racial health equity (Williams III, O. & Pieterse et al 2010).

The health medical industrial complex (HMIC) describes the conglomerate institutions and agencies including the "medical sciences, health care delivery, pharmaceutical companies, and medical technologies" that commodify health care and health products for profit (Semmes, 1996 & Nelson, 2011). The commodification of healthcare further denies Black people their right to health when they are subjected to economic oppression. The medical industrial complex and its occupants are a mechanism of racial oppression, controlling a population's access to health on the basis of race and economic status (Williams and Petierse et al, 2010)

Figure 1: The Medical Industrial Complex Map by Mia Mingus



[The image shows a visual layout of the Medical Industrial Complex, which is written at the top in large letters. Just under it, there is a thin, long box that contains the words: Profit, Power, Control, Exploitation, Ableism, Oppression, Violence, Trauma. There are four main quadrants, each in a different color with large matching colored arrows connecting the outer broad categories to inner underlying motives: "Science and Medicine" is connected to "Eugenics;" "Access" to "Charity and Ableism;" "Health" to "Desirability;" and "Safety" to "Population Control." Subcategories and main categories within each quadrant, are listed in large and small boxes that are all connected to each other with lines, forming a web-like effect, filling the entire page. In the bottom right corner there is small grey lettering that reads, "Posted on leavingevidence.wordpress.comVersion: 2015.1]

The above map details the complexities of the medical industrial complex that center profit over people and target oppressed communities as agents of exploitation under the guise of health promotion and safety (Mingus, 2015). Mingus (2015) emphasizes the

MIC's historical roots in "capitalism, slavery, colonization, immigration, war, prisons, and reproductive oppression". Most notably, the MIC is described as a major link to all forms of oppression, including ableism, homophobia, transphobia, and racism. As an organizer, disability justice advocate and healing justice practitioner, Mingus' work on outlining the MIC is useful in unpacking systems of oppression, contextualizing the role of medical care in creating and perpetuating health inequities, and building sustainable alternatives to exploitative and capitalist health systems. While acknowledging the positive aspects of the MIC that have produced lifesaving, tertiary treatment, Mingus centers a radical politic on how communities can develop alternative systems of care that are anti-capitalist, culturally competent, accessible, and transformative pathways to liberation and outright autonomy for oppressed peoples.

Defining Radicalism as an Approach to Alleviate Health Disparities : An Introduction to Radical Health Activism

As the Western political order of White supremacy and racial oppression has positioned Black and Brown people in a subordinate role with little rights to economic and political power, radical politics have become a definitive marker of liberation movements for oppressed peoples around the globe. Richard B. Moore defines radical politics as a program "which proposes basic change in the economic, social, and political order … it has to do with the thorough -going nature of the ends sought and the means used to achieve these basic ends (Moore, 2006 & Boyd, 1998). The term "radical" means to take from the root and in this context is employed to assess the root causes of social inequities to provide systemic solutions.

Health equity scholars demonstrate a need to discuss the activities of marginalized communities that create their own health interventions as responses to economic and social oppression. Esperat and Feng et al (2005) utilize the concept of transformative power as a framework to study the organizing methods of Latinx communities to overcome health disparities attune to the works of Paulo Freire. Paulo Freire's book "Pedagogy of the Oppressed" is a part of the canon that informs radical politics which states that the social and economic conditions of marginalized people are produced by oppression and oppressed groups must obtain power for themselves to transform their lives (Freire, 2020 & Esperat and Feng, 2005). Radical health and social science studies develop critical inquiries of oppression by way of Western colonization as the root cause of racial inequities, causing Black and Brown people to enact resistant and liberatory strategies to obtain power.

Robinson (1983) coined the Black Radical Tradition as a framework and practice outlining the various ways that Black people have resisted their oppression and sought to obtain power over their lives from organizing slavery revolts across the Diaspora to developing Black Power Movements in the 1970s. Central to the Black radical tradition is the adoption of Marxism and other anti-capitalist ideologies connected to the Black experience (Black Marxism), emphasizing collective power, social networks of care and the right to self-determine one's own outcomes. Many of these practices served to stand against economic and social oppression of the state which has threatened the lives and well-being of Black people.

Alondra Nelson offers a useful addition to the social science literature in which she contextualizes the framework of radical health activism by exploring the Black

Panther Party's fight against medical discrimination as well as their influence on radical health politics and healthcare practice. The Black Panther Party's health activism synced the Civil Rights Movement to a growing radical health movement that had deep implications on the profit-driven medical system (MIC) and social systems that drove severe racial health disparities in the 60s and 70s. As Black people across major cities experienced medical neglect, medical segregation, and mistreatment compounded with poverty and residential segregation, Black communities formed their own health-care networks and institutions to create and provide access to health to counteract the systemic oppression they faced (Nelson, 2011). Essential to the Black Panther Party's health activism was the development of free medical clinics across several cities, connecting Black people to services they could not afford or if served would be subjected to discrimination. Their work speared the development of the non-profit community health clinics we see today (Pien, 2020). The Black Panther Party also spearheaded a national movement to highlight the disparities in healthcare and research for people with sickle cell anemia, a disease primarily present in African Americans (Nelson, 2011). Nelson highlights the influence of the Black Panther Party on the political culture deeply aligned with leftist politics that prioritized democratization of healthcare and the production of a counter narrative to racist biomedical platitudes that further alienated Black people from health resources.

Radical health activism and specific implementations carried by Black people are widely underexplored in the health sciences but pose value in uncovering how oppressed communities strategize to gain control over their health outcomes. This thesis uses radical health activism as an overarching framework to assess contemporary health intervention

strategies of Black communities associated with liberatory politics or production of social change. Implicating the social and political determinants of health and health disparities, appreciation of the impact of place on social and health outcomes has been proven to be a useful analytical tool in health equity and health intervention research. Washington, D.C. is the geographical subject of this research contextualizing the longstanding economic, social, and health experiences of Black DC residents as catalysts for the potential health intervention strategies implemented to advance better health outcomes.

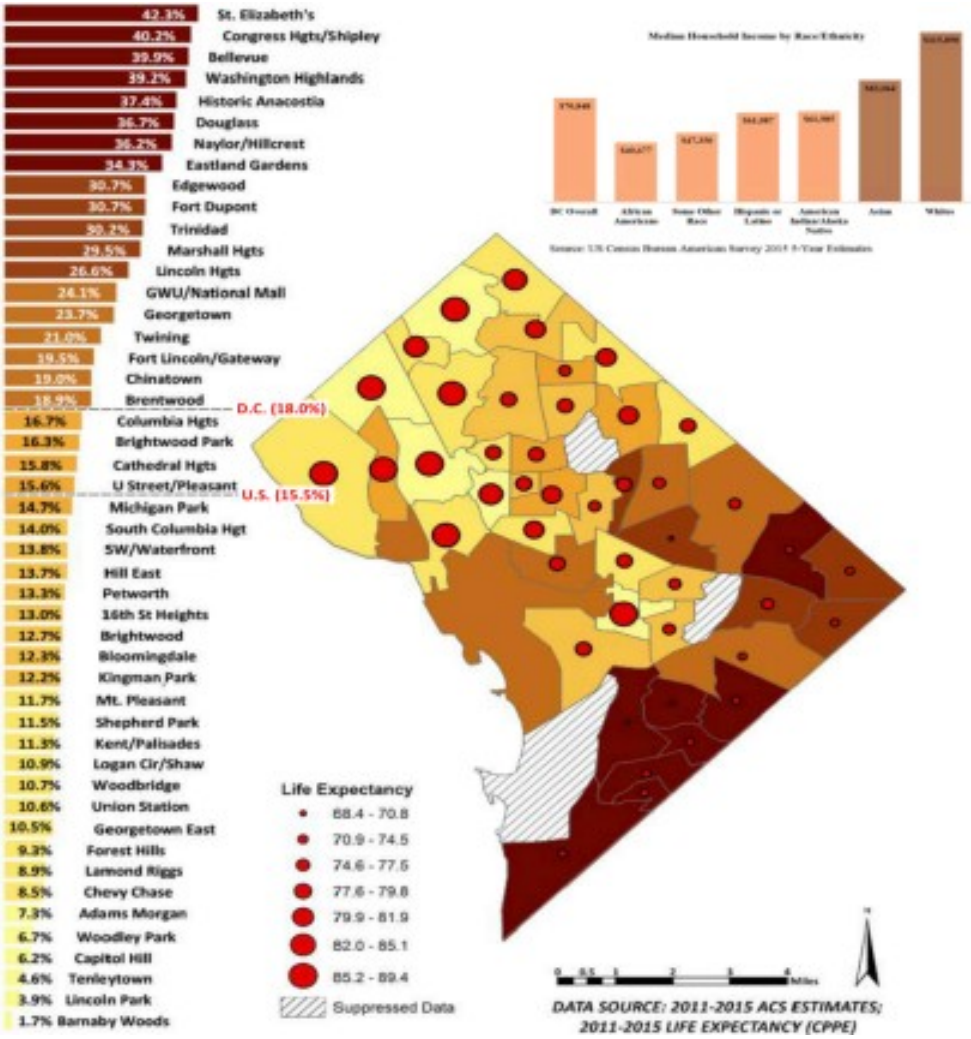
A Brief Overview of the State of Black Health Conditions in Washington D.C.

Washington, DC has been a center for social justice and community activism as a historically, majority Black populated city crippled with severe economic, social, and political injustices as common across many urban cities within the United States. Because of D.C.'s history of racial segregation, political repression, redlining, urban renewal projects, gentrification and job discrimination, Black residents have been subjected to poor health and social conditions. The health and social conditions for Black people in DC, despite current record representation in politics, implementation of the Affordable Care Act and robust social assistance policies, is still inferior to White residents (King, 2016).

Black D.C. residents have been reported to live 12 to 17 years less than their White counterparts, solidifying the nation's capital as having one of the highest life expectancy gaps in the country (Roberts et al, 2020 & King et al , 2022). Black women are 3 to 4 times more likely to die from childbirth than their white counterparts and infant mortality rates show similar results (D.C. Health Equity Report, 2018). Black D.C. residents are disproportionately reported to experience food insecurity and food apartheid

(Craven, 2021 & Mobin, 2021). Food apartheid is a systematic deficit of access to quality and affordable grocery stores in a geographical area and has been studied as a contributor to many common illnesses such diabetes and heart diseases (D.C. Hunger Solutions, 2021). The rates of diabetes for Black residents are 6 times higher than White diabetics and 2 times higher for heart disease (Health Matters, 2021). Food, economic, educational and other health related disparities are concentrated in Wards 7 and 8, which are majorly populated by Black residents (as shown below).

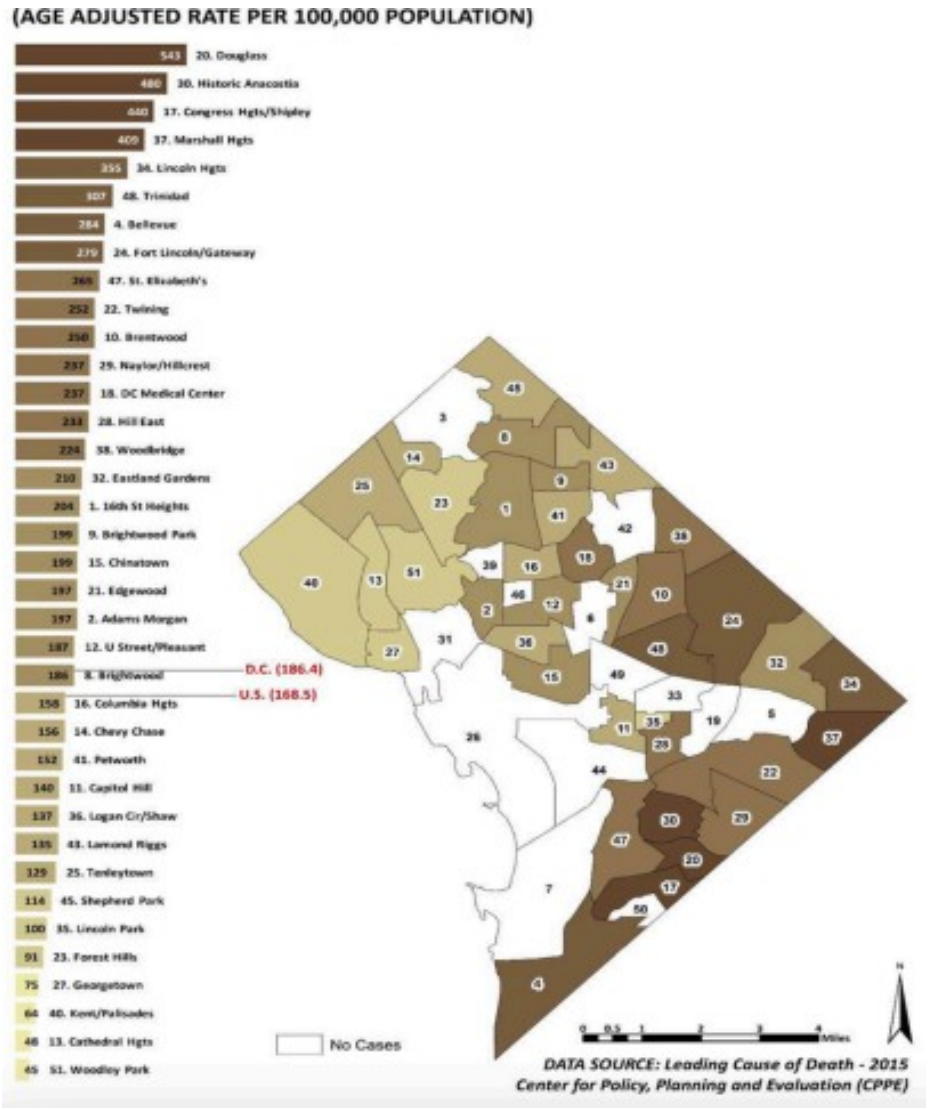
Figure 2: Percentage of Total Population in Poverty and Life Expectancy



Note. From *Health Equity Report: District of Columbia 2018,* 2019 (https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw)

The illustration above shows the relationship between poverty and life expectancy in Washington, D.C. The darker color represents higher poverty rates while the lighter colors represent lower poverty rates. The high poverty rate neighborhoods are in predominately Black neighborhoods, highly concentrated in Ward 7 and 8. The red circles denote life expectancy. The smaller circles represents shorter the life expectancy, while the larger circles represent longer life expectancy. Shorter life expectancy is also highly concentrated in Wards 7 and 8.

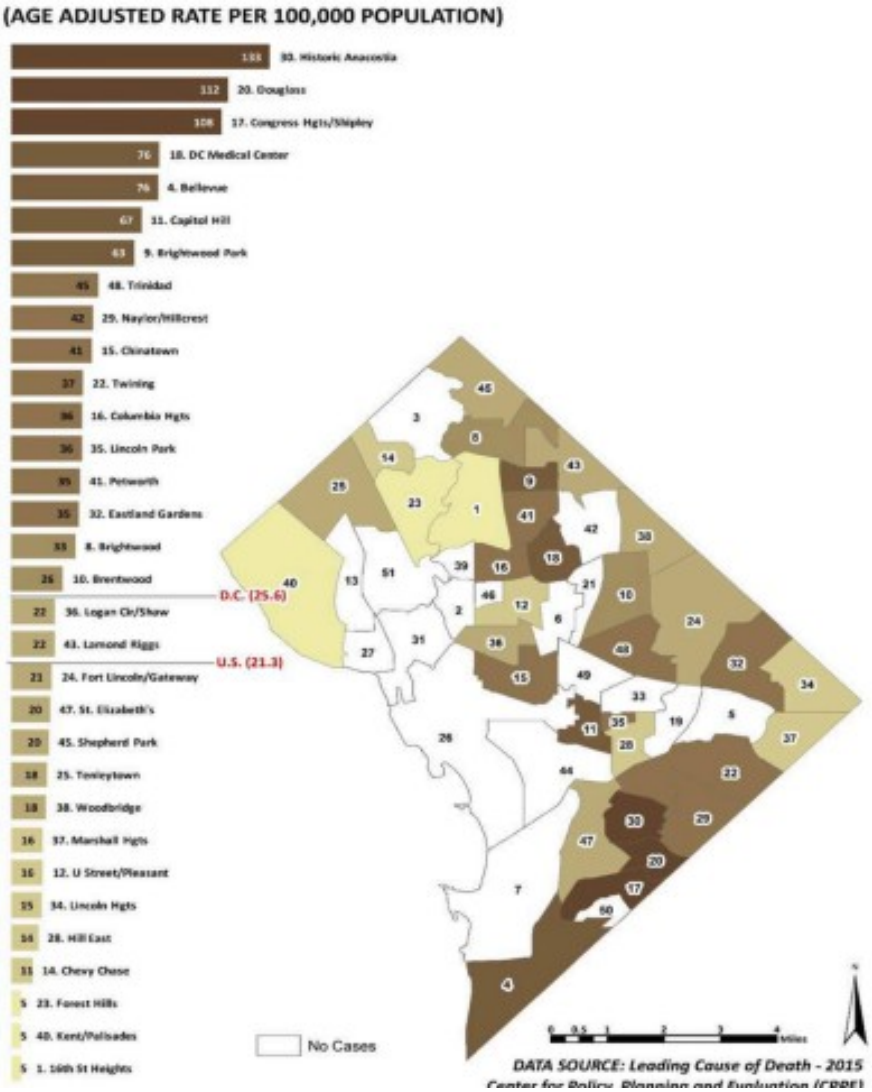
Figure 3: Population Health Status by Neighborhood Group (Heart Disease)



Note. From *Health Equity Report: District of Columbia 2018,* 2019 (https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw)

This image shows the rates of heart disease by neighborhood. The darker colors represent higher incidences of heart disease, which is associated with poor diet and lack of quality food access. Neighborhoods such as Historic Anacostia, St. Elizabeth's, Congress Heights and Douglass account for the highest incidences of heart disease, all located in Ward 7 and 8.

Figure 4: Population Health Status by Neighborhood Group- Diabetes



Note. From *Health Equity Report: District of Columbia 2018,* 2019 (https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw)

This image shows the rates of diabetes by neighborhood. The darker colors represent higher incidences of diabetes, a condition linked to poor diet and lack of quality food access. Ward 7 and 8 also represent the highest rates of diabetes.

Access to medical care is also a growing challenge for many Black residents as the city has faced 3 major hospital closures in the past 2 decades, who notably served predominantly Black neighborhoods. The closure of the D.C. General, located in Ward 8, in 2001 devastated low-income, Black and minority communities as it was the only public hospital in the District and offered culturally-competent care (Stolberg, 2001). The closure of Providence Hospital (Ward 5) in 2019 left gaps for residents in need of behavioral health services and emergency care (Arnold, 2019). Lastly, United Medical Hospital which is slated to close in 2023 has already closed its nursing facility and obstetrics ward (Reed, 2017). As these closures are a result of several issues such as fiscal challenges, inadequate healthcare services, and failure to compete with larger hospitals, they have left already vulnerable communities with less access to medical care, including prenatal services and mental health services (King et al, 2022).

The confluence of systematic racism undergone for decades in the District, community disinvestment, and other political factors have resulted in severely negative health outcomes for Black D.C. residents. This demonstrates a gap between the current health policies and the social programs implemented to alleviate Black health disparities, leaving Black residents to intervene in medical, social, and political sectors to organize for control of their health and social outcomes and ultimately their survival.

The survival strategies of Black residents have rested in the mold of grassroots organizations that provide community led solutions to poor health and social conditions. In reviewing the health activism movements and intervention strategies in D.C., researchers and historians have documented numerous Black organizations fighting for

self-determination and total well-being within the institutions of education, housing, employment, and healthcare (Musgrove, 2010).

With a vast history of community activism around the social determinants of health in Washington, D.C., the state's capital can offer rich data and context for the contemporary models of radical health activism and its potential connections to radical politics aimed at political, economic, and social change altogether.

The following study adds to the current public health literature on health disparities and health intervention research uplifting the knowledge, experiences and activities of grassroots community organizations to meet their own health needs that the state has dennied. The political formation of policies and programs are often left aside in public health research but this thesis puts to the forefront the political analysis of radical organizations as essential to contextualize the health strategies implemented in hopes to infer its implications on critical public health research and practice.

Research Questions

1. What are the radical health politics that influence the strategies of Black-led grassroots organizations' health interventions?
2. What are the grassroots organizational strategies implemented to meet the health needs of Black communities in D.C.?
3. What are the unique challenges and successes of Black-led grassroots organizations in addressing black health inequalities and transforming health systems?

Research Design and Methods

Study Design

The research design for this study utilizes qualitative methods, specifically semi-structured key-informant interviews to examine the health politics and strategies of DC Black mutual aid groups, alternative health institutions and agricultural organizations to address racial health disparities. Utilizing an antiracist praxis with considerations for participatory action research, the experiences of Black community members and activists are treated as experts of their own conditions as well as the methodologies they implement within their organizations.

Data Collection

Selection of Organizations and Participants

The Washington, DC transformative health organizing landscape was carefully observed and is composed of several different disciplines addressing poor health conditions in Black communities from social, environmental, economic, and health care capacities. The organizations selected for this study were Black-led mutual aid organizations, alternative health institutions, and food justice organizations located in Washington DC. The criteria for organization selection were: 1) embodiment of grassroots, radical frameworks of health organizing and or health service delivery; 2) demonstrated history of advancing the health and well-being of Black, BIPOC communities; 3) demonstrated commitment to horizontal leadership, empowering working-class Black D.C residents and 4) majority Black leadership and organization membership or community members served. Criteria for organizational participant selection were 1) executive directors 2) founders or other positions within leadership 3) must live in D.C. and perform work of the organization in D.C. Roles of the participants within the study were mutual aid organizers, community

organizers, healing and wellness practitioners, maternal health clinicians, acupuncturists, herbalists, and urban farmers.

Recruitment of Organizations and Participants

Initial recruitment of organizations and individual participants took place by building relationships with Black-led grassroots health organizations. The researcher has attended several organizational events in Washington D.C. to explore the health organizing landscape and various health implementations. From there, an initial assessment of the key organizational leaders, community engagement activity, grassroots values and praxis was taken to identify potential organizations and participants to recruit for the study. The researcher identified a list of potential organizations and key informants in Washington, D.C. that have implemented health interventions to address Black health disparities rooted within liberatory frameworks consistent with radical traditions. Potential key informants were invited to participate in the study by direct outreach, email and or phone. A total of 7 organizations were recruited to participate in the study. There was a 100% response rate to the recruitment letters and all of the 7 organizations were selected for the study upon assessing criteria alignment. A total of 9 organizational leaders, all founders and executive directors were participants in the study. Five of the organizations had 1 organizational leader participant and 2 organizations had 2 organizational leader participants. Basic demographic information of the leader participants were collected. Five women and 4 men participated in the study. All but one participant identified as Black while the other identified as White. The ages of the participants ranged from 30 to 70 years old.

Table 1: Introduction to Organizations and Participants

Organization Name	Leadership Position (s)	Race	Gender	Description of Organizations
Serve Your City	• Founder and Executive Director	Black	Man	An infrastructure hub for Ward 6 Mutual Aid, a partnership of more than three dozen organizations—many of them hyper-local, Black- or Brown-led groups—that came together to share resources and save lives after the COVID-19 pandemic struck the District.
DC Mutual Aid Apothecary	• Co-founder • Co-founder	Black White	Woman Woman	A community-based project located in Ward 7 that provides free herbal products, education, and a network for local herbalists & herbal enthusiasts to come together and connect to herbal plant medicine.
Collective Health Initiative	• Co-founder • Co-founder	Black Black	Man Man	A holistic wellness collective operating in Ward 8 that offers holistic health services and information communities in need, as a tool of empowerment that could help to improve the overall collective and individual qualities of life.
Dreaming Out Loud	• Operations and Resource Director	Black	Woman	An urban farm and Black agricultural resource hub located in Ward 7 that believes all communities deserve equal access to fresh, healthy food choices, and prioritizes community self-determination and food sovereignty.
Herb and Temple	• Founder, Executive Director	Black	Woman	Herb and Temple is a community organization located in Ward 8 that seeks the liberation and restoration of BIPOC by bridging spirituality and holistic wellness with political efficacy through education. We do this work through community service, and the curation of spiritually driven, culturally reflective healing spaces.
African Wholistic Health Association +ADS Collective (Acupuncture Detox Specialists)	• Founder, Director	Black	Man	In legacy of Dr. Mutulu Shakur and the Black Panther Party's movement to fight drug addiction, the ADS collective provides health and political education and practices traditional acupuncture methods in the DC area. Their work is performed in multiple Wards in the city.
Mamatoto Village	• Co-Founder, Executive Director	Black	Woman	Mamatoto Village is a Black women-operated maternal health clinic located in Ward 7 that is devoted to serving Black women by providing accessible perinatal support services. The Village fosters a space for resistance, restoration, and reclamation fueled by Black women's collective dreams of a more just world to live, love, birth, raise children and sustain their families.

Conduct of Interviews

The interview protocol was constructed by the author with input from the researcher's selected thesis committee. The thesis committee consisted of experts in sociology, Black history, social epidemiology, and public health policy to guide the framing of interview questions to glean context for history of organizations, participants' experiences and knowledge of systemic racism and the relevance of implemented health intervention strategies in public health practice. The interview guide was divided into 3 sections corresponding directly to the research questions aimed at uncovering each organizations' health politics, their different health intervention strategies and the perceived successes and challenges within advancing their organization's mission to achieve greater community control of health outcomes. The questions asked assessed 1) the history of the organization and relationship to DC's social, political and health context; 2) organizations' adopted political ideologies, values, and political influences that influenced the work of the organization 3) diverse community health intervention strategies 4) successes and challenges in addressing community health needs at a transformative level; and 5) perceptions of transforming inequitable health and social systems. The length of the interviews ranged from 30 to 90 minutes in length according to each participants' availability. Interviews were conducted virtually by the author, using Zoom video conference software.

Data Management

Each virtual interview was recorded by Zoom and transcribed by a third party professional transcriptionist, then edited by the author for specificity. Standardized transcription protocols as recommended by qualitative method guidelines were followed (Tong et Al, 2007). The author read and manually coded each interview.

Data Analysis

Qualitative description (QD) was used as an analytical method given its ability to guide health intervention development for complex systemic health problems and enhance internal validity. (Maxwell, 1992 & Sullivan-Bolyai, Bova, and Harper, 2005). QD allows for the researcher to understand complex experiences, events, or processes of participants in their own words and viewpoint while "in the midst" of a particular health, social problem, and or health intervention (Sandelowski, 1996). This approach treats participants as experts in their own experiences and analysis of the causes and solutions to poor health conditions maintained by political and social factors. Several qualitative description strategies were used in adherence to the QD outline of Miles and Huberman (1994) in which the author 1) Coded data from notes, key- informant interviews and observations 2) Recorded insights and reflections on the data gathered 3) Identified similar patterns, phrases, themes amongst the participants within the dataset 4) Reviewed commonalities and differences within themes for further exploration and analysis 5) formed an iterative process to break down codes and decided on generalizations aligned with the data. Once key themes and patterns were identified and summarized by the researcher and her thesis advisor, she used low-level interpretation methods to expose the data in everyday language as described by the participants. The described radical politics, liberatory health intervention strategies, successes and challenges of advancing radical health activism were then further analyzed, assessing their implications on traditional public health equity practice and intervention development.

Ethical Considerations

The study, protocol, and materials were approved by the University of Maryland's Internal Review Board.

Results

The themes that emerged from the study derived directly from the overarching research questions that observed the participants' health politics, their organizations' health intervention strategies and the successes and challenges of the selected organizations in addressing poor health conditions in Washington DC. This section is divided in 3 parts, reflecting the participants' responses, experiences, analysis and actions gleaned from each research question and their subsets.

1. **Health Politics: What are the health politics that influence the strategies of Black grassroots organizations?**

To examine the health politics influencing radical health activism strategies of oppressed populations, the interview questions sought to identify their experiences and perceptions of the current organization of health and health care in the U.S., their political ideologies, radical historical movement influences, organizational values and adopted frameworks utilized within the development of their organizational models and approaches to health intervention strategies. The themes exploring the participants' health politics are: 1) Shared Analysis the State's Role in Driving Racial Health Inequities; 2) A Commonality of Liberatory Political Ideology and Values Informing Holistic Health Interventions.

Shared Analysis of State's Role in Driving Racial Health Inequities

The majority of research participants expressed their assessment of the social and political factors such as structural racism that drive racial health disparities in the United States.

One of the research participants, representing Dreaming Out Loud, frames racial health disparities as both mediated and sanctioned by the state citing an extractive relationship where Black life is sacrificed to ensure the prosperity and comfort of others:

> "Well, I think that we know that this country has the capacity to create some of the best health outcomes possible. That we have the capacity to create some of the longest life spans on the planet, and that society has systematically not just robbed black people of that experience, but actually has created that. It has lengthened the lives of others, sort of parasitized black communities. Where does the trash dump go? Where does the incinerator go? Where does the smog go? It goes in our communities and it's a predictable outcome that it's sort of mortgaging black lifespan for the amenities available to white and actually other people of color."

The co-founder of DC Mutual Aid Apothecary comments on the extractive relationship between Black people and labor and its connection to the the economic system of slavery. She contends that the systems in place by the state directly undermine Black health and wellbeing, making her a proponent of community centered-care to address the needs of Black people that are not being met:

> "So I really believe in community centered care where we all take care of each other. We all figure out how to take care of each other and make sure that we are all okay because it's just so clear that no one else, that these systems that have been created, they don't care about our health. These systems care about our labor. The system of slavery didn't have any care or they basically were like, 'Let's see how many years we can work these people before they die and then we'll just replace them with someone else.' There's remnants of that still in our work culture throughout this country and throughout the world."

When asked about their perceptions of the organization of healthcare and the broader vision of health for Black residents, the co-founder of the Collective Health Initiative addresses the limitations of the medical establishment as they prioritize physical health, often isolating the social contributors to health in their approach to care.

> "So when we have concerns about, let's say high blood pressure, which is one of the common things I come across, diabetes, cancer, et cetera, when we go to the medical establishments that many of our people entrust to help to deal with these conditions. The physical is a focus. But then what about the other aspects? What about the environment? There's nothing in place, 9 out of 10, that helps to address somebody's environment. There's very little in place that helps to address somebody's mental space. There's very little in place that helps to address somebody's spiritual space. And we're not talking so much from an individualistic standpoint, but from a systematic standpoint, if that makes sense.

The co-founder and executive director of Mamatoto Village shares an analysis that poor health conditions and poor maternal health outcomes are driven by systematic neglect

carried out by displacement, minimal investment in housing and schools in Black communities. She exposes an oppressive function of social and institutional neglect where racialized people often do not have the power to control or mitigate their health conditions when fighting for their basic needs:

> "We are seeing that there's limited social support, that there's compounded trauma, that there are insecurities that are mediated due to racial dislocation. We call it gentrification in a nice way, but it's racial dislocation, and it's redlining, and it's all of these poor schools, and it's all of these levels of areas of neglect of Black people that is driving outcomes, that is driving maternal health outcomes, and it's not personally mediated decisions. I would say that too many times, we're always reacting to what's happening to us, and never having the opportunity to plan, to respond sometimes with intention or move with intention because the focus is so intent on survival. That is what we see continually." (Mamatoto Village)

A Commonality of Liberatory Political Ideology and Values Informing Holistic Health Interventions

Key Informants were asked about their organization's values, principles and ideologies to illustrate the shaping of their politics that have influenced their approach to health care practice and or interventions. The table below connects each organization's liberatory political ideologies with their values and principles and healthcare/ health intervention frameworks. The content in the table derived from the key informant interviews and or review of the mission, vision and values statements in each organization's website.

Table 2: The Liberatory Ideologies, Values and Health Intervention Frameworks of Organizations

Organization	Liberatory Political Ideologies	Values and Principles	Health/Healthcare Intervention Frameworks
Serve Your City	• Socialism • Black Liberation	• Health is a Human Right • "Solidarity, not Charity" • "We Keep Us Safe"	• Mutual Aid • Community Centered Care
DC Mutual Aid Apothecary	• Socialism • Decolonization	• Health is a Human Right • "We Keep Us Safe" • Afro-Indigenous Spirituality • Health Sovereignty	• Mutual Aid • Community Centered Care • Afro-Indigenous Healing Modalities
Collective Health Initiative	• Socialism	• Health is a Human Right • Afro-Indigenou Spirituality • Self Responsibility (Do For Self)	• Holistic Health Care • Afro-Indigenous Healing Modalities
Dreaming Out Loud	• Socialism	• Health is a Human Right • Community Self-Determination • Food Sovereignty • Racial and Economic Equity	• Regenerative Food System Building • Community Centered Care • Cooperative Economics
Herb and Temple	• Socialism • Womanism • Decolonization • Police Abolitionism • Black Liberation	• Health is a Human Right • African/ Indigenous Spirituality • Black Muslim Tradition • Black Radical Tradition • Health Sovereignty	• Holistic Health • Community Centered Care • Afro-Indigenous Healing Modalities • Trauma-Informed Care
African Wholistic Health Association	• Socialism • Pan Africanism	• Health is a Human Right • African Centered Spirituality • Health Sovereignty	• Holistic Health • African/Indigenous Healing Modalities
Mamatoto Village	• Womanism • Decolonization	• The Right to Health and Self Preservation is a Fundamental Right • Radical Collective Care • Health Autonomy • Racial Equity	• Community Centered Care • Quality Clinical Care • Holistic Health Care

Table 3: Definition of Terms and Phrases in Table 2

Socialism	An economic system and leftist political movement characterized by social ownership of the means of production instead of private ownership (O'Connor, 1988).
Decolonization	A political movement that promotes the right for all indigenous peoples globally to have self-determination of their land, food, economic, religious (spiritual), and social systems (Starks, 2021 & Thomas, 1978).
Black Liberation	The complete state of economic, social, and political freedom of all peoples within the African Diaspora (Starks, 2021).
Womanism	Coined by Alice Walker, a critique of (white) feminism that emphasizes women's natural contributions to society that analyzes the role of race (Blackness) , class, gender and family in social dynamics instead of merely women's biological functions and rights (Taylor 1998 & Love, 2016).
Police Abolitionism	A political ideology and movement that seeks to make police and prisons obsolete under the belief that carceral institutions are inherently harmful and rooted in slavery and colonialism, calling for prisons and policing to be replaced with community safety networks (Taylor, 2021).
Pan-Africanism	A political ideology that promotes solidarity between all Indigenous and peoples of the African Diaspora during the struggle for Black liberation (Adejumobi, 2008).
"Solidarity, not charity"	A guiding principle within the mutual aid organizing movement that emphasizes interdependence amongst marginalized communities using a bottom-up approach to meet community needs and redistribute resources as a source to gain control (Spade, 2020).
"We Keep us Safe"	A common principle within the mutual aid and police abolitionist movement that calls on the power of community to protect its neighbors from harm, hold harm-doers accountable through non-carceral and transformative community safety networks (Spade, 2020).

African-Indigenous Spirituality	Refers to indigenous religions of African peoples predating Christianity and the Islamic faith that believes in an innate connection between God, humans, and nature with deep reverence for the ancestors, the mystical and spiritual power in the universe. African Indigenous spiritual practices often incorporate the use of natural remedies to heal the mind, body and spirit (Ohajunwa, 2018).
Health Sovereignty	The right of indigenous people to utilize their traditional health practices and for peoples to have control over their health conditions under a reliable health care system with the ability to choose medicines that are socially and ecologically appropriate (Carrol et al, 2022).
Food Sovereignty	Analogous with health sovereignty, and is the right of the people to have democratic control over their food systems, governing the organization of production and distribution of food as well as food policies. Food sovereignty promotes local food economies and sustainable availability to safeguard the environment, directly opposed to the current privatized, market driven food system (Wittman, 2011).
Cooperative Economics	A more radical field of economics that infuses cooperative studies and the political economy toward the study and management of democratically governed or worker owned enterprises (cooperatives) (Nembhard, 2014).
Trauma Informed Care	An approach in the human service field that recognizes the presence of trauma and the role it plays in people's lives. TIC focuses on healing and recovery to care for traumatized victims (Tello, 2018 & University of Buffalo, 2022).

Table 3 displays that research participants' politics are consistent with primarily leftist-socialist ideologies and values and directly linked to Black radical politics that seek changes to the social, economic and political order to change inequitable conditions for Black people. These socialist ideologies, with some coupled with Black liberation and womanist theory, contend that power over social and political systems that drive health outcomes belong to the people and necessitate community centered frameworks and strategies to self determine health outcomes. Organizations' view health as a human right

linking social and government responsibility for the creation and maintenance of health in communities. All of the participants share a holistic concept of health that values the mental, emotional, physical and social attributes to health that informs their overall approach to their health care interventions and strategies. A unique discovery in defining the politics of each organization is that the majority (4 out of 7) of organizations uphold Afro-Indigenous spirituality and one organization specifically upholds Black Islamic traditions as major influences to their overall values and holistic approach to health interventions and healthcare. While Afro-Indigenous spirituality is defined in Table 3, the following accounts of key informants further explores how Afro-Indigenous spirituality is defined and believed to be a necessary politic toward health and healing justice for Black communities:

> "And for us, we also do things and perceive things also from what we would call an African centered perspective. So that goes into African spirituality, which deals with our connection with ourself, our ancestors through our bloodline and different energies of nature. I call myself a holistic wellness advocate, and holistic meaning that we're approaching health from a standpoint of spiritual, mental, physical, and environmental wellness, understanding that all of those components make up the totality of our health and that they all coexist together. One is not independent of the other. And one thing that, it's my opinion, a sentiment that everybody doesn't approach health that way, from a medical standpoint, a health professional standpoint, from a political standpoint, everybody doesn't approach health that way. And I believe that's one of the disparities that we face in our communities." (Collective Health Initiative)

> "I know the most powerful way that our people can and must be healed and transformed and come back `into our power is through the spiritual; and looking at liberation movements and studying the black radical tradition and understanding how much of that work has always been spiritual. The Black Islamic radical tradition and really Islam in general. So the overarching principles that guide our work are prayer, charity, witnessing that there's one God. Understanding that one God created justice and loves justice, understanding that part of our ... I won't say our debt, but part of the requirement of us being here is adhering to and fighting for justice is Islamic." (Herb and Temple)

2. Grassroots Strategies: What are the grassroots organizational strategies to meet the health needs of Black people and communities in D.C. ?

The second section of the key informant interviews was focused on uncovering the specific radical health activism strategies of Black-led grassroots organizations. A series of questions were asked by the researcher to gain insight on each organization's health care or health intervention strategies. The questions in this section pertained to the development of the organizational infrastructure, implementation of key programs and or services, community engagement, and advocacy campaigns. Insights gleaned from the key informant interviews show that participants are responding to a multitude of social and physical health conditions in Black DC communities such as food apartheid, income and housing inequality, communal and police violence, chronic illness (Diabetes and high blood pressure), mental illness (depression and anxiety) and reproductive health issues. The emerging strategies of organizations to meet the needs of Black residents within their health interventions comprise: 1) Institution Building: Creating a Holistic Standard of Health Care 2) Providing Holistic Health Education as a Pathway to Health Autonomy 3) Utilizing Mutual Aid Networks as a Tool for Community Survival 4) Utilizing Food and Agriculture as a Source of Healing and Self-Determination 5) Creating Internal Economic Opportunities to Alleviate Barriers to Health 6) Advocating for Transformative Social Policy.

Institution Building: Creating a Holistic Standard of Health Care

A major theme that emerged from the health intervention strategies of participant organizations is institution building. Institution building in the context of health activism is the reorganization of health and health-related social institutions healthcare frameworks to cultivate inherently resistant and liberatory care models against white supremacy. Much of institution building is inherently grassroots and organizations prioritize Black leadership and oneness with community members in their infrastructure to steer Black health institutions. Five out of 7 participant organizations detailed cultivating more intersectional and holistic standards of health care as a strategy for addressing inequitable health conditions for Black residents.

The director of Herb and Temple defines institution building as the main strategy of the organization to forego the Western medical establishment and create autonomous health systems that holistically nurture the health of Black people.

> "As a healing justice org we prioritize institution building, just not trying to fix what's broken within another system that's been imposed on us, but really building our own and saying, in terms of black health, what is it that we need to build? What are we not seeing? In terms of trauma treatment, in terms of whatever healing that we are identifying and are offering, or have identified a problem or that we're seeing doesn't exist, or areas where we're seeing harm, I think our number one strategy is figuring out how do we build it ourselves?"

When asked about their innovative health intervention strategies, the directors of the Collective Health Initiative have built a non-Western HMO (Holistic Health Maintenance) model that incorporates Indigenous healing modalities and medicinal knowledge to advance ownership of health within the communities they serve:

> "We're returning back to our indigenous minds especially when it comes to health. And so we organized ourselves as such and bridging in, because it's right here, based upon the concept of the Western medicine, medical system, understanding generally. They have a structure called the HMO, Holistic Maintenance Organization, where there's a group of doctors that one can choose from for whatever reason, whatever choice that may be. And so our concept is as each of us who have this philosophy of, "We just want to live our life and take control of our own life, especially

> when it comes to health," the Collective Health Initiative is organized as a HMO. We're saying that there's a group of us who have various education when it comes to connecting back to nature through health. We have wholistic health clinics, consultation, herbal products, nutrition support, acupuncture or acupressure, breathing techniques, massage therapy"

The directors of DC Mutual Aid Apothecary highlighted their strategy to transform their herbal mutual aid network into a communal health cooperative with holistic health practitioners as an alternative to profit driven healthcare systems.

> "My vision for us to have a cooperative, having different membership levels and actually having practitioners, an alternative to our insurance-based medical system where we pay all this money and the care that we get can be really shitty. How do we create a different type of system where you have access to these holistic healthcare practitioners through some type of buy-in."

When asked about the health intervention strategies to address the needs of Black mothers, the executive director of Mamatoto Village described the organization's holistic approach to maternal health care delivery beyond clinical care that addresses the social and environmental conditions that undermine the health of Black mothers in Southeast Washington, DC:

> "We are not only providing education and guidance throughout the pregnancy, but also helping people navigate both the complexities of social needs, mental health needs, as well as clinical needs as well. We take a whole person approach in the organization in terms of how we think about caring for other people. We address issues around social service support navigation, so if people need housing support, mental health, if there's issues around safety, whether that's intimate partner domestic violence. If there's environmental justice issues within a home, so there's hazards that are threatening the wellbeing of that family's health or that pregnant person's health, we are addressing those as well. It's a lot of social support pieces that are being tapped into that's not just, "Let me give you education about pregnancy."

Providing Holistic Health Education as Pathway to Health Autonomy

One of the major themes gleaned in assessing the radical health activism strategies of Black-led grassroots organizations in D.C. is prioritizing holistic health education in the communities they serve. Six out 7 of the organizations discussed going beyond health literacy in their health intervention strategies and seeking to empower community

members with information and holistic health practices to take control over their health. Many of the holistic health education techniques across the organizations involve political education, holistic healing workshops, nutrition classes and health conferences and lectures to inform residents of how to approach taking care of their mental and physical health outside of the clinical care paradigm. Many of the organizations' health education strategies emphasize indigenous modes of healing such as herbalism, acupuncture, yoga, and other more alternative healing mechanisms.

As a part of the radical Black movement, the African Wholistic Health Association (AWHA) was established to educate people about acupuncture and to develop collectives of individuals in DC to bring acupuncture and drug detoxification services to the Black community. AWHA implements its education strategy by providing conferences, workshops, and lectures to tackle issues like high blood pressure, diabetes and cancer as well as train individuals in acupuncture techniques to treat drug addiction. The founder of AWHA detailed the reasoning behind the holistic health education strategy as a tool to restore agency over one's health and empower Black communities to take ownership of their health:

> "We have to educate, get out into the community and educate people about health, the concepts of health and educate people about the causes of these health concerns that we address. This is something that's not done. People get a health problem and they go to the doctor and they just get treatment. They don't have in their mind a self-responsibility of trying to figure out what it is, doing some research, studying it, learning about what the health problem is, but taking in blind faith information from the doctors and I'm not saying anything is wrong with that because they're the professionals, they're supposed to know, but we push the concept of empowerment. So we are wanting individuals to become more empowered and more self informed as we move into the future."

DC Mutual Apothecary also provides community-based holistic health education focusing on herbal medicine guided by ancestral knowledge to empower BIPOC individuals in DC to have autonomy over their bodies and health:

> Our strategy is to give people the confidence in themselves, hopefully, to realize that they can learn about how their body works. They can learn how to express how they're feeling in their bodies when they don't feel good in their bodies, what makes them feel good in their bodies, and have that autonomy over themselves so that folks can feel more empowered in taking care of themselves and taking care of their families and other people in their community.

Herb and Temple also offers holistic healthcare education through the People's Practice, major component of the organization's work to emphasize indigenous healing methods to promote control of one's health:

> "In the People's Practice, that's once a month, we offer just a repertoire of different healing practices for the people. Different healing practices. We might focus on breath work one time, yoga another time, or intentionally resting as a practice, or acupuncture as a radical healing practice another time. The goal is to make sure that folks in our community are walking away with the repertoire of healing modalities and practices that they can tap into."

Utilizing Mutual Aid Networks as a Tool for Community Survival

Some of the selected grassroots organizations' mode of health activism is through mutual aid, a political organizing theory and practice in which community members form a reciprocal exchange of resources to meet the needs of others and change social conditions (Spade, 2020). Using community solidarity frameworks, the distribution of resources vital to survival are a common strategy amongst grassroots organizations to foster community control of health conditions as a response to the state's neglect of providing for the social and economic supports needed to sustain lives.

The founders of DC Mutual Aid Apothecary established an herbal medicine mutual aid network to support the health of radical organizers and the broader political struggle for

Black liberation during the mass uprisings ignited by the execution of George Floyd at the onset of the Covid-19 pandemic. Their mutual aid work served as a direct response to Covid and the lack of infrastructure to adequately address the exacerbated racial health disparities seen in Washington, D.C.

> "We decided that we would make herbal teas and herbal steams for the lungs and then herbal tea blends for the nervous system to protect against COVID and aid in people's anxiety.. Then we recognized that the whole country, especially DC, things just felt like a blaze with the election and the protests and just everything that was going on. We realized that there's folks who are organizers, folks who are doing mutual aid work, are doing so much right now. They're doing so much work, so how do we support those people by providing them with herbal medicine and then how do we also support the people that they're supporting by giving them herbal medicine and then they can give to the people that they're trying to support? There was one organization doing jail support and so we were able to give them our herbal tea blend that was for the nervous system, so that when folks came out of jail they had tea ready for them and had glycerides ready for them to take home with them. So just trying to be conscious of providing that support for our community and I know, for me personally, my political work is farming and growing food and is doing stuff around herbal medicine. That's my contribution to this struggle that we're all in."

At Serve Your City, mutual aid or mutual survival is fundamental to the work of the organization as a response to Covid-19 and its exacerbation of racial health, social and economic inequities affecting Black DC residents. The executive director of Serve Your City was clear about the role of mutual aid in advancing the struggle for Black liberation and political power. When asked about using mutual aid as a main organizational strategy to advance the lives of Black residents, the participant stated, "You can't organize people that can't wipe their butt", which speaks to how imperative it is to confront the severe lack of basic necessities that low-income Black DC residents face before you can expect to politicize them toward radical movement building. Serve Your City, in network with several grassroots organizations, distributes basic resources such as groceries, hygienic products and other basic needs for communities in Ward 6 and nearing Wards in D.C. Serve Your City has provided vaccine distribution and other health needs to Black and Brown residents in response to COVID-19.

Utilizing Food and Agriculture as a Source of Healing and Self-Determination

All of the selected organizations for this study have analyzed Black residents' relationship with food and the food system and its effect on the health of Black residents. Organizations, privy to the violence of food apartheid in the District, integrate a multitude of food-mediating strategies that have implications on health equity, healthcare treatment, food justice and the reorganization of our food system. The Collective Health Initiative and the African Wholistic Health Association use food and nutrition as medicine to treat mental and physical illness such as depression, anxiety, and diabetes as informed by Afro-indigenous healing traditions. Mamatoto Village integrates nutrition education and food preparation programming to support Black mothers and their families as a part of their approach to maternal care. Serve Your City and Herb and Temple organize mutual aid as a part of their programming to build community-driven access to food in their communities where cost is prohibitive. Dreaming Out Loud (DOL) is unique among the organizations in that it leverages Black agriculture as an enterprise to build self determination over food sources as a pathway to food sovereignty. DOL's goal is to "move past the access paradigm" and gain collective control of a regenerative food system that empowers Black farmers and communities socially and economically. The "access paradigm" is a critique of social justice initiatives that prioritize redistributing resources that marginalized people are systematically denied without upending the inequitable power structures that keep the privileged in control of the production and distribution of resources.

Creating Internal Economic Opportunities to Alleviate Barriers to Health

Another health activism strategy gleaned in the key informant interviews was that some organizations build economic opportunities for D.C. residents as a part of their health intervention plan. Two out of 7 organizations directly create sustainable job opportunities to promote economic security and economic justice as a medium to shape better health outcomes. The participants understand the connections between race, poverty and poor health outcomes and streamline economic justice efforts as a part of their mission to address the immediate barriers to health access that many Black residents face.

Mamatoto Village creates job training and economic opportunities in-house as a strategy to advance the field of Black maternal healthcare while utilizing liberatory frameworks of care. This strategy builds sustainable job roles for Black DC residents, specifically Black mothers, The executive director of Mamatoto Village elaborates on the training and economic justice work of the organization, forming a liberatory model of healthcare:

> "We also have a workforce development program as well that trains perinatal health workers, and perinatal health workers in order to fulfill our mission of diversifying and creating pathways into maternal health, and human services, and public health careers. That is something that is a part of our, both economic justice work, but also the ways in which we see that we can contribute to improving Black maternal health is by invigorating the workforce with people from the community, and people who look like the people who are being served. Not just from a place of like, "Yes, there's another Black face sitting in front of me, but this person understands how to care for me from a framework that is liberatory."

When asked about the main health intervention strategies of Dreaming Out Loud, a director of the organization spoke about how their food hub supports majority Black farmers as a response to the economic disparities that Black farmers face and its connection to the lack of power and influence Black people have over food production in their communities. Dreaming Out Loud has made a successful food hub program that promotes the business of majority Black farmers as a sustainable cooperative enterprise.

> "We have a social mission around economic opportunities. We don't talk about health because it's sort of implicit that the reason we don't have good health outcomes is we haven't been able to self determine or to exercise power in our communities. The food hub purchases produce from all sorts of farmers, but disproportionately way more black farmers than the typical food hub, and through our political education, we understand why that is that there are some intentional ways that black farmers are just not ... They're just not given business, but then there's other systemic ways, like infrastructure decisions where roads are built, who gets to keep their land, whether you're great, great, great granddaddy was run off the land"

Advocating for Transformative Social Policy

Some of the organizations implement policy advocacy initiatives as a part of their strategy to radically change the health conditions of Black DC residents. As organizations have implemented their own health systems and interventions, they believe the state should be held accountable for their creation of such devastating living conditions for marginalized groups. Many of the policy initiatives include investment into Black maternal health and limiting barriers to Black midwifery and doula practice, reinvestment into social services, Defunding the Police and reallocation of funds to support equitable development to secure access to affordable basic needs such as housing and food.

The executive director of Serve Your City plainly details his organization's vision of policies needed to correct the state's systemic neglect:

> " We advocate for taking money away from these cops and giving people insurance. Taking money away from these developers and incentivizing them to make this place affordable to us and using those investments to make sure that everybody is housed. Taking out the money of the bloat of the bureaucracy of the education budget to make sure that all of us have computers and the internet, and have quality afterschool and preschool and before school care. There's so many things we advocate for. We need a reallocation of the resources that are spent on hurting us, and we do our best to advocate for all of those things, but unfortunately, at the end of the day, I got a bad attitude and I don't like begging to a system that benefits from our misery."

3. Successes and Challenges: What are the unique challenges and successes of Black grassroots organizations in addressing black health inequalities and transforming health systems?

Successes

To assess the successes and accomplishments of grassroots organizations a series of questions were asked to explore the leaders' perceptions of their work in achieving greater health outcomes, building infrastructure for radical care models, advancing the quality of services in their organizations, and supporting the overall vision for collective ownership of health systems. As consistent with the politics and values of the organization, the leaders have a more qualitative assessment of their organization's success that prioritizes relationship building between residents and the quality and impact of care that is aimed to fill the care gaps created by the state that result in severe racial health disparities in DC. Themes also consist of the ways in which organizations are able to resist racist and detached models of healthcare and leverage the strengths of community members to build healthy lives for themselves. The gleaned successes of the radical health activism employed by selected grassroots organizations are: 1) Sustaining Deep Relationships as a Form of Care 2) Creating Greater Access to Holistic Healthcare in Black Communities and 3) Building a Resistant and Liberatory Vision of Black Healthcare and Health Autonomy.

Leveraging Deep Relationships as a Form of Care

Central to the work and successful impact of the grassroots organizations' radical health activism work is relationship building. Research participants expressed that building genuine relationships with residents and other organizations drive the community care networks and the scope of practices and services. The Executive Director of Mamatoto

Village details the importance of the deep relationships that are built at their maternal health clinic and the intention to create a safe space for Black mothers and their families they provide for.

> " We get through some of the toughest moments, and also celebrate our joys and successes." I think that, oftentimes, especially with Black maternal health, we can get so down into gloom and doom that we neglect to also amplify the joy, and the inherent strength, and the beauty that exists within the families as well. I think that what we see, from a stance of resilience and strength, is that our families, they're so resilient. They're so full of love, and joy, and hope, that they want the same things that everybody want for their children. The families we care for, they have the capacity, when provided the space and the table, to tell you what they need. We're listening because we're like, we don't need to be ... Going back to why we are where we are is because we want the people that we care for to understand and know ... Which is why our staff are from the communities that we care for, because we want this to be a safe haven. We want it to be a safe space".

Creating Greater Access to Holistic Healthcare in Black Communities

Research participants implementing radical health interventions deem providing communities with holistic health services and resources to gain control of their health as successes for their organizations. Research participants shared the responses received from community members seeking services or programs from their organizations that they haven't had access to prior.

The executive director of Herb and Temple elaborates on how their organization qualifies their growth and how community members have responded to services offered:

> "The number of people quantitatively [is a success], but also the quality of service that we've been able to offer and the amount of exposure and community healing with how many people we've been able to come into contact with through this work. Also bringing folks into spaces, particularly for their wellness and their healing on all levels that they hadn't had access to. I would say through our work we've intentionally been in community and in dialogue with the folks that we serve. So through that, we've been able to get feedback on both ends, saying damn, I never would've thought I could use herbs for this ailment. Or whoa, this herbal blend for detoxing from hormonal birth control was so successful, and I ended up getting pregnant from those herbs. Damn, Okay, cool. I wanna explore."

The co-founder of D.C. Mutual Aid Apothecary shares:

> "I think we're filling gaps with both knowledge, by sharing knowledge that we believe is a right ... we believe this knowledge is a right that we all should have access to ... and I think we're filling gaps by building relationships, by creating an ecosystem that can support itself, where all of the weight of holding it together is not on one or two people, where we have a lot of ... I usually am in that space, and there are many people who know much, much more than me."

One of the leaders of the Collective Health Initiative shares the responses received from community members having access to a more holistic model of healthcare service:

> "For the most part [communities share with me] the feeling of, this is what they've been waiting for. It's like, "Oh, I've been waiting for this. Didn't know you was here," or, "We really need you because it's not enough and have to go across town," or, "some other people of different..." But to have our own people doing this, for those who are up into it, it's like, "Yes, glad you're doing this," and for those who are not into it, but are open, say, "Man, we really need this."

Building a Resistant and Liberatory Vision of Healthcare and Health Autonomy

Many of the participants discussed resisting Western colonial models of health care to establish liberatory and sustainable models of healthcare and health interventions as an accomplishment of their radical health activism strategies. Participants discussed the connection between their resistant strategies to their overall vision of Black liberation and health sovereignty. By offering decolonized education about health and medicinal practices, community members have felt more empowered to implement their own healing and activism work whether through herbalism, mutual aid, farming, providing trauma informed care, or birthwork.

The executive director of Herb and Temple reflects on the use of ancestral knowledge and Afro-indigenous healing methods in addressing Black health disparities as resistance in itself and a tool for building institutions that reject colonized health systems and practices that undermine and disregard Black health and Black life.

> "We are resisting directly by saying, "we have our own" and the systems and methods and meanings that we have are good. We have our own methods to deal with ailments. We got herbal medicine. We have ancestral knowledge there. We have decolonized ways and resistant ways that we've been doing birth work and catching our own babies. We have healing practices and methods so that we can treat our own trauma and identify what we're dealing with and implement our own practices. I think that's a very direct form of resistance. It's resistant to even use it. My goal and

> my vision is for us to get into a place where we can completely opt out of industrialized medicine and healing. We can completely opt out of risking our life to go to the hospital to have a baby. We can completely opt out of the divestment from Black agriculture. So the institution building part is very resistant, and very necessary, because it's like divesting from [these systems] Like, I ain't even fucking with y'all. I'm completely divested and I'm going to do something different. I'm going to try sumn different. I'm going to consult my ancestors. I'm going to tap into indigenous knowledge and we're going to do our own shit. We're going to deem it sufficient and valid."

The executive director of Mamatoto Village elaborates on the purchase of a maternal healthcare facility specifically for Black mothers as a main success that solidifies a marker of institution building that is difficult to obtain and sustain for Black-led organizations with minimal political and economic resources.

> "I think that being able to purchase our space has been pretty significant, as we think about those pieces of longevity and legacy within this community and within this space, and what it means as a Black-led organization, and what it's meant for Black people, historically, to own space, to have something that is yours that nobody can come in and be like, "Hey, we're going to be developing this space now, so y'all got to go." That has been, I would say, a really, really significant and deeply transformative success for us."

The co-founder of D.C. Mutual Aid apothecary emphasizes the use of herbal medicine as both agents of survival historical and contemporary resistance to the violent, colonial oppression Black people have had to face:

> "I really want to be able to vision of how to have a different type of world and a different way of being and I think that herbal medicine is the tool that our ancestors used to resist that system that said they will only live seven years and then we'll replace them with another. Our ancestors used herbal medicine and they used their knowledge of plants and spirituality and healing to keep each other alive, to nourish each other, to feed each other. They used it as resistance to start revolutions and so I think that it's our duty to continue that legacy and that working with plants and organizing around herbalism is maybe not the best way, but is a way of doing that."

Challenges

The challenges faced by Black grassroots organizations in their efforts to address poor health and social conditions of Black residents is complex and highly reflective of the oppressive systems endured more broadly. Many, if not all participants acknowledge lack of resources and capital due to racialized oppression as a main source of struggle for

sustaining and growing their organizations. The challenges depicted in the participant's responses are political, highlighting a major deficit between the pervasive social problems and the ability to advance systems change at the community level. There is a recurring theme of the struggle for leaders in the organizations to stay afloat themselves, while being charged with taking care of their communities and providing holistic health services. Another major challenge exposed in this section is the effects of non-profit culture or more specifically the non-profit industrial complex, citing the reliance on government or private funding to sustain radical movements for Black health equity and autonomy. Many organizations have to make intentional positions according to their politics to avoid paternalistic relationships between donor and org directors that can have a damaging impact on the communities served, staff and reputation in the movement. The emerging themes in this section consist of 4 parts: 1) The Effects of Colonization Shaping the Landscape of Our Health Conditions and Resistant Strategies 2) Lack of Economic Power to Sustain and Scale the Work 3) Collectively Defining the Struggle for Black Self Determination and 4) Navigating a Radical Health Movement under the Nonprofit Industrial Complex.

The Effects of Colonization Shaping the Landscape of Our Health Conditions and Resistant Strategies

A majority of the organizations interviewed in the study cite economic and political oppression as the main challenge as they build radical collectives for health sovereignty and Black liberation.

When asked about the challenges faced at Herb and Temple in their mission to fight for Black liberation and healing justice through the lens of spiritual and political efficacy, the executive director confidently states colonization as the root cause of racialized oppression and the primary barrier to changing our political and health conditions as the state is reliant on subjugation and exploitation.

> "Colonization is the most challenging aspect. That's number one, because on a spiritual perspective, all the ways that we're experiencing harm and hurt, it's colonization. So we wouldn't even have to do this radical healing work if we hadn't been colonized. You know what I'm saying? We don't have to build a resistant economy. We don't have to build a cooperative economy. We was already sharing shit we've just recently been like, 'Okay, we have the bandwidth to apply for more grants'. But in the same breath we also have to say, "Man, they ain't going to call us back young." Some of this is too radical for a white hegemonic framework, and that's where philanthropy is. If it weren't for colonization, we wouldn't even be here. So decolonize that check and reallocate them resources".

A leader of the Collective Health Initiative shares a specific perspective on how colonization and political oppression has shaped their organizations' work in offering alternative and holistic medicine to address many of the health conditions in the community. The state's devaluation of holistic indigenous medicinal practices and its prioritization of Western-capitalistic models of health care leave holistic practitioners subjected to heavy censorship and lack of power to produce a scalable health alternative for their communities.

> "I would jump out there and say that there's a systematic attack against even the credibility and support of people who work with holistic wellness, and especially more so back around the 70s. When it comes to us, even though many times people would prefer not to deal with medical system because they don't always trust the medical system for historical purposes and things of that nature. When it comes down to dealing with people who are in a holistic realm, one of the common factors that tend to deter people is the cost factor. "Okay, well, if I go here, my insurance is covering it. If I go here, I don't have to pay out of pocket. The hospital is going to take me whether I have money or don't have money." It's the perception. Whereas with us, insurance doesn't cover the type of work that I do. Even if we apply for it, it doesn't cover that. And they're very selective on who, and what type of credentials, and this, this, and that, that you have to have in order for them to support you in any type of way. And then they have a stronghold grip on what you can say, what you can't say, what you can do, what you can't do, those type of things like that."

Lack of Economic Power and Capacity to Sustain and Scale the Work

The research participants outline severe economic disparities that shape the sustainability of radical movements and the sustainability of organizers and health practitioners leading them. Many of the participants emphasized the utmost need for systemic changes to right the wrongs of the state and reparations as necessary for Black people to gain back power over their communities so they can access health.

The executive director of Herb and Temple elaborates on the organization's challenge in maintaining resources and capacity:

> "People don't realize. We realize, we know, but so often for black organizations, particularly black radical organizations, the people who are building the movement, sustaining the work, are also the folks that are being served, who need the things, like the liberators be needing the liberation. The black economic justice organizers be broke. That's fucked up, but that's really real. Often it is due to material conditions and a lack of capital. There are so many black people who want to be involved in movement, have been radicalized, want to do the work and cannot afford to because they're being so heavily imposed upon by white supremacist capitalism. It's like, I actually don't have five hours. I don't have one hour a week for this, and all the hours that I'm giving that are being extracted from me, I'm still scraping to survive. I can't. That just goes back to the lack of resources, which for me, all that goes back to colonization."

One of the leaders of the Collective Health Initiative points to the economic struggles that holistic health practitioners and holistic health organizations face while trying to provide a comparative model to established medical systems that is sustainable and equitable.

> "Many of the wellness practitioners are also struggling to support themselves as well, because even though we have these great talents, these great abilities, this wealth of knowledge, and applications for the things that, skill sets that we have. But we have a system that says, "Okay, well, if you have diabetes, you can go and have your insurance pay for medical support. The hospitals, you don't have to come out of pocket or you come out of pocket very little." So people are under the impression they're not really paying for it. But if we're utilizing any type of indoor facility, what coincides with that? That means that we either have to have a hookup, or we have to rent a facility out. It means we're coming out of pocket now because we don't have grant funding and so on and so forth at this point in time. So that means that either we're coming out of pocket to serve the community, which is not a good model, it's not a sustainable model, or we have to charge the people"

Collectively Defining the Struggle for Self Determination

A part of assessing the challenges of the selected organizations and the broader radical health movement, participants name the struggle for Black health equality and Black liberation as an ongoing fight. There is a conscious awareness between organization leaders that no matter what holistic models of care or institutions we build, we will always be behind and at a disadvantage if we do not obtain the resources, capital and power necessary to have proper ownership of our lives. While reparations or redistribution of wealth is fundamental to our freedom, some leaders question the rigor of radical movements in demanding the power we deserve and producing robust scalable institutions toward Black self-determination.

The executive director of Serve Your City shares:

> "First thing first, we have to get our money. We have to get our cash. Until we say, "We ain't doing nothing else until we get our cash," we can't be healthy, but we have to have the wherewithal, which means the capacity and the health, internal interpersonal health and community health, to be able to have the audacity to demand what we deserve, what has been denied, and we struggle with that. We can't move forward just on our knees like this. We can't be healthy on our knees. It's impossible. Our elders and ancestors deserve more, us to fight more because that sacrifice has been too big. It's why we keep staying in this loop."

A representative from Dreaming Out Loud shares her thoughts on how to cultivate the power and scale necessary to obtain and operate institutions for Black communities:

> "If we're going to talk about solutions for black populations, even small black populations, even location contained black populations, we have to talk about scalable resources and networks. I mean, we also are just beginning to speak about reparations, which everything I know tells me that that's the only thing that's going to get us out of this. I love my people, I love how brilliant and creative we are, but I also have developed a critique of words like resilience, and community based solutions, because they're a little bit too aspirational. There is a disparate scale of our attempts to keep ourselves alive and demand what we actually could have access to, which is like an equitable share of resources, which will require us to fight. as if a mobile community clinic run by one black nurse practitioner is the same thing as a hospital, and it's not. We can just be honest about that. It doesn't mean that we're lesser than, or that the effort is not, but we really should mind our scale as a politic."

Navigating a Radical Health Movement Within the Nonprofit Industrial Complex (NPIC)

A central theme exploring the challenges the research participants face in implementing radical health interventions is the structural limitations of the nonprofit industrial complex or the NPIC. The NPIC is described as the privatization of social services in which organizations are dependent upon financial aid from government, corporations and or private donors (INCITE!, 2007). While nonprofit status allots grassroots organizations

tax and resource privileges, it is critiqued for its use in undermining the trajectory and scale of radical liberation movements and civic dissent. A majority of the participants' organizations are nonprofits and share how the NPIC shapes how and if their work is funded and the contradictions that exist in fighting for Black liberation and health sovereignty within the structures of the Anti-Black colonial state.

A director of Dreaming Out Loud reflects on the unsustainability of the NPIC, as it creates a culture of performative advocacy through temporary boosts of funding to support Black racial equity work as a reactionary response to the non-temporary plight of racial injustice and police violence as seen in the non-profit community during the 2020 mass uprisings.

> "But we were able to position ourselves as like, first of all, when the lens got turned on, the food world and all corners of the world, like what are you doing for black people? Then there we are. It was sort of timing that we unfortunately benefited from black death, and benefited from the horrific public death of George Floyd. That doesn't feel good and that's still, and it's totally worn off completely. So we're back to, (mimicklingly) "Oh, well that's the way our contracting is." So the conversation was like, 'well those are important things to talk about. Well, we really have to be pragmatic and we have to feed people'. And I was like, but how pragmatic is it to feed people with someone else holding a key to the fridge? Who shouldn't ever have had that key to the fridge? Never. That's where I'm at. And I really want to do some other centering. I want to center white wealth. I want to center misappropriated resources. I want to center who is actually making this hard."

The Director of Herb and Temple confronts the non-profit industrial complex and donor's prioritization of incremental and status-quo policy solutions to repress movements and organizations such as Herb and Temple, fighting for Black liberation and systems change.

> "There's organizations that don't accept government grants or government money. But it's hard fundraising because there are so many family foundations who want to fund policy shit. They're like, of course we can write a check for that. But if you're like, we want to do black radical tradition frames, healing justice for the purpose of liberation and nation building, they would be like, girl, what the fuck?"

The Director of Serve Your City highlighted a commonplace issue navigating the NPIC as many donors seek a paternalistic funder position dictating the work of the organization without having a relationship with community members or an understanding of their actual needs trying to survive.

> People are always telling me, “Oh, you should put that energy into advocating." Well, if you know so goddamn much, why am I carrying all this toilet paper? You know everything? Why don't you ask someone who we're giving this toilet paper to whether they want this toilet paper or you somewhere advocating for them?" Fuck out of here. Got to deal with these people. Got to deal with these neoliberals and their nonprofit, industrial advocacy policy complex on our misery. I don't like these people. I like the brother with one shoe on. Me and him are together. You could say I'm pimping misery. I say, "Put me out of work, then. Put me out of work. That's fine. Put me out of work. It'd be great. How about carrying these food boxes?" You know what I'm saying? "Take this toilet paper off my hand."

Table 4: Summary of Organizations’ Strategies, Successes and Challenges

Strategies	**Orgs**	**Successes**	**Challenges**
1. Institution Building: Creating a Holistic Standard of Health Care	H&T, CHI, DCMAA, MV, AWHA	• Creating Greater Access to Holistic Healthcare in Black Communities Ex. Several organizations implement innovative and radical health intervention models to institutionalize holistic healthcare standards in Black communities.	• Lack of Economic Power to Sustain and Scale the Work Ex. Orgs voiced concerns of historically not having the political and economic power to build sustainable institutions toward health sovereignty.
2) Providing Holistic Health Education as a Pathway to Health Autonomy	H&T, AWHA, CHI, DCMAA	• Building a Resistant and Liberatory Vision of Healthcare and Health Autonomy Ex. Orgs empower communities through education to take ownership of their own health and resist the paradigm of Western medicine	• The Effects of Colonization Shaping the Landscape of Our Health Conditions and Resistant Strategies Ex. The state attacks the validity of herbal medicine and indigenous healing mechanisms and censors what holistic health practitioners can say and do • Lack of Economic Power to Sustain and Scale the Work Ex. Holistic health practitioners detail their own economic hardships while offering free educational services to community members that limit the ability to expand their practice.

3) Utilizing Mutual Aid Networks as a Tool for Community Survival	SYC, DCMAA	• Sustaining Deep Relationships a Form of Care Ex. By leveraging community relationships to form solidarity networks to provide for people's basic needs such as food, clothing, and health products • Building a Resistant and Liberatory Vision of Healthcare and Health Autonomy Ex. DCMAA develops a cooperative, anti-capitalist organization of distributing herbal treatments to support the health of community members	• The Effects of Colonization Shaping the Landscape of Our Health Conditions and Resistant Strategies Ex. Precarious economic and social conditions are too pervasive and require political intervention to solve. Organizations grapple with the need to rely on the state for social programs and policies while seeking to be more independent from the state.
4) Utilizing Food and Agriculture as a Source of Healing and Self-determination	DOL, MV, CHI, AWHA	• Building a Resistant and Liberatory Vision of Healthcare and Health Autonomy Ex. DOL leverages Black agriculture as a tool to a regenerative and anti-capitalist food system to strengthen the health of DC residents. Ex. Organizations utilizing holistic health frames incorporate food education and access as a healing mechanism to treat chronic illness and support well-being.	• Navigating a Radical Health Movement Within the Nonprofit Industrial Complex Ex. Dependence on large corporate and wealthy donors to sustain Black agricultural movements can lead to instability and poor politics overall.
5) Creating Internal Economic Opportunities to Alleviate Barriers to Health	MV, DOL	• Creating Greater Access to Holistic Healthcare (Health Interventions) in Black Communities Ex. Mamototo Village infuses employment opportunities as a strategy to care for the economic and social well-being of Black mothers while also creating access to jobs in holistic maternal health care.	• Navigating a Radical Health Movement under the NPIC Ex. As nonprofit organizations are dependent on outside donors, some leaders question the sustainability of providing services and economic opportunities to residents as well as the NPIC limiting the path toward self-sufficiency and Black self-determination.
6) Advocating for Transformative Social Policy	SYC, MV, H&T, DOL	• Building a Resistant and Liberatory Vision of Healthcare and Health Autonomy Several organizations advocate for social policy such as reparations, universal healthcare, maternal health equity, and guaranteed income etc to advance the health of marginalized communities and to transform how health policy is viewed and implemented.	• Collectively Defining the Struggle for Liberation Ex. Some organizations detail their frustrations within the Black radical movement as there is current discord in how certain issues or policies should be prioritized, prohibiting the cohesion and scope of building a mass liberation movement

[1]Conclusion

Discussion

Health Politics

The leaders of each organization have a highly critical analysis of how the political and social power over individuals inform the conditions of health of those in our society, implicating a need for more communal control over health. All participants hold an analysis of the current political systems, such as the racial economy in the United States as inherently oppressive, creating and maintaining pervasive racial and social inequities that devalue Black life and health. From examining the shared analysis of each organization leader, there emerged a radical politic that was consistent throughout. Because of the deep understandings of racial oppression, influence of slavery and racial capitalism, and the racist history of the medical model, the organizations have incorporated anti-capitalist ideologies, such as socialism, that strive for decolonization over the very systems that violently disrupt the path to health sovereignty. The value and principle that exclaims that "health is a human right," is unanimously adopted amongst the organizations consistent with the tenants of radical health activism proposed by Alondra Nelson. This same value is the antithesis of the functions of the medical industrial complex which is the political system in which all of our health lies. The development of holistic health frameworks cater to the direct needs of communities as they are struggling with compounded social issues that affect health such as low income,

[1]H&T: Herb And Temple, CHI: Collective Health Initiative, DCMAA: DC Mutual Aid Apothecary, MV: Mamatoto Village, AWHA: African Wholistic Health Association, SYC: Serve Your City, DOL, Dreaming Out Loud

food apartheid, neighborhood and police violence, and health-care access. Most importantly, these care frameworks hold a value for self-determination and liberation as a radical element to their health politics.

One of the most significant findings in examining the health politics of each organization was the influence of African-Indigenous spirituality in developing frameworks of holistic care and a broader belief system of how health is promoted through spiritual well-being. While spirituality or religion is not widely considered in the public health discipline as a potential factor in health promotion or health interventions, a majority of the organizations view that spirituality can not be separated from our view of health, pursuing a reclamation of Indigenous healing modalities and frameworks rooted in inherent connection to God, nature and community. The reclamation Afro-Indigenous lifeways and beliefs in relationship to health and healing implicates a political position, denouncing colonial health frameworks and systems within the Western world that prioritize profits over people and the separation of mind, body, and spirit, and the broader environment in its influence on health creation and maintenance in society.

The exploration of radical health politics exemplified by the organizations in this study was paramount in understanding the scope of Black-led grassroots organizations and how they are seeking to address health disparities in Washington, D.C. The beliefs, ideologies, political analysis and experience of organizational leaders were crucial in attempting to understand their organization's overall health politics but also to draw a line connecting politics to practice. The organization's liberatory politics provide insight for diverse and impactful approaches to healthcare and health interventions aimed at cultivating a more equitable health system at the local and even national level.

Health Intervention Strategies

Several health intervention strategies were uncovered during the assessment of the organizations studied. 6 major interventions were commonly expressed throughout the interviews with organizational leaders. Institution building was a focal point among several of the organizations, emphasizing the need for Black communities to create and control their own health establishments, health standards, and implementations. Many of the leaders interviewed view self determination over health as the ultimate solution to racial health inequities we see today. The other strategies identified promote holistic health education as a pathway to health autonomy, drawing on alternative medicine philosophies and practices that value the whole of the body and the environment. The third strategy outlined details leveraging mutual aid to build solidarity with community members and support each other's needs that are being neglected by the state. Some of the organizations build their own community care networks to support residents who may be struggling with food access or lack of health care. The fourth strategy entails utilizing food and agriculture as a source of healing and self-determination within many of the organizations. As many leaders hold the value that "food is medicine" and understand the implications of food apartheid on health outcomes, implementing food delivery systems, nutrition programs CSA (community supported agriculture), or tackling the inequities of the food system are interventions used to cultivate better health outcomes driven by the community. The fifth strategy is associated with the economic barriers to health and encompasses developing economic opportunities within the organization for residents to earn a livable wage. Lastly, the sixth health intervention strategy is advocating for transformative social policies. Many of the leaders expressed that the

government is responsible for creating healthy conditions for its citizens but many of the health and social policies present form major barriers for most to achieve optimal health. Some of the organizations studied work to advocate for social policies such as Guaranteed Income, Black Maternal Health policy, Universal Healthcare and reparations. The health intervention strategies implemented by these organizations show unique considerations for community health care in the public health landscape and the potential benefits of a grassroots lens in our approach to alleviate racial health disparities.

Successes and Challenges

Defining the perceived successes of each organization's health care models or health interventions were important to highlight in this study because it demonstrates their internal values and how they measure success or progress in their work. Three major successes were uncovered: 1) Sustaining Deep Relationships as a Form of Care 2) Creating Greater Access to Holistic Healthcare in Black Communities and 3) Building a Resistant and Liberatory Vision of Black Healthcare and Health Autonomy. The first marker of success encapsulates a deep value of relationship building to achieve optimal care for the communities they serve. Many of the participants in this study do not reduce community members to patients but see them as "a part of them" as most are from the very communities they serve. The second common success amongst the organizations was their ability to create greater access to holistic healthcare in Black communities. Healthcare that emphasizes the well-being of the whole individual that is also sensitive to race relations can be scarce in a for-profit and nonprofit healthcare systems, but Black-led

organizations in D.C. have set out to provide various ways of community care that transforms how health is promoted and maintained. The third success is most symbolic of the principles of radical health activism as it centers resistance and liberation to envision Black healthcare and health autonomy. This third point connects the politics of the organizations to their health implementations, demonstrating a larger, long term goal for Black self-determination over health outcomes.

Assessing the challenges of each organization in advancing their health intervention strategies and larger agenda for Black health equity, illuminated rich context detailing persistent political and social issues facing Black residents and Black nonprofit organizations. The main challenges identified were: 1) The Effects of Colonization Shaping the Landscape of Our Health Conditions and Resistant Strategies 2) Lack of Economic Power to Sustain and Scale the Work 3) Collectively Defining the Struggle for Black Self Determination and 4) Navigating a Radical Health Movement under the Nonprofit Industrial Complex. The historical causes of Black health disparities such as racial oppression and colonization was expressed as a prominent challenge adequately advancing the health of Black D.C. residents, implicating the state's role in controlling access to wealth, resources and even the activities of certain alternative health practitioners. The power of the state and its policies create major barriers to resisting capitalist institutions and creating alternative solutions. Obtaining moneyed resources remain a persistent challenge to many organizations with a desire to scale their work to larger institutions when resources are not easily available or distributed to Black organizations, let alone those that are self-proclaimed to be radical and critically

challenge the status-quo. Many of the leaders have expressed difficulty in sustaining their work when capacity and resources are limited, growing internal questions about longevity of the organization and its influence. Other organizational leaders contend with misalignment in the broader movement for Black self-determination and health equity and offer critical reflections on the critical mass and rigor needed amongst radical Black organizations to fight for our rights and retribution. Lastly, a strong challenge represented amongst the organizational leaders were the complexities and even contradictions of building a radical health movement under the nonprofit industrial complex. The awareness of the NPIC and its historical purpose of diminishing radical political movements aimed at social justice along with its monetary benefits to established radical organizations is deemed problematic. The dependency on large, private donors to fund intricate radical organizing or communal work pose contradictory for some of the leaders with very strong politics against the wealth establishment. Nonetheless, the leaders grapple with their success as a nonprofit offering necessary healthcare to and health resources to their community.

Recommendations

I recommend that public health practitioners interested in achieving racial health equity utilize critical analysis of the politics of health that influence health systems and health outcomes. The nonprofit organization, Public Health Liberation is a source for understanding the use of radical and transformative frameworks in a public health context that is a direct challenge to mainstream apolitical public health institutions. Further research is needed to explore radical health activism strategies amongst Black Americans contextualized with the history in which they live. For grassroots organizations

implementing radical interventions to tend to the needs of their communities, much attention needs to paid to the resources necessary to grow these organizations individually or through coalitions to achieve the broader vision of health autonomy and collective liberation. Per the challenges that emerged from the key informant interviews of this study, one of the most compelling was "Defining the Struggle for Liberation" and "Navigating a Radical Health Movement Within the Nonprofit Industrial Complex". It is apparent that while many of these organizations possess the analysis, language, and motivations for decolonizing health systems and healthcare practice, the "movement" is not centralized in a way comparable to the Civil Rights or Black Power Movements in the 60s and 70s, understandably. To introduce intervention models to scale for the purposes of institution building and "doing for self," the analysis and radical health politics must be popularized in communities with clear vision for how to actualize our desire for self-determination. Defining more clearly, the economic and social policies needed to achieve racial health equity would make for stronger organizing and community development. Because many radical social movements operate within the nonprofit-industrial complex, the frameworks, policies, and politics proposed to garner true systems change run the risk of being co-opted by the state as historically proven. I recommend that state and city governments assess their role in exploiting the works of marginalized community members in their quest for social change and support legislation for state and federal reparations that result in significant funds, recovery of land loss, and infrastructure support for health, education, and economic institutions to Black and Indigenous individuals. The ultimate pathway to racial equity is for the state to repay Black Americans for the toll of colonization and slavery in order for us to have the right

to well-being. I also recommend the passing of proposed progressive policies such as Healthcare For All, Guaranteed Income and Socialized Housing.

Strengths and Limitations

Critical research design methods were considered and utilized in the study as it pertains to participatory action research methodologies that limit exploitative research practices especially within vulnerable populations. The researcher identifies as a Black woman and is a grassroots community organizer in DC herself, showing connection and relatability to the participants in the study. Due to her involvement in the political organizing landscape in DC, the researcher was able to develop organic relationships with members and leaders in grassroots organizations prior to the administration of the study, helping in the recruitment process. A strength of this study is that a multitude of organization models were chosen to help garner a robust understanding of grassroots methods used to address racial health inequality in DC. The 3 organization models (mutual aid, alternative health institutions, and food justice organizations) were chosen based on the observations of the current DC health organizing landscape by the researcher through consistent community engagement. The 3 models will help expose multiple theories on current radical health activism in DC tied to each model. The analysis method chosen, qualitative description is another strength of the study because it is most appropriate in helping identify emerging themes of radical health activism that comes directly from the experiences of those closest to the work, uplifting their expert knowledge in the subject matter. Much consideration was spent on formulating the criteria for the organizations and participants, ensuring that the key informants would have the politics and experiences to help define the nature of radical health activism in the current D.C. health organizing landscape. The

decision to have leaders of the organizations be key informants is a strength as they hold institutional knowledge and strategic vision for the organization but could also be considered a limitation because this selection does not allow for the members or non-leaders of organizations to inform the theories within the study. The research budget did not allow for full representation of all key players in the organization's functions to join this research. Another limitation of the study is that without garnering data on the knowledge and experiences of members within the organizations, it is impossible to assess whether the RHA strategies identified actually better health conditions of Black residents.

Public Health Significance and Impact

This research is significant to public health because it can inform theoretical and practical frameworks for community led actions toward building equitable health systems and addressing community needs. While place-based and community based methods continue to be highlighted in public health research, the notion of public health activism rooted in Black radical thought and practice would be paramount in addressing key structural issues in providing healthy communities for Black individuals. I want this research to impact how public health practitioners and community activists approach addressing the health needs of Black people and other marginalized groups. The concepts of mutual aid, health institution building, and food system creation tied to Black sovereignty and liberation should be a focus area in public health disciplines rooted in anti-capitalism and antiracism. The health politics of grassroots organizations led by the people that are most impacted by racist and exploitative health systems should also be a focus area in understanding the theoretical background for radical health activism strategies. Radical

health activism should be studied more thoroughly to record the histories of oppressed people fighting for rights they have been denied. I hope the methods used in this thesis will be used as a guide for future and more in-depth research on radical health activism strategies and health interventions.

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