

A close-up photograph of a hand gently touching a large, vibrant green leaf. The background is dark, making the green of the leaf and the skin of the hand stand out. The overall mood is calm and natural.

HEALING AS A RESISTANCE

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Introduction

Healing as a Resistance: Centering Black Women's Health Through Antiracist Feminist Praxis

We are a group of students at the Claremont Colleges looking to bring awareness to the systemic health inequities that impact Black women in the United States.

We are collaborating with California Black Women's Health Project, Claremont Magazine, and Office of Black Student Affairs for this project.

Welcome!

We want to acknowledge everyone's experiences, positive and negative, and offer this magazine as a space to share and reflect those experiences.



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Why is this important?

We are interested in knowing more about how racism, sexism, and socioeconomic inequality intersect and affect health outcomes, in all areas.

The research group focuses on the examination of the persistence of racial bias within medical systems, as well as how Black women have established networks of care and resistance as counteraction.

MOTTO

=

INTERSECTIONNALITY



Our analysis employs Kimberlé Crenshaw's concept of intersectionality to comprehend these interrelated systems of oppression, while also engaging with the work of Black feminist scholars, including Audre Lorde and Patricia Hill Collins, who emphasize the body as a locus of both suffering and empowerment.

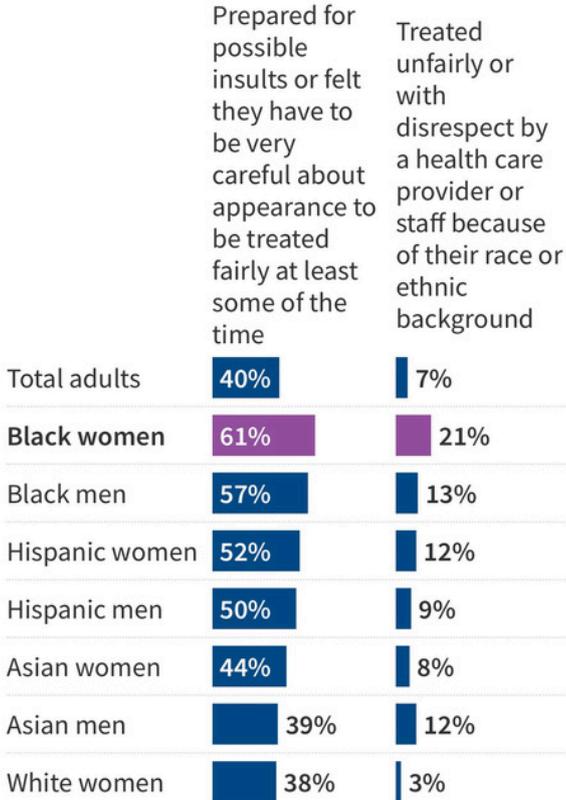
Because for black women, seeking healthcare in a white dominant american society, is a form of resistance...

Here is a list of all major discriminations black women face in healthcare...

- *Discrimination in obstetric and maternal healthcare: Black women face significantly higher maternal mortality rates, undertreated pain, reduced prenatal care access, and delayed urgent interventions.*
- *Discrimination in general medical care: Black women's symptoms and pain are often minimized or ignored, leading to delayed diagnoses and inadequate screening.*
- *Racial and gender stereotypes: Persistent myths that Black women are stronger or feel less pain lead to hypersexualization, dehumanization, and biased medical treatment.*
- *Mental health discrimination: Racism shapes misdiagnosis, underdiagnosis, and the denial of racial trauma as a mental health determinant, fostering systemic mistrust.*
- *Reproductive health discrimination: Black women encounter culturally incompetent reproductive services, including historical and ongoing coercion and inadequate support.*
- *Systemic and institutional discrimination: Structural inequities limit access to quality care, research funding, and representation of Black healthcare professionals.*
- *Socioeconomic discrimination: Social and economic inequalities—employment, housing, income—create financial and logistical barriers to healthcare.*
- *Intersectional discrimination: Black LGBTQ+ and trans women face compounded oppression at the intersection of race, gender, sexuality, disability, and migration status.*
- *Medical violence and historical trauma: Legacies of medical experimentation and forced sterilization produce deep mistrust and unaddressed intergenerational trauma.*
- *Invisible discrimination and microaggressions: Everyday biases and microaggressions result in Black women being dismissed, unheard, or taken less seriously by medical staff.*

Black Women More Likely Than Other Groups To Report Unfair Treatment and Practicing Vigilant Behaviors in Health Care Settings

Percent who say each of the following about their health care visits in the past three years:



One in Three Black Women Say Negative Experiences With Health Care Providers Resulted in Worse Health, Reduced Likelihood to Seek Health Care, or Switching Health Care Providers

Percent of Black women who say they had a negative health care experience in the past three years and it...

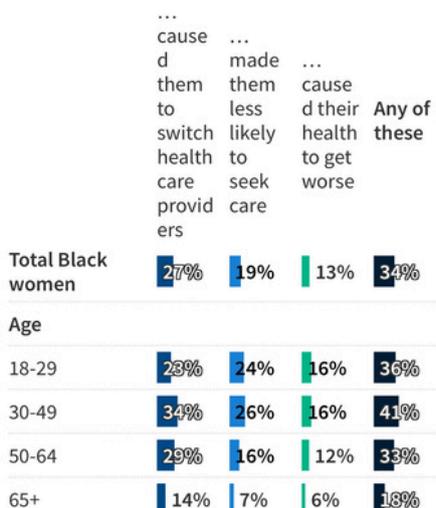
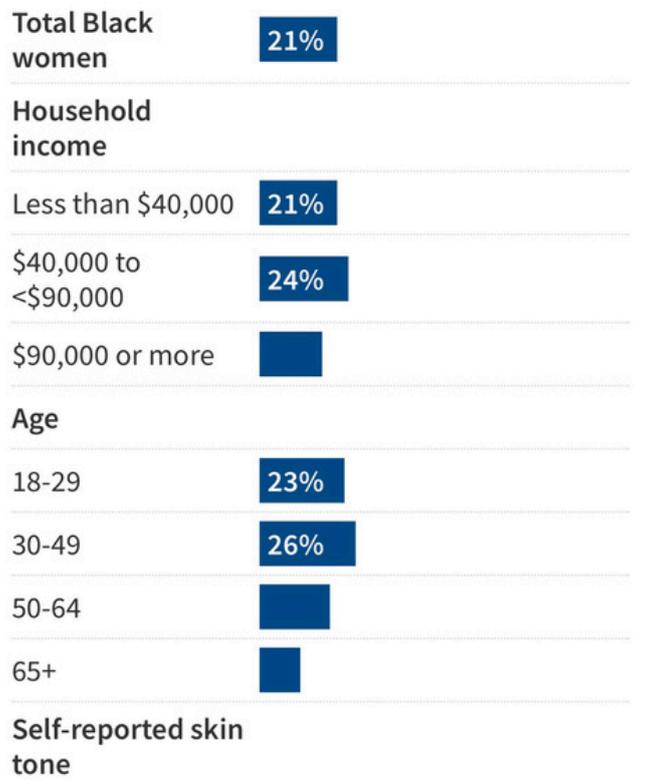


Figure 2

Younger Black Women and Those With Darker Self-Reported Skin Tones Are Particularly Likely To Report Unfair Treatment by a Health Care Provider

Percent of Black women who say a health care provider or their staff treated them unfairly or with disrespect in the past three years because of their race or ethnic background:



Source:Kaiser Family Foundation. (2020, May 13). Five facts about Black women’s experiences in health care. <https://www.kff.org/racial-equity-and-health-policy/five-facts-about-black-womens-experiences-in-health-care/>

Therefore, This magazine is not just a magazine...

It is a way of bringing to light the violence and discrimination Black women face in healthcare—something too often ignored, minimized, or pushed into silence. This magazine is our way of insisting on the importance of intersectionality, reminding the world that Black women's health cannot be understood without looking at the layers of racism, sexism, class, and history that shape it.

In the current context of SNAP cuts and rising economic precarity, this magazine becomes even more urgent. These policies will directly affect the health of thousands of Black women in the United States—women who are already more likely to live in food deserts, medical deserts, and neighborhoods structurally abandoned by the healthcare system.

It is a magazine that points to how Black people—especially Black women—are discriminated against not only in terms of physical health but also mental health. The impact of racial trauma and everyday racism is enormous, yet the tools available to heal it remain minimal. Access to intersectional therapists is scarce, culturally competent care is rare, and the burden of survival falls disproportionately on Black women's shoulders.

This magazine is our contribution to raising awareness about a subject that could not be more timely. It exposes, it informs, it amplifies—and above all, it refuses to let Black women's suffering remain invisible.

Interviews - Overview

We interviewed Black female students at Scripps College and Pitzer College to fully understand their experiences in the healthcare system.

We interviewed Brianna Holmes and Jasmine Harris from California's Black Women's Health Project to further understand their mission and positionality.

We interviewed Rahim from Blaremont Magazine to collab with and gather a better understanding of our project.



Interviews - Brianna Holmes

Director of Fund Development and Grants Management



How do you approach securing funding for initiatives focused on Black women's health, justice, and community advocacy?

2. What strategies have you found most effective for ensuring that financial resources are allocated in ways that maximize impact and sustainability for community-based projects?

3. In your experience, what issues do organizations face when trying to fund creative or educational projects, such as awareness campaigns, zines, and public events?

4. How might student-led, grassroots initiatives or projects effectively secure funding without deviating from their mission or community-centered focus?

5. What would you suggest regarding how one might plan and budget such a project that merges education, art, and advocacy on issues like discrimination against Black women?

6. How would you determine whether or not a project was financially viable but at the same time could create meaningful social impact, such as an awareness-raising speech or a magazine?

7. What role does storytelling, art, or creative media play in securing support from funders or grant-making bodies for social justice projects?

8. Based on your experience, how can young activists and students think strategically about long-term sustainability when planning advocacy projects?

Brianna Holmes explained that when securing funding for initiatives focused on Black women's health, justice, and community advocacy, she begins by identifying funders whose priorities align with the project. She emphasized the importance of clearly demonstrating potential community impact and leveraging existing partnerships to strengthen credibility and outreach. She highlighted that transparency is essential for ensuring resources are allocated effectively. Involving stakeholders in budgeting decisions and designing programs with sustainability in mind helps maximize long-term impact. Brianna also noted that one of the main challenges organizations face when funding creative or educational projects, such as zines, awareness campaigns, or public events, is the limited number of funding opportunities. Funders often require measurable outcomes, which can be harder to demonstrate with art or awareness-based initiatives. For student-led or grassroots projects, she explained that success comes from telling compelling stories, showing evidence of community engagement, and aligning goals with funders' priorities, while keeping social impact at the forefront rather than profit. When planning and budgeting a project that combines education, art, and advocacy, she stressed the importance of mapping out costs early, allocating resources carefully across production, outreach, and impact measurement, and seeking in-kind support whenever possible to extend the budget. In evaluating whether a project, like an awareness-raising speech or magazine, is financially viable and capable of creating meaningful social impact, Brianna recommended comparing projected expenses with potential funding and defining clear indicators to measure social impact. She also emphasized the crucial role of storytelling, art, and creative media in securing support. According to her, these elements make complex issues tangible, engage audiences emotionally, and demonstrate cultural relevance, which funders find compelling. Finally, Brianna advised that young activists and students should focus on building strong partnerships, diversifying funding sources, planning for recurring engagement, and documenting processes to ensure that initiatives can continue beyond a single event or project.

Interviews - Jasmine Harris

Program Manager for Mental Health Initiatives



- 1. How does CABWHP integrate the dimension of chronic racial stress into its mental health programs?**
- 2. In what ways do medical biases shape Black women's access to diagnosis and treatment?**
- 3. What structural obstacles do Black women encounter in mental and reproductive healthcare systems?**
- 4. What role do community spaces play in processes of collective healing?**
- 5. How do CABWHP programs account for intersections between race, gender, class, and immigration status?**
- 6. In your view, which public policies should be prioritized to reduce racial disparities in mental and reproductive health?**

Jasmine Harris explained that CABWHP integrates the dimension of chronic racial stress into its mental health programs by designing interventions that recognize the cumulative psychological impact of racism on Black women. She emphasized that chronic racial stress affects mental health at both individual and community levels, echoing Frantz Fanon's analysis in *Black Skin, White Masks*, where he describes how systemic oppression and societal devaluation contribute to psychological distress and the internalization of trauma among Black people. CABWHP programs, therefore, include culturally relevant coping strategies, stress management workshops, and peer-support networks informed by participatory research and community feedback. Regarding how medical biases shape Black women's access to diagnosis and treatment, Jasmine highlighted that implicit biases in healthcare often result in delayed diagnoses, undertreatment of pain, and dismissal of symptoms. She noted that these biases reflect broader societal mechanisms that Fanon describes as perpetuating the dehumanization and pathologization of Black bodies. Such systemic inequities contribute to significant disparities in both mental and reproductive health. When discussing structural obstacles in mental and reproductive healthcare, Jasmine pointed to financial barriers, limited access to culturally competent providers, and fragmented healthcare systems. She stressed that these structural challenges compound the psychological effects of racial discrimination, echoing Fanon's observations on the interaction between social oppression and psychopathology. Jasmine also emphasized the role of community spaces in collective healing, explaining that safe, culturally affirming environments allow Black women to share experiences, support each other, and build resilience. Such spaces provide opportunities to counteract the psychological harms described by Fanon and foster community-led wellness approaches. On how CABWHP programs account for intersections of race, gender, class, and immigration status, Jasmine explained that intersectionality is central to their approach. Programs are designed to address overlapping forms of discrimination holistically, ensuring that interventions are meaningful for women navigating multiple social and structural pressures. Finally, when asked which public policies should be prioritized to reduce racial disparities in mental and reproductive health, Jasmine highlighted policies expanding access to culturally competent care, increasing funding for community-based programs, integrating anti-racist training for healthcare providers, and collecting disaggregated data to track inequities. These measures are crucial for mitigating the structural and psychological burdens that Fanon describes. Throughout the interview, Jasmine stressed that combining applied research, community engagement, and policy advocacy is essential for addressing systemic inequities in Black women's mental and reproductive health, while explicitly acknowledging the psychological dimensions of racial oppression outlined by Fanon in *Black Skin, White Masks*.

Interviews - Rahim Chilewa

Founder of Blaremont
Magazine



How do you see art functioning as a medium to raise awareness and spark conversations around social issues, such as Black women’s health?

Art is inherently political because people are political, our identities shape how the world perceives us and how we perceive the world. That’s why art is such a powerful entry point for conversation. People are more receptive to messages transmitted through images, film, or creative expression. For me, centering the image of a Black woman, her beauty, her strength, her complexity, is a way to make people pause, reflect, and engage with issues that might otherwise be ignored.

From your experience, what creates real impact in a piece of artwork or a project addressing marginalized communities?

Impact begins with emotion. I always ask myself: What does the audience feel when they see this image? I want to create something that stops people from scrolling, something that forces them to confront and reflect. Ideally, the work becomes a mirror, one that reveals both personal emotions and broader social truths. Black women’s health is a subject that cannot be separated from the social role Black women hold, especially in America, where they are often placed at the bottom of social and economic hierarchies. You cannot escape these realities when creating meaningful art.

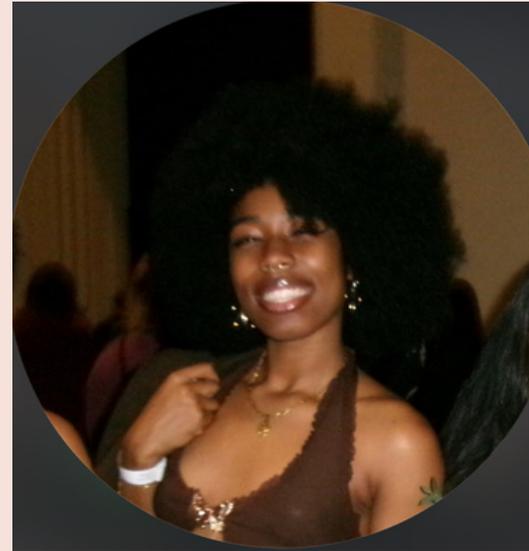
How can artists and entrepreneurs collaborate to build initiatives that are both visually compelling and socially meaningful?

I want the world I’m building, through my platform, my magazine, my artistic direction, to feel inclusive and intentional. Collaboration becomes powerful when both artists and organizations are aligned in their values and committed to storytelling that carries real weight. If we want to support movements and create genuine change, we must build narratives that are truthful and tied to action.

When art loses its political dimension, it loses part of its value. All art should strive to mean something. My hope is that this vision attracts organizations that want to engage with impactful, purposeful creative work.

Interviews - Mary

Undergraduate Student at Scripps College '27



Do you feel that your cultural or racial background is considered when you receive medical care?

Yes, very often, especially when it comes to my bloodwork, my neurological health, and my reproductive health. I haven't always been treated well. When I went in for a consultation about a tumor in my back, it took a long time before I even saw a doctor. And when I finally did, the white male doctor was rough and dismissive. He called me "girl" instead of using my name. He assumed I was exaggerating my pain to get stronger medication. He even told me, "You can't even notice it, so why would you care?"

The experience was horrible. It took multiple doctors before I finally got a proper diagnosis. At one point, he even sent me to a pediatrician because he didn't think I needed an adult specialist. The moment he left the room, I broke down sobbing. My parents were extremely worried.

This experience has completely changed the way I seek healthcare. I now actively look for Black women doctors whenever possible. I avoid white male doctors because it's hard for me to trust them after what I went through. My mom and sister feel the same, when they needed surgery, they made sure their doctors were people of color. A Black doctor literally saved my mother's life.

Black women are not taken seriously in healthcare, yet we're expected to trust these systems with our lives. That contradiction is painful.

What resources or support do you wish existed to help Black women take care of their health?

I wish there were an app or a website that gathered Black professionals, not just in healthcare, but also in finance, real estate, and legal assistance. These are fields where we lack representation, yet they're essential for our wellbeing. Having access to a directory of trusted Black specialists would make navigating these systems much safer and more empowering for Black women.

Interviews - Nana Amponsah

Undergraduate Student at Scripps College '26



How has your understanding of mental health changed through your experiences or education at college?

It has improved significantly. I've bridged the gap between race and culture and have been able to identify what unique individuals need to a degree.

What forms of care, support, or community have been most meaningful to you, and how do they shape the way you think about mental health and well being?

Clubs and affinity groups have been super helpful. The communal sense of belonging raises identity beyond the margins that have been drawn.

Can you recall a moment when you noticed gaps, biases, or misinformation in how healthcare or society talks about pregnancy, parenting, or Black women's health? What stood out to you?

Black woman in labor being brushed off when she spoke about her pain. I think the other person considered it dramatic but if it was another race I'm sure it would have been handled differently. The difference in response that is not clinical given to different people of differing backgrounds was disturbing.

In your view, what would a truly supportive and equitable environment to you?

To me, personalized care and personalizing the way we relate with others would create the most optimal environment in terms of support and equity.



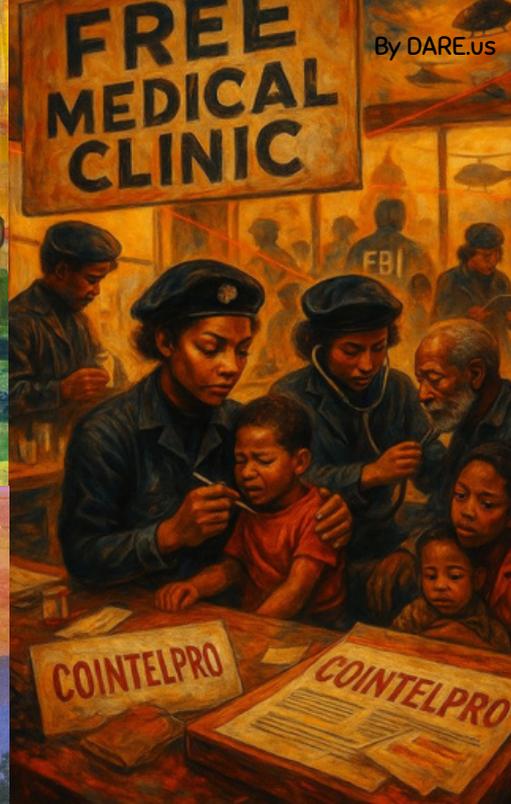
**Visual Art:
Healing in Color**



By 202kween



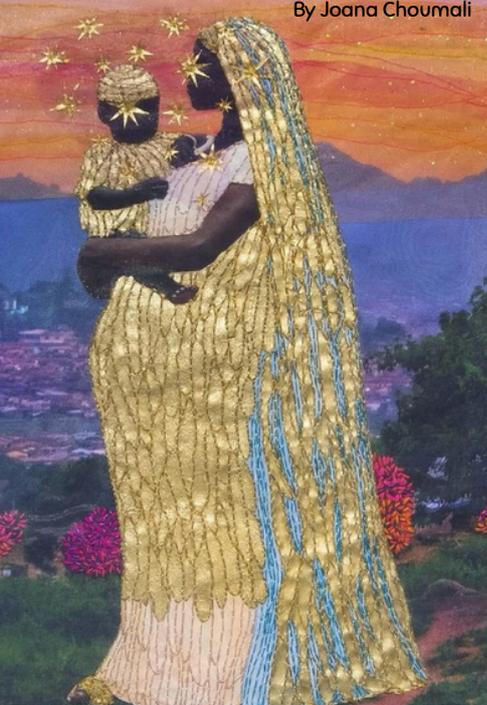
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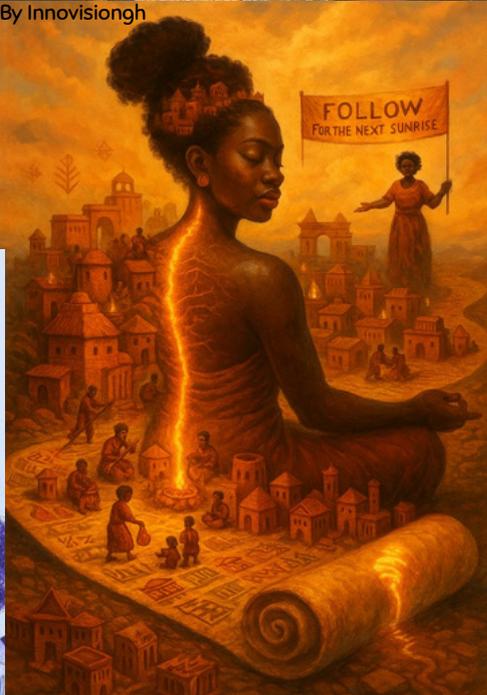
By DARE.us



By almagitana44



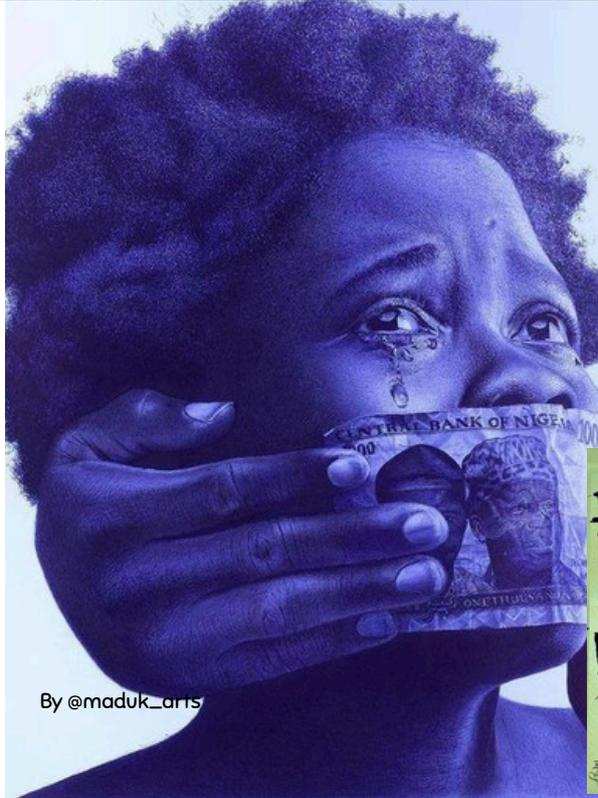
By Joana Choumali



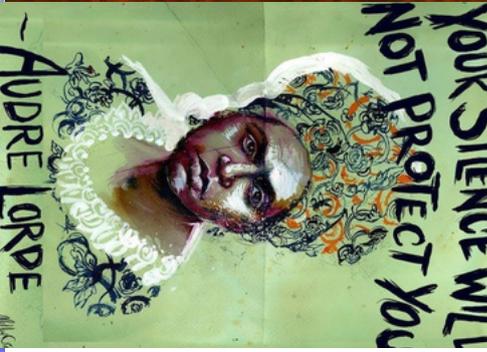
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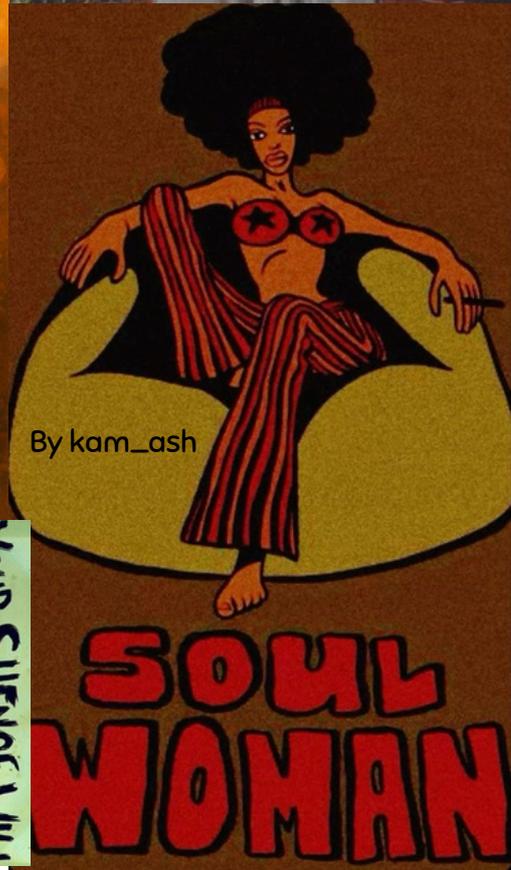
By Stephen Towns



By @maduk_arts



AUDRE LORDE



By kam_ash

SOUL WOMAN

Poetry As Praxis

We understand poetry not as ornamentation, but as a mode of survival, testimony, and care. Black women poets have long named what medicine refused to see: that the body remembers, that harm is structural, and that healing is collective. The poems included here sit beside our research and interviews not as illustrations, but as theory, witness, and resistance in their own right.

ie ground or stays
se is vast, and you
beautiful. You a
ng bigger than yo
omething that ma
your time
post

ngly believe
e moment you dec
etter at your chosen
men you'll become ma
one to learn. My jo
our in... ation... fail



Audre Lorde articulates fear as a shared condition produced by structural violence, while insisting that speaking, despite risk, is necessary for survival. This poem reflects our project's commitment to voice, testimony, and collective resistance.

"A Litany for Survival"
"A Litany For Survival"

BY AUDRE LORDE

For those of us who live at the shoreline
standing upon the constant edges of decision
crucial and alone
for those of us who cannot indulge
the passing dreams of choice
who love in doorways coming and going
in the hours between dawns
looking inward and outward
at once before and after
seeking a now that can breed
futures
like bread in our children's mouths
so their dreams will not reflect
the death of ours;

For those of us
who were imprinted with fear
like a faint line in the center of our foreheads
learning to be afraid with our mother's milk
for by this weapon
this illusion of some safety to be found
the heavy-footed hoped to silence us
For all of us
this instant and this triumph
We were never meant to survive.

And when the sun rises we are afraid
it might not remain
when the sun sets we are afraid
it might not rise in the morning
when our stomachs are full we are afraid
of indigestion
when our stomachs are empty we are afraid
we may never eat again
when we are loved we are afraid
love will vanish
when we are alone we are afraid
love will never return
and when we speak we are afraid
our words will not be heard
nor welcomed
but when we are silent
we are still afraid

So it is better to speak
remembering
we were never meant to survive.

June Jordan names the ways Black women's bodies are made vulnerable through intersecting forms of racial, gendered, and state violence. We include this poem as testimony that reframes bodily autonomy and survival as political acts rather than private experiences.

"Poem about My Rights"

BY JUNE JORDAN

...I am the history of rape
I am the history of the rejection of who I am
I am the history of the terrorized incarceration of myself
I am the history of battery assault and limitless armies against whatever I want to do with my mind and my body and my soul and whether it's about walking out at night or whether it's about the love that I feel or whether it's about the sanctity of my vagina or the sanctity of my national boundaries or the sanctity of my leaders or the sanctity of each and every desire that I know from my personal and idiosyncratic and indisputably single and singular heart
I have been raped
be-
cause I have been wrong the wrong sex the wrong age the wrong skin the wrong nose the wrong hair the wrong need the wrong dream the wrong geographic the wrong sartorial I
I have been the meaning of rape
I have been the problem everyone seeks to eliminate by forced penetration with or without the evidence of slime and/ but let this be unmistakable this poem is not consent I do not consent to my mother to my father to the teachers to the F.B.I. to South Africa to Bedford-Stuy to Park Avenue to American Airlines to the hardon idlers on the corners to the sneaky creeps in cars
I am not wrong: Wrong is not my name
My name is my own my own my own
and I can't tell you who the hell set things up like this
but I can tell you that from now on my resistance my simple and daily and nightly self-determination may very well cost you your life

“homage to my hips”

BY LUCILLE CLIFTON

these hips are big hips
they need space to
move around in.
they don't fit into little
petty places. these hips
are free hips.
they don't like to be held back.
these hips have never been enslaved,
they go where they want to go
they do what they want to do.
these hips are mighty hips.
these hips are magic hips.
i have known them
to put a spell on a man and
spin him like a top!

Lucille Clifton reclaims the Black woman's body as powerful, autonomous, and joyful. This poem aligns with our focus on reproductive justice and embodiment as forms of healing that resist histories of control and medicalized harm.

“Calling on All Silent Minorities”

BY JUNE JORDAN

HEY
C'MON
COME OUT
WHEREVER YOU ARE
WE NEED TO HAVE THIS MEETING
AT THIS TREE
AIN' EVEN BEEN
PLANTED
YET

Jordan's call disrupts silence as a condition imposed by power. This poem speaks directly to our praxis of solidarity, urging collective presence, accountability, and action across difference.

“Case in Point”

BY JUNE JORDAN

A friend of mine who raised six daughters and
who never wrote what she regards as serious
until she
was fifty-three
tells me there is no silence peculiar
to the female

I have decided I have something to say
about female silence: so to speak
these are my 2¢ on the subject:
2 weeks ago I was raped for the second
time in my life the first occasion
being a whiteman and the most recent
situation being a blackman actually
head of the local NAACP

Today is 2 weeks after the fact
of that man straddling
his knees either side of my chest
his hairy arm and powerful left hand
forcing my arms and my hands over my head
flat to the pillow while he rammed
what he described as his quote big dick
unquote into my mouth
and shouted out: “D’ya want to swallow
my big dick; well, do ya?”

He was being rhetorical.
My silence was peculiar
to the female.

“Case in Point” exposes sexual violence not as isolated trauma, but as structured by gender, race, and power. We include this poem to foreground how silence around violence, especially against women, functions as a condition of harm within institutions and communities.

New Black

BY BETTINA JUDD

After "Finding Your Roots"

I

You can abstract anything
if your psyche needs it. Anything

can be turned into a past to forget–
embittering thoughts that need exorcising.

When you read the words of your relative
who had been enslaved, the New Black

starts to act real old, don't it? Starts to gnaw
at that happy you sang about, Pharrell.

Ain't it a thing to think–Black art in the hands
of the woman or the man that beat your ancestor

near to death? Now they beam and gyrate
in the square frame of an Instagram video

because so many found a way to you by your craft.
I think about this too, and I ain't even famous.

It's as if you are paying for those reparations
you want to talk about now. Speaking of Instagram ...

i

Ashley Judd shattered her leg into a bunch of pieces
on a trip to the Congo she apparently needed to take

during a pandemic because she's a humanitarian
or whatever. I don't really know if we share

the same last name for obvious PBS Henry Louis Gates
reasons, but I don't actually care. I ask her to run

me my money on Twitter at least once a year.
Usually when someone makes this joke where they ask

me if I am related to her, her momma, or her sister.
It's funny because I am Black, and they are white.

It's funny if you think slavery is funny and I don't.
But I do like to pass along the embarrassment

of the jokester to the famous white person who may or may
not have descended from the people who branded my last name.

She never responds. But she did go to the Congo, shatter her leg,
and posted pictures of Black people caring for her. Honoring them,

she says, and lamenting that she has the privilege of disaster insurance,
never mentioning the disaster we are at home.



"New Black" challenges feel-good narratives of progress by tracing how racialized care labor and institutional amnesia continue to structure health, visibility, and responsibility. Judd's poem underscores our project's insistence that healing without historical accountability reproduces harm.

'won't you celebrate with me'

BY LUCILLE CLIFTON

Toggle annotations
won't you celebrate with me
what i have shaped into
a kind of life? i had no model.
born in babylon
both nonwhite and woman
what did i see to be except myself?
i made it up
here on this bridge between
starshine and clay,
my one hand holding tight
my other hand; come celebrate
with me that everyday
something has tried to kill me
and has failed

By naming survival as a daily triumph, Clifton highlights the embodied labor of living under intersecting systems of oppression. This poem supports our project's framing of health and healing as inseparable from histories of racialized and gendered violence.

Marshall's poem reflects on choice, vulnerability, and bodily autonomy in the shadow of reproductive injustice and state violence. We include this work to foreground how Black women's health is shaped by systems that continue to regulate, invade, and deny control over the body.

"For Dawn Wooten"

BY MAYA MARSHALL

I have the good fortune to be free.
To choose.
To have part of my cervix intact,

to change the locks after
I'm attacked.

Somebody offered me a karate class.

I could still (with a little more
of the luck I've already enjoyed)

say yes to a man,
to a little sugar.

Nobody has a life without a woman's blood.

I could still go under and come out whole
enough to make
another whole life—

a child to place against my mother's bosom—a greatest gift.

Oh, to be free

enough to pick apart a rapist
man-in-charge, or

a god-doctor

with some script for all the reasons
he knows life is his enough to give
or take

like a kiss, or a breath.
Like a wave: to drown, uncover, or cover up.

Ava Marshall braids family testimony with the histories of enslaved Black women exploited by American gynecology to show how medical trauma echoes across generations. "It Echoes in My Bones" exposes how American medicine was built through the violation of Black women's bodies, and how that history continues to shape trust, treatment, and vulnerability today. This piece aligns with our project's focus on Black women's health by naming distrust, embodied memory, and fear as rational responses to structural medical violence, and by insisting that healing requires truth, remembrance, and collective witnessing rather than silence or narratives of "progress" that erase harm.

"It echoes in my bones" by Ava Marshall

"To Brittany, From Lucy"
Brittany,
Attempt to break it down,
cause them doctors don't care
bout your pain
hell, i know pain
don't trust that medicine
they just Hell objectified,
disguised
yeah they crooked but disguised
lights and dollars fill the white in
their eyes
them white hands love warm black
flesh
that fluster that reddens the skin,
them red cheeks were tightened by
my screams
but their ears were stuffed with the
stethoscope
but i know they ain't soundproof
how does a sadist not listen to its
victim?
like a doctor doesn't listen to his
patient
i know he was listening
bladders, birth, babies
he knew something was missing
I guess a sponge was missing
its holes call for my blood
now mammies using sponges to
clean it up
its holes filled with my blood r
break it down for them
don't let them get away with it
i ain't healed
But i hope you can
My Name signed in my blood
But it ain't stop rushing,
Lucy

“To Jontae, From Betsey”

Jontae,

Yeah

they tried to cover it up
except they succeeded

but how is it a success when that Pain between my legs still got that familiar
twang

you don't know pain till
metal becomes like opposing magnets
parting my legs like their land to be conquered

But its a success

they conquered my intimate parts
they made them into working parts
for the machinery they won awards for

it manufactured Pain to progress
turned black faces to empty spaces

you don't know silence till
you ain't even got your name
they weren't empty spaces

i got that wrong

they got white faces to take our places
but they prevented their pain like they prevented our Truth
their stethoscope wipes their memory

or that's what they say
they tried to keep it that way
except they succeeded

my body was bare
exposed to their gazes

ain't no privacy when your body's been privatized
ain't no freedom when your own body causes your imprisonment
but don't let them cover it up

they ain't cover up my body from those many eyes watching
don't let them hide,

Betsey

“TO ZOE, FROM JOICE”

Zoe,
she was the expert, and I was there to just listen
I'm familiar with that bullshit, baby
they always in the right
like they don't live in the wrong
like they ain't been singing the same damn song
hymns that belittle our minds like theirs works better
he was the expert
and i was mindless
he was the expert
and i was spineless
he was the expert
and i was the puppet
at least that's what they say
age is a game
and i was the loser
that's how they painted it
i had a voice but they just tainted it
My body was their exhibit
My wrinkles hid dollar bills in their crevices
he was the expert
and i was mindless
he was the expert
and i was spineless
he was the expert
and i was the puppet
at least that's what they say
watch out for them white hands after your death, baby
that quiet heart don't equate to rest
they put it on ice
try to cook it like rice
tryna' make something out of it
My body, in its sleep
displayed like dead, black bodies
'cause ain't no comparison like the truth
to do it justice
they are the expert
and we are mindless
they were the expert
and we were spineless
they were the expert
and we were the puppet
At least that's what they say
And their word is the law
So watch out.
Joice

The “to / from” structure is used to trace how medical violence reverberates across generations, placing contemporary experiences of care and vulnerability in conversation with historical silence.

8 WAYS TO PRACTICE *Rest, Self-Care, & Coping*

01. get up early

02. have a healthy breakfast

03. drink water

04. write a journal

05. meditate

06. listen to music

07. talk to someone

08. go to bed early



Organizations To Help You Get Involved

LOCAL / PROJECT PARTNERS:

California Black Women's Health Project (CABWHP): Community-based organization advancing the physical, mental, emotional, and spiritual health of Black women and girls in California through advocacy, education, and policy work. <https://www.cabwhp.org>

Office of Black Student Affairs (OBSA) – The Claremont Colleges: Campus resource and community space supporting Black students through programming, advocacy, cultural events, and wellness initiatives. <https://services.claremont.edu/office-of-black-student-affairs>

Blaremont Magazine: Student-led creative platform amplifying Black voices through art, photography, writing, and cultural critique with a focus on social justice. <https://www.instagram.com/blaremontmag/>

ORGS WE NAMED (MAJOR / WIDELY RECOGNIZED):

Black Women's Health Imperative (BWHI): National organization dedicated to advancing health equity and justice for Black women through research, policy advocacy, and health education. <https://bwhi.org>

Black Women for Wellness (Los Angeles): Grassroots organization focused on Black women's health, reproductive justice, and leadership development through community-centered programs. <https://bwwla.org>

National Black Nurses Association (NBNA): Professional association advocating for Black nurses while addressing health disparities and improving healthcare outcomes in Black communities. <https://nbna.org>

BIG NATIONAL ORGANIZATIONS (REPRODUCTIVE, MATERNAL & MENTAL HEALTH):

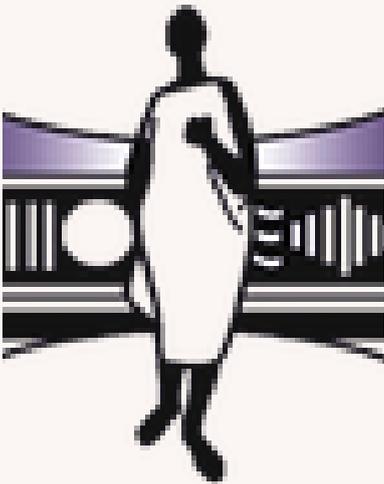
SisterSong: Women of Color Reproductive Justice Collective
National leader in reproductive justice advocacy centering the lived experiences of women of color and marginalized communities. <https://www.sistersong.net>

Black Mamas Matter Alliance (BMMA): Coalition advancing Black maternal health, rights, and justice through policy, research, and community-based solutions.
<https://blackmamasmatter.org>

National Birth Equity Collaborative (NBEC): Organization working to end racial inequities in maternal and infant health through training, research, and systems change.
<https://www.birthequity.org>

Therapy for Black Girls: Mental health platform connecting Black women and girls to culturally competent therapists, resources, and wellness education.
<https://therapyforblackgirls.com>

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California Black Women's Health Project

Statewide, non-profit organization committed to improving the health of California's 1.2 million Black women and girls through advocacy, education, outreach, and policy
cabwhp.org



Blaremont Magazine

Storytelling hub for Black innovators, visionaries, and explorers in Claremont
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