BACKGROUND
- The vast body of literature across numerous data bases existing in the Life Sciences do not provide answers to questions at the heart of inequity and the lived experiences of individuals.
- I turn to the epistemological provisions of the Health Humanities which values social experiences in its radical interdisciplinary approach (Charise, 2017).

INTRODUCTION
- The impact of COVID-19 on the aging population has shone a spotlight on their experiences. While aging is universal phenomenon, it is not a universal experience, and Blackness is one significant factors that shapes aging experiences.
- A higher bone density and the protection from Ultra-Violet rays that high amounts of melanin in the skin provides helps maintain skin elasticity (Buziashvili et al., 2019) and can be attributed to the youthful shapes aging experiences.
- On the Social Determinants of Health: Social determinants of health including income, education, and employment status are negatively impacted because the social rejection of the Black person excludes them from the societal benefits (Gee and Ford, 2011).
- "Black don't get sick": as portrayed in the vast number of casualties from avoidable causes of death due to misdiagnoses (Hansen et al., 2016).

THESIS
- While key age studies concepts provide important foundations for exploring the Black aging experience, a truly intersectional analysis needs to account for the racialized realities of language and survival: otherwise Black experiences of aging will remain muted.

KEY CONCEPT #1: THE ARENA OF (IN)VISIBILITY AND PEDAGOGY OF MORTIFICATION
- There is a western demonization of aging as evidenced in the beauty industry where there are products developed with the sole purpose of hiding wrinkles, older people who are unable to care for themselves are "hidden" in long-term care homes, and the portrayal of the "small old lady" in movies.
- Systemic deeply ingrained racism has plagued the western society, and the othering of the Black person through the dominant "White" gaze homogenizes the lived experiences of the Black person (Rajan-Rankin, 2018).
- The Black aging individual is faced with the effects of the western demonization of aging, and the invisibilization of their aging experience.

"Consumer culture...[makes] the older female body invisible and hypervisible, envisioning aging as a medical problem to be cured."
- Kathleen Woodward

KEY CONCEPT #2: THERE IS POWER IN LANGUAGE
- The dominance of the Western scholarship on the experience of aging in the literature neglects other discourses on aging experience.
- Colonialism and dominant discourses in research contribute to the biological reductionism that informs both ageist and racist notions.
- Aging: The "neuro-paradigm" that hegemonic discourses have adopted as identifiers reductionism that informs both ageist and racist notions.
- "De-colonizing the western canon requires us to not only [question] these knowledge claims, but also being mindful of not reproducing them." - Sweta Rajan-Rankin

KEY CONCEPT #3: BLACK AGING AS SURVIVAL
- On the Social Determinants of Health: Social determinants of health including income, education, and employment status are negatively impacted because the social rejection of the Black person excludes them from the societal benefits (Gee and Ford, 2011).
- "Black don't get sick": as portrayed in the vast number of casualties from avoidable causes of death due to misdiagnoses (Hansen et al., 2016).

"Aging while black' is an act of survival." - Evelyn Reynolds

CONCLUSION
- When the western cultural illiteracy of aging characterizes it as a process that only occurs visibly, there are many false narratives conjured about those who do not age according to these terms. There is a need for more intersectional analyses of ageism and racism because failure to do so leads to assumption that Black stories need not be told.

Systemic racism has placed the Black person in a situation where it is practically impossible to age well - whether young or old.