

Dear non-Black, future health professionals at Yale:

The recent murders of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, David McAtee, Sean Reed, and so many others have illuminated that **police brutality, as well as racism at large, is a public health crisis: it harms, traumatizes, and kills Black bodies.** By the nature of our professions and our duty to heal, we hope that all doctors and health practitioners would therefore be inherently anti-racist. However, incidences of hate that have surfaced, specifically a Snapchat screenshot of a Yale pre-medical student ('23) using anti-Black slurs, have made it apparent that this is not the case.

We need to talk about how racism in medicine and health endangers Black lives. As future health professionals/physicians, your racism, both explicit and implicit, endangers the lives and well-being of the very Black individuals whose health you have sworn to protect. Education at institutions like Yale plays an active role in perpetuating these processes by refusing to include mandatory classes on racism and bias in medicine. As such, it is your duty not only to acknowledge the racism embedded within medicine, but also to educate yourselves on how to be actively anti-racist.

How can you heal if you don't know who is hurting?

Black people's relationship with Western healthcare providers and medical institutions is and has always been turbulent, violent, and destructive. **From slavery to Jim Crow to our present moment, Black people have been subjected to medical neglect, violence, and terror.**

- Doctors treated enslaved people as expendable goods, and Black health directly translated to the economic value of Black people and their ability to labor, obey, and submit. Enslaved Black people were constantly subject to painful and invasive medical inspections by white doctors. Physicians beat slaves who refused to eat, restrained those who attempted suicide during transit to the Americas, and inspected slaves at auctions and sales to judge their worth. This concept of health as monetary value was called "soundness."¹
- During the 1793 Philadelphia yellow fever epidemic, Black people died from the disease at the same rates as white people. However, Black people were supposedly "not liable to infection," so they were rarely treated for the disease themselves *and* were forced to

¹ The desire to keep Black people alive and submissive during transport to the Americas resulted in the rise of several pharmaceutical companies still alive today, such as GSK. See Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, "Soundness," 15-35.

care for infected white patients,² resulting in the erasure of Black suffering and pain. This is a process that continues to this day as manifested in persistent myths about Black patients' pain thresholds and the [consistently documented minimization and erasure of Black pain in clinical settings](#).

- Throughout the 19th century, graverobbers worked with medical schools across the United States to provide students with bodies for dissection, the majority of which were Black.³ This illegal, lucrative trade propelled prominent sociologist Harriet Martineau to observe that “in Baltimore, the bodies of colored people exclusively are taken for dissection, because the whites do not like it and the colored people cannot resist.”⁴ Unsurprisingly, [Yale was complicit in graverobbing](#).
- Black people have long been the subject of non-consensual medical experimentation. **Perpetrators were often the pioneers of major medical fields and developed methods still used today.** Here are just a few of many examples:
 - J. Marion Sims, known as the “father of modern gynecology,” performed painful experiments on twelve enslaved Black women from 1845 to 1849. Historians have the names of three. Anarcha, Betsey, and Lucy underwent surgery without anesthesia, even though it was available. These surgeries allowed Sims to develop surgical techniques for the repair of vesicovaginal fistula. He operated on Anarcha over 30 times.
 - Also under Sims' supervision, a slave named Sam was restrained with straps to a chair by five physicians so that a large section of his jawbone, afflicted with osteosarcoma, could be removed without anaesthesia. 10 medical students watched.⁵
 - Ephraim McDowell, the “father of Ovariectomy,” perfected his surgical treatment for ovarian cancer on four enslaved women. His methods were so brutal that when enslaved people spotted him in town, they fled.⁶
 - In the 1840s, Dr. Walter Jones tested a “treatment” for typhoid pneumonia by pouring five gallons of boiling water on the bare skin of enslaved patients every four hours.⁷

² Those who did help were then wrongfully and publicly accused of stealing from the sick and dying.

³ Daina Ramey Berry, *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave in the Building of a Nation*, Chapter 6, “Postmortem: Death and Ghost Values” (2018)

⁴ Harriet A. Washington, *Medical Apartheid*, “Chapter 5: The Restless Dead: Anatomical Dissection and Display” (2007)

⁵ Harriet A. Washington, *Medical Apartheid*, “Chapter 4, The Surgical Theater” (2007)

⁶ Deidre Cooper Owens, *Medical Bondage: Race, Gender and the Origins of American Gynecology* (2017)

⁷ <https://blogs.jpmonline.com/2014/11/29/how-we-got-this-far-remembering-the-horrifying-medical-experiments-of-the-past/>

- Dr. John M.B. Haden stripped blood vessels from the limbs of a live enslaved man and three hogs to compare them and study vascular morphology.⁸
- In 1932, the United States Public Health Service began conducting the infamous Tuskegee syphilis study. 600 poor, Black, uneducated sharecroppers in Macon County, Alabama were enrolled in the study under the pretense that it would last only 6 months and they would receive free treatment. Meanwhile, treatment for syphilis was deliberately withheld and the men were not told they had syphilis. The untreated syphilis left the men suffering from paralysis, blindness, dementia, and death. The study lasted for 40 years.⁹

Although such blatant violence and discrimination by medical professionals through experimentation and forced medical interventions may seem like a thing of the past, **history always manifests itself in the present**. Today, physicians still hold false beliefs about biological differences between Black and white people that lead to extraordinary disparities in treatment and health outcomes. In addition, historical and current residential segregation and systemic racism result in a higher percentage of Black people living in areas that are:

- closer to pollution sources such as freeways and toxic waste dumps, resulting in increased ingestion of these pollutants,
- further from sites offering medical care,
- classified as food deserts, meaning they lack access to nutritious food essential for health,
- and subject to over-policing and police brutality, resulting in injury and/or death.

If you want **hard facts, evidence, and data-driven statistics**, all of these are plentiful. Here are just a few:

- In a 2016 study, 40% of first- and second-year medical students surveyed believed that “Black people’s skin is thicker than white people’s.”¹⁰
- A meta-analysis of 20 years’ worth of studies about pain management found that “Black patients were 22% less likely than white patients to receive any pain medication.”¹¹

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5889715/>

⁹ <https://www.cdc.gov/tuskegee/timeline.htm>

¹⁰ <https://www.aamc.org/news-insights/how-we-fail-Black-patients-pain>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/22239747/>; this stems from long-held beliefs about Black people not feeling pain, and stereotyping of Black people as drug users and dealers.

- A 2018 report by the EPA found that Black people are exposed to 1.5 times more particulate matter than white people.¹² Particulate matter is a known carcinogen and is implicated in asthma, heart attacks, low birth weights, and high blood pressure.¹³
- According to the CDC, Black women are three times more likely to die from pregnancy-related causes than white women.¹⁴ Most pregnancy-related deaths are preventable.
- Black patients experience longer wait times to see physicians in primary care and the emergency department. These delays have been linked to poor mental and physical health.¹⁵
- Black people are five times more likely than white people to have a police intervention-related injury.¹⁶ In 2019, 24% of Americans killed by police were Black, despite making up 13% of the American population.¹⁷
- Police killings of unarmed Black Americans is associated with approximately 1.4 more poor mental health days for black individuals each year. Collectively, Black Americans suffer more than 50 million poor mental health days per year due to the trauma and stress associated with police brutality.¹⁸
- Last month, Black people made up 27% of COVID-19 deaths despite making up 13% of the American population.¹⁹

Statistics like these are not mistakes, coincidences, or result from any innate difference between white and Black bodies. They have resulted from hundreds of years of systemic racism and violence against Black bodies perpetuated by medical professionals, the healthcare system, and wider national and international structures and hierarchies of power and privilege.

We, as Yale students pursuing careers in medicine, healthcare and public/global health, recognize that our healthcare system creates a patient-practitioner relationship that puts almost all power in the hands of healthcare professionals, be it in research or clinical settings. **We know that if we choose to continue down a path that does not make anti-racist work essential to “doing no harm,” we use our power to reproduce inequities that silence Black voices and actively kill, or assist in killing, Black bodies.** We understand that this starts with ourselves: confronting our own biases and those of our peers, increasing community-led

¹² <https://www.theatlantic.com/politics/archive/2018/02/the-trump-administration-finds-that-environmental-racism-is-real/554315/>

¹³ <https://www.theatlantic.com/politics/archive/2018/02/the-trump-administration-finds-that-environmental-racism-is-real/554315/>

¹⁴ https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w

¹⁵ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2759761>

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5052149/>

¹⁷ <https://www.cnbc.com/2020/06/01/george-floyd-death-police-violence-in-the-us-in-4-charts.html>

¹⁸ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31130-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31130-9/fulltext)

¹⁹ <https://www.cnn.com/2020/05/08/us/coronavirus-pandemic-race-impact-trnd/index.html>

research efforts, educating ourselves and our communities (particularly through listening to marginalized voices), and demanding change in healthcare education and practice.

We also want to recognize that racism against Black people is inherently bound to other forms of oppression that are also present in the healthcare system, including discrimination against other BIPOC, homophobia and anti- LGBTQIA+ practices, gender discrimination, xenophobia, and ableism. The struggle for Black liberation has always been bound in larger systems and histories of marginalization and oppression.

We have created this resource document to encourage education about anti-Black medical and scientific racism in the past and present. Although this letter is addressed to non-black future health professionals at Yale, the resources listed are available for anyone looking to learn about historical and current medical racism in the U.S. We hope that you will join us in our commitment to educating ourselves, working towards becoming actively anti-racist, and confronting our own biases and privilege, long after hashtags fade and the newscycle attempts to “move on.”

In solidarity,

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If you would like to add resources to this list or have any questions, please contact christina.hijiya@yale.edu.

Yale Classes

Undergraduate Classes

- *African American Studies*
 - AFAM 160: The Rise and Fall of Atlantic Slavery
 - AFAM 162: African-American History from Emancipation to the Present
 - AFAM 186: Contesting Injustice
 - AFAM 227: From the Voting Rights Act to #blacklivesmatter
 - AFAM 231: Sex and Gender in the Black Diaspora
 - AFAM 275: The Afterlives of Slavery in the United States
 - AFAM 315: Black Feminist Theory
 - AFAM 385: Plantation, Prison, and Ghetto in the United States
 - AFAM 410: Interdisciplinary Approaches to African American Studies
- *American Studies*
 - AMST 355: White America
 - AMST 435: Inequality in America
 - AMST 462: The Study of Privilege in the Americas
- *Anthropology*
 - ANTH 386: Humanitarian Interventions: Ethics, Politics, and Health
 - ANTH 448: Medical Anthropology at the Intersections: Theory and Ethnography
- *Ethnicity, Race, and Migration*
 - ER&M 211: Race, Ethnicity, and Immigration
 - ER&M 223: Race, Politics, and the Law
- *Global Health Studies*
 - HLTH 140: Health of the Public
 - HLTH 230: Global Health: Challenges and Responses
 - HLTH 425: Health Disparities and Health Equity
- *History of Science, Medicine, and Public Health*
 - HSHM 206: History of Reproductive Health and Medicine in the U.S.
 - HSHM 215: Public Health in America, 1793 to the Present
 - HSHM 241: Sickness and Health in African American History
 - HSHM 406: Healthcare for the Urban Poor
 - HSHM 424: Race, Citizenship, and Public Health in U.S History
 - HSHM 436: Health and Incarceration in U.S History
 - HSHM 475: Race and Disease in American Medicine
 - HSHM 481: Medicine and Race in the Slave Trade

- HSHM 482: Race, Gender, and Surveillance
- HSHM 486: African Systems of Thought (coming Fall 2020)
- *Psychology*
 - PSYC 419: Topics in Brain Development, Law, and Policy
 - PSYC 429: Psychology of Prejudice, Stereotyping, and Discrimination
- *Sociology*
 - SOCY 127: Health and Illness in Social Context
- *Women's, Gender, and Sexuality Studies*
 - WGSS 207: Gender, Justice, Power, Institutions
 - WGSS 457: Reproductive Health, Gender, & Power in the U.S

Graduate School Classes

- Yale School of Arts and Sciences
 - AFAM 725: Relational and Intersectional Formations of Race
 - AFAM 752: Medicine and Empire
 - AMST 687: Colonial Domesticity and Reproductive Relations
 - AMST 780: Class and Capitalism in the Twentieth-Century United States
 - ANTH 549: Personhood in the Americas
 - HSHM 736: Health Politics, Body Politics
 - HSHM 761: Medicine and Empire
 - WGSS 529: Sexuality, Gender, Health, and Human Rights
- Yale School of Public Health
 - SBS 537: Social and Interpersonal Influences on Health
 - HPM 545: Health Disparities
 - HPM 576: Comparative Healthcare Systems

General Anti-Racism Readings and Resources

- [Anti-Racism for Beginners](#)
- [Anti-Racism Resources for White People](#)
- [Master List of Black Revolutionary Readings](#)
- [Broad Recognition's Guide on Abolition](#)

*In order to educate oneself about anti-racism, it is imperative to listen to and elevate Black voices. We have included resources created by Black authors, as well as others. We acknowledge that academia has made it historically easier for white authors to publish books and articles, particularly on topics pertaining to BIPOC.

Books*

- Books about the racist history of biology and medicine
 - *Working Cures: Healing, Health and Power on Southern Slave Plantations*, Sharla Fett
 - *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840*, Rana Hogarth
 - *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, Harriet A. Washington
 - *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*, Samuel Kelton Roberts
 - *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*, Dorothy Roberts (Read the [introduction](#) here)
 - [*Black and Blue: The Origins and Consequences of Medical Racism*](#), John Hoberman
 - *The Immortal Life of Henrietta Lacks*, Rebecca Skloot
 - [*A Dying Colonialism*](#), Frantz Fanon
 - Chapter 4, “Medical Colonialism”
 - *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction*, Jim Downs
- Books about medical experimentation on Black subjects
 - *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave in the Building of a Nation*, Daina Ramey Berry
 - *Medical Bondage: Race, Gender, and the Origins of American Gynecology*, Deirdre Cooper Owens
 - *The Tuskegee Syphilis Study: An Insiders’ Account of the Shocking Medical Experiment Conducted by Government Doctors Against African American Men*, Fred D. Gray
 - *Tuskegee’s Truths: Rethinking the Tuskegee Syphilis Study*, Susan Reverby
- Books about genomics/genetic research and scientific racism
 - *The Social Life of DNA: Race, Reparations, and Reconciliation after the Genome*, Alondra Nelson
 - *Genetics and the Unsettled Past: The Collision of DNA, Race, and History*, Keith Wailoo
- Books about racism in healthcare and the medical profession
 - *Black Man in a White Coat: A Doctor’s Reflections on Race and Medicine*, Damon Tweedy
 - *Just Medicine: A Cure for Racial Inequality in American Health Care*, Dayna Bowen Matthew
- Books about health inequity

- *The Health Gap : The Challenge of an Unequal World*, Michael Marmot
- *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, Institute of the National Academy of Sciences
- *Embodying Inequality: Epidemiologic Perspectives*, Nancy Krieger
- *The Death Gap: How Inequality Kills* by David Ansell
- Books about Black activism in medicine and health
 - [*Body and Soul: the Black Panther Party and the Fight against Medical Discrimination*](#), Alondra Nelson
 - *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, Susan L. Smith
- Books about surveillance of Black people
 - *Dark Matters: On the Surveillance of Blackness*, Simone Browne

Journal Articles*

- Racism in the history of medicine
 - ["The Rise of the English Drugs Industry: The Role of Thomas Corbyn,"](#) Medical Historian
 - ["Pharmacy and Slavery: Apothecaries, Medicines, and the Slave Trade: 1650 to 1807,"](#) Pharmaceutical Historian
 - ["Hybridising Medicine: Illness, Healing and the Dynamics of Reciprocal Exchange on the Upper Guinea Coast \(West Africa\),"](#) Medical History
 - Linda Payne, *With Words and Knives: Learning Medical Dispassion in Early Modern England*, Chapter 5, ["Necessary Inhumanity,"](#) 103-124.
 - Mary Fissell, ["The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine,"](#) in *British Medicine in an Age of Reform*, 92-109.
 - Andrew Curran, *The Anatomy of Blackness: Science and Slavery in an Age of Enlightenment*, Chapter 4, ["The Natural History of Slavery, 1770-1802,"](#) 167-215.
 - ["Racism and Research: The Case of the Tuskegee Syphilis Study,"](#) The Hastings Center Report
 - ["Germs Know No Color Line: Black Health and Public Policy in Atlanta, 1900-1918,"](#) Journal of the History of Medicine and Allied Sciences
 - ["Historical Trauma as Public Narrative: A Conceptual Review of How History Impacts Present-Day Health,"](#) Social Science & Medicine
 - ["Past Insights, Future Promises: Race and Health in the Twenty-First Century,"](#) Du Bois Review: Social Science Research
- Racism in Healthcare Today
 - ["Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities,"](#) Journal of General Internal Medicine

- [“White Privilege in a White Coat: How Racism Shaped my Medical Education,”](#) Annals of Family Medicine
- [“Systemic racism and U.S. health care,”](#) Social Science & Medicine
- [“Re-racialization of Addiction and the Redistribution of Blame in the White Opioid Epidemic,”](#) Medical Anthropology Quarterly
- [“Implicit Bias and Racial Disparities in Healthcare,”](#) The American Bar Association
- [“Racial Categories in Medical Practice: How Useful Are They?”](#) PLOS Medicine
- [“Under the Shadow of Tuskegee: African Americans and Health Care,”](#) American Journal of Public Health
- [“The Impact of Racism on Clinician Cognition, Behavior, and Clinical Decision Making,”](#) Du Bois Review: Social Science Research on Race
- Racism affecting health disparities and health outcomes
 - [“Explaining racial disparities in adverse birth outcomes: Unique sources of stress for Black American women,”](#) Social Science & Medicine
 - [“Racial Disparities in Pain Management of Children with Appendicitis in Emergency Departments,”](#) JAMA Pediatrics
 - [“Stress-Related Biosocial Mechanisms of Discrimination and African American Health Inequities,”](#) Annual Review of Sociology
 - [“Multiple Pathways Linking Racism to Health Outcomes,”](#) Du Bois Review: Social Science Research
 - [“Racism as a Health Risk for African-American Males: Correlations Between Hypertension and Skin Color,”](#) Journal of African American Studies
 - [“Racial Differences in Preterm Delivery,”](#) American Journal of Preventive Medicine
 - [“The Social Determinants of Cardiovascular Disease: Time for a Focus on Racism,”](#) Diversity & Equality in Health and Care
 - [“Discrimination and Sleep: A Systematic Review,”](#) Sleep Medicine
 - [“The Lived Experience of Race and Its Health Consequences,”](#) American Journal of Public Health
 - [“Inheriting Racist Disparities in Health: Epigenetics and the Transgenerational Effects of White Racism,”](#) Critical Philosophy of Race
 - [“Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics”](#) Annals of Epidemiology
 - [“Black Deaths Matter: Race, Relationship, Loss, and Effects on Survivors,”](#) Journal of Health and Social Behavior
 - [“Racism as a Determinant of Health: A Systematic Review and Meta-Analysis,”](#) PLOS One
 - [“Stolen Breaths,”](#) a Perspectives piece in the New England Journal of Medicine

- [“Diagnosing and Treating Systemic Racism,”](#) an Editorial piece in the New England Journal of Medicine
- Genomics/genetic research and scientific racism
 - [“Genes, Genomes, and Genealogies: The return of Scientific Racism?”](#) Ethnic and Racial Studies
 - [“Race, Genes, and Health--New Wine in Old Bottles?”](#) International Journal of Epidemiology
 - [“Race, Ethnicity, and Genomics: Social Classifications as Proxies of Biological Heterogeneity,”](#) Genome Research
- Healing and Health in Black Liberation Movements
 - [“Beyond Berets: The Black Panthers as Health Activists,”](#) American Journal of Public Health
- Critical Theory and Structural Contexts for Understanding Medical Racism
 - [“Necropolitics,”](#) Public Culture
 - [“Examining Carceral Medicine Through Critical Phenomenology,”](#) IJFAB: International Journal of Feminist Approaches to Bioethics
 - [“Decolonial Embodiment: Fanon, the Clinical Encounter, and the Colonial Wound,”](#) Disability and the Global South
 - [“Decolonial Theory and Disability Studies: On the Modernity/Coloniality of Ability,”](#) Journal of Social and Political Psychology
 - [Birth of the Clinic](#) by Michel Foucault
- Policing as a public health issue
 - [“Police Brutality and Black Health: Setting the Agenda for Public Health Scholars,”](#) American Journal of Public Health
 - [“The Trauma Lens of Police Violence against Racial and Ethnic Minorities,”](#) Journal of Social Issues
 - [“Policing and Public Health--Strategies for Collaboration,”](#) JAMA

Newspaper/Blog Articles

- [“Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis”](#) Linda Villarosa for the New York Times
- [“For Serena Williams, Childbirth was a Harrowing Ordeal. She’s Not Alone.”](#) Maya Salam for the New York Times
 - Salam for the New York Times
- [“Protesters demand removal of Central Park statue of 19th century doctor who experimented on slave women”](#) Esha Ray and Denis Slattery for the New York Daily News
- [“The Condition of Black Life is the Condition of Mourning”](#) Claudia Rankine for the New York Times

- [“There is no stopping Covid-19 without stopping racism”](#) Abraar Karan and Ingrid Katz for the BMJ
- [“Opinion: It’s Not Obesity. It’s Slavery. We know why COVID-19 is killing so many black people.”](#) Sabrina Strings for the New York Times
- From the 1619 Project, which examines the legacy of slavery in America:
 - [“Why doesn’t the United States have universal health care? The answer has everything to do with race.”](#)
 - [“Myths about physical racial differences were used to justify slavery--and are still believed by doctors today.”](#)
- [“How Racism is Bad for Our Bodies,”](#) Jason Silverstein for the Atlantic
- [“How Racism and Microaggressions Lead to Worse Health,”](#) Gina Torino for the Center for Health Journalism
- [“Maternal Mortality and the Devaluation of Black Motherhood,”](#) Jamila Taylor for the Center for American Progress

Films/TV/Videos

- Yale Professor Dr. Carolyn Roberts on [Race, Health, and Medicine in Times of COVID-19](#)
- Yale Professor Dr. Carolyn Roberts on the [history of African American health](#)
- YC ‘88 Alumnus Dr. Cheryl Tawede Grills on [the history of racism and the physiology of violent uprising](#)
- TED Talks about the link between health and racism:
 - [How racism makes us sick](#)
 - [Racism has a cost for everyone](#)
 - [Why your doctor should care about social justice](#)
 - [The problem with race-based medicine](#)
 - [The trauma of systemic racism is killing black women](#)
 - [How racism harms pregnant women--and what you can do to help](#)
 - [Why genetic research must be more diverse](#)
 - [The racial politics of time](#)
- [COVID-19 may not discriminate based on race--but U.S healthcare does](#)
- [“When the Bough Breaks”](#) (Hour 2, Segment 1 of the PBS Documentary *Unnatural Causes: Is Inequality Making Us Sick?*)
 - Excerpts available here:
 - [Unraveling the Mystery of Black-white differences in infant mortality](#)
 - [Kim Anderson’s Story](#)

Organizations

- [White Coats for Black Lives](#)

- [Society for the Analysis of African-American Public Health Issues](#)
- [Project Access New Haven](#)
- [U.S. Health Justice Initiative, Yale Chapter](#)
- [Equity Research and Innovation Center at the Yale School of Medicine](#)
- [Free Radicals](#)
- [Project Diversify Medicine](#)
- [Loveland Foundation](#)

Other Resources

- Podcasts/Radio
 - [“Remembering Anarcha, Lucy, and Betsey: The Mothers of Modern Gynecology,”](#) NPR: Hidden Brain
 - [“Scientists Start To Tease Out the Subtler Ways Racism Hurts Health,”](#) NPR
 - [NATAL](#), a podcast about having a baby while Black in the U.S
 - [“Why The Coronavirus Is Hitting Black Communities Hardest,”](#) NPR: Code Switch
 - [“Ep 4: Anti-Lynching Policy & Ahmaud Arbery with Professor Demar Lewis,”](#) Coloring Health Police
 - [“Episode 4: How the Bad Blood Started,”](#) 1619, a podcast from the New York Times
 - [Disability Justice and Liberation with Lateef McLeod](#), Revolutionary Left Radio
- Instagram Accounts
 - @decolonizingtherapy
 - @hood_biologist
- Poems
 - [“The Venus Hottentot”](#) by Elizabeth Alexander
- Artwork
 - [“J. Marion Sims: Gynecologic Surgeon,”](#) by Robert Thom
 - [“The Waiting Room,”](#) by Simone Leigh
 - [“Ancestral Voices Rising Up: A Collage Series on the Tuskegee Syphilis Study,”](#) by Obiora Anekwe
 - [“Blk & Blue”](#) Exhibition by Malik Roberts
 - [Laurie Cooper Art Gallery](#)