

The Impact of Discrimination on Mental and Physical Health of African-American Populations

Karinn Glover, MD MPH

Asst Professor, Psychiatry Albert
Einstein College of Medicine

Objectives

- Describe four historical conditions that have an influence on the health of African-Americans
- Name four mental health conditions or health behaviors related to systemic racism
- Explore four ways the health of African-American people has been affected by systemic racism and discrimination
- Examine five ways tech companies are addressing health equity for African-Americans
- Provide recommendations and best practices for participants who consider themselves allies for the treatment of African-American mental health clients



This may be disturbing

This is deeply uncomfortable

You may feel embarrassed, angry, ashamed, guilty, and sad

Explore the emotions and reflect on them

Let's use this time as an opportunity to engage ourselves and others differently

Warning:

Caveat

I am a cis-het Black woman of African-American heritage and recognize potential inherent challenges in speaking for another group

Not all Black/Indigenous/People of Color **(BIPOC)** will understand issues of racism and discrimination in the same manner

I endeavor to do my best

Quiz!

Question 1

- Which of these is NOT a policy that accounts for the Black-White wealth gap?
 - a) **Drapetomania**
 - b) Redlining
 - c) Jim Crow Segregation
 - d) Social Security Act of 1935

Question 2

- **True/False:** Humiliating encounters with police can foster medical mistrust

Question 3

- Which of these is CORRECT?
 - a) Allostatic Load is the tendency to gain weight when under stress
 - b) Weathering is the knee pain associated with gout, especially seen in older Black adults
 - c) Microaggressions and othering on the job can affect workplace mental health for Black professionals**
 - d) Exposure to chronic stress can be associated with activation of the hypothalamic diaphragmatic axis

Question 4

- Research has shown that after a police shooting of an unarmed Black person, the Black population in the same county
 - a) Endorses higher rates of clinically diagnosable PTSD
 - b) Endorses higher rates of depressive symptoms**
 - c) Reports better sleep
 - d) Has lower blood pressure

Question 5

- Which of the following is a technique for someone to be an ally?
 - a) Standing up for the fair treatment of those of different backgrounds
 - b) Frowning while watching a Black person experiences a racist interaction, then following up on them later to express sympathy
 - c) Remaining quiet when a colleague or junior employee explains that he was racially profiled over the weekend.
 - d) Declining an invitation to a leadership rather than sending a junior employee who is Black.

Let's Get Started



- Conversations about survival and trauma get passed down.
- There is an underlying fear/anxiety of the consequences of discrimination:
 - Death?
 - Physical harm?
 - Job loss?
 - Unemployment?
 - Rupture with the clinicians/providers

What is race?

- (Dumbest concept ever)
- Refers to a group of people who share biological similarities. But...
- It usually means grouping people according to physical appearance, such as skin color, with little attention to *actual* biological or genetic determinants.
- A biological construct proposed by Johann Friedrich Blumenbach in the 1800's.



AAAANNND?

- The idea spread and civilizations around the world were then lumped together and classified as:
- Caucasian (White)
- Mongolian (Yellow)
- American (Red)
- Malayan (Brown)
- Ethiopian (Black)

Then what
happened? Lots of
atrocities...

- Slavery
- Colonization
- The Holocaust
- Jim Crow
- Inter-ethnic hatred based on bad science
- Stereotypes based on bad science
- Medical and psychiatric/psychological diagnoses based on bad science
- Today's medical or mental disorder could be tomorrow's Mongoloid or Drapetomania

Racism Refresher:

Interpersonal:

- **Occurs between individuals**
- **Public expressions of prejudice, hate, bias, and bigotry**
- **Burning a cross on someone's lawn, lynching, calling them a derogatory name**

Systemic:

- **"...the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice" (Krieger, 2017)**
- **These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.**

Racism Refresher 2

- Black Codes
- Jim Crow
- Redlining: banks refusing to lend to Black families, or making the terms *very* severe
- Loss of generational wealth available to most Americans (see more on the Social Security Act of 1935)

Anti-Black Racism

- A system of punitive measures, codified behaviors, family separation, human trafficking, sex trafficking, physical torture to guarantee free labor for the growth of companies, churches, to build individual and family prosperity
- Hundreds of years
- Trauma and terrorism.

PRINCIPLES OF SOCIAL INJUSTICE

- **ESSENTIALISM**

The belief that there are distinct, unchanging, and natural characteristics that define social groups and facilitate their categorization

- **ERASURE OF CONTEXT**

Failure to consider sociohistorical context when seeking to understand the etiology of inequities

- **BIOLOGICAL DETERMINISM**

The false belief that racial groups are biologically and genetically different

- **STRUCTURAL RACISM**

“A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity”

So, Weathering and allostatic load

- ***allostatic load*** = the cumulative wear and tear on the body's systems owing to repeated adaptation to stressors
- Evidence of early health deterioration among Blacks and racial differences in health are evident at all socioeconomic levels.
(Geronimus, [Am J Public Health](#). May 2006)

How does this affect the body?

- Chronic exposure to stress:
 - Hypothalamic-Pituitary Axis
 - Weight
 - Hypertension
 - Respiratory health
 - Glucose metabolism

How does this affect the Mind?

- Chronic exposure to stress:
 - Vigilance
 - **Self-management efforts:** church, exercise, warm carbs, alcohol, sex, substances, meditation, retail therapy, psychotherapy?
 - Depressive symptoms
 - Anxiety symptoms
 - Trauma symptoms

What about mind-body health?

- Research shows that Black American women often have lower rates of mental disorders. (Gibbs, et al AJPH, 2013)
- Self-management techniques decrease stress levels
 - “consumption of foods that are high in fats and carbohydrates reduces anxiety via feedback to the HPA axis. During chronic stress, the negative feedback loop through which cortisol regulates further release of CRF breaks down as glucocorticoid receptors are down-regulated and the release of CRF continues.” (Jackson, AJPH 2010)
- Alcohol decreases anxiety (enhances GABA effect at neurons and inhibits excitation)

Cardiovascular Health

- Blacks have a higher odds of reporting discrimination than Whites and report discrimination in nearly all aspects of experiences in public and private institutions, including health care and the police. (Bleich, 2019)
- Participants with a history of mood disorder who reported high levels of racial discrimination had the greatest risk of cardiovascular disease (Chae, 2012)

The impact of police violence on mental health

- Sample including > 103K Black American participants around the USA
- Income didn't matter
- Black people in the state where the killing occurred were more likely to report poor mental health at rates significantly higher than white people in the same state
- The sense of poor mental health lasted multiple days/month, for up **three months** (*Bor, et al, 2018*)

The Effects are far-reaching:

- 2017 Survey of the Health of Urban Residents (SHUR) identified connections between police brutality and **medical mistrust**.
- Novel measures of population-specific stressors include a range of negative encounters with the police, frequency of these encounters, and respondents' assessments of whether the encounters were necessary. SHUR assessed the likelihood of calling the police if there is a problem, worries about incarceration, and cause-specific stressors such as race-related impression management.
- Definition of **Brutality**: Not merely use of force; police action that dehumanizes the victim, even without conscious intent

Treatment for those self-management efforts

- Substance Use
 - Highly stigmatized (devaluation, marginalization, and discrimination)
 - Stereotypes about moral weakness, dangerousness
 - Clinical encounters that mirror public stigma
 - Health policy mirrors public stigma
 - Users often anticipate the stigma they might encounter in healthcare settings, so avoid them
 - Each of these dimensions of stigma (structural, public, enacted, internalized, and anticipated) serve to reinforce each other, resulting in poorer health outcomes even as the epidemiology of opioid overdose mortality continues to change

Substance Use

- Chronic disease like hypertension, diabetes, and asthma
- Often co-occurs with hypertension, diabetes, and asthma
- Care for substance use very siloed (church or separate programs)
- “Integrated care approaches improve management of chronic illnesses” (Social Injustice and Substance Use Disorders, 2021)

Substance Use

- Public Policy and Law Enforcement
 - Rockefeller Drug Laws in NYS
 - Systemic effects:
 - Banning people from public housing
 - Banning people from employment
 - Restricting access to healthcare
 - Voting
 - Student loans
 - SNAP
 - Removing parental rights, even after very short incarcerations (Social (In)Justice and Mental Health)

Re-imagining Clinic

Language to Consider

- Criminal justice system: Carceral system
- Drug addict: person with hx of drug addiction
- Prostitution vs Sex Work
- Cannabis vs Marijuana
- Legalization of substance vs Harm Reduction
- Substance Abuse vs Substance Use

Anti-racist clinical spaces

- It's really important to make the clinical environment a place that doesn't mirror the racial trauma of the outside world.
- Here are some ways tech is making that happen

cross cultural mental health, 2020

- CCMH: deals with the description, definition, assessment, and management of all mental health conditions as they reflect cultural factors.
- **Glover's wish for CCMH:** not just for ethnic minorities or people of “exotic” lands. It's also to understand the impact of cultural factors and social determinants in the everyday life of populations in any country or continent, and includes an examination of whiteness.

How do we make
mental health a
liberating space?

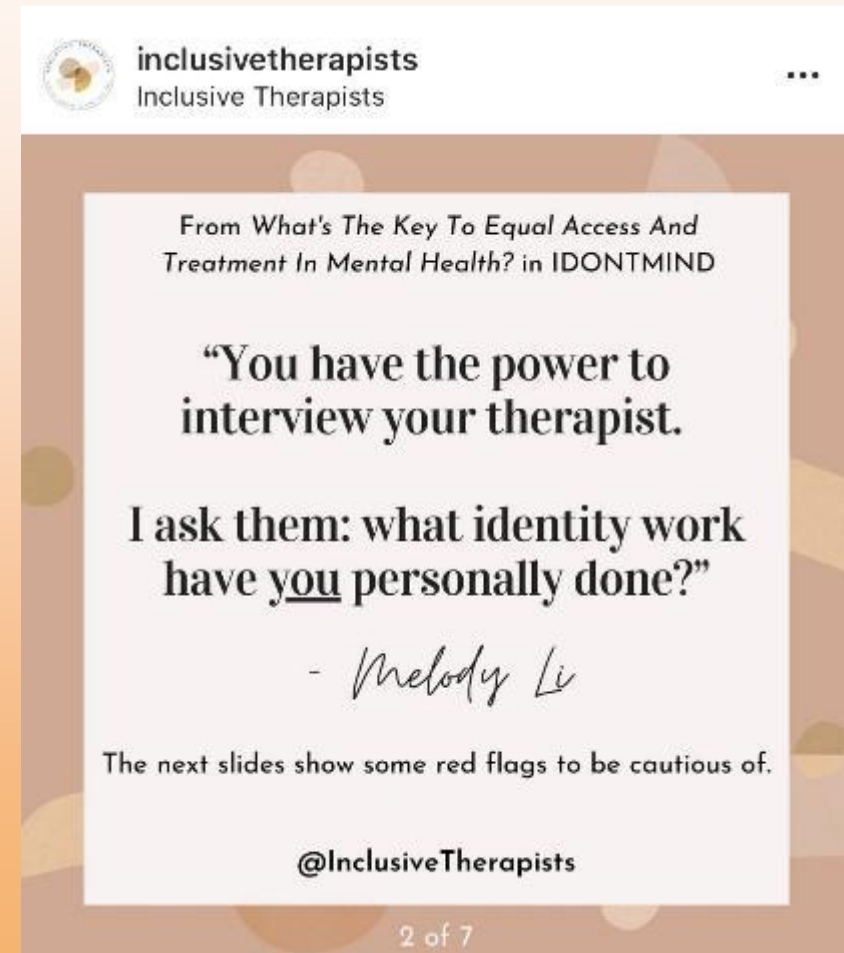
It's complex.

It's based on the information provided by the client rather than the unsubstantiated assumptions of the clinician.

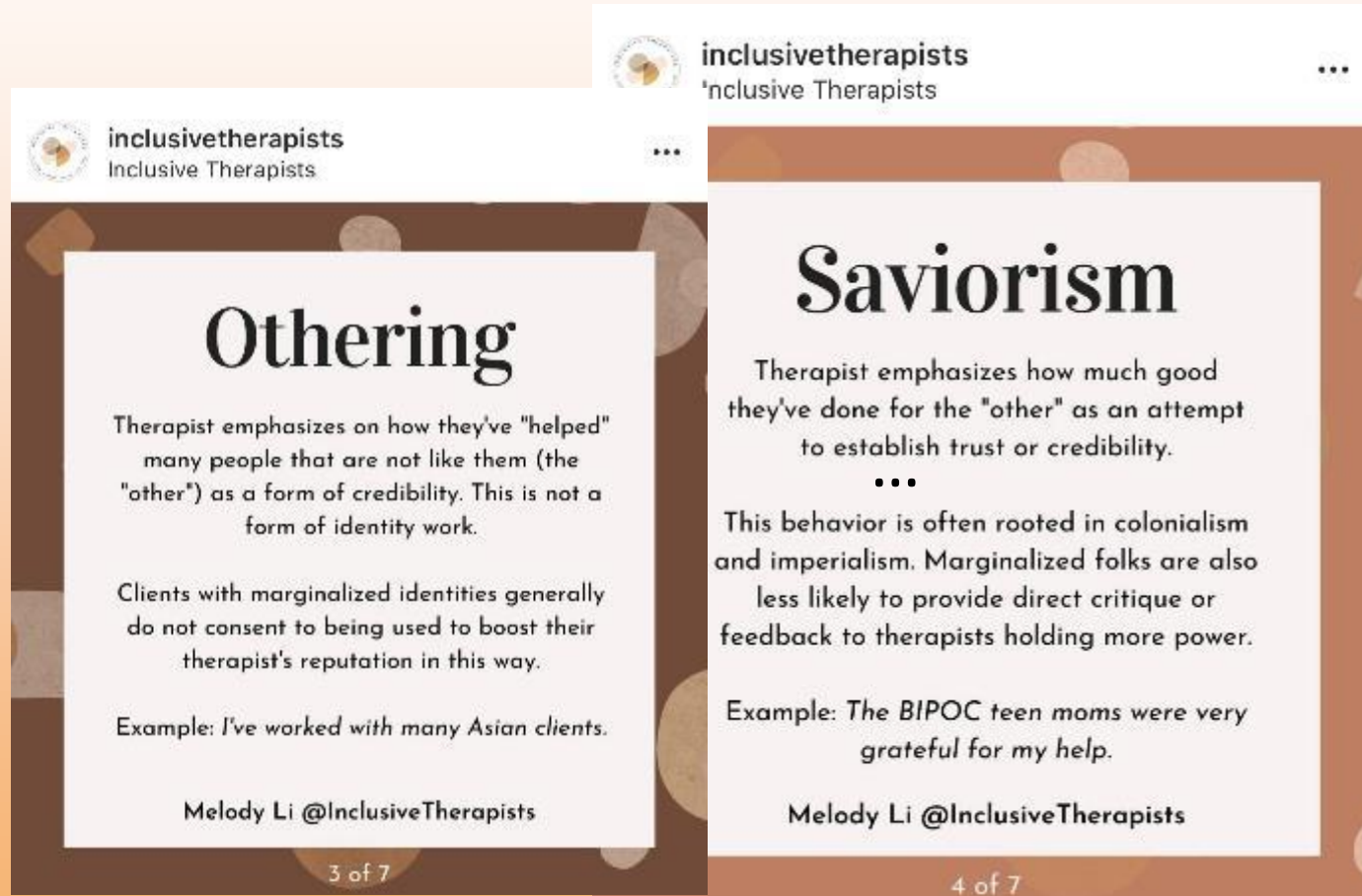
Do: Ask the patient, "How do you identify culturally?"

Don't: Assume someone identifies as whatever you think they'd identify as

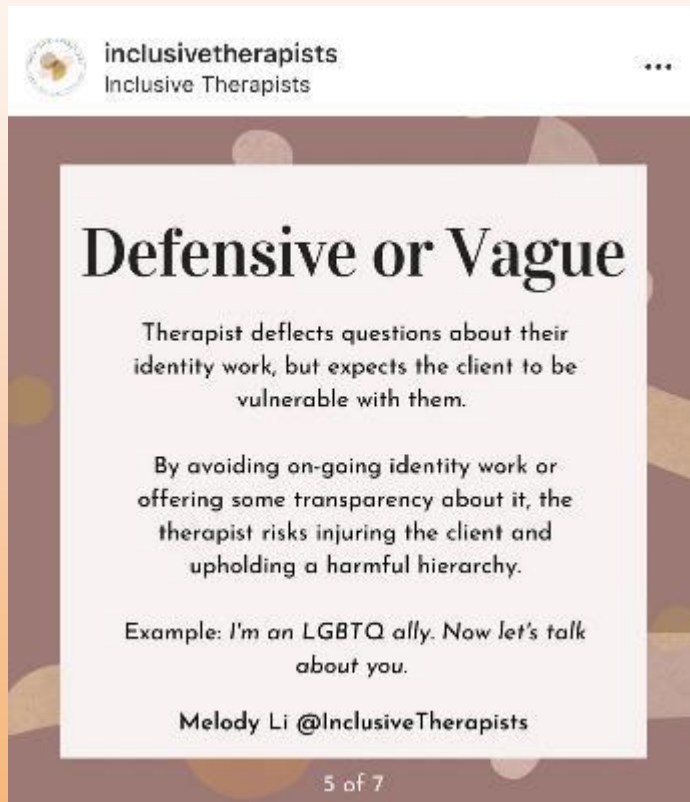
Are you ready?



Thank you, Melody Li, LMFT



Swipe through..



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Defensive or Vague

Therapist deflects questions about their identity work, but expects the client to be vulnerable with them.

By avoiding on-going identity work or offering some transparency about it, the therapist risks injuring the client and upholding a harmful hierarchy.

Example: *I'm an LGBTQ ally. Now let's talk about you.*

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Inclusive Therapists

Projects Personal Experience with Oppression

Therapist tells their experience with oppression, and assumes they are experts on other forms of oppression.

Therapist risks influencing how the client "should" react or advocate for oneself.

Example: *Facing discrimination a Queer man, I understand what Black womxn go through.*

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You deserve transparency. Ask freely and listen to your gut.

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Aspects of cultural identity

- Ethnicity
- Race
- Country of origin
- Language
- SES
- Education
- Age
- Marital Status
- Sexual Orientation
- Religious/spiritual beliefs
- Migration History
- Level of acculturation

Questions to ask after ascertaining the demographics:

- Ask client where he/she/they were born
- Did they migrate to New York?
- How?
- Was there trauma on the way to (their location) ?
- What was life like for them in their place of origin?
- Who and what got left behind?
- Is the client 1st or 2nd generation?
- What are their current support systems?
- What does the family think is going on? What do they do for help?
- What result do they expect?

What do I do?

- Keep listening and learning
- Remain alert for ways the patient adheres to your formulation or *doesn't*.
- Note them in the formulation or assessment
- Refer to them later if there are other aspects of clinical care that can be affected by cultural difference.
- Engage the patient about what their diagnosis means to them.
- Engage the patient about the ways their culture can support their recovery

Cultural influences on transference and countertransference

- “The culture of the clinician and the larger health care system govern the societal response to a patient with mental illness.” (US Surgeon General 2001)
- Conflicting explanatory models for depression
- Clinician clarity about their own cultural identity and their role in mental health treatment
- Clinician awareness of their own biases, attitudes, and stereotypes

Cultural influences on transference and countertransference

- **Interethnic transference:** the patient's response to an ethnoculturally different clinician
- **Denial of culture and ethnicity:** the patient avoids discussing issues related to ethnicity and culture with the ethnoculturally different clinician
- **Mistrust and hostility:** can occur given the sociopolitical history between the patient and the clinician's cultural groups
- **Clinical anthropologist syndrome:** the therapeutic process goes off track because the therapist keeps asking cultural background questions at the expense of the appropriate intervention.

Spirituality

- That which allows a person to experience transcendent meaning in life
- A construct that involves concepts of faith and/or meaning
- Faith: a belief in a higher, transcendent power, not necessarily identified as God
- Assessing Spirituality:

Take a spiritual history as early in the treatment as possible

Use open-ended questions

Acknowledge and normalize patient apprehension and distress

Make it part of an ongoing dialogue

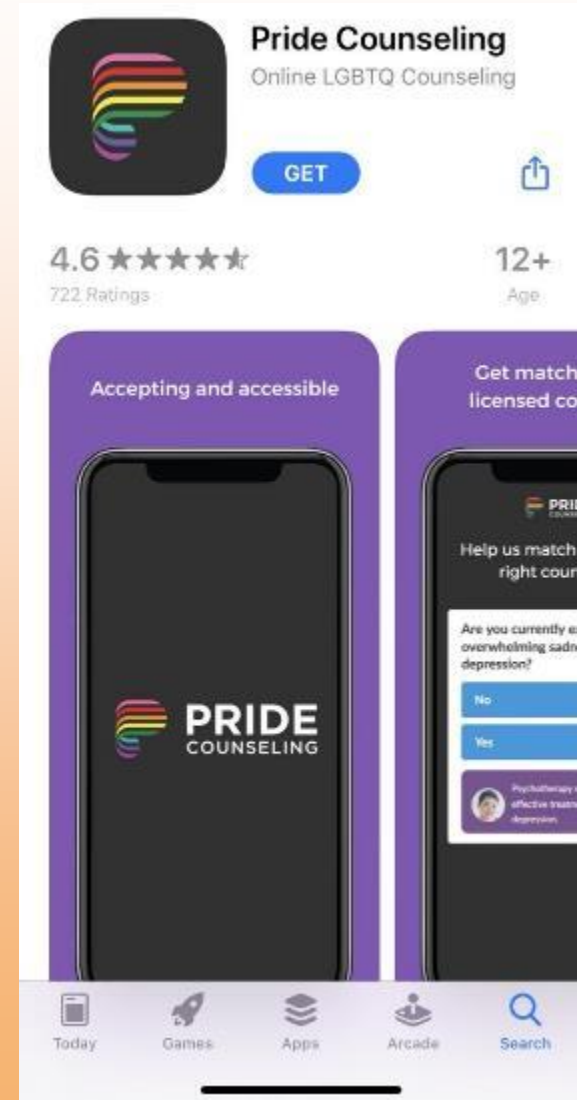
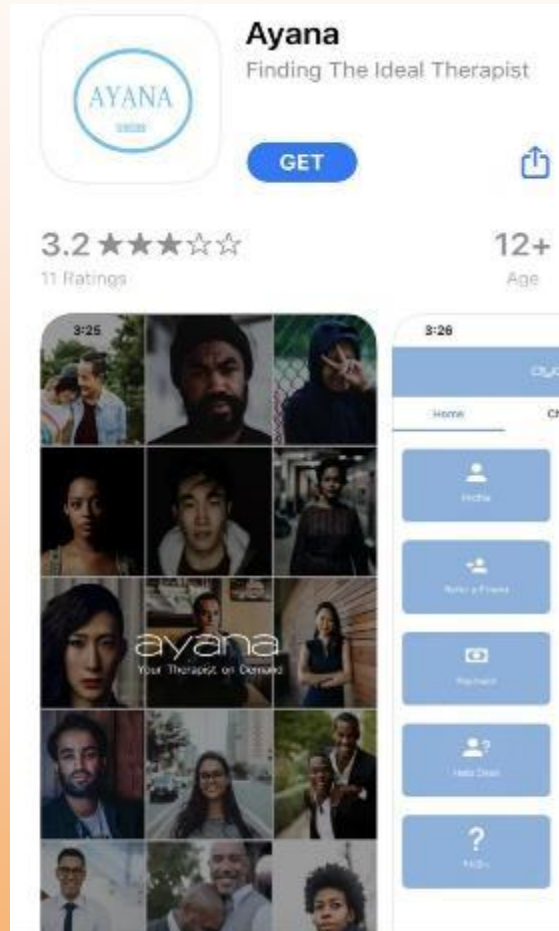
Questions to Ask

- Do you consider yourself a spiritual or religious person?
- What gives your life meaning?
- Do the religious/spiritual beliefs provide comfort and support? Do they cause stress?
- What importance do these beliefs have in your life?
- Are you part of a spiritual/religious community? Are they important to you? Are they a source of support?
- What are your spiritual needs that someone should address? How would you like these needs to be addressed?

Language to Consider

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- Drug addict: person with hx of drug addiction
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- Cannabis vs Marijuana
- Legalization of substance vs Harm Reduction
- Substance Abuse vs Substance Use

Apps for Diverse Folks



The Difference

the right talk at the right time can make all The Difference


www.thedifference.co | info@thedifference.co

A woman-owned startup

- Doesn't require an app
- Powered by Alexa
- Quick turnaround time for initial session and follow up
- Diverse staff, trained in structural competency
- Available to frontline workers and first responders

Is 'Femtech' the Next Big Thing in Health Care?

Start-ups and tech companies are creating products to address women's health care needs. It's still a small segment of the market, but growing.



Black women are **2 to 3 times**
more likely to die from a
pregnancy-related cause than
white women

Source: Centers for Disease Control and Prevention

SMALL BUSINESS SPOTLIGHT

EMPOWERING BLACK WOMEN IN HEALTH CARE

"HEALTH IN HER HUE" CONNECTS WOMEN OF COLOR WITH "CULTURALLY COMPETENT" PROVIDERS

CBSN

00:47 / 02:43

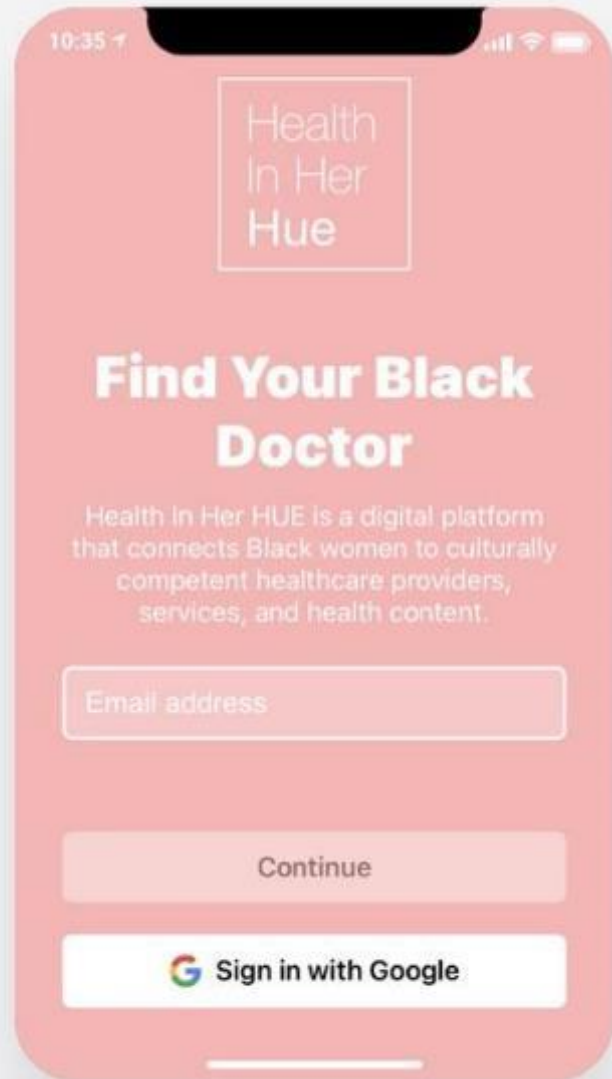


CC



Health in Her Hue connects Black women to "culturally competent" health providers





Health In Her HUE

by Health In Her HUE

New app to be released in Apple and Google Play stores December 21, 2020

SHARE APP



Scan with camera to install app.



VIDEO WELLNESS STYLE FAMILY FOOD CULTURE ...



LOG IN

SIGN UP

'GMA' Deals & Steals to live clean & green



6:34

LIVING — March 24, 2021

Boss women get big surprise to help their business

Co-founders of Health in Her Hue, Ashlee Wisdom and Eddwina Bright, talk about the challenges they've faced as Black female entrepreneurs.



Allies and Allyship

Individuals who stand up for the equitable and fair treatment of people different than them

Speaking out against racism/discrimination at work

Challenging bias and harmful assumptions



The Technique



Allyship Touches All of the Above

How do you build strong DEI in the workplace and how does it impact employee mental health and well-being?

How can employers ensure they support the health & well-being of all employees through programs, resources, benefits & more?

What conversations, policies and practices are workplaces implementing that are making a positive difference in reducing racial disparities and improving inclusion?



Allies and Allyship

Individuals who stand up for the equitable and fair treatment of people different than them

Speaking out against racism/discrimination at work

Challenging bias and harmful assumptions



Allies and Allyship Cont'd

When you witness discrimination, don't approach the victim later to offer sympathy. Give him or her your support in the moment.

Use a “pull” approach: In meetings, ask very specific questions of people whose contributions and expertise are often overlooked or devalued

Asking a woman of color to lead a meeting or recommending that a person from an underrepresented group take their place in a high-visibility position or event



Best Practices for Allies

(from Harvard Business Review)

- Awareness of privilege

- Awareness of power dynamics

- Valuing candor when it happens

- Is there an ERG? Is the ally open to the feedback the ERG is giving?

- Not view venting as a personal attack

Listening as an Ally:

Young Black male junior staff member recounts weekend events to White male manager.

“When I finally got to a gas station, I realized I was the only Black person and the customers, and the owners were staring at me.”

How should the manager respond?

A peer mentions this to a manager

A gender non-conforming person repeatedly gets misgendered when they're not present.

What is the responsibility of the peer? The manager?

Listening as an Ally

Cont'd:



Are Your Managers Capable Allies?



Do they know
how to listen for
distress?

Direct employees
to EAP?

Maintain good
boundaries?

Consider risk
management?

Then Always

“We don’t discuss politics in the workplace.”

- Blacks, Asians, Latinos, LGBTQIA employees talk about discrimination and trauma, survival, humiliating encounters with law enforcement or humiliating encounters with government systems, housing or financial legacies of discrimination
- Protective Factors: having a space to discuss experiences in a helpful, non-judgmental way (Krieger, 1996)

The Solutions

 Search

Bloomberg **Opinion**


Business


Middle Managers Will Make or Break the Diversity Drive

Companies are shaking up boards and entry-level hiring. But inequalities will persist if middle managers aren't involved too.

By [Chris Hughes](#) [+Follow](#)


November 8, 2021, 2:00 AM EST




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Consider Ways to Support the Mental Health of Employees

Do my diverse employees know exactly where to find a therapist they can trust will be anti-racist and anti-bias? Familiar with their culture?

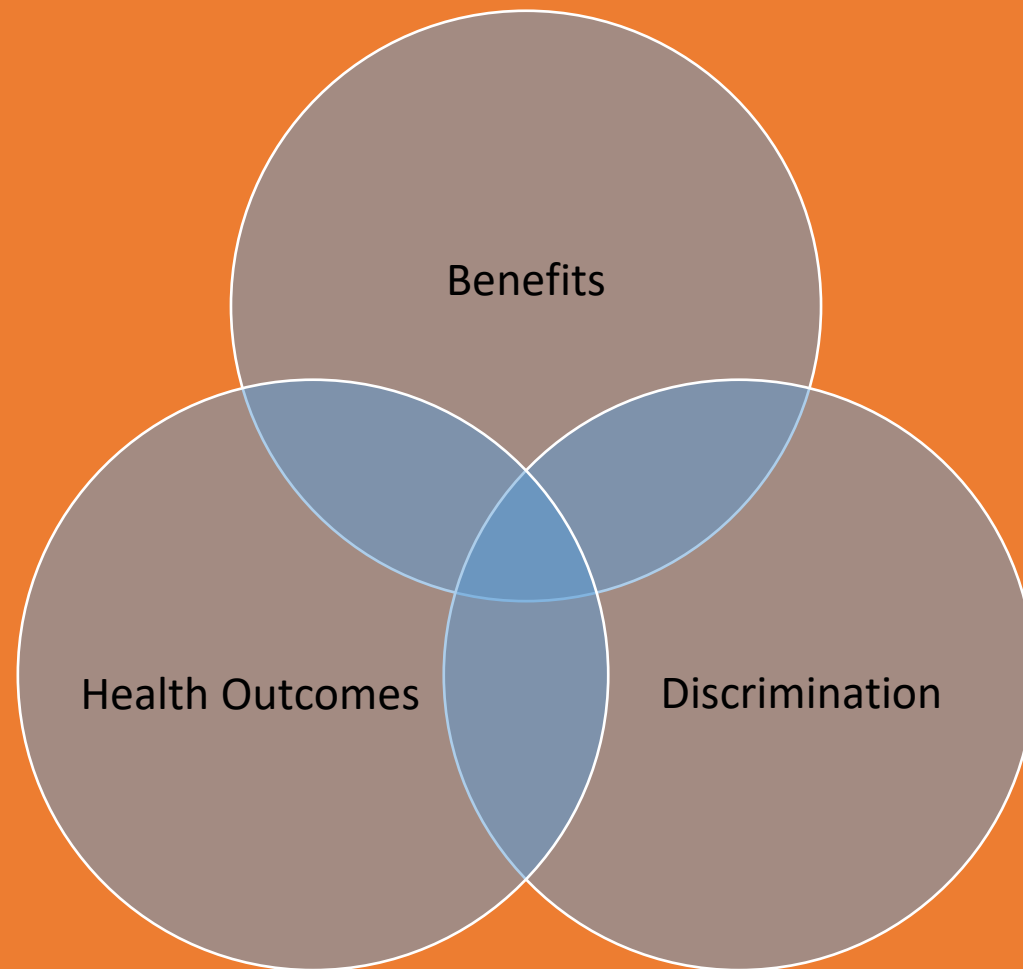
How long does it take to find help?

Can I connect my employees with structurally-competent self-management tools for support until their visits begin? How about in between visits?

If we've got on-site mental health, is it anti-racist? Is it scalable to the increasing numbers of employees now seeking help?

Are we gathering health data on our diverse stakeholders?

How do These Impact Health Equity?





How do These Impact Health Equity?

- Improved company culture
- Employees that see diversity in the workplace around them have an overall more positive opinion of their company
- Two-thirds of job seekers say that diversity in an organization is an important factor for them. When organizations work to meet those expectations, employees are more satisfied
- A lack of diversity in a job can unintentionally create a hostile environment and contribute to higher turnover. When employees feel like they don't fit in, they're not likely to stick around

Grief: COVID-19 & Racial Trauma

- Fatigue
- Changes in productivity
- Intense concerns about safety
- Need for flexibility
- Need for mind + body support, and shared purpose in the workspace

(McKinsey Consulting June 2020 podcast)



Self Care

Wait, there's no police, burning crosses or slavery in clinic, so what's the big deal?

- Being “othered”
- Being invisible
- Being alienated because superficial differences: hair, skin complexion, apparel, dialect
- We've been socialized to hide our trauma because it's disruptive to our ability to get through the day and it makes our non-Black colleagues, bosses, and coworkers uncomfortable. Their discomfort = our stagnation.
- Our progress has depended on keeping others comfortable, while suffering in silence

Expectations of African-American Professionals

NEGRO WOMEN TO BE PUT TO WORK

City Ordinance Soon Be Passed
Requiring Them to be
Regularly Employed

MANY COMPLAINTS

Regardless of whether they want to or have to, able bodied negro women in Greenville who are not regularly employed are to be put to work, put in jail or fined heavily. At its special meeting yesterday afternoon City Council discussed the situation with regard to this class of loafers at some length, and it seemed that all members of Council were agreed that steps should be taken to compel them to engage in some useful occupation. It was decided that an ordinance, similar to the one now in force requiring all able-bodied men to work at least five days per week, should be passed with regard to these women. Such an ordinance will be prepared and voted on at the next regular meeting of Council.

A number of complaints have come to members of Council of negro women who are not at work and who refuse employment when it is offered them, the result being that it is exceedingly difficult for families who need cooks and laundresses to get them. Wives of colored soldiers, getting a monthly allowance from the Government, have, a number of them, declined to work on the ground that they can get along without working, according to reports. Others have flatly refused jobs without giving any reason whatever, while still others pretend that they are employed when, as a matter of fact, they derive a living from illegitimate means.

The proposed ordinance will require the

all the women.
in me.
are tired.

-nayvirah waheed

Self Care for The Clinician

- Mindfulness practice
- Taking a break
- Being patient-centered when in the room with the patient so we know where to put our energy
- Are we engaged in Apps that add to our wellbeing or detract from it?

Healing

- Activism
- Dance
- Spiritual/religious community
- Fitness
- Working where the leadership and middle management “get it”
- Artistic outlets
- Check out “Burnout: The Secret to Unlocking the Stress Cycle” by Emily Nagoski





More Tips:

- Take a walk
- Forest bathing
- A good bath
- Turn off TV
- Take a news fast
- Silent mode
- Putting the chat on DND
- Making time for joy
- No guilt





The Power of (Spontaneous) Laughter

- Releases endorphins
- Improves cardiac blood flow
- Decreases pain
- Reduces cortisol
- Improves immune cell activity
- Decreases anxiety
- What has made you laugh recently?



Healthy Foods:

- Dark chocolate
- Fatty fish
- Bananas
- Oats
- Fermented foods like kimchi, kombucha, sauerkraut
- Berries





#Itutu:



Resources

- <https://forumworkplaceinclusion.org/> (especially their podcast!)
- Workplace Discrimination and Depressive Symptoms: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2867471/>
- [Oberland, a branding company](#)
- [LeanIn.org on Allyship](#)
- LeanIn.org on Black Women's experiences
- [Harvard Business Review](#)
- Forbes on [Why we need diversity](#)
- Bryan Stephenson: <https://hub.jhu.edu/2018/05/24/commencement-2018-stevenson/>
- Krieger: The Lancet 2017 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30569-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30569-X.pdf)
- socialized racial trauma: https://www.bc.edu/content/dam/files/schools/lsoe_sites/isprc/pdf/racialtraumaisrealManuscript.pdf
- Bleich, et al: Discrimination in the United States: Experiences of black Americans Health Serv Res. 2019 Dec;54 Suppl 2(Suppl 2):1399-1408
- Tynes, et al: Race-Related Traumatic Events Online and Mental Health Among Adolescents of Color
- Arline Geronimus: "Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470581/>
- Bor et al, [Police killings and their spillover effects on the mental health of black Americans](#)
- David Williams on the [Ezra Klein Podcast 2020](#):
- Neville, H: on Racial Trauma: <https://psycnet.apa.org/fulltext/2019-01033-001.pdf>
- Alang, S: [J Racial Ethn Health Disparities](#). 2020 Aug 24 : 1–20.
- Gee, et al. [The Association between Self-reported Racial Discrimination and 12-month DSM IV Mental Disorders among Asian Americans Nationwide](#)
- Tiffany Martinez [Blog](#) and [Buzzfeed](#) article

Healing

- Activism
- Dance
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- Working where the leadership “gets it”
- Artistic outlets
- Check out **Burnout: The Secret to Unlocking the Stress Cycle**



Reducing Burnout

1

Making time
for joy

2

Processing
and releasing
guilt

3

Finding and
working with a
good therapist

4

Healing circles
for processing
racial trauma

Forest Bathing



- www.therapyforblackgirls.com
- www.therapyforlatinx.com
- <https://www.nqttcn.com/> (Queer and Trans Therapists of Color)
- <https://openpathcollective.org/> (for lower cost options)
- <https://www.beam.community/> for online mental health resources for BIPOC
- <https://www.asianmhc.org/> For Asian community members
- <https://www.safeblackspace.org/> Healing circles

Online Directories for BIPOC
to find therapists

Bryan Stephenson: <https://hub.jhu.edu/2018/05/24/commencement-2018-stevenson/>

- Krieger: The Lancet 2017 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30569-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30569-X.pdf)
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https://www.bc.edu/content/dam/files/schools/lsoe_sites/isprc/pdf/racialtraumaisrealManuscript.pdf
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- Alang, S: [J Racial Ethn Health Disparities](#). 2020 Aug 24 : 1–20.
- Carl Hart on MSNBC with Chris Hayes (rethinking drug use):
<https://youtu.be/jTddraERTyA>