



## LAB MEETING

How do Black Lives Matter in Teaching, Lab Practices, and Research?

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*In this Lab Meeting, we have invited lab scientists, social scientists, and humanists from the Working Group on Race and Racism in Contemporary Biomedicine, of which we are both members, to consider the following question: "How do Black Lives Matter in teaching, lab practices, and research?"*

- Convened by Anne Pollock and Deboleena Roy for the Working Group on Race and Racism in Contemporary Biomedicine <racebiomed.org

### Introduction

The Working Group on Race and Racism in Contemporary Biomedicine (racebiomed.org) draws together faculty, researchers, and graduate and undergraduate students from Atlanta-area institutions, including Georgia

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Institute of Technology (hereafter Georgia Tech), Emory University, Spelman College, Georgia State University, and Agnes Scott College. The Working Group was founded in 2015 with seed funding from the Georgia Tech Provost to spark interdisciplinary and cross-institution collaborative research on race and racism in contemporary biomedical research, with the goal of building intellectual common ground among researchers coming from diverse disciplinary backgrounds. Our Working Group has been grappling with the ways in which science is implicated in the racism of the society as a whole, but we are not anti-science: we aspire to make the work of science more inclusive of people from historically excluded groups, and to mobilize both our lab-based scientific work and our feminist STS toward intersectional antiracist ends.

The following Lab Meeting highlights our working group's multidisciplinary approach to demonstrate the value to differing sociological, epistemological, methodological, and institutional locations across academe. Together, these entries are aligned with a tradition of feminist work that questions who it is that gets to count as a knower in science, and what constitutes a proper object of inquiry in the sciences. The opening contributions by natural scientists, for instance, reiterates the long enduring separation of lab work from life experience—including their own lives and their community commitments. The Black Lives Matter movement (hereafter BLM) reminds us, as Sandra Harding has also suggested, that “starting from people's lives” is an important site for science.

The first of these entries is by Manu Platt, a professor of biomedical engineering who explores ways in which his own Black life matters in his lab, classroom, and beyond. This is followed by a short but sharp manifesto written by biochemistry undergraduates at Spelman that also affirm the mattering of Black scientists, especially women. This is followed by an entry by two biochemistry professors at Spelman, Kimberly Jackson and Leyte Winfield, that can be read as a response to the undergraduates' call.

In the next entry, Lewis Wheaton, a professor of biological

sciences at Georgia Tech, seeks to integrate his understanding of the unaddressed basic needs of Black people living with disabilities, whom he passes on his daily commute, with the high-tech research he conducts in his lab. Finally, C. Holly Lewis, a M.D./Ph.D. student, describes an effort to bring together research and community engagement around sickle cell disease. The epistemological approaches to scientific inquiry relayed in these entries may be considered conventional; however, the experiences behind their motivation and their contextualization show how intersectional feminist commitments can shape science. In both entries, the authors suggest that social inequality leads to scientific inequality.

The very grounds of knowledge-making practices in the sciences are questioned in the next three pieces. Emily Pingel, a Ph.D. student in sociology, decries the ways that Black experiences are written out of what counts as “evidence.” Aziza Belcher Platt, a psychology practitioner and Ph.D. student, and Joni-Leigh Webster, a Ph.D. student in sociology, both argue – albeit in different ways – for the inextricably psycho/somatic nature of Black women’s health, resisting the mind/body dualism that undergirds conventional medical frames. Each article addresses the question of how “race” get operationalized as a technoscientific object. Together, these pieces highlight the importance of the feminist concern regarding which bodies of knowledge and what forms of evidence are counted as valid, and which ones ultimately are seen as contributions to scientific inquiry.

The remainder of the entries below are from academics who explore how the Black Lives Matter movement frames their own specific research, especially as centered by the experiences of Black women. Jennifer Singh, a professor of sociology, highlights the importance of developing situational analyses and reflective ethnographic practices through her work on autism inequalities. Renee Shelby, a Ph.D. student in sociology, shares her work on rape kits to demonstrate what an anti-racist framework can do to better understand institutionalized gender violence. Finally, Kristen Abatsis McHenry, a professor of comparative women’s studies, foregrounds the sexist and racist structures that drive

political economies of breast cancer research. McHenry also points to the interventions that become possible when we think about bodies and technologies through queer and anti-racist art and activism. Using intersectional frameworks, all three of these case studies demonstrate that the goals of our research can be reformulated through feminist analyses.

The voices presented in this Lab Meeting are heterogeneous by design. We find the cacophony that emerges to be a welcome reprieve from the narrow hermetic character of so many academic fora, and the dissonance generated thereby instantiates the plural registers at which Black Lives can Matter in biomedical research. We have also designed this forum to allow for more authentic participation by natural scientists as well as by social scientists and humanists because the contributors can speak in their own terms rather than those of feminist STS scholarship, narrowly conceived. In this way, this Lab Meeting seeks to expand what counts as feminist technoscience at the same time that it expands what counts as science.

### **Black Professors are also Black Bodies that Matter**

*Manu O. Platt, Ph.D., Biomedical Engineering, Georgia Tech and Emory University*

As an African-American biomedical engineering professor with a bachelor's degree from Morehouse College, the only all-male historically Black college in the United States, my educational experiences, lifetime experiences, and professional experiences have all shaped the way Black Lives Matter (BLM) in my research and teaching. With only 4% of the professoriate being Black at traditionally white colleges and universities (*Washington Post*), an even lower percentage for those of us in science, technology, engineering and math (STEM) fields, and only 5% of life science Ph.D.s and only 3.9% of engineering Ph.D.s going to African Americans according to 2015 National Science Foundation (NSF) report, my Black life matters as an important statistic, and this motivates me to

be successful in my academic position.

When the BLM movement began, emerging out of the protests over Mike Brown's murder in Ferguson, Mississippi, I was at a workshop in Colorado Springs for the Directors of Science and Technology Centers funded by the National Science Foundation. My mind was not on the meeting at all because I kept stepping out to be updated and did not want to miss President Obama's speech on the situation, while others paid it no mind. I am constantly reminded by the destruction of Black bodies at the hands of police that, despite my degrees and accomplishments, my Black Life Matters to police just as little as other Black Lives do.

Yet I persist and forge onward. As a scientist, I hope to continue to work on questions I find important and want to solve, which are predominantly centered on minority health disparities and Black Lives: sickle cell anemia, HIV-mediated cardiovascular disease, and personalized medicine approaches for treating breast cancer. Sickle cell anemia predominantly impacts African Americans in the U.S. but impacts millions globally (Piel, Hay et al. 2013); HIV has the highest numbers of new incidents in the Black community (CDC Fact Sheet); and although white women are more likely to be diagnosed with breast cancer, Black women are more likely to die from it (O'Keefe, Meltzer et al. 2015).

The other reason I need to be successful is due to the scarce few numbers who look like me in this field. I want to be able to provide visual representation to the next generation of engineers, and to recruit those who may not have seen this career as an opportunity for them. Many of us who graduate from an HBCU with confidence, motivation, and a strong yearning to perform socially responsible science aimed at helping underserved communities and overlooked diseases, find ourselves arriving at predominantly white graduate schools and having to adapt to an entirely new set of mentors who do not have a reference of our lived experience in the United States. This occurred even before the age of Trump. We now have the added challenge of working in college campuses that are exploding with racial incidents. My Black Life matters

to Black Ph.D. students who I mentor through to completion, both as my direct research advisees or indirectly through other mentoring interactions, with the goal of increasing or at least maintaining that 3.9%.

It has also been interesting, as I have moved through the tenure process successfully, to meet the new hurdle of the federal funding of science wrought by sequestration that cut the National Institutes of Health budget by 5%, \$1.55 billion of its 2013 budget (NIH). When I was in graduate school, funding rates were for the top 25-30% of grant proposals. In today's climate, most investigator-initiated grants are only at a 9-12% funding line. This severely limits the type of research that will be funded, and also limits the type of investigator that will be funded (Huffington Post). Sequestration as a federal budgetary policy was passed only two years after the seminal 2011 study in *Science* that determined, after a review of over 80,000 grant applications, that Black professors were 50% less likely to receive NIH investigator-initiated research funding compared with whites. This was even after removing other factors such as education, publication record, and type of institution (*Science*). So being Black Matters in decisions regarding whether or not I will be funded by the NIH, the largest funder of biomedical research in the United States. In addition to that, there is my research focus. Sickle cell disease, the most common genetic disorder affects over 100,000 Americans, but millions more globally, receives substantially lower funding as a federal priority compared to cystic fibrosis (30,000 in U.S., 70,000 worldwide) and hemophilia (20,000 US, 400,000 worldwide). Perhaps this is because it predominantly affects Black Lives in the U.S. with 1 in 400 Black Americans having sickle cell anemia, and 1 in 12 being carriers (CDC Sickle Cell). It is interesting that a disease with 3-5 times larger population than those other genetic diseases, that was first identified in a hospital in 1910 (Herrick 2001), whose molecular nature was identified in 1949 (Pauling, Itano et al. 1949), and whose genetic mutation was determined in 1956 (Ingram 1956), still only has one drug on the market, not to mention an imperfect range of other medical interventions. Black Lives should matter. They should

matter as research priorities to find cures, novel therapies, and physicians to care for these patients, and to support researchers who are impassioned about diseases that affect Black Lives, families, and communities.

### **The Importance of Black Women Role Models in the STEM Fields**

*Morgann Adams, Theophilia Dusabamoro, Chelesa Fearce, Imani Fennell, Ebony Gaillard, Courtney Harrison, Daphney Sihwa, and Phoenix Williams, undergraduate students in the Department of Chemistry & Biochemistry at Spelman College, enrolled in the courses Biochemistry Laboratory (313L) and/or Race and Genetics (405).*

As students at a Black women's college, the Black Lives Matter (BLM) movement impacts our day-to-day lives. Each generation can only thrive and excel because of the work and activism preceded by their ancestors. We are empowered to see distinguished Black faculty and witness the success of Black scientists, as this is a testament to the impact that BLM have on students. By having African Americans in positions where they can teach and mentor, we can affirm ourselves as relevant in a world that often tells us that we are not. This is particularly the case of mentorship by Black women scientists and faculty.

Representation matters and is vital to our success. Black women faculty as mentors in the STEM fields are often anomalies. These women are inspirations to students and others by unapologetically displaying their intelligence and qualifications despite the inherent obstacles due to their intersectionalities. This is arguably the most impactful tool for how Black women can pave the way for younger generations.

As aspiring young Black scientists, many of us are concerned with finding new and more advanced treatments for diseases that disproportionately affect people of color. We recognize the disparities that face our communities and are committed to BLM as we continue to fight and speak out against discrimination and unethical practices in the scientific realm. It is with pride and humility that we recognize the

presence of Black women scientists as leaders in the classroom and research laboratory. Their presence stands as an indicator that there is no superior “body” regarding intellectual capabilities, therefore nullifying stereotypes that continues to plague our society today.

### **Hope for a New Paradigm: Perspectives on Black Lives Matter from Two Black Women Scientists**

*Kimberly Jackson, Ph.D., Associate Professor and Vice-Chair, Department of Chemistry & Biochemistry, Spelman College; and Leyte Winfield, Ph.D., Associate Professor and Chair, Department of Chemistry & Biochemistry, and Interim Provost of Research Resources, Spelman College*

As Black women scientists, our lived realities are often characterized by words such as *ostracized*, *dehumanized*, and *marginalized*. The ascent to the ivory tower escapes us even as we are encouraged to “lean in.” However, by negotiating and navigating a system which perpetuates our supposed inadequacies, we reclaim our voices by giving our students the tools needed to unpack a new level of consciousness, as embodied by the Black Lives Matter (BLM) movement. As Black women faculty in the natural sciences, we understand the need to fully embrace the responsibility of training women of color to position themselves for success in an environment where they are typically invisible. As such, we are intentional about what we teach and how we train, often framing our coursework (whenever possible) around socially responsible and culturally responsive themes, while also identifying those practices that support the success of black women as empowered (Jackson and Winfield, 2014).

BLM directly aligns with our mission to ensure that women of African descent are able to advance the scientific enterprise. As faculty at Spelman, a Black women’s college, we train these women to impact the world beyond the institution’s gates. Black women comprise less than 2% of all women represented in the science workforce, and the numbers of these women at all sectors of the STEM pipeline are

decreasing (Lehming et al, 2013). However, still today, black women scientists are presumed incompetent and faced with systemic racism and gender inequities that seek to minimize their contributions. This disadvantages not only the scientist, but ultimately it also impacts the science. Therefore, the roles we play, as teachers, mentors, and scholars, is critical to ensuring that the world recognizes what these women, and those like them, can bring to the table.

BLM coincides with the diversity of thought that is required for innovation and scientific progress. In our work to secure gender equity in STEM, we routinely engage in conversations with academic institutions and industry partners on this subject. It has been shown that relationships matter when addressing difficult and sensitive dialogue. Establishing these relationships allows us to preempt the motives and concerns by our partners, increase understanding around opposing positions, and get to the heart of the matter, which is erasing the invisibility of the Black woman. Most importantly, this level of direct communication ultimately enables our work as advocates. Yes, we are role models and advocates for the students of Spelman College, ensuring that the world acknowledges their significance and realigns their understanding of the role of black women in research careers.

### **Rehabilitating Rehabilitation: How a Renewed Focus on Environment and Therapy May Influence Our Perspective Brain Function**

*Lewis A. Wheaton, Ph.D., School of Biological Sciences, Georgia Tech*

Nearly every day on my commute from home to Georgia Tech, I see people living with disabilities. This is because I happen to pass a small and visible community that has self-organized because they all have varying degrees of need. And it is fascinating to see, because they live in a city that is otherwise thriving in biotechnology, development, and science.

When I was a graduate student and postdoc in the greater

Washington, DC-Baltimore area, I witnessed the same thing. There are so many people that need assistive support who live in a thriving metropolis with some of the most cutting-edge research and development in rehabilitative care in the country. Why are these people not receiving support? Upon a closer look, in both communities, I see a common frustration. While they may get some critical care, the care is either insufficient or not easily integrated into the communities in which they live. Even more depressing is the observation that these people are largely black. This opens up a significant concern, but also a possibility. The concern is direct: how is it that a group of people can be so resource-deficient in such a resource-rich community? The possibility is also encouraging for the future. Is it possible that a new understanding of how race, culture, and community intersect can allow us to innovate and improve outcomes?

In 2016, the National Institutes of Health put forward a study entitled “Research Plan on Rehabilitation: Moving the Field Forward” (Eunice Kennedy Shriver National Institute of Child Health and Human Development and the NIH Medical Rehabilitation Coordinating Committee, 2016). At its core is the concern that motor, sensory, and cognitive disability can significantly impact the lives of millions of Americans. The study’s sponsor, the National Center for Medical Rehabilitation Research (NCMRR), makes strong recommendations for implementing a five-year plan that will bring to the forefront issues that have been quietly known in the rehabilitation community for several years. One such concern is the differential engagement of proper rehabilitation care in the United States. Environmental stressors imposed on certain communities can complicate rehabilitation efforts. By focusing attention on the role that community and family can play in rehabilitation, the NCMRR states that “the interplay of individuals and their contexts is a key priority...” This wording is pivotal as it goes beyond the typical construct of “access to care.” This necessarily calls attention to the role that socioeconomic status plays in neural, motor and cognitive processes related to medical rehabilitation.

Furthermore, this work must be treated with great care in terms of its use and interpretation. It is far too easy to connect concepts of “poor” and “black” as the exemplar (and perhaps the rule). This can cause scientists to miss how terms like “middle class,” “black/Hispanic,” or “poor white” add nuance our understanding. This does not mean that these (and other) categories of humanity represent biological differences, but that these categories represent different realities for these aspects of humanity to engage in supportive and rehabilitative neural, behavioral, and physiological change.

Causal lumping can occur in rehabilitation as well. Stroke, and perhaps more precisely stroke in the southeast US, is a common symbol for all of neurorehabilitation. Unfortunately, by focusing on “southeastern US stroke”, we may miss the ubiquitous nature of socioeconomic concerns. Indeed, intersectional variables of race, socioeconomic class, and community have been demonstrated to impact disability outcomes ranging spinal cord injury (Botticello, Chen, Cao, Tulskey, 2011), traumatic brain injury (McQuiston, Zens, Jung, Beems, Levenson, Liepert, Scarborough, Agarwal, 2016) and amputation (Zhou, Bates, Kurichi, Kwong, Xie, Stineman, 2011). This also includes disorders that can cause disability, such as diabetes. (Coulon, Velasco-Gonzalez, Scribner, Park, Gomez, Vargas, Stender, Zabaleta, Clesi, Chalew et al, 2017). Even outcomes for movement disorders using technological advances of brain stimulation may have variable results based on socioeconomic status (Genc, Abboud, Oravivattanakul, Alsallom, Thompson, Cooper, Gostkowski, Machado, Fernandez, 2016). Yet within the field of rehabilitation, the influence of these variables is entirely unknown. Thus, while access to care tends to be the focus of rehabilitation, it is possible that it represents a type of “will o’ the wisp” for deeper socioeconomic problems.(Plug, Hoffmann, Artnik, Bopp, Borrell, Costa, Deboosere, Esnaola, Kalediene, Leinsalu, et al. , 2012). The goal of making better technologies for rehabilitation – identified as one of the primary goals of the NCMRR report – must continue to consider access, support, and care for people who receive this technology across intersectional societal

constructs.

This renewed focus must insist that members of the neuroscience community consider one compelling question: to what degree do environmental factors influence the nervous system to such an extent that identical stimuli (e.g., rehabilitation) can have varying effects across various demographics immediately upon presentation? While we tend to eschew the notion that we have inherent neurobiological differences across various peoples, it could be that even subtleties of environment form neurobiological susceptibilities across and within social strata, all of which can have profound and immediate clinical relevance. This understanding should launch us into a new direction to really understand the communities that need support and provide a new perspective (at least to the neurorehabilitation community) on how society affects health.

### **Sickle and Flow: Translational Science and Arts**

*C. Holly Lewis, MD/Ph.D. student, Department of Immunology and Molecular Pathogenesis, Emory University*

Sickle cell disease (hereafter SCD) is an inherited disorder of red blood cells that is most common in people of color. In the U.S, about one of every 360 African-American children is diagnosed with SCD, triggering acute pain crises when sickle cells get trapped in blood vessels throughout the body (Grosse, 2009). Often, these cells block vessels in the brain causing strokes; 50% of pediatric sickle patients have had at least one stroke by the time they turn 18 (Shenoy, 2013). Treatment of SCD is largely supportive, including antibiotics and frequent transfusions of donated red cells (Shaz, 2003). Sickle cell is more than twice as prevalent as cystic fibrosis or hemophilia, two genetic diseases common in Caucasians, but suffers from drastically fewer federal dollars made available for research and clinical care (Arnold, 2016). The only curative therapy for sickle cell disease is a matched hematopoietic stem cell transplant (HSCT), first developed for SCD in 1984. Today, researchers across the globe that use HSCT are achieving cure rates that approach

90% (Arnold, 2016), but these numbers depend strongly upon how well we match the immune systems of the donor and recipient.

Cell therapy for SCD is at a critical juncture: the science has advanced tremendously, but the bigger, more pressing issue is one of public health outreach. Primary care clinicians, patients, and would-be blood cell donors are often unaware that the option for a curative transplant exists, unaware how much we rely on blood cells donated from people of color to effectively treat and cure this disease. Finding a donor for sickle transplant is challenging, in part because African Americans are underrepresented on the national blood and marrow registries in which the average donor is a white, college-educated, heterosexual, married male (Shaz, 2008). There are a number of reasons why African Americans donate blood and participate in clinical trials at lower rates, including a historically well-founded mistrust of the American medical system (Washington, 2007). A 2013 publication conducted a focus-group of patients in Chicago and Atlanta, seeking to identify community knowledge regarding HSCT availability. The study was particularly interested in patients' awareness of Be-the-Match, one of the largest global repositories of stem cell donors, sourced from people asked to provide a small cheek-swabbing at community drive locations. Yet its demographics reflect a paucity of those with African heritage. One participant noted that "There's a booth set up I think at the state fair for bone marrow but everything around it says cancer or leukemia. I don't see one sickle, no nothing, but it all says cancer" (Shenoy, 2013). This scenario is reflective of health disparities observed for people of color with end-stage renal disease (ESRD), on dialysis therapy, awaiting curative kidney transplantation. Dr. Rachel Patzer of the Emory Transplant Center has shown that racially-disparate ESRD outcomes are compounded not only through more time on organ waitlists, but also in the amount of time it takes a primary care clinician to make the initial referrals to even consider transplant (Patzner, et al., 2017).

Building on these lessons from the literature and the clinic, our team branched out into the Atlanta community, meeting local musicians,

artists and politicians who were interested in co-organizing a Be-the-Match community event, centering people of color. The project truly blossomed when we began working with a pair of “sickle sisters,” ones who had donated marrow to cure the other. Both were impassioned activists, and each had connections to the music and arts scene in Atlanta. Together we organized Sickle & Flow, a music and arts event at two venues in Atlanta’s Old Fourth Ward. Sickle warriors spoke from the stage to destigmatize the disease, artists painted sickle-themed graffiti, and musicians performed while clinicians, scientists and community activists mingled through intersectional discussions. The cheek-swabbing station was staffed by people of color, all Atlanta-area students, from Ph.D. engineering candidates to premed undergraduates. We all agreed that the persons doing direct-to-community education should be the ones who have been historically marginalized, and contemporarily with those most at-stake. In all, the event garnered over a thousand dollars in charity donations for the Sickle Cell Foundation of Georgia, and recruited thirty-one new stem cell registrants; a huge accomplishment when considering the paucity of black donors on such registries.

Caring for patients with chronic disease requires a multidisciplinary team of clinicians; in sickle transplant, this team must extend to the African-American community writ large. By empowering these communities, we can better translate biological research into meaningful social change that improves lives. From a sustainability perspective, it is imperative that leadership also reflect the people of color most affected by the sickle cell. As organizers of Sickle & Flow, we are working with a team of undergraduate students who are part of the Atlanta University Center, a consortium of historically black academic institutions in Atlanta. It is our hope that these students will build upon our template of participatory community outreach and develop a yearly project.

## **What is the Evidence that Black Lives Matter?**

*Emily Pingel, Ph.D. student, Department of Sociology, Emory University*

In light of this Lab Meeting's prompt to consider how Black Lives Matter (BLM) in our research and teaching, I was struck by how a particular framing of "evidence" – most often quantitative, ahistorical, and statistically generalizable – has been used to dismiss the experiences of Black life, both within and outside of the academy. Each of the incidents described below illustrates how centuries of documented oppression paired with everyday micro-aggressions must be presented anew and relived time and again amidst claims of discrimination. Yet somehow these claims fail to meet the White threshold for evidence. For example, I was recently cobbling together a public health conference abstract exploring the issue of medical mistrust among young Black gay men. Some interview participants in the study detailed their own mistrust of doctors and medications; others conveyed how family members were outspokenly skeptical of biomedicine writ large. In my conclusion, I noted that "legacies of medical exploitation and ongoing structural racism in the United States inform the range of attitudes shared by participants." To my surprise, my colleagues pushed back against this phrasing, warning that we were presenting no evidence to bolster such a claim. To be fair, my colleagues were likely anticipating the comments of reviewers. Nevertheless, this hesitation points to a broader academic discomfort with the acknowledgement of extant structural racism.

As researchers and educators, are we willing to commit to the simple act of moving beyond the demand for singularly prescribed evidence that Black lives matter and instead turn our full attention towards imagining how our work can destabilize and dismantle structures of oppression? In the wake of the BLM movement, we have witnessed widespread student protests on college campuses across the nation. At several predominantly White institutions, Black students have exhibited courage by publicly naming new and ongoing forms of discrimination and demanding administrative redress. In response to such demands at my

own institution, a faculty member opined in the campus newspaper that “we currently lack some important evidence needed to assess those claims [of racial discrimination]. Before the administration responds to protester demands, it should collect and produce that evidence” (Lechner, 2015). The author went on to suggest that the university would find such evidence lacking. Yet as the work of Patricia Hill Collins suggests, the mere appearance of these new strains of resistance is itself evidence of the dialectic between subjugation and activism (Hill Collins, 2000).

Emory University has challenged faculty, staff, and students to investigate the question “What is the nature of evidence?” through its recently implemented Quality Enhancement Plan (QEP)—a university-wide initiative intended to frame discussions among all members of our academic community. The QEP supports acts of imagination necessary to propel forward an academic agenda that expands the nature of evidence. Yet one only needs to look at the principles of BLM, which emphasizes a commitment to both collectivism and queerness, to see these acts of imagination already in practice (Black Lives Matter, 2017). BLM gives scholars and activists alike the tools to emerge from beneath positivism’s imposition of the individual as the ultimate unit of analysis by lending fluidity to otherwise essentialized discrete categories., the BLM principles also serve methodologically as a reminder to ground social research in empathy, affirmation, and dialogic engagement.

What would it look like to design a survey with these principles in mind? Ruha Benjamin encourages us to chip away at the current boundaries of social research by engaging with novel methods that reimagine what is possible by reordering what is (Benjamin, 2016). In building upon these guidelines, we have the opportunity to grow our evidence base and loosen the chains of narrowly conceived science.

## **Black Women: The Matter of their Minds, Hearts, and Wombs**

*Aziza Belcher Platt, Ph.D., psychologist and mental health practitioner*

As a practitioner and researcher, as well as a developing activist for mental health issues in racial and gender minority communities, I am acutely aware of how little Black lives matter to many others and how important it is that patients' Black lives matter to me.

The disciplines of medicine and psychology accept that medical conditions impact mental well-being; the discipline of psychosomatic medicine asserts the interplay between mental distress manifesting in and as physical conditions. The importance of the mind-body connection is being constantly explored and strengthened across disciplines and diseases. My work with the patient in front of me is to understand the whole person and not create a false dichotomy between their medical health and their mental health. My aim is to practice while also knowing that helping them alleviate their psychological distress has a complementary and possibly remedial impact on their physical distress. In fact, while not established yet, mental health treatment might also have a preventative effect on women who are treated early after the experience of trauma. In some of the research ahead of me, I will continue to explore psychosomatic gynecological issues that are particularly relevant to Black women.

My work with the systemic inequality besieging we is to advocate for the dismantling of inequitable structures: structures that create disparities, which in turn create the diseases that create the psychological distresses that create the diseases that are created by the disparities. Dizzying, yes. But, on behalf of my patients and me, I declare: Black diseases matter. Black health disparities matter. Black women's lives matter. The quality of Black women's lives matter. Black women's reproductive rights and choices matter. And Black women's reproductive health and fertility matter—because Black future lives matter.

For many diseases that are more prevalent in the Black community, "the disparity in prevalence is paralleled by a disparity in

treatment of the disease as a public health issue (Flynn et al., 2006), access to health care information (Flynn et al., 2006) and level of health care treatment (Eltoukhi et al., 2013; Belcher Platt, 2014: 3). While all women's rights and choices are under siege, Black women are disproportionately impacted as accessible health care resources, such as Planned Parenthood, are removed from urban areas first. Furthermore, medical treatment for women of color is often more invasive than it is for their White counterparts. Black women are traditionally treated with less regard for preserving their reproductive ability even when less extreme solutions are available (Agency for Healthcare Research and Quality, 2001). There is a long history of disregard for Black women's reproductive rights and health evidenced by the eugenics movement, forced sterilizations (Davis, 2003), and the use of slave women for surgical experimentation (Axelsen, 1985).

Challenges to women's reproductive health often negatively impacts women's mental health—another area where there is a disparity in both access and treatment. As a result, organizations such as SisterSong Women of Color Reproductive Justice Collective are leading the larger fight for reproductive justice for Black women and other women of color, while mental health practitioners are helping Black women individually address the psychosocial component and impact, that is psychological (e.g. trauma) and environmental stressors (e.g. race-related stress) that may influence the manifestation, severity, and intensity of their reproductive distress.

Given that these symptoms often impair women's educational, occupational, interpersonal, and daily functioning and thus reduce the quality of their lives, mental health practitioners can serve to help Black women to reclaim the functioning and quality of their lives. Ghanaian scholar Dr. James Emmanuel Kwegyir-Aggrey is credited with declaring that "if you educate a man you educate an individual, but if you educate a woman you educate a family (nation)." This sentiment extends to the mental and physical health of Black women: addressing Black women's physical disease and mental distress has significant benefits, both for

individuals as well as for members of the community across generations.

### **Black Psyches Matter: Extending the Conversation of BLM from the Body to the Mind**

*Joni-Leigh Webster, Ph.D. student, Department of Sociology, Emory University*

Since its inception, BLM has moved beyond a focus on legal interventions to the consummate legitimation of the Black body. One of the guiding principles of this movement is “we are unapologetically Black in our positioning. In affirming that Black lives matter, we need not qualify our position. To love and desire freedom and justice for ourselves is a necessary prerequisite for wanting the same for others.” This statement underscores the importance of acknowledging the Black experience as distinct and relevant.

In *Black Feminist Thought*, Patricia Collins introduces us to the confluence of multiple forms of oppressions Black persons endure (2002). She discusses the experience of various “isms” (racism, classism, sexism) indicative of oppression and admonishes us to acknowledge their uniqueness and the power/right of Black women to construct and disseminate their realities (Collins 2002). With this comes an understanding of the intersection of various forms of subjugation and how they negatively impact members of the Black community, leading to differing degrees of marginalization and adverse outcomes (Crenshaw 1991).

While we understand the correlation of diverse forms of oppression with unfavorable outcomes for Black people, which can include poverty, violence, and poor health (Mays, Cochran and Barnes 2007), data are mixed regarding the impact of various “isms” on the mental health of Black people. According to current measures, Black persons have lower rates of mental illness despite an increased prevalence of risk factors attributable to poor mental health (Das et al. 2006, Baker 2001, Mouzon et al. 2016). Furthermore, Black people are more likely to be diagnosed

with psychosis than their White counterparts (Schwartz and Blankenship 2014).

Resilience and religiosity have been used to explain the ability of Black people to “flourish” notwithstanding such adverse experiences. Yet these reasons appear to fall short when examined more closely (Mouzon 2014, Mouzon 2017). It is likely that different explanations and methods are necessary to elucidate the Black-White paradox in mental health, including the need to utilize Black voices in explicating the intersection of oppressions and their impact on Black lives. A “one size fits all” approach will not reveal the mechanisms linking oppression, adverse outcomes, and mental illness. For example, Jonathan Metzl depicts the effect of culture and current events on diagnostic parameters and their connection to increasing the rate of schizophrenia among Black males in his book *Protest Psychosis* (2010). He demonstrates how a history of oppression and prejudicial behaviors impact the ability of practitioners and measurement tools to accurately detect the expression of mental illness among racialized populations (Metzl 2010). Thus, finding distinctness in the expression, measurement, and analysis of mental health lends itself to extending the conversation of the BLM movement from honoring the Black body to appreciating the Black psyche.

Although research exists indicating the likelihood that rates of mental illness may be higher among Black populations in the United States due to differences in the expression of symptoms, there is a dearth of information to explain these disparities. Data indicate that poor health is associated with mental illness and Black people are more likely to self-report poor health. Further, Black populations are more likely to somaticize symptoms of mental illness and have particular personality archetypes associated with mental illness (Drapeau, Marchand and Beauie-Prevost 2012, Baker 2001). In my own work, I hope to elucidate the ways that the Eurocentric/Western framework of psychiatry impedes diagnosis of mental illness in Black populations, since I argue that diagnostic criteria and parameters do not consider the sociohistorical/political impact of such events as slavery. Through this

work, I hope to improve methods for accurately diagnosing mental illness among Black persons, bringing further attention to the relevance of protecting and healing the Black mind.

### **Black Villages, Empathy, and Collective Value: Principles that Guide an Intersectional Understanding of Autism Inequalities**

*Jennifer Singh, MPH, Ph.D., Associate Professor of Sociology, Georgia Tech*

On October 10, 2016, I interviewed Sheila, a Black single mother and caregiver of 15-year-old twin daughters, one who has a diagnosis of autism. I met Sheila at an autism clinic located in downtown Atlanta that offers services to children and their families who have limited financial resources and who rely primarily on Medicaid state health insurance. Sheila had just moved to Atlanta from another state, believing that she would be able to get better services for her daughter. Although she had been living in Atlanta for several months when we met, her daughters were not registered in school yet and her daughter with autism was experiencing increased behavior issues, anger, and anxiety. The changes in her behavior could be explained in part to hormonal changes, but were more likely a result of not having access to her anxiety medication due to a gap in Medicaid coverage when they moved to Georgia, as well as their current lack of stable housing and transportation.

My encounter with Sheila and other caregivers in equally challenging situations is part of an on-going ethnography I am conducting in an autism clinic that is designed to investigate the role of structural inequalities in autism diagnosis and services. The complexity of Sheila's life as a single Black mother raising children on her own and negotiating structural barriers to autism services in Georgia reflects the complexity of people's lives who come in and out of the autism clinic.

As an academic who is socially situated through having immigrant grandparents from Mexico and India, who is the first in her family to get a college degree, and who has achieved a position in a scholarly field in

which she is vastly underrepresented, I take my work seriously. I strive to investigate questions that can have an impact on people's lives. Thus, my current research investigates the intersectional and structural inequities embedded in the stories of Black and Latino caregivers of children with autism. Over the past year, I have had the privilege of meeting caregivers who have shared with me their complicated pathways to getting an autism diagnosis and accessing services in an unequal society. These voices offer a significant alternative to the dominant face of autism parenting in the US, which typically portrays white, married, and upper-middle class families who have the time, money, and resources to engage and fulfill various social and biomedical accountabilities to help their children. To aid the understanding of these multi-dimensional and complex narratives of autism parenting, I am using the principles of Black Lives Matter to serve as an epistemological framework to guide my analysis. Especially important are the BLM's principles of diversity, black families, empathy, black women, black villages, loving engagement, intergenerational, restorative justice, and collective value. (Black Lives Matter, 2017). For example, the narratives of caregivers who I have interviewed and learned from consist of alternative family structures; single mothers or single grandmothers who care for their children alone or in unison, often with limited resources of time, money, knowledge, or access to healthcare. The principles of Black Lives Matter help me to better understand the structural constraints that shape the experience of Black women who are navigating the labyrinth of services needed for children with autism.

As evident in the narratives thus far, structural inequalities such as limited access to reliable transportation and safe and stable housing pose additional challenges for caregivers of a child with disabilities. I gained this insight from Sheila who shared with me her challenges of using public transportation with her daughter. Her story reminded me of how many children with autism are very sensitive to loud noises, crowded spaces, and particular odors—characteristics that are often associated with public transportation. On several occasions, Sheila told me they

could not reach their clinic appointments because her daughter refused to take public transportation due to the extreme anxiety she experiences when having “one of her episodes.” In general, people with autism also function better when schedules are reliable and consistent, even in the specific routes they use to travel to and from particular places like school. Sheila’s story also brings a whole new dimension of the realities of autism for caregivers and their families who have neither reliable transportation nor housing. When I met Sheila, she was living in public housing; but she also told me that when they first moved to Atlanta they were kicked out of their first public housing accommodation because her daughter often screamed at night due to her anxiety.

For a woman in Sheila’s position, the stakes of having a child with autism is much greater because her needs are more complex. BLM’s principles of empathy, of learning about the multiple contexts of people’s lives, as well as collective value, and of recognizing that all Black lives matter regardless of gender, economic status, or disability, serve as guideposts for how we can learn from women like Sheila to identify the various interlocking locations of social oppressions that cut across gender, racial, and class lines. These intersectional inequalities shape the multiple dimensions of Black women’s experiences of raising a child with autism. And these different ways of knowing must be a part of our research and social justice agendas to help target fundamental causes of health inequalities<sup>1</sup>. The effectiveness of these approaches is in line with scholarship that has begun to reveal embodied inequalities that exist within racialized and gendered lived experiences while navigating medical care and illness trajectories<sup>2</sup>.

### **How Black Lives Matter in Forensic Matter**

*Renee Shelby, Ph.D. candidate, Program in the History and Sociology of Technology and Science, Georgia Tech*

Formally reporting sexual violence is an oft-overlooked site of racial injustice (Richie, 2012; Meiners, 2009). As an anti-racist scholar-activist

working on gender violence, I use the Black Lives Matter guiding principles of diversity, black women, queer affirming, restorative justice, and loving engagement as praxis for dismantling white (patriarchal) supremacy in victim advocacy and crafting interventions that prioritize marginalized groups (Black Lives Matter, 2017). Often in advocacy, victim experiences are essentialized, which fails to attend to how race, class, sexuality, or social capital create tensions in the criminal justice system. As Hannah Giorgis notes, though being a “good” rape victim means reporting to the police, being a “good” Black person means avoiding the police—as one’s life often depends on it (Giorgis, 2013).

In my own research, I use Black feminism to interrogate how the justice system responds to sexual violence, revealing stratified limitations of carceral solutions (Collins, 2000; Crenshaw, 1991; Harris, 1989; Matsuda, 1987; McCall, 2005). For example, while victims of any race are reticent to report sexual violence due to feelings of shame, stigma, and fear of repercussion, Black women face additional barriers including the previous legal allowance of black women’s rape, negative gender stereotypes, a hostile criminal justice system, and a growing carceral nation that often arrests gender violence victims alongside their perpetrators (Richie, 2012).

Since white feminism mainstreamed and institutionalized the gender violence movement during the 1980s and 1990s, responses to sexual violence progressively included justice involvement—e.g. increasing criminalization, developing mandatory booking policies, and transforming evidentiary practices. For example, the introduction of the rape kit in 1978—a technoscientific protocol for collecting, securing, testing, and materializing biological and nonbiological evidence—has changed forensic evidence collection. The rape kit has become embedded in legal and evidentiary assumptions about what constitutes a winnable, and thus worthwhile, court case. Like other forensic technologies, rape kits are perceived to make victims legible to legal actors, and were first developed by white “protocol feminists” in collaboration with the crime lab, with the intention of giving victims a

means to materially corroborate their reports of violence amidst widespread acceptance of rape myths (Murphy, 2012). As of 2015, however, there was an estimated backlog of over 400,000 untested rape kits reflecting substantial stagnation in the US justice process.

Even when kits are processed there are larger forces at play in determining which cases are prosecuted<sup>3</sup>. In the fall of 2016, the US Department of Justice released a scathing report about the raced and gendered discriminatory practices regularly enacted by the Baltimore Police Department<sup>4</sup>. The report describes police failures in systematically downgrading rape cases to less serious criminal charges, failing to investigate reports of sexual assault, and giving inadequate resources to process the backlog of forensic rape kits—often failing to even submit kits to crime laboratories for DNA testing. The report’s findings are a stark reminder of police’s substantial influence in investigating or suppressing a case and power within the criminal justice system.

In addition to its revelations about sexual violence, the Department of Justice report also described the police as more disrespectful and slower to respond to reports of violence by individuals within African-American communities than to individuals from neighboring white communities. Based on community and qualitative accounts of citizen-police interaction, there is little reason to believe the Baltimore Police Department is unique in either its mishandling of sexual assault cases or in its discriminatory treatment towards African Americans. This is particularly important given broader sexist and racist attitudes towards women of color that make them particularly vulnerable to sexual violence and which also inhibit their access to support services.

While activists have long worked to redress inequalities in policing and the criminal justice system, they have directed less attention toward better understanding the performances of the rape kit as a technology of power. After a rape kit is collected, sealed, and submitted to crime labs, the kit becomes a material record of anonymous “unraced” victim’s subjectivity, further suggesting the influence of color, and of power-evasive narratives and practices, that wrongly help constitute the criminal

justice system. Fetishization by activist communities and political figures alike—in the form of demands to test the backlog of rape kits—often detract from highly problematic gendered and raced police and prosecutorial practices.

Thinking through race in terms of the rape kit reveals how forensic technologies are not merely a medium for neutral evidence production, but a mode for interpreting biological evidence within US judicial contexts informed by both raced and gendered rape ideologies (Datson, 1991). There are certainly many aspects of the medico-legal apparatus that require remedy; however, attending to how police, prosecutors, activists and the broader public understand and make use of rape kits is an important step towards ensuring black lives matter in forensic criminology.

### **Black Women in Breast Cancer Research: From Margin to Center**

*Kristen Abatsis McHenry, Assistant Professor, Comparative Women's Studies, Spelman College*

Black Lives Matter, as a social movement, does more than solicit citizens, researchers, and activists to call attention to police brutality. The movement also insists that attention is paid to survival rates between black and white men and women. In the context of public health research and particularly breast cancer advocacy and research, BLM emphasizes the importance of research on breast cancer disparities that lead to higher mortality rates for black women than white women. My research on breast cancer sits at the intersection of scholarship on the environment, political advocacy, and race and gender in biomedicine. As an anti-racist feminist scholar-activist, I see the BLM movement, and in particular, the #SayHerName campaign, as crucial to my research and teaching. The #SayHerName campaign calls attention to police violence against black women and importantly centers the experiences of black women.

Positioning myself as an anti-racist feminist scholar means

examining the way some women's voices and experiences have been privileged within the breast cancer movement. My book, *The Green Solution to Breast Cancer: The Promise of Prevention*, interrogates the ways that breast cancer has been framed as a wealthy, elite, white woman's disease. I illustrate how the U.S. breast cancer movement has been tremendously successful at raising funds supporting biomedical research, bringing breast cancer into public discourse, and mobilizing women to support breast cancer survivors. Today the breast cancer movement has become synonymous with pink ribbons, corporate philanthropy, and fitness based fundraising events all centered on a message of early detection and a cure (Ehrenreich 2001; King 2006; McCormick 2010).

Such successful campaigns obscure how the political economy of breast cancer functions within structures of racism and sexism, which impacts black women's experiences of breast cancer (Lorde 1997). For instance, although mammography screening rates are quite similar between white and black women – 69% of non-Hispanic white women and 70% of no-Hispanic black women 45 and older received mammograms in the past two years (American Cancer Society 2013) – health disparities at stages of diagnosis, and access to genetic testing, and treatment persist for black women in the United States. As a result, black women are more likely to die from breast cancer than white women even though white women are more likely to get breast cancer (CDC 2013). This is due to a myriad of factors including differences in the types of cancer (like triple-negative breast cancer, an aggressive form of breast cancer); barriers resulting from SES; unequal access to improved cancer treatments all of which affect Black women (Black Women's Health Imperative 2016; NCI 2016).

My work illustrates the ways that mainstream breast cancer advocacy groups' insistence on early detection is simply not adequate to address health disparities within poor communities of color, in which women are vulnerable to environmental harm and therefore increasingly at risk for cancer. For these reasons, I am inspired by the recent work of

Ericka Hart, a queer black woman, an agent of change who advocates for increased visibility of black and brown female bodies and challenges white supremacist patriarchy. She has put photographs of her mastectomy scars into the public eye with great purpose and has inspired many women living with breast cancer to re-examine who the face of breast cancer is and has been [see Fig. 1 and Fig. 2]. Ericka Hart's powerful and visible resistance demonstrate the importance of demanding that the breast cancer movement move beyond early detection frames, privileging white, wealthy, women's experiences of breast cancer and simplistic notions of inclusivity or "diversity."

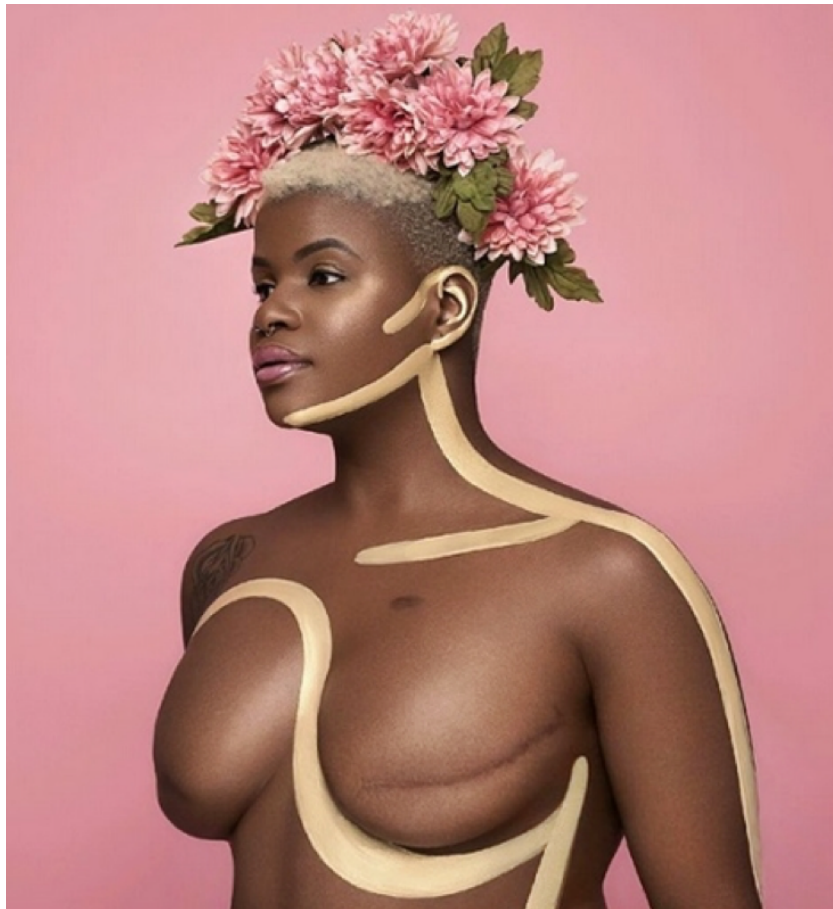


Fig. 1: Image of Ericka Hart in Masado, Dany Isabelle. (2016). "5 Times Ericka Hart Gave Us #BlackGirlMagic." The Dear Body Project.

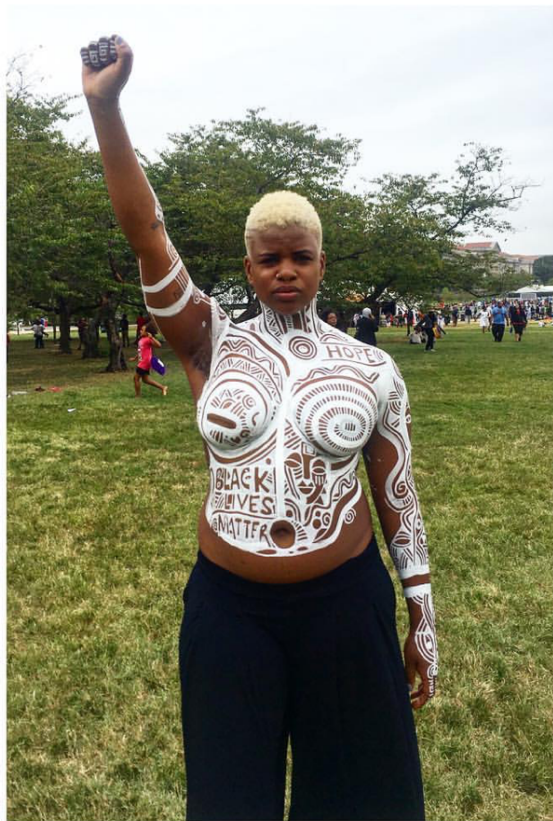


Fig. 2: Image of Ericka Hart in Masado, Dany Isabelle. (2016). "5 Times Ericka Hart Gave Us #BlackGirlMagic." The Dear Body Project.

## Notes

<sup>1</sup> See Kimberlé Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum* 1:8 (1989): 139-168. See also Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (New York: Routledge, 2002).

<sup>2</sup> See for example, Janet K. Shim, *Heart-Sick: The Politics of Risk, Inequality, and Heart Disease* (New York: New York University Press, 2014), Ruja Benjamin, *People's Science: Bodies and Rights on the Stem*

Cell Frontier (Stanford: Stanford University Press, 2013), and Celeste Watkins-Hayes, "Intersectionality and the Sociology of HIV/AIDS: Past, Present, and Future Research Directions," *Annual Review of Sociology* Vol 40 (2014): 431-457.

<sup>3</sup> <https://obamawhitehouse.archives.gov/the-press-office/2015/03/16/fact-sheet-investments-reduce-national-rape-kit-backlog-and-combat-violence> (last accessed June 23, 2017).

<sup>4</sup> <http://apps.washingtonpost.com/g/documents/local/us-justice-department-finds-discriminatory-practices-in-baltimore-police/2117/> (last accessed June 23, 2017).

## References

Abatsis, McHenry, K. (2015). *The Green Solution to Breast Cancer: A Promise for Prevention*. Santa Barbara, California: Praeger.

Agency for Healthcare Research and Quality. (2001). *Management of Uterine Fibroids*. Retrieved from <http://www.ahrq.gov/clinic/epcsums/utersumm.htm> (last accessed June 23, 2017).

American Cancer Society. (2015). *Breast Cancer Facts & Figures 2015-2016*. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2015-2016.pdf>

Arnold, S.D., et al (2016). "Haematopoietic stem cell transplantation for sickle cell disease - current practice and new approaches." *British Journal of Haematology* 174(4): 515-525.

Axelsen, D. E. (1985). "Women as Victims of Medical Experimentation: J.

Marion Sims' Surgery on Slave Women." *Sage*, 2(2), 10. 1845-1850.

Baker, F.M (2001). "Diagnosing Depression in African Americans". *Community Mental Health Journal* 37(1): 31-38.

Belcher Platt, A. B. (2014). "Systematic review and path analysis of fibroid risk factors." *Unpublished manuscript*. Graduate School of Education, Fordham University, New York, NY.

Benjamin, Ruha (2016). "Racial Fictions, Biological Facts: Expanding the Sociological Imagination through Speculative Methods." *Catalyst* 2(2). 1-28.

Black Lives Matter. "Guiding Principles." At <http://blacklivesmatter.com/guiding-principles/> (last accessed June 23, 2017).

Black Women's Health Imperative. (2016). *Breast Cancer*. <http://www.bwhi.org/issues/breast-cancer/breast-cancer/> (last accessed June 23, 2017).

Botticello AL, Chen Y, Cao Y, Tulskey DS (2011). Do communities matter after rehabilitation? The effect of socioeconomic and urban stratification on well-being after spinal cord injury. *Archives of Physical Medicine and Rehabilitation* 92(3): 464-471.

Center for Disease Control.  
(<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-aa-508.pdf>)

Center for Disease Control. (2013). *Breast Cancer Rates by Race and Ethnicity*. <https://www.cdc.gov/cancer/breast/statistics/race.htm> (last accessed June 23, 2017).

Collins, Patricia Hill (2002). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.

Coulon SJ, Velasco-Gonzalez C, Scribner R, Park CL, Gomez R, Vargas A, Stender S, Zabaleta J, Clesi P, Chalew SA et al (2017). "Racial differences in neighborhood disadvantage, inflammation and metabolic control in black and white pediatric type 1 diabetes patients." *Pediatric Diabetes* 18(2):120-127.

Crenshaw, Kimberle (1991). "Mapping the margins: Intersectionality, identity politics, and violence against women of color." *Stanford Law Review* 43 1241-1252, 1262-1265.

Das, Amar K., Mark Olsson, Henry L. McCurtis, and Myrna M. Weissman (2006). "Depression in African Americans: Breaking barriers to detection and treatment." *Journal of Family Medicine* 55 (1): 30-39.

Daston, L. (1991). "Marvelous Facts and Miraculous Evidence in Early Modern Europe." *Critical Inquiry*, 18(1), 93-124.

Davis, A. (2003). "Racism, Birth control and Reproductive Rights." In Reina Lewis and Sara Mills, eds., *Feminist Postcolonial Theory; A Reader* (New York and London: Routledge), 353-367.

Eltoukhi, H. M., Modi, M. N., Weston, M., Armstrong, A. Y., & Stewart, E. A. (2013). "The health disparities of uterine fibroid tumors for African American women: a public health issue." *American Journal of Obstetrics and Gynecology*. XXXX.

Ehrenreich, Barbara. (2001). "Welcome to cancer land: A mammogram leads to a cult of pink kitsch." *Harper's Magazine*, November.

Eunice Kennedy Shriver National Institute of Child Health and Human Development and the NIH Medical Rehabilitation Coordinating Committee (2016). National Institutes of Health Research Plan on Rehabilitation. Bethesda, MD.

Flynn, M., Jamison, M., Datta, S., & Myers, E. (2006). "Health care resource use for uterine fibroid tumors in the United States." *American Journal of Obstetrics and Gynecology*, 195(4), 955-964.

Genc G, Abboud H, Oravivattanakul S, Alsallom F, Thompson NR, Cooper S, Gostkowski M, Machado A, Fernandez HH (2016). "Socioeconomic Status May Impact Functional Outcome of Deep Brain Stimulation Surgery in Parkinson's Disease". *Neuromodulation* 19(1):25-30.

Giorgis, H. March 25, (2015). "Many Women of Color Don't Go to The Police After Sexual Assault for A Reason." <https://www.theguardian.com/commentisfree/2015/mar/25/women-of-color-police-sexual-assault-racist-criminal-justice>

Grosse, S.D., et al. (2009). "Models of comprehensive multidisciplinary care for individuals in the United States with genetic disorders." *Pediatrics* 123(1): 407-412

Harris, A. (1989). "Race and Essentialism in Feminist Legal Theory." *Stanford Law Review*, Vol. 42: 581-616.

Herrick, J. B. (2001). "Peculiar elongated and sickle-shaped red blood corpuscles in a case of severe anemia. 1910." *Yale Journal of Biological Medicine* 74(3): 179-184.

*Huffington Post*.

([http://www.huffingtonpost.com/2014/03/17/sequestration-science-research\\_n\\_4981341.html](http://www.huffingtonpost.com/2014/03/17/sequestration-science-research_n_4981341.html)).

Ingram, V. M. (1956). "A specific chemical difference between the globins of normal human and sickle-cell anaemia haemoglobin." *Nature* 178(4537): 792-794.

Jackson, K.M.; Winfield, LL. Realigning the Crooked Room: Spelman Claims a Space for African American Women in STEM. *Peer Review*, 16 (2), pp 9-12, 2014.

King, Samantha. (2006). *Pink Ribbons, Inc.: Breast Cancer and the Politics of Philanthropy*. Minneapolis, MN: University of Minnesota Press.

Lechner, Frank (2015). "A Call for Evidence," *The Emory Wheel*, <http://emorywheel.com/a-call-for-evidence/> (last accessed June 23, 2017).

Lehming, R.; Gawalt, J.; Cohen, S.; Bell, R. Women, Minorities, and Persons with Disabilities in Science and Engineering: 2013; NSF 13-304; National Science Foundation: Arlington, VA, 2013.

Lorde, Audre. (1997). *The Cancer Journals*. Special Edition. San Francisco, CA: Aunt Lute Books.

Masado, Dany Isabelle. (2016). "5 Times Ericka Hart Gave Us #BlackGirlMagic." *The Dear Body Project*. <https://dearbodyproject.wordpress.com/2016/10/11/5-times-ericka-hart-gave-us-blackgirlmagic-2/> (last accessed June 23, 2017).

Matsuda, M. 1987. Looking to The Bottom: Critical Legal Studies and Reparations. *Harvard Civil Rights-Civil Liberties Law Review*, Vol. 22:

323–399

Mays, Vickie M., Susan D. Cochran, and Namdi W. Barnes (2007). "Race, Race-Based Discrimination, and Health Outcomes Among African Americans." *Annual Review of Psychology* 58: 201-225.

McCall, L. (2005). "The Complexity of Intersectionality." *Signs*, Vol. 30, No. 3: 1771–1800.

McCormick, Sabrina. (2010). *No Family History The Environmental Links to Breast Cancer*. Lanham, MD: Rowman and Littlefield.

McQuiston K, Zens T, Jung HS, Beems M, Levenson G, Liepert A, Scarborough J, Agarwal S (2016). "Insurance status and race affect treatment and outcome of traumatic brain injury." *Journal of Surgical Research* 205(2):261-271.

Meiners, E. 2009. "Never Innocent: Feminist Trouble with Sex Offender Registries and Protection in the Prison Nation." *Meridians: Feminism, Race, Transnationalism*, 9(2): 31-62.

Metzl, Jonathan M. (2010) *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press.

Mouzon, Dawne M. 2014. "Relationships of choice: Can friendships or fictive kinships explain the race paradox in mental health?" *Social Science Research* 44: 32-43.

Mouzon, Dawne M (2017). "Religious Involvement and the Black-White Paradox in Mental Health." *Race and Social Problems* 9 (1): 63-78.

Mouzon, Dawne M., Robert Joseph Taylor, Ann W. Nguyen, and Linda M. Chatters (2016). "Serious Psychological Distress Among African

Americans: Findings from The National Survey of American Life." *Journal of Community Psychology* 44 (6): 765-780.

Murphy, M. (2012). *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience*. Durham, NC: Duke University Press.

National Institutes of Health. (<https://www.nih.gov/news-events/news-releases/fact-sheet-impact-sequestration-national-institutes-health>)  
*National Science Foundation*. <https://www.nsf.gov/statistics/2017/nsf17306/report/>)

National Cancer Institute. (2016). *Cancer Health Disparities*. <https://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q6> (last accessed June 23, 2017).

O'Keefe, E. B., J. P. Meltzer and T. N. Bethea (2015). "Health disparities and cancer: racial disparities in cancer mortality in the United States, 2000-2010." *Frontiers of Public Health* 3: 51.

Patzer, R.E., et al. (2017). "A Randomized Trial to Reduce Disparities in Referral for Transplant Evaluation." *Journal of the American Society of Nephrology* 28(3): 935-942.

Pauling, L., H. A. Itano, S. J. Singer and I. C. Wells (1949). "Sickle Cell Anemia, A Molecular Disease." *Science* 110: 543-548.

Piel, F. B., S. I. Hay, S. Gupta, D. J. Weatherall and T. N. Williams (2013). "Global burden of sickle cell anaemia in children under five, 2010-2050: modelling based on demographics, excess mortality, and interventions." *PLOS Medicine* 10(7): e1001484.

Plug I, Hoffmann R, Artnik B, Bopp M, Borrell C, Costa G, Deboosere P, Esnaola S, Kalediene R, Leinsalu M et al (2012). "Socioeconomic inequalities in mortality from conditions amenable to medical interventions: do they reflect inequalities in access or quality of health care?" *BMC Public Health* 12:346.

Richie, B. E (2012). *Arrested Justice: Black Women, Violence, and America's Prison Nation*. New York: New York University.

Schwartz, Robert C. and David M. Blankenship (2014). "Racial disparities in psychotic disorder diagnosis: A review of empirical literature." *World Journal of Psychiatry* 4 (4): 133-140.

Science. (<http://science.sciencemag.org/content/333/6045/1015.full>).  
Washington Post. ([https://www.washingtonpost.com/news/answer-sheet/wp/2015/11/12/its-2015-where-are-all-the-black-college-faculty/?utm\\_term=.92753cc2c282](https://www.washingtonpost.com/news/answer-sheet/wp/2015/11/12/its-2015-where-are-all-the-black-college-faculty/?utm_term=.92753cc2c282)).

Shaz, B.H., et al. (2008). "Blood donation and blood transfusion: special considerations for African Americans." *Transfusion Medicine Review* 22(3): 202-214.

Shenoy, S. (2013). "Hematopoietic stem-cell transplantation for sickle cell disease: current evidence and opinions." *Therapeutic Advances in Hematology* 4(5):335-344.

Washington, H. (2007). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday.

Zhou J, Bates BE, Kurichi JE, Kwong PL, Xie D, Stineman MG (2011). "Factors influencing receipt of outpatient rehabilitation services among veterans following lower extremity amputation." *Archives of Physical*

*Medicine and Rehabilitation* 2011, 92(9):1455-1461.