



# FIGHT ON 2025

A Panoply of Weapons  
to Fight For Medicaid  
For All

TEAM INDIANA

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## 2025





## FORWARD

### “WE WANT ALL THE SMOKE”

August 5<sup>th</sup>, I received several text messages wishing me a “Happy Chairteenth.” The texts were accompanied by pictures and video clips from the “Rumble at the River” or the “Fade in the Water” that took place on August 5, 2023, at the Montgomery River in Montgomery, Alabama. GMac Cash captured the clash in his rap lyrics, “Bro told y’all to move, just doing his job, but you had to jump him, now we’ve got a prob?” Cash was lyrically celebrating how Black men fought back in response to an unprovoked attack on a Black crew member, Dameion Pickett, of the city-owned riverboat, Harriott II.

The riverboat was completing a dinner cruise and attempting to dock; however, a privately owned pontoon boat blocked its slot. After some attempts to contact the owners of the small craft failed, Pickett, who was also co-captain of the riverboat, disembarked to move the pontoon. He was met with physical assault by several white occupants of the raft on the dock. Pickett threw his cap into the air, and the Black bystanders noticed the crewman being jumped on and descended on the dock. One young man even swam from the boat to defend Pickett. Another grabbed a chair and began swinging it at the attackers. The melee was captured on video and subsequently went viral when it was posted on social media. The commentaries and depictions of the confrontation that took place in a city with a violent, yet victorious civil rights history - at a river where enslaved Africans disembarked to be sold - were humorous as in a new African American hymn should be entitled “Lift Every Chair and Swing.” The young man who swam across the river to support Pickett was called “Blackquaman”. Remarks were filled with social commentary about the iniquitous infection of racism that continues to poison the body politic of a nation, born in the sin of a genocidal takeover and shaped by the wickedness of anti-Black white supremacy.

I was particularly moved by the idea that people of goodwill, regardless of race, celebrated the Black men coming to the rescue of an older Black man who was outnumbered, but still he wanted “all the smoke.” The phrase “I want







### Fight On

In core streets where silence breaks  
Where broken hearts and systems ache  
We gather faith from age and dawn  
Not just to collect data and move on  
But to

### Fight On.

From pulpits strong to prayer mats spread  
Bells must now toll for justice roll – God be  
found now!  
People are dying... so...

### WE RISE

Each creed, each voice, each song, all plans  
We hold the line and fight for change  
Not for applause or temporary gain  
But for others who cry in pain  
For sage warriors too tired to march alone  
We raise our hands and still

### Fight On

So Right On to the dreamers past  
So we Fight On for Truth so sure to last  
With love as shield and hope as fuel  
That which is right – an intentional tool  
Together now, we

### Fight On.

RESOLUTE:  
Don't Give Up the Fight

all the smoke” is often used in popular culture to convey readiness to fight back. One is committed to standing “ten toes down” against all opponents or attackers (frequently called “opps”) to fight back. Pickett was celebrated as a symbol of resistance to vicious attacks when the odds are stacked against you. Pickett and those who rushed to jump into the fight wanted all the smoke.

In this era of weaponizing politics to crush the vulnerable and crown the powerful and privileged, Pickett, “Blackquaman,” the “Chairman of the Board,” and the “Black Avengers” at the Montgomery River to fight back inspire us. Even if it feels like the odds are stacked against us, we should affirm that “we want all the smoke.” We should be motivated to fight back so that all have access to quality healthcare, especially the poor who depend on Medicaid. Emergency Rooms must not serve as sole healthcare in this country. We want all the smoke and should demand healthcare justice so that every citizen receives the same access to quality healthcare as the elected officials in Washington, D.C. The fight has started that no one really asked for. The “least of these” have been jumped on by mean-spirited policies that will be death-dealing. Medicaid and Medicare may well be murdered unless we are willing to fight back while declaring we “want all the smoke.”

*Frederick Douglas Haynes, III*  
Frederick Douglass Haynes, III, Senior Pastor  
Friendship-West Baptist Church  
Dallas, Texas

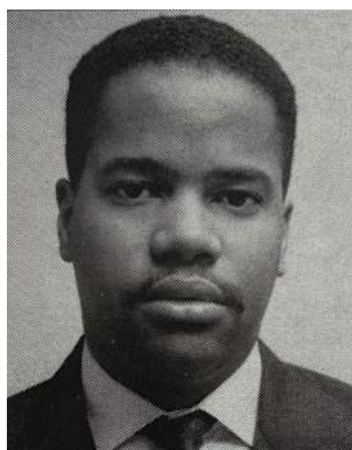
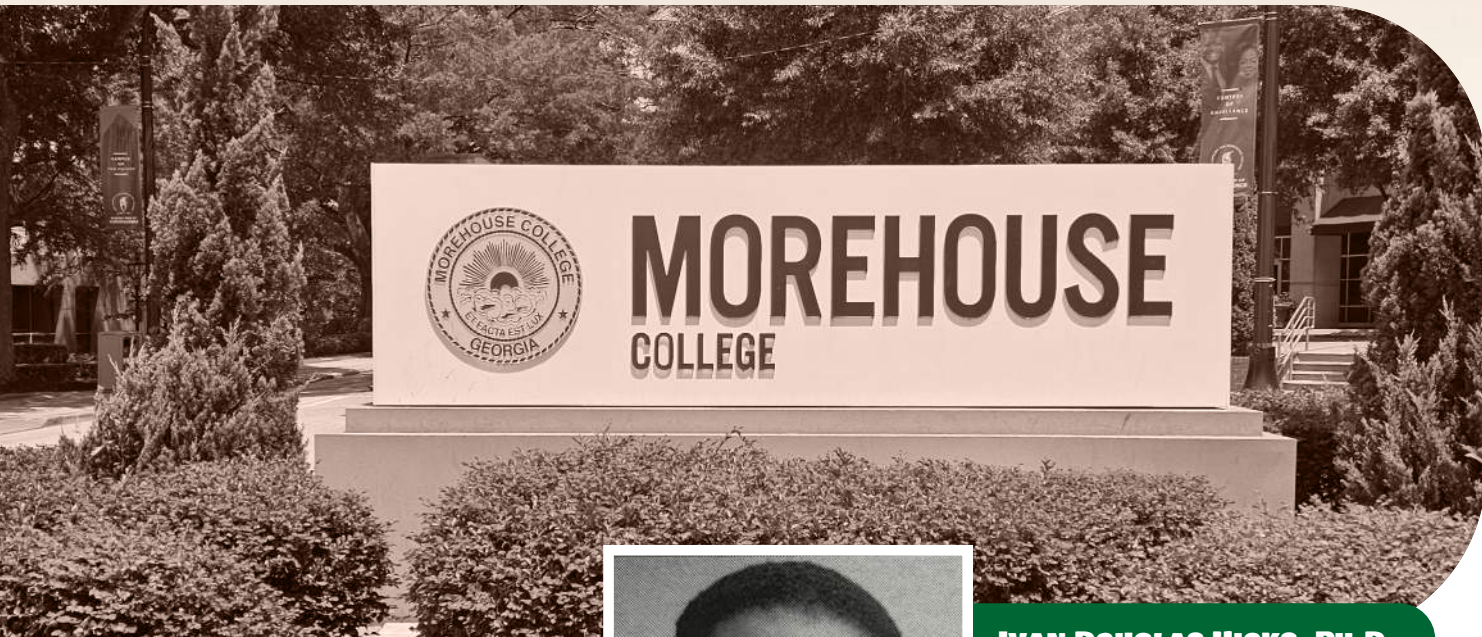


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**IVAN DOUGLAS HICKS, PH.D.**  
*President, Morehouse Class of 1991*

**T**here was a poetic notion given to me my freshman year at Morehouse College: “Nobody Stops The House.” Morehouse College in Atlanta, Georgia, is my alma mater and is historically known for producing strong Black men; Dr. Martin Luther King, Jr. is heralded as our most famous alum. I am proud to call U.S. Senator Raphael Warnock a friend, as he in 2025 serves as the Senator from the State of Georgia. I serve as his President, having been elected to a life position in 1990, leading the Morehouse Class of 1991.

This notion, taught to us during Freshman Week, instilled in young aspirants the resolute

nature and strength of character to persevere and overcome. Hanging above the heads of matriculating students, known as Men of Morehouse, was an expectation of tenacity, allowing progress to be made despite opposition. Our contributions to the world we were born to make should not be stopped by anything or anyone. Only upon graduation are we allowed to refer to ourselves as Morehouse Men. The liberal arts education and the indoctrination toward the intentional pursuit of excellence were driven into us at a pivotal time in our lives.

There was a brother on campus, Mukasa. His given name was closer to Willie Ricks. He was a 60’s revolutionary who, with the right rhetoric,

**“Service is the rent we pay for taking up space on this earth.”**

~ Augusta (Gussie) Clark, Philadelphia, PA, City Councilperson



aesthetic, and resources, provided what any intellectually curious would-be activist needed. Freshman year, we met in my room in the first of five former fraternity houses known as Quarles Court, “The Units.” I lived in Unit One, and on Monday evenings during second semester, we held “revolution class” in my dorm room. One day, the guest lecturer was Kwame Ture (Stokely Carmichael)—yes...in my little dorm room. The prodigious mystique and academic rigor, matched with ample whole-person opportunities for growth, leave lasting memories but also give me resolute motivation to seek change, in the words of James Cone—for my people.

Augusta (Gussie) Clark, a great leader and City Councilperson in Philadelphia, Pennsylvania, who was a member of the first church I served in full-time ministry, Bright Hope Baptist Church, was known for saying, “Service is the rent we pay for taking up space on this earth.” There are still men and women who understand the compelling and even antiquated idea that we all have an expectation by God to live life well, by uplifting those who are downtrodden and pursuing good.

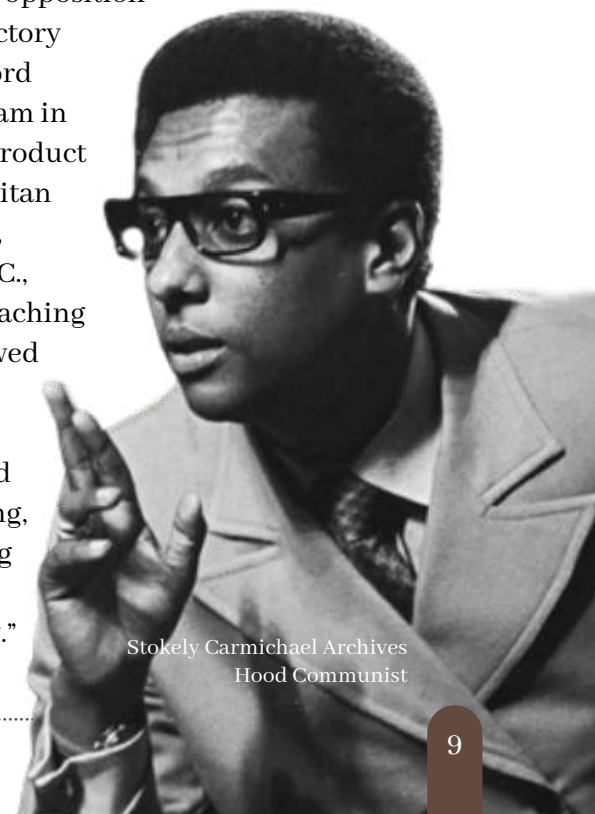
The oldest written and spoken language, the MDW NTR, confirms the ancient understanding of most cultures: that there is a human lean and insistence upon behaviors, mores, and ethics that must govern our lives. My professor at Temple, Théophile Obenga, taught that the MDW NTR was to be literally interpreted as “God’s Words.” It was the

language of KMT, known today as ancient Egypt, and stands as a central reason why we call Egypt the first great civilization of the world (Obenga, 1995).

My dissertation, submitted upon graduating from the premier Ph.D. program in African American Studies at Temple University in Philadelphia—with Molefi Kete Asante (architect and developer of Afrocentricity) serving as senior mentor—was titled Centering African American Religion: Toward an Afrocentric Analysis (Hicks, 2003). My first sermon over thirty years ago was entitled, “A Prescription for the Oppressed.” My work as scholar-activist and my life’s offering to our community has been to

**“Community cannot be authentically built if people are not in relationship with one another.”**

write social scientific prescriptions, if you will—balm or solutions for social and other complex pathologies. My father, Dr. H. Beecher Hicks, Jr., in writing *Preaching Through a Storm*, detailed opposition overcome by victory through the Word (Hicks, 1987). I am in every way the product of the Metropolitan Baptist Church, Washington, D.C., where both preaching and praxis showed me in real time the meaning of that familiar old colloquial saying, “When the going gets tough, the tough get going.”



Stokely Carmichael Archives  
Hood Communist



# It's Time

This multimedia, multidimensional scholastic presentation is not a standard dissemination report; it is a record of our resistance. It shares the work of The AfricaLogical Institute as we led the community-facing efforts of a study commissioned by the Robert Wood Johnson Foundation as Team Indiana of their Interdisciplinary Research Leaders program. The Robert Wood Johnson Foundation is a foundation working to ensure that health is no longer simply a privilege, but a right. Team Indiana consists of three Principal Investigators: David Craig, Ph.D. (Ethicist - IUI), Elaine M. Hernandez, Ph.D. (Sociologist - IUB), and Ivan Douglas Hicks, Ph.D. (Ethnographer - AfricaLogical Institute). We were given significant resources to conduct an action-oriented health equity study, with most funds—after budget negotiations—allocated to Community-Valued Research (CVR).

Just as we did with our 2019 study, Health Equity, Urban Congregations & HIP (Craig, Hicks, et al., 2019), we have concentrated this 2022–2025 RWJF study on Medicaid, specifically the Healthy Indiana Plan (HIP). We are seeking to determine racial and structural barriers and solutions addressing disproportionate health outcomes in our community. We have conducted over 100 interviews in five cities in Indiana and are currently finishing interviews with the top health equity officers at the five hospitals that predominantly serve Marion County (Indianapolis) residents. We are also conducting interviews at fast food restaurants near transit centers in rural and urban areas to intentionally include people with low or no

access to technology who may be unhoused or otherwise socially vulnerable.

This work chronicles our quest as scholar-activists to bring clarity to what many consider senseless and uncivil attacks on the health of those on the margins. This is a freely shared, documented presentation of the strategies we used and the weapons we created and discovered. It is our faith

**“This compilation of thought and deed is offered to inspire others of like inclination to fight for all who have been othered.”**

that “bids us still to fight on” despite the difficulty of the day. This compilation of thought and deed is offered to inspire others of like inclination to fight for all who have been othered. It is intended to serve as righteous instigation born of our righteous indignation. It demonstrates our faith-led effort to positively exploit relationships and intentionally

form a community of trust, working together to develop a plan to combat disproportionate health outcomes in our community.

This work is offered for consideration for engagement now. Our panoply of weapons to fight for Medicaid for all is based on data received, stories told, and the belief that truth will unwaveringly lead to liberation. “In truth there is light” available even in this present darkness. Our research and this compilation—called The Panoply while we were producing it—reflect the attitudes of our wider community. Others - those not in the daily headlines - are being overwhelmingly impacted by not simply the social, but now the Political Determinants of Health (Dawes, 2020). Our arsenal was developed prior to and during the 2025 Legislative Session of the Indiana General Assembly.

This year we worked with powerful

**OUR PANOPLY OF WEAPONS TO FIGHT FOR MEDICAID FOR ALL IS BASED ON DATA RECEIVED, STORIES TOLD, AND THE BELIEF THAT TRUTH WILL UNWAVERINGLY LEAD TO LIBERATION.**

~ Ivan Douglas Hicks, Ph.D.





organizations and individuals—advocates who would not be deterred despite a legislative super-majority, a new governor and federal influence; both with seemingly no regard for the poor. Laws were mandated and passed that are now killing people. Poor people in rural and urban America will see hospitals close, access to life-saving care decrease, and yes, people are actively dying now because they have been kicked off or kept away from Medicaid.

We fought at the Indiana Statehouse in unusual and creative ways during the 2025 session, as my organization, The Indiana Ministerium, does every year (The Indiana Ministerium, 2025). We vanguard the causes of widows and children—the most vulnerable among us. Friends were helpful as we sprinkled the atmosphere with a “Positive Financial Impact Statement” on Medicaid (AfricaLogical Institute, 2025). This policy brief was quoted by legislators and those giving testimony on both sides of the aisle while debating Senate Bill 2. While the bill passed, advocates worked to ensure its harmful nature was exposed. Provisions that would have limited Medicaid eligibility to 36 months and capped total participation at 500,000 (currently approximately 750,000 are covered) were removed. The most dangerous parts of the bill were eliminated, making it a “less bad” bill. However, work reporting requirements, hyper-redetermination, and increased punishment for hospitals helping poor people access Medicaid remained.

A Positive Economic Impact of Medicaid paper produced by The AfricaLogical Institute, provided evidence supporting the smart utilization of HIP/Medicaid to strengthen the Indiana workforce. This report argued that keeping people on health care is fiscally responsible.

Ancient spears, swords, and shields have been replaced by hard scholarship drawn

intentionally to voice the concerns and needs of our community. We fight with an array of instruments—not in one way but many. We fight with data produced through community guidance and cultural determination, with facts and poetry, policy challenges, community education, network building, structured testimony, advocacy campaigns, and prayer. The problem is so vast and multidimensional that we need everyone to fight—right now—by all means available.

Our work on Medicaid did not begin in 2025. It builds upon both individual and collective efforts, including the 2019 study Health Equity, Urban Congregations & HIP (Craig & Hicks, 2019). That research, commissioned by the Indiana Minority Health Coalition, gave us community input that resulted in eleven actionable recommendations to FSSA and the Indiana General Assembly. It significantly called for a decrease in “bureaucratic hazing” and an increase in access and communication to help people get and stay on Medicaid. (Bureaucratic hazing, a term Ivan Douglas

Hicks coined during the prosecution of our 2019 study, to graphically describe the treatment many reported receiving while navigating healthcare systems in Indiana.) This preliminary Medicaid study strengthened our resolve to not be content with simply observing injustice. Just as Africans do not create art simply for art’s sake, our scholarship must also serve a more lofty goal.

When writing the application for the Robert Wood Johnson Foundation’s Interdisciplinary Research Leaders Program, I developed a unique approach to this work that was tagged Community Valued Research (Hicks, 2024). This emerging concept holds the potential to refine and create stronger goals for even community-engaged and action-oriented research. CVR respects the experience and expertise of the people, builds solutions based on their voices and wisdom, and seeks to intentionally return resources to the community as a core goal of the research in and of itself.



**COMMUNITY VALUED RESEARCH, AS WE ARE DEFINING IT, SEEKS TO PURSUE SCHOLARSHIP BASED, INFORMED, AND STRENGTHENED THROUGH THE LIVED EXPERIENCE AND WITH GLEANED WISDOM FROM THE PEOPLE, WHO BECOME ARCHITECTS OF THE RIGHT NEXT STEPS FOR CHANGE.**

~ Ivan Douglas Hicks, Ph.D.



# FIGHT ON 2025



## COMMUNITY VALUED RESEARCH: Expertise & Appreciation

**C**ommunity Valued Research (CVR) is not extractive; it is emancipatory. This scholastic approach is otherwise applicable as it seeks to appropriately use the wisdom and expertise of the community being researched, to develop principles and methods that seek to appreciate that community in the technical sense of the term. Appreciate means to increase in value. Rooted in the early defined Afrocentric concept of agency, Community Valued Research, as we are defining it, seeks to pursue scholarship based, informed, and strengthened through the lived experience and with gleaned wisdom from the people, who become architects of the right next steps for change. At its core, Community Valued Research is our refusal to allow research to be transactional. It is literally a pursuit that, when incorporated, culturally centers the scholastic scope of inquiry and increases the relevance and impact of our scholastic quest. It does so by seeking to discover, create, and employ better ways to get to the best data - concerning any community. It seeks to positively exploit community expertise for the purposes of greater understanding, precise data collection, intentional community development, and problem solving.

### WE DEFINE COMMUNITY VALUED RESEARCH THROUGH THREE BOLD COMMITMENTS:


#### 1. COMMUNITY AS SOURCE

We begin with the insistence that community members be honored and utilized as experts. They are not merely subjects of study; they are sought-after sages whose organic wisdom is needed to bring real change to the community. Our community insists, "Nothing About Us Without Us!" The stories and experiences of the community carry innate authority. They hold what Molefi Kete Asante might call the centered perspective, "one that sees from within, not from above." (Asante, 1998). The community is not the object of investigation, but a partner in the quest for knowledge, understanding, and the release of a new creative imagination for our common future. As Dr. Zinzi Bailey reminds us, "The communities most impacted by injustice are those best positioned to explain it." (Bailey, 2024).






## 2. COMMUNITY AS DESIGNER



Our Community Leadership Board (CLB) is the embodiment of this principle. They shaped our interview tools, guided our outreach, challenged our analysis, and now sharpen our developing recommendations for systemic change. Our team of busy community leaders did not advise from the sidelines; they co-designed from the front lines. They hosted organic, community-specific education and galvanization events in their own areas of Indiana. The CLB did not just compile names but formed and strengthened relationships that allowed us to inform, engage, learn, and mobilize. Community cannot be authentically built if people are not in relationship with one another. CLB leadership has been instrumental not only in regional and state-level advocacy, but now in contributing directly to the growing support for an Amicus Curiae Brief destined for the U.S. Supreme Court. We are together memorializing the reasonable concern of “others” whose voices are found in our research. We are providing our data/work and a composite sensible voice in defense of life and justice, for those jeopardized by current Medicaid changes.

## 3. COMMUNITY AS BENEFICIARY



The expressed goal of **Community Valued Research** is to bring about documented change in laws, policies, procedures, rules, and regulations, and to steer resources to the community being researched. The way we know change has taken place is when words and numbers change. We remember *Plessy v. Ferguson*, *Roe v. Wade*, and *Brown v. Board of Education* not because hope was stirred, or problems were addressed, but because laws were fought for and subsequently, the change was written into case/law.

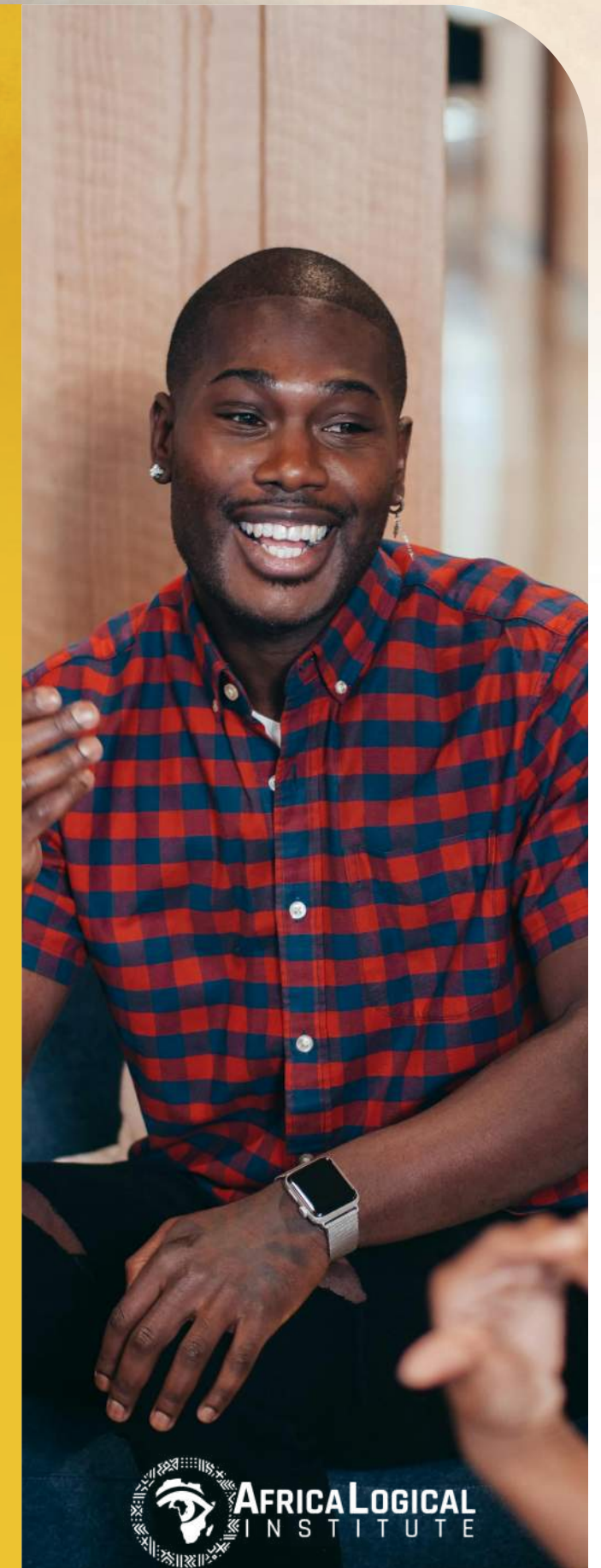
One of our projects undertaken by The AfricaLogical Institute, to serve as a cultural template for our RWJF study, was a project working with data compiled from over twenty (20) community organizations in the Greater Flint area in 2023. After publicity about their water crisis and after the George Floyd murder, regional organizations came together to host twenty (20) community conversations. The AfricaLogical Institute then amalgamated reports many individual organizations in the Flint area had created, and input from the community conversations, to suggest

Community Valued recommendations for improved quality of life in Genesee County, Flint, Michigan. This proved to be a community project that certainly helped bolster the development of the notion of Community Valued Research.

We were able to make recommendations for a process or playbook to improve quality of life by securing resources and utilizing them to increase opportunities for change. One of the sessions had a note that said, “If it is not written, it is not real.” Changing laws and changing budgets are real steps that document and memorialize change.

People are elected to political office primarily to determine how and where tax dollars will be spent. It is my contention that a budget is a moral document. For CVR, research that does not move money does not move enough. CVR must result in resource redirection, program development, and the creation of opportunity. As Dr. Gwendolyn Kelley, our Senior Vice President for Research Design at The AfricaLogical Institute affirms: “There are too many laws that are good ideas that would help those who need help most, if only there were dollars attached.” (Kelley, 2023).

Community Valued Research not only weights appropriately the input and expertise of the community being researched, but it seeks, as an intentional goal, to document change that brings resources and opportunity to the community being researched. This Panoply highlights the multi-dimensional impact of the pursuit of Community Valued Research. It exists because our Community Leadership Board was engaged and led, taught, challenged, and empowered us to accomplish the delivery of impactful scholar activism.







# Our Panoply: THE WEAPONS OF OUR WARFARE

Unfortunately, this is not a mere fistfight with flaccid 1980's implications. This fight requires real weapons, some visible and others hidden. All however, were designed with intention to protect those who cannot easily fight for themselves. The attacks we face are seemingly non-exhaustive and venomous at the very core. We must don our whole armor--use all artillery available. We must familiarize ourselves with the weapons of our warfare. Ours concerning Medicaid in 2025 include:

- Scholar-activist research that marries empirical insight with moral urgency.
- Recruitment and utilization of a Community Leadership Board.
- Community education on health equity and specifically Medicaid access.
- Policy proposals informed by analysis and lived realities.
- Community interviews designed to uplift expert voices, often ignored.
- Multidimensional data presentation through art and poetry.
- Legal advocacy that shares data elevating experiences of the wider community in the halls of justice.

## "BY ALL MEANS AVAILABLE"

### COMMUNITY LEADERSHIP BOARD: A WISDOM CIRCLE

It was Frederick Douglass who coined the phrase, "power concedes nothing without a demand. It never did and it never will." (Douglass, 1857). I worked for President Daryl Ward at United Theological Seminary in Dayton, Ohio, my Senior year, and I remember he once called me into his office and said, "The worst thing to do is not to do." Even though I had not done quite what Dr. Ward expected, I am certainly glad I did something. How much more so when we consider the violence of poverty and the public health emergency of racism in 2025.

"The Community Leadership Board is not a symbolic assembly. It is a strategically aligned partnership rooted in the lived knowledge and collective agency of the people."

~ Ivan Douglas Hicks, Ph.D.

When we assembled our Community Leadership Board (CLB) in 2023, we had no idea how essential our research would become. We began with the notion that intentionally creating relationships across the state would immediately help us raise awareness about community vulnerability, especially as everyone was required to redetermine or re-register for Medicaid at the "unwind" of the Public Health Emergency, the Covid-19 Pandemic. Now, in 2025, the CLB is actively generating help and hope for many harmed by Medicaid policy changes and accompanying public policy threats.

Frederick Douglass, the renowned abolitionist and orator, circa 1879. Photograph by George K. Warren 1884



The Community Leadership Board is not a symbolic assembly. It is a strategically aligned partnership, rooted in the lived knowledge and collective agency of the people. Composed of individuals from diverse ethnicities, professions, and experiences, we meet as community leaders, but as well as mothers, veterans, clergy, educators, health equity professionals, entrepreneurs, and citizens. Each uniquely gifted member brings valuable insight to the challenges our research seeks to address. Their roles are not peripheral. They have contributed meaningfully to every phase of our work; shaping interview questions, guiding outreach, interpreting data, and framing recommendations. Their influence is embedded throughout this document, and the other aspects of our entire study.

Dr. Gwendolyn Kelley and Ms. Lora Henderson have provided exceptional leadership to the Community Leadership Board. Dr. Kelley, State Education Chair of the NAACP and author of the Black Academic Excellence Plan (Kelley, 2023), brings vast experience in research design and public education to her roles as project manager. She ensures that our study records, considers and uses appropriately the most valuable data and direction we receive from the CLB. Ms. Henderson, Director of Community Resources at First Baptist Church North Indianapolis, serves as the vital connective tissue between the research team and the broader community. Her leadership in social service and resource ministries has made her an essential convener; coordinating logistics, amplifying trusted voices, and fostering enduring, now impactful relationships.

Under their guidance, the CLB curated a series of public engagement events in four target cities across Indiana, using both in-person and virtual formats. These were not performative gatherings, but meaningful forums on community health equity. Coordinated sessions provided vital information, while listening for actionable concerns and developing strategies for policy change ensued. The CLB's work increased public awareness, galvanized advocacy, and helped translate research into action.

Today, the CLB continues its work in Indianapolis, Fort Wayne, Evansville, Gary/East Chicago, South Bend, and Bloomington. Their contributions remain integral to refining our methods and ensuring our responsiveness to communities most impacted by health inequities.

My public work—particularly during the Ferguson unrest and across a range of contexts from mainline congregations to radical advocacy coalitions—has taught me that we do not have the luxury of waiting. (Al Jazeera, 2014). We cannot wait for perfect alignment of voices or for every strategy to harmonize before acting. The injustice we face is urgent. The opposition is organized and emboldened.

From that urgency arose a mantra: “By All Means Available.” It is a charge, a commitment, and a promise. If we are to dismantle barriers and seek justice in 2025, we must leverage every viable strategy, partner, and tool at our disposal to fight. We cannot delay action for the sake of consensus.

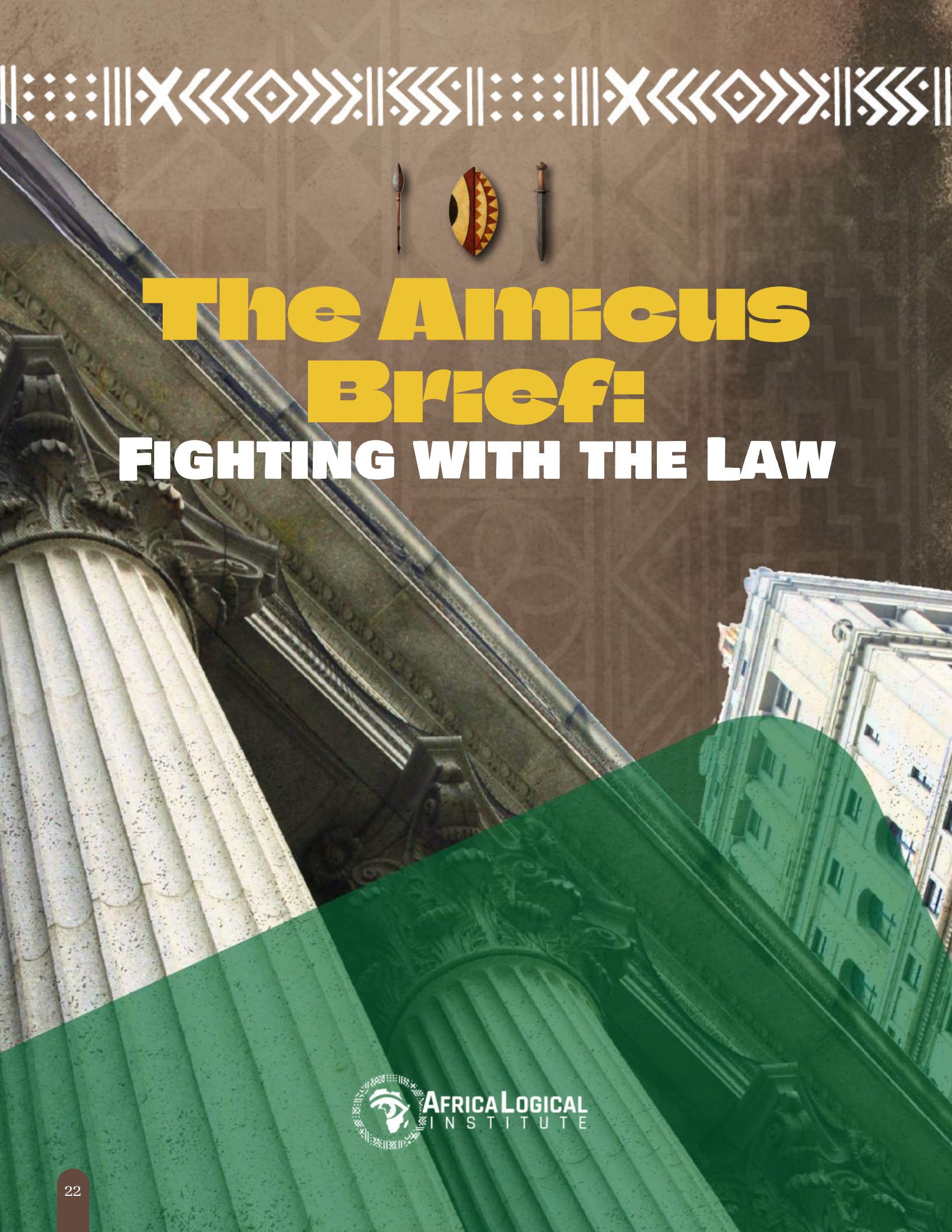
Henry Highland Garnet, the radical contemporary of Frederick Douglass, was the first to declare that liberation must be taken “by any means necessary” (Ofari, 1972). While Douglass



and William Lloyd Garrison were employing what historians call moral suasion, Garnet, a Presbyterian preacher, urged the enslaved to rise up and fight the most heinous form of slavery in history (Wheeler, Edward Lorenza 1895). Ofari titled his biography of Henry Highland Garnet; Let Your Motto Be Resistance.

Without radicals like Garnet, perhaps Frederick Douglass would not have been as widely accepted and such a recognized historical figure today. Without SNCC, The Black Panther Party, and Malcolm X, the nonviolent approach of Dr. Martin Luther King, Jr. might not have been as well tolerated and effective. Black leadership is not a monolith, nor should it be. The imperative is clear: we must each fight with the tools we have on hand and dare imagine more arsenal and application. By All Means Available. Fight the Good Fight.





# The Amicus Brief:

## FIGHTING WITH THE LAW



**T**he battle for Medicaid is part of a modern-day civil war—one not being fought with muskets, but with policy clashing with poverty – in a war started by design of the greedy 1% of the powerful. We knew that to defend Medicaid, we had to bring our voices and our research into the heart of the legal process. That opportunity came in 2025 when we joined an Amicus

Curiae Brief in the case *Rose v. Kennedy*, currently being heard in the United States Court of Appeals for the District of Columbia Circuit (U.S. Court of Appeals for the District of Columbia Circuit, 2025). An amicus curiae brief allows those who are not direct parties to a case to offer insights that may inform the court's decision. In this moment, silence was not an option.

We were called to be Friends of the People. Our journey toward that brief began with our 5th Faith Community Consultation, a coordinated effort to uplift the voices of those most impacted by Medicaid changes. We knew that policy enacted in ignorance—or with deliberate disregard for the facts—can be deadly. Our contention was that new policy and law surrounding Medicaid in 2025 are not just unjust, but they are presented and enacted in an “arbitrary and capricious” manner. They lack data support, ignore the community, have intended consequences, and they are not just harmful, but in fact lethal.

The 2019, study *Health Equity, Urban Congregations & HIP*, served as a foundational data source document for the brief. (Craig & Hicks, 2019). Our current

Robert Wood Johnson Foundation-funded study expands on that work, incorporating insights from residents, professionals, and advocates across six cities in Indiana. The Community Leadership Board guided every phase—from research question design to community education and findings dissemination.

### Amicus Curiae Brief in the case *Rose v. Kennedy*, currently being heard in the United States Court of Appeals for the District of Columbia Circuit

(U.S. Court of Appeals for the  
District of Columbia Circuit, 2025)

Because our research is both Institutional Review Board (IRB)-approved and rooted in Community Valued Research (Hicks, 2024), its inclusion in the Amicus Curiae Brief represents a double affirmation: that our work is both academically sound and morally imperative. Being named Amici was not simply an academic gesture; it is an act of scholar activism. We stand as friend of the court, offering advice from the authentic voice of the people—asserting the moral urgency of equitable health policy. Our participation is not a legal formality. It is a call to consciousness provided by the respected and clarion instruction of the community.







Albert Howard gave a lecture on the "Black Panther" movement in the USA at the Moses and Aaron Church in Amsterdam. January 1970

## "RIGHT ON - FIGHT ON"

The phrase "Right On" rose from the front lines of the Civil Rights and Black Power movements of the 1960s. It was more than a slogan. It was a spiritual affirmation, a rhythmic nod of shared struggle and sacred resistance. Spoken by freedom fighters, mothers, preachers, teachers, artists, and youth on the front lines of protest and possibility, it marked a moment of recognition: that dignity had not been stripped, that courage still bloomed, and that hope was not lost.

It echoed across pulpits and street corners. It blared from radios. It acknowledged humanity and even served as a final blessing shared by friends. "Right On" was a spoken embrace, a cultural drumbeat affirming worth, agency, and divine presence amid socio-political storms, personal vulnerability, and collective strife. It was language woven from resistance, pride, and transcendent black agapeism and genuine joy - in the midst of it all. It was a short hymn of identity and collective determination.

Today, we say "Fight On" - not in place of "Right On" but as its descendant. This new charge emerges from the same ancestral well, shaped by the terrain of our time. We speak it in the face of legislative callousness, economic abandonment, and medical neglect. Where the earlier call affirmed our presence, this call ignites our purpose. It declares that despite the apparent greed and evil-driven wickedness we witness and endure, our response must be real and righteous resistance.

This modern call draws from the passion and power of the old freedom songs, from the wisdom of our elders, from the blood memory of ancestors, and from the fierce moral urgency of our time. It is a cry drawn from the marrow of the movement, forged in fire and carried forward in profound faith.

To those original dreamers who coined "Right On" in the face of dogs and hoses...who dared to believe that Black lives mattered before hashtags came and went—we seek to honor you. Your affirmation fuels our resolve. Your language has become our liturgy. Your courage strengthens our stance, bolstering our commitment and courage to faithfully...

Fight On. Right On!

## AN EXTEMPORANEOUS CREATION

Discover The Soul  
Medicine is only for the moment,  
Can we fix the soul...given by God?  
Can we turn these illnesses into enlightenment,  
listen to the next door opened,  
the heart,  
the Stress?  
Listen to the story before you hear the cause,  
Listen to the effect, removing barriers safely,  
How come these picket fences make us fragments, defensive  
Can we safely LEAN INTO THE MYSTERY...  
Of being who we are  
While trusting the aid,  
Believing the joy  
Sharing the freedom...  
Inhale and Exhale...  
The breath is poetry of the soul.

by CubsThePoet

September 21, 2024  
HealthResource Fair  
Interdisciplinary Research Leaders  
Robert Wood Johnson Foundation  
Health Equity Study  
The AfricaLogical Institute

## Health Equity

First Baptist Church North Indianapolis  
The Bradley Education Building  
Indianapolis, Indiana

# CubsThePoet

New Orleans



## Links To An Advocacy Panoply

### A. Community Leadership Board (CLB)

- [CLB Summary Report](#)
- CLB Selected Advocacy Trainings
  - [CLB Advocacy Training by Tracey Hutchings-Goetz](#)
  - [Adam Mueller - CLB Litigative Update](#)

### B. [Friend of The Court Brief – Amicus Curiae Brief](#)

### C. Faith Community Consultation (FCC) - HIP/Medicaid

- [Faith Community Consultation Executive Summary](#)
- [Introduction to the Health Discussion - by Dr. David Craig](#)
- [Transcript of The Health Discussion “](#)
- [Fight On!” - Mini-Movie](#) Documentary by [Ira Mallory](#), Emmy Nominated Film-maker

### D. Positive Economic Impact of Medicaid 2025

[“Healthy Indiana: The Economic Benefit of Medicaid”](#)

### E. Indiana General Assembly Scholar Activism through Testimony

- [Dr. Ivan Douglas Hicks](#) - (Transcript) - [Dr. Ivan Douglas Hicks](#) (video)
- [Tracey Hutchings-Goetz](#) - (Transcript) CLB member
- [Dr. David Craig - IRL Principal Investigator](#) - (Transcript) - [Dr. David Craig](#) (video)
- [Robin Nichols \(SB2\) - Transcript of Testimony](#) - CLB Member
- [Good Trouble Podcast](#) - Dr. Ivan Douglas Hicks & Dr. David Craig
- IU Health [Fairbanks Ethics Grand Rounds \\_ABCs of Medicaid and the Healthy Indiana Plan](#) - Dr. Ivan Douglas Hicks & Dr. David Craig

### F. [Quantitative Overview](#) - by Dr. David Craig

### G. Academic Dissemination - Paper Abstracts

- a. [Deziree Jackson et al., “Evaluating Race-Ethnicity Concordance and Discordance between Self-Reported and Administrative Enrollment”](#)
- b. [David M. Craig and Ivan Douglas Hicks, “Advancing Health Agency Versus Autonomy: Community-Valued Research and Ethical Advocacy in Medicaid Policy”](#)

c. [“Heightened Hurdles: Using the COVID Public Health Emergency Pause in Medicaid Administrative Burdens to Examine Racialized Experiences Accessing Health Care”](#)

d. [David M. Craig and Ivan Douglas Hicks. “Caring for Medicaid: Public Ethics as Methodology in Motion”](#)

H. [FCC 2025 Ministerium Thank You Video](#)





# Conclusion

by David M. Craig, Ph.D.

Our [Team Indiana](#) co-leads—Dr. Elaine M. Hernandez, Dr. Ivan Douglas Hicks, and Dr. David Craig—have participated in the Robert Wood Johnson Foundation’s Interdisciplinary Research Leaders (IRL) program since November 2022. The opportunity to learn and grow with other IRL teams in Cohort 7 and previous Cohorts has taught and inspired us in many ways. Connections are the life blood of community-engaged, action-oriented research.

Connections are also vital to people’s health and wellness and their ability to access needed supports. That health depends on connections to people and resources is central to both the notion of “social determinants of health” (Helman et al, 2015) and the Robert Wood Johnson Foundation’s vision of “achieving health equity—faster and together.”

My journey to grasping the power of health connections began while I was conducting the interviews at Catholic and Jewish hospital systems that were the basis of my book, *Health Care as a Social Good: Religious Values and American Democracy* (Craig, 2014). A nun, who was the mission director at a major Catholic health system, shared memorable words that altered the trajectory of my scholarship. She described a typical case to illustrate why health care providers must engage with local experts on community health who live and work outside the walls of their hospitals and clinics. “You



bring a kid into our emergency room with pneumonia. Not a problem. We can have that kid back on her feet, all fixed up, and she goes back to an apartment with no heat. Are we health care providers? No. I mean who’s responsible?”

## “Achieving health equity—faster and together.”

Robert Wood Johnson Foundation’s Vision Statement

To address this question of who is responsible for supporting better health, each of the hospitals in this Catholic system invested in building a local coalition of residents along with staff and leaders of nonprofit organizations, schools, congregations, and businesses. To facilitate participation in coalition meetings, organizers fed the attendees and offered transportation and childcare to anyone who requested them. Their goal was building trust and relationships so, over time, people became comfortable sharing their knowledge of community health priorities, assets, and needs. Drawing out people’s tacit local knowledge of what supports or hinders health in their communities can open the door to conversations and purposeful collaboration aimed at strengthening or building pathways for people to connect to health care services as well as other social supports for their health.

Discerning how to support better health starts with paying close attention, in the nun’s words, to “the between and the connect.” So much of a person’s health depends on



Dr. David Craig

what happens between visits to the doctor or pharmacy. So much of health depends on how connected a person is to community resources—e.g., accessible grocery stores, safe neighborhoods, recreational opportunities, time off for doctor visits, and so forth. People often take their supports for granted. Medicaid health coverage is one of those social supports. My health insurance through my employer is another social support that is



COMMUNITY RESOURCES

subsidized by federal and state tax exemptions. Everyone’s health depends on “the between and the connect.” The nun’s words prompted me to wonder about “the between and the connect” in my city of Indianapolis. How were health systems, nonprofits, congregations, and government helping residents in lower-income communities make “the between and the connect” to better health and health care access? Could I help gather these organizations to share and strengthen their health programs and ministries through new collaborations? Influenced by the concept of “religious health assets” (Gunderson and Cochrane, 2012), I saw the moral leadership, social networks, and health programs of congregations as an unrecognized asset in fostering new connections for healthier communities.

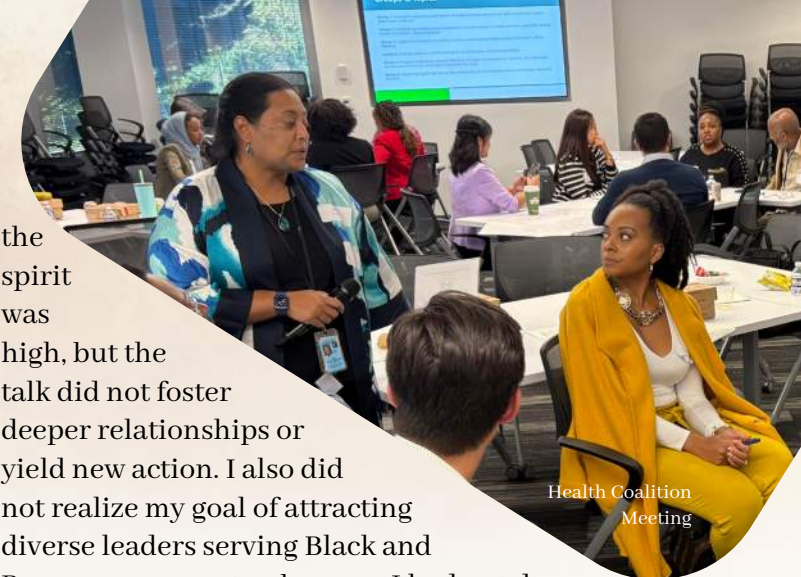
## “I have my skill set, but I have a toolbox only with other people.”

Andrea Armstrong, Professor of Law, Loyola University

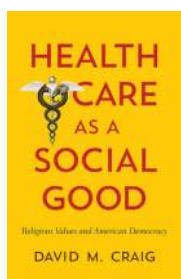
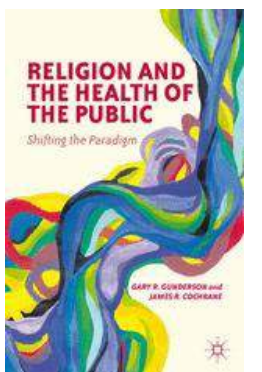
Working with the Center for Interfaith Cooperation and the Indiana Center for Parish Nursing, we convened a series of three “Religion and Healthy Communities” symposia attended by 150 professionals from each of the targeted sectors. The conversations were robust, and

the spirit was high, but the talk did not foster deeper relationships or yield new action. I also did not realize my goal of attracting diverse leaders serving Black and Brown congregants—because I had not done the work of building trusted relationships and discerning action priorities with them.

I learned a second transformative lesson about community engagement as a participant in a Faculty Learning Community tasked with defining “public scholarship” for IU Indianapolis (then IUPUI). I once described my book, *Health Care as a Social Good*, as “public ethics,” which at the time I defined as “doing ethics with and for the public.” But public scholarship, I learned, is the co-production of knowledge with a public. There is, of course, no one public in the United States, but a diverse array of publics who have different visions of the society they want and the public benefits due to those who are recognized as members. Therefore, it matters where scholars decide to direct the microphone and with whom they choose to gather data because these acts grant authority to “public experts.” An exchange during a Public Health Committee hearing at the Indiana State House last spring is a good illustration. During his testimony, Wade Catt, a Team Indiana research partner, noted that the 2019 study *Health Equity, Urban Congregations, and HIP* (Craig, Hicks, et al.) engaged 40 experts who were current or past HIP members. During follow-



Health Coalition Meeting





up questions, one Representative asked for the names of these “experts.” When told that the participating HIP members’ confidentiality was protected, the Representative was confused: “I thought you spoke to experts” not HIP members. Mr. Catt explained that participants in community-engaged research are the experts—to the embarrassed chagrin of this public official.

Community-engaged research brings together university-based and community-based researchers and community leaders and members with different experiences, knowledge, and expertise. Team Indiana’s research partners number over 30 people, including the local leaders who fully met the charge of the intentionally-named Community Leadership Board along with faculty, students, and staff from Indiana University-Bloomington and Indiana University-Indianapolis. In the words of Andrea Armstrong, Professor of Law at Loyola University in New Orleans, and a member of IRL Cohort 4, “I have my skill set, but I have a toolbox only with other people.”

This toolbox image includes researchers who contribute diverse, complementary skill sets, a necessary but insufficient component of Community-Valued Research (as named by Dr. Ivan Douglas Hicks). Our research team’s connections have been strengthened by the generative combination and tensions among our different disciplinary approaches and methodologies. This

intellectual and conceptual work, however, needs deeper grounding in community connections to grow into actionable findings, recommendations, remedies, and solutions that are relevant and valid for participating communities.

Each leader on the Community Leadership Board (CLB) is rooted in their communities. They have cultivated trustworthy relationships with community partners and residents and invested their organizations in a variety of health-supporting programs and collaborations. In addition to gathering monthly to shape study design, implementation, and analysis, CLB members organized Community Health Equity Consultations in their cities with their local partners. The relational power of their community networks not only enriched the study’s data, but more importantly invited our research team to share in the space of community partners working together on local

health equity priorities. At one of the Fort Wayne consultations, Bishop Bill McGill, CLB member and Pastor of Imani Baptist Temple, offered a rhyming summation of the wisdom shared: “Complexity hinders equity.” Often the pithy phrase that synthesizes community knowledge is the needed epiphany to distill the amassed data into collective insight for shared action.

The Faith Community Consultation, held in Indianapolis in Feb. 2025, further extended the quest for “whole-community” accountability (Dr. Hicks’ term). Leaders from Concerned Clergy, Greater Indianapolis Multifaith



Alliance, and The Ministerium engaged panelists who are community experts on the topics of Health, Education, and Welfare. US Representative Andre Carson and Indiana State Senator Fady Qaddoura book-ended the dialogue. Talk led to action. Resources and action steps were provided to everyone for advocacy on pending legislation.

These methods of community data collection and cultural intelligence sharing honor two guiding principles of Community-Valued Research. First, the community is the expert. Valuing the expertise of community members and local leaders and organizations—and recognizing the diversity of experiences and perspectives in communities—are foundational preconditions for gathering the richest, most valid data. Valuing community expertise does not stop with smiles and words of gratitude. It requires paid compensation, structures of mutual accountability, and reciprocal leadership and budgetary control, to name a few essentials.

Second, the research must be valued by people in the communities participating and contributing to the work. That means the research questions, methods, data collection,

**“Democracy is not a state. It is an act, and each generation must do its part to help build what we called the Beloved Community.”**

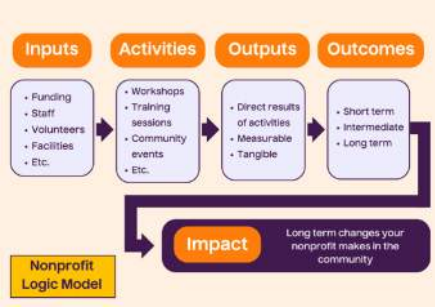
Rep. John Lewis, Civil Rights Leader

discovery is incomplete. Community-Valued

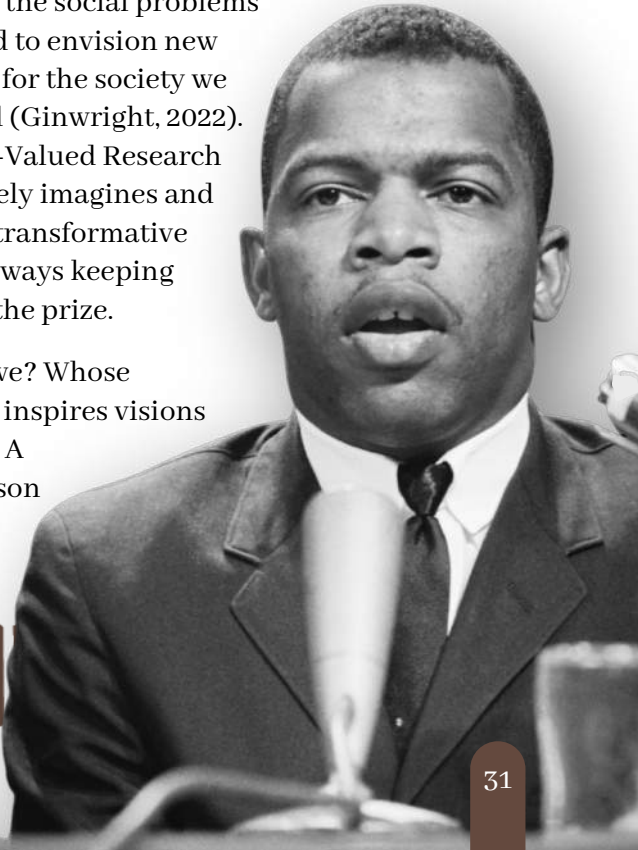
Research is committed to action for change that is valued and driven, as much as possible, by the communities with the most at stake. The caveat—as much as possible—acknowledges how high the bar is set. Community-Valued Research must be continually engaged and in-process toward aspirational outcomes even while researchers share the more immediate outputs of the work with appropriate humility.

When our IRL team’s research consultant, Dr. J. Robin Moon, introduced us to logic models, we started to organize this multifaceted project into Inputs, Activities, Outputs, and Short-term, Medium-term, and Long-term Outcomes. This tool is one of many we gained from the IRL program. Importantly, beyond the tool’s usefulness is the humanity-first investment that IRL program leaders and staff make in encouraging researchers to look further than the social problems we study and to envision new possibilities for the society we seek to build (Ginwright, 2022). Community-Valued Research collaboratively imagines and acts toward transformative outcomes, always keeping our eyes on the prize.

Who is this we? Whose imagination inspires visions of the prize? A personal lesson I learned as an IRL



Indiana State Senator Fady Qaddoura





fellow is the importance of “who you be,” to quote a keynote speaker, Kimberlee Nicole Smith, Founder of the Tenacious Rose Project. Trustworthy relationships grow in a space where people share their sense of passion and vision of purpose instead of holding back as detached analysts in the quest for rigor and objectivity. Operating within the parameters of the standard academic model, community-engaged researchers will be met with similar detachment from participants. The data will lack the richness of people’s stories, lived experiences, cultural intelligence, and creative solutions.

Several times during our professional development sessions, IRL fellows have been asked to share stories about their ancestors. I was unprepared for this request, and I was struck when other fellows easily related stories of their parents, grandparents, an aunt, or a mentor. Backed by the privilege of educational capital and parents and grandparents who did not confront systemic barriers, I had not felt the need to be intentional about naming my origins and the ancestors who have made a way for me. Invited to reflect on how past is present in my passion and purpose, I recognized my parents as living out their belief in democracy and common good as actions. They are not ideals to profess. They are the binding ligaments of an inclusive society where everyone belongs, contributes,

participates, and benefits with recognized and supported dignity. The force that propels these ligaments and moves the body politic toward democracy and common good comes from “we the people.”

Civil Rights leader and US Representative John Lewis names the “we” and the task at hand in his final published words: “Democracy is not a state. It is an act, and each generation must do its part to help build what we called the Beloved Community....Ordinary people with extraordinary vision can redeem the soul of America by getting in what I call good trouble, necessary trouble” (Lewis, 2020).

In that spirit, this Medicaid Advocacy Panoply offers a variety of products and strategies that we used in the struggle for Medicaid for All. The partners and collaborators named in the Panoply are a portion of the countless people who have invested their passion and purpose in the Indiana coalition of Medicaid stakeholders and in the national efforts to protect Medicaid from the budget cuts and administrative burdens legislated by Congress and in states across the country. We offer this open-source Medicaid Advocacy Panoply as you and your partners dream your visions and craft your advocacy strategies and tools with and for the communities and coalitions where you are fighting on for Medicaid for All.



By any stretch of the imagination our involvement resulted in some positive navigation and community collaboration. Every benchmark was met or exceeded, and thankfully our appeals for participation did not go unheeded.

As expected, the involvement of Health Visions Midwest was critical to this undertaking, and was more than some measure of surface handshaking.

We were given access to the mailing list of the Allen County Health Equity Coalition, nearly 300 people and/or organizations strong, who have a documented interest in addressing inequities that are systematically wrong.

The two sessions with the team were beneficial rather than superficial, and one included the participation of the county health administrator who agreed the research could prove helpful and serve as a reform cultivator.

Again, to have more than 20 people in-person and another dozen on zoom, was a clear and concise indication that our community sees no need for HIP to be swept away by some bureaucratic broom.

Like some other communities, there is a need to include more African American and Latino men in the interview pool, but we believe going to the local transit hub to recruit will be a valuable tool.

We certainly look forward to providing ongoing support in the days ahead, as we seek to demonstrate the need to strengthen the health access thread.

*by Bishop Bill McGill, Imani Temple - Fort Wayne, IN*





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## TERMS

- Afrocentricity** – A paradigm developed by Dr. Molefi Kete Asante that centers African agency and values in the analysis of history, culture, and society.
- Africology** – The interdisciplinary and transdisciplinary study of the history, politics, culture, and experiences of African people in Africa and throughout the African diaspora. The scholastic evolution of Afrocentricity.
- Agency (Afrocentric)** – The ability of African-descended people to act independently and authoritatively within their cultural framework and lived experience.
- Amicus Curiae Brief** – A legal document submitted to a court by someone not directly involved in the case, offering information or expertise relevant to the issues.
- Appreciate** – To increase in value; used here in both technical and cultural senses to emphasize respect and investment in community voice.
- Budget as Moral Document** – The idea that financial allocations reflect societal values and priorities.
- Brown v. Board of Education** – Landmark 1954 Supreme Court case that declared segregation in public schools unconstitutional.
- Bureaucratic Hazing** – A term coined by Ivan Douglas Hicks describing the punitive or discouraging administrative experiences reported by Medicaid recipients while navigating healthcare systems.
- By All Means Available (BAMA)** – A principle of urgent and total commitment to justice using every viable method of resistance.
- By Any Means Necessary** – A phrase first coined by Henry Highland Garnet and later popularized by Malcolm X, underscoring the uncompromising pursuit of justice and liberation.
- Centered Perspective** – A concept developed by Molefi Kete Asante emphasizing the importance of seeing and analyzing from within a community’s cultural and historical context.
- Community Valued Research (CVR)** – A methodology conceived, defined and developed by Dr. Ivan Douglas Hicks emphasizing research that centers community wisdom and policy action.
- Cultural Memory** – The shared pool of knowledge and information in a community that connects past experiences to present identity and future aspirations.

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## MARVELOUS APPENDIX

**Emancipatory Research** – A research approach that aims not only to understand injustice but to actively contribute to social transformation.

**Fight On** – A 21st-century evolution of “Right On,” calling for persistent struggle against injustice.

**Health Equity** – The principle and practice of ensuring that everyone has a fair and just opportunity to attain their highest level of health.

**KMT (Kemet)** – The ancient name for Egypt, meaning “Land of The Black People” emphasizing where Africans called their language the MDW NTR.

**MDW NTR - (Medu Neter)** – Ancient Egyptian language meaning “God’s Words”, a picturesque theology placed on the walls and pyramids of KMT.

**Medicaid** – A joint federal and state program providing healthcare coverage to people and families with demonstrated low-income.

**Panoply** – A sacred and strategic array of tools—spiritual, intellectual, legal, and cultural—used to fight for justice.

**Plessy v. Ferguson** – The 1896 Supreme Court decision that upheld racial segregation in public facilities under the doctrine of “separate but equal.”

**Political Determinants of Health** – Structural influences shaped by legislation and policy that significantly affect community health outcomes.

**Praxis** – The application of theory through action; critical reflection on practice.

**Preaching Through a Storm** – A text by Rev. Dr. H. Beecher Hicks, Jr., symbolizing resilience and prophetic endurance in ministry.

**Right On** – A 1960s–70s Black cultural affirmation of agreement, pride, and power.

**Righteous Indignation** – A moral outrage and passionate resistance to systemic injustice, especially when rooted in faith or ethical conviction.

**Roe v. Wade** – The 1973 Supreme Court case recognizing a constitutional right to privacy that extended to a woman’s decision to have an abortion, later overturned in 2022.

**Rose v. Kennedy** – A 2025 federal appellate case that challenges punitive Medicaid policies, prompting widespread advocacy and expert amicus participation.

**Scholar-Activism** – The merging of academic rigor with direct action for justice and positive change.

This appendix is more than a supplement; it is a living archive. It documents the collaborative spirit and strategic insight of those who participated in the Faith Community Consultation (FCC) 2025: Health, Education & Welfare.

### A. Team “Other” Testimony before the Indiana General Assembly

- ~ [Rev. David W. Greene Sr., M. Div.](#)
- ~ [Aleesia Johnson \(SB518\)](#)
- ~ [Rabbi Aaron Spiegel \(HB1662\)](#)
- ~ Dr. Gwendolyn Kelley, NAACP Indiana State Conference Education Chair & Vice-President of The AfricaLogical Institute & CLB Leader
- ~ [Dr. Gwen Kelley, - hard copy \(SB289\)](#)
- ~ [Dr. Gwen Kelley - hard copy \(SB 285 and 289\)](#)

### B. [Black Academic Excellence Plan](#)

### C. [Conversation with Dr. Ivan Douglas Hicks & Dr. Gwendolyn Kelley](#)

### D. 2019 HIP Study - [“Health Equity Urban Congregations & HIP”](#)

### E. Cultural Template

- ~ [Flint Plan](#)
- ~ [Location: Centered in Faith, Fighting for Right](#)





## THE INTERDISCIPLINARY RESEARCH LEADERS PROGRAM THE ROBERT WOOD JOHNSON FOUNDATION

Team Indiana Roster by

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Ivan Douglas Hicks, Ph.D.

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- » Tracy Lewis, Community Advocates of Northern Indiana - Gary/East Chicago
- » Ana Cordero, El Centro Comunal Latino - Bloomington
- » Tracey Hutchings-Goetz, Hoosier Action - Bloomington/Southern Indiana
- » President Andre McGhee, Greater St. John Missionary Baptist Church - South Bend
- » Pastor Jerry E. Davis, III, Crossroads African Methodist Episcopal Church - Indianapolis
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- » Project Manager - Delanie Marks, Project Manager, Irsay Institute, IU-Bloomington
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- » Community Connector - Lora Henderson - [BeautifulMindz.Com](https://BeautifulMindz.Com)
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- » Research Assistant - Ronnie Hill - The Baptist Student Foundation at Purdue University
- » Political Consultant, Debilyn Molineaux
- » "Fight On" Panoply Graphic Designer - John E. Girton, Jr. - [Girt Enterprises LLC](https://GirtEnterprisesLLC.com)





# IF WE MUST DIE

BY CLAUDE MCKAY

**I**f we must die, let it not be like hogs  
Hunted and penned in an inglorious spot,  
While round us bark the mad and hungry dogs,  
Making their mock at our accursed lot.  
If we must die, O let us nobly die,  
So that our precious blood may not be shed  
In vain; then even the monsters we defy  
Shall be constrained to honor us though dead!  
O kinsmen! we must meet the common foe!  
Though far outnumbered let us show us brave,  
And for their thousand blows deal one death-blow!  
What though before us lies the open grave?  
Like men we'll face the murderous, cowardly pack,  
Pressed to the wall, dying, but fighting back!



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# FIGHT ON

A Panoply of Weapons to  
Fight For Medicaid For All **2025**



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