IN THIS WINTER OF PANDEMIC DEVASTATION and an ice cold lack of official focus, concern and actions to address our unequal suffering and disproportionate number of deaths, there is talk of summer possibly lessening the overall impact of the virus. But even a lessening of the overall impact of the virus does not mean we will benefit equally or similarly by it. For like all the other trickle-down, “rising tide and lifting all boats” putum,” it does not recognize that equal effect requires equal capacity and conditions which we lack. Moreover, we know our problems of health and life are not seasonal, but social.

And therefore, these ongoing problems will not be solved by seasonable change, but by social change, radical and irreversible change to end the pathology of oppression. For it is a deep rooted and widespread pathology that generates and sustains viruses, illnesses, injuries, inequalities and injustices of all kinds. Thus, we do not have to be a doctor or diviner or a weather woman or man to know that summer will not save us, warm spring rains will bring no relief or automatic new life, and autumn will only lead to another winter, perhaps worse, unless we struggle for a radical change in the social climate and social structure of society.

So, again, the issue is not one of seasonality, but susceptibility to disease and it is virtually always the most vulnerable in society who are most susceptible. And given the race and class character of the pathology of oppression, Black people are invariably the most vulnerable and most susceptible in the larger society. Here, of necessity, I make a necessary distinction for Native Americans who usually have the highest rates of negative conditions, but for whom we don’t have adequate information and who suffer a whole ‘mother form of oppression. Again, we are struggling against two viruses, Covid-19 and the pathology of oppression. That is to say, the social conditions of domination, deprivation and degradation that create and sustain conditions of vulnerability and susceptibility to biological and social disease that infect the body politic and yield these high disproportionate rates of morbidity and mortality among us, the most vulnerable and susceptible.

Now, there is also talk about the disproportionate toll in infections, suffering and deaths among us revealing faultlines of disparities in healthcare accessibility, affordability and delivery. Here faultlines refer to cracks in the system, fractures through which those less valued and most vulnerable fall. But the virus has not really revealed these fractures in the sense of showing them for the first time. On the contrary, these fractures and fissures in the land called America were man-made at the time of its founding. So, it is not a revelation of deep inequality and injustice in the system that the virus has brought, but rather a reemphasis on the pathology of oppression which defines this society. And at the same time, it has reaffirmed our need to continue and intensify our struggle for liberation, racial and social justice, and shared good in society and the world. It is also said that the virus is an equalizer, an equal opportunity virus that does not discriminate. Actually, the virus does discriminate, for it selects, infects and kills the most vulnerable. Indeed, it takes advantage of the social discrimination and pathology of oppression imposed on Black people. In a word, it impacts, infects and overcomes those denied access and capacity for adequate housing, healthcare, food sufficiency and security.

I’ve said that the fractures, fissures and faultlines of inequality, injustice and unfreedom in society reemphasize our need to continue and intensify the struggle. This means that every faultline is a battleline – and these faultlines are not just in the area of healthcare, but also in housing, employment and income, education, politics and any and all contested terrains. Here we are reminded of Min. Malcolm X who taught us that “wherever Black people are, there is a battleline.” This declaration of the comprehensive nature of our struggle, in every area of life, is a reaffirmation of Paul Robeson’s earlier simi-
lar affirmation that “the battlefront is everywhere there is no sheltered rear,” and of Mrs. Fannie Lou Hamer who taught us the indispensable and relentless demand of our freedom struggle, saying: “Every step of the way you’ve got to fight.” For she says, “we are not fighting for symbolic things. We are fighting for our lives.”

We live in a racist and capitalist society where inequality, injustice and acceptable oppression, exploitation and degradation of the vulnerable – the poor, ill, aged, disabled, the different is acceptable, seen as acceptable and understandable collateral damage. Thus, we must see our commitment to struggle as indispensable to our health and well-being and the good of society and the world. Also, if we are to wage the righteous and relentless struggle to end the pathology of oppression, i.e., the thought, policy and practice of what Mrs. Hamer called a seriously sick society, then we must also and first accept, affirm and honor our identity as a people, a Black people, an American people in oppression and resistance. We can have and assert secondary, tertiary and other identities, but unless we assert our communal identity as primary, we cannot become and be the self-conscious social force for liberation, racial and social justice we need to be. We must be self-consciously for ourselves with due attention to inclusive human good and the well-being of the world. But we must be unapologetically, unashamedly and unbudgingly a community, a Black people in resistance to oppression, the pathology of oppression in all forms: racial, class, gender, sexuality, age, ability, religion, nationality, etc.

Also, even as we distinguish ourselves from our oppressor, we must also distinguish ourselves from our allies, recognizing that there are commonalities and differences. For often without distinguishing difference, we get lost in the mix and are asked to deny our identity, and then our unequal suffering and disproportionate deaths are collapsed into one discussion of “disparities.” We must distinguish ourselves and be distinguished from other studied groups. The data collected must be focused and disaggregated from the general category of Black and Brown or people of color. And this is not because we don’t have issues in common with other people in common matters of oppression, resistance and cooperation. Rather, it is because we, each and all of us, have differences and distinctions that must be taken into account, if there is to be any serious solution to our different problems.

Finally, again and forever, we must build and practice community. As we say in Kawaïda, to build community, we must practice love of our people through deep caring, education, mobilization, organization and confrontation, all directed toward transformation of ourselves and society. For we say practice proves and makes possible everything. Also, we must speak truth, do justice, practice propriety, build harmony, be balanced and reciprocal and do all in rightful order. And we must practice the Nguzo Saba (The Seven Principles): Umoja (Unity); Kuujj-agulia (Self-determination); Ujima (Collective Work and Responsibility); Ujamaa (Cooperative Economics); Nia (Purpose); Kuumba (Creativity); and Imani (Faith).

In conclusion, let me end how I ended in the Mission Statement of the Million Man March/Day of Absence: Let us strive and struggle in righteous and relentless ways so that we “always know and introduce ourselves to history and humanity as a people who are spiritually and ethically grounded; who speak truth; do justice; respect our ancestors and elders; cherish, support and challenge our children; care for the vulnerable; relate rightfully to the environment; struggle for what is right and resist what is wrong; honor our past; willingly engage our present; and self-consciously plan for and welcome our future.”

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