

# Written Statement to the 3<sup>rd</sup> Session of the Permanent Forum on People of African Descent

THEME: Reparations; Education; 2nd Decade on People of African Descent

#### Introduction

I am Dr. Tauheedah Bronner, a member of the board of <u>All for Reparations and Emancipation (AFRE)</u>. By background, I am a Naturopathic Physician licensed in the State of Maryland. At present, I run a private practice specializing in Holistic Primary Care.

Our contribution addresses the **unique health challenges** faced by Afrodescendants that are **deeply rooted in the legacy of plantation slavery and generational trauma.** The long-term impact of centuries of abuse and oppression have profound consequences on the physical, mental, and emotional well-being of the Afrodescendant population.

#### Abstract

The legacy of plantation slavery has left a lasting imprint on our health from higher rates of chronic and avoidable diseases to disparities in access to healthcare, and the effects of generational trauma on our health are still felt today.

### Arguments:

- 1. Chronic diseases: Afrodescendants are disproportionately affected by chronic and avoidable conditions such as diabetes, hypertension, and heart disease. These disparities can be traced back to the conditions of slavery, where inadequate access to healthcare, harsh living conditions, being forced to eat the worst unhealthy food, and being worked to death from sunup to sundown, all contributed to the development of these health conditions in the first place. Today, Afrodescendants continue to face significant disparities in access to quality healthcare due to factors such as lack of health insurance, transportation issues, and provider bias and lack of access to healthy food options. Additionally, the historical distrust of the healthcare system among Afrodescendants stemming from a legacy of exploitation and mistreatment, further impedes access to care.
- 2. **Mental health disparities**: The trauma of slavery coupled with ongoing discrimination and systemic racism, has contributed to higher rates of mental health disorders such as depression and anxiety. The intergenerational transmission of trauma further exacerbates these challenges, as the effects of past injustices continue to be felt in the present resulting in rising suicidal rates that are often overlooked and silenced if the black community.
- 3. Increased Maternal & Fetal Mortality Rates: According to the most recent data, the maternal death rate for Black women is more than double that of white women: 44.0 deaths per 100,000 live births compared to 17.9. It was also more than three times the rate for Hispanic women at 12.6. This week is Black Maternal Health Week (April 11-April 17) which was established to bring awareness to the challenges and barriers that Black mothers and babies experience in receiving maternal health care in the US.

## Conclusion:

The health challenges faced by Afrodescendants today are deeply rooted in the legacy of plantation slavery and generational trauma. Addressing these challenges requires a comprehensive approach that first acknowledges the impact of slavery and offers effective solutions.

# Recommendations:

It is our suggestion to the upcoming 2nd Decade on People of African Descent, PFPAD, and Member states:

- 1. Recognize "Afrodescendants as a People" and advocate for reparations, restitution, restoration, and comprehensive healing that tackle the root causes of health disparities to achieve optimal health outcomes.
- 2. Form resolute teams of healthcare professionals to arrange educational healthcare workshops and create programs that specifically address the health inequalities faced by Afrodescendants.
- 3. Additionally, it is essential to partner with community organizations and leaders to ensure the success and sustainability of these initiatives. By working together, we can make a lasting impact on the health and well-being of Afrodescendants.

Our "Health is our greatest Wealth" and I am eager to contribute to these proposals in any capacity possible.

Respectfully submitted by:

Dr. Tauheedah Bronner