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Herbalists Guild

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Community Herbalism

Vulnerable Populations

Community Curandera

Herbs as Resistance

Gender Affirmation

Synergistic Management of Chronic Lyme Disease

Materia Medica: *Usnea*

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Contents

05 **PRESIDENT'S MESSAGE**
Bevin Clare

07 **EDITOR'S NOTE**
Susan Marynowski

09 **MATERIA MEDICA**
Usnea as a Healing Community
Rebecca Mains

19 **THERAPEUTICS**
"Red Flags" for Vulnerable Populations
Ingrid Bauer
25 Gender Affirmation for Clinical Herbalists
Erika G. Galentin

37 **CULTURE OF HERBALISM**
Sonoran Community Curandera: Doña Olga
John Slattery

45 **HISTORY/PHILOSOPHY**
Cotton Root Bark as Herbal Resistance
Karen L. Culpepper

53 **INTERVIEW**
Linda Nash Stevenson: A Life of Community Herbalism

61 **CASE STUDY/MASTER'S PAPER**
Synergistic Management of Chronic Lyme Disease
Kristen McPhee et al.

76 **BOOK REVIEWS**
The Modern Herbal Dispensatory
Reviewed by Seanna Tully
78 Radical Mycology
Reviewed by Sue Sierralupé

Cover: *Usnea strigosa.* lichen in fertile reproductive form, Delmarva Peninsula, Delaware (2013).
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Gossypium spp. (Cotton Root Bark): A Symbol of Herbal Resistance

Karen L. Culpepper

In 2007, my plantation herbalist ancestors used cotton root bark to send for me. I remember the day so clearly. Class had just let out at the graduate school where I was studying herbal medicine and a voice said to me, "Seek and ye shall find, dear one." In a three-year program, only one 75-minute class was dedicated to the herbal contributions of black and Native American peoples. To add insult to the harm, the "lecture" was not even led by an expert in the field – it was a class discussion among peers about an article in a packet. The herbal contributions of enslaved Africans and indigenous peoples of this country were overlooked and minimized.

From that moment after class, many parts of me resisted the remainder of the program. For the next two-and-a-half years, seeds of white cultural narcissism and the dominant white culture of herbal medicine attempted to take root in my psyche. I angrily declared that I would write my thesis on the one pearl that I had harvested from that article in that single class about black and Native American herbal contributions: *Gossypium* spp. (cotton root bark, MALVACEAE).

I also made two promises to my ancestors and guides in that moment. First, I promised to write an historical monograph on cotton root bark to amplify its use as a symbol of empowered choice and reproductive resistance among enslaved African women. Second, I pledged to use this writing as a way of decentering whiteness in herbal medicine through counter storytelling. And so my research journey began.

The Richness of Oral Tradition and the Trauma of Slavery

Many cultures and herbal traditions were established (and continue to be maintained) in the sacredness of oral tradition. The absence of a written tradition does not translate into a group being devoid of culture or a rich herbal legacy. The unearthing of the long standing and established use of cotton root bark among African women before the middle passage was quite a task because it lived in oral tradition and collective memory. I am thankful I was divinely guided to the information.

Within a week of doing research at my institution, I had literally located every fragmented piece of information on cotton root bark I could get my hands on and soon realized that I had outgrown the library. Over the next year, I invested in a research assistant who had access to the Lloyd Library and Museum in Cincinnati, Ohio, known for its extensive collection of resources in botany, medicine, and pharmacy. However, this research did not serve because the information was primarily about the fruit of the cotton plant, not the root bark; nor was it through the lens of enslaved African women. Over the next two years, my hopes began to wane.

In February 2010, three months before graduation, I was in Harlem, New York, for a health conference to receive symposium credits for school. It had snowed the day before all along the east coast. As a result, the usual four hour drive from Maryland took eight hours, and even worse, when I woke up the next morning I had a $150 parking ticket because I did not see

Karen L. Culpepper is a Chinese-American and DEAUS (Descendant of Enslaved Africans in the US) clinical herbalist and licensed massage therapist. She is founder of the Maryland-based clinical herbal practice, Embracing Rhythm. Karen's herbal interest centers on the ways in which the energetics of plant medicine can support deep healing. Her particular focus areas are inter-generational trauma and its impact on physiology and womb restoration. Within the intersection of historical trauma of the African slave trade and womb healing, her study and knowledge of cotton root bark offers a powerful perspective on the role of plant spirit healing in the context of political changes and reproductive resistance. Karen and her budding apothecary can be reached at karenculpepper.com or klcccollective.com in 2018.

Tree cotton (*Gossypium arboreum*) is native to India, Bangladesh, Pakistan, and other tropical and sub-tropical regions of the Middle and Far East. It was cultivated by the Harappan civilization in the Indus Valley (c. 3,000 BCE) and was introduced and grown by the Meroë culture of Nubia (c. 800 BCE) in East Africa.

CREDIT: L. von Panhuys, 'Watercolours of Surinam' (1811)

AT RIGHT: Levant cotton (*Gossypium herbaceum*) is a species native to the semi-arid regions of sub-Saharan Africa and Arabia where it still grows as a perennial shrub. This species had many documented historical medicinal uses in the region.

CREDIT: J.F. Royle, 'Illustrations of the Botany and Natural History of the Himalayan Mountains and of the Flora of Cashmere' (1839)

the snow-covered markers on the curb. In that moment, I realized that anger and frustration were my teachers. Transformation was about to occur and a blessing would come forth. I heard a voice say, "You are right where you should be. You are not here for the conference." As one day of the symposium was enough for me, I searched for a library to get some work done.

The closest library just happened to be The Schomburg Center for Research in Black Culture. With the help of a gifted librarian, a search strategy was developed and the keywords became a fertile ground for resources. The floodgates had opened and I cried tears of overwhelm and gratitude. For two days I gathered information on herbs and the development of the new area of practice among early medical doctors called plantation medicine. Dots were connected between the dark history of allopathic medicine and the decline of granny midwives. I collected maps, census information, and diary entries on the harvest schedule of the cotton crop, which was literally a year round task.

Accounts of enslaved women who put their physical bodies on the line for the sake of self-care and respite from the horrors of slavery began to surface. One story told of a woman in South Carolina that "fled to rattlesnake infested swamps rather than stay on her brutal master's plantation" (Blum 2002). Another scenario involved an enslaved woman named Margaret Garner who escaped from Kentucky to Ohio with her husband, their four children, and a group of slaves. The runaways unfortunately were surrounded in a house in Ohio, where Margaret decided she would rather kill herself and her kids before returning to the plantation. She successfully slit the throat of her little daughter and was apprehended before slitting her own throat and the throats of her other children (Coddon 2004).

These stories began to illuminate the trauma and suffering caused by the institution of slavery, which warranted the use of cotton root bark as an abortifacient for enslaved women to exercise their right of autonomy over their physical and

> These stories began to illuminate the trauma and suffering caused by the institution of slavery, which warranted the use of cotton root bark as an abortifacient for enslaved women to exercise their right of autonomy over their physical and spiritual bodies.

spiritual bodies. The research debunked some firmly fixed cultural stereotypes about Africans and black people. The information helped dismantle untruths about Africa, exposing the lies claiming that the continent was devoid of culture and that African people were ignorant, incompetent, childlike savages that were inferior subhumans suffering from cultural amnesia once they arrived on American soil.

Transmission of African Knowledge to the Americas

Within African cultures there is an interconnectedness with the plant world and all living things which "had a soul and a place in the world" (Blum 2002). This interconnectedness gave people a sense of identity and belonging. Slavery and early religious colonialism severed the physical connectedness of Africans to the land. As slave traders began to tear apart families and strip people of their homes, they "reported cases of women swallowing African soil as they left their native land on the perilous journey across the Atlantic" (Blum 2002). A detailed description of the middle passage is found in *Africans in America: The Terrible Transformation*, in the section entitled "The African Slave Trade and the Middle Passage" (WGBH 1998):

> *A typical Atlantic crossing took 60-90 days but some lasted up to four months. On the slave ships, people we stuffed between decks in spaces too low for standing. The heat was often unbearable and the air nearly unbreathable. Women were often used sexually. Men were often chained in pairs, shackled wrist to wrist or ankle to ankle. People were crowded together, usually forced to lie on their backs with their heads between the legs of others. This meant they often had to lie in each other's feces, urine, and, in the case of dysentery, even blood. In such cramped quarters, diseases such as smallpox and yellow fever spread like wildfire. The diseased were sometimes thrown overboard to prevent wholesale epidemics. Because the small crew had to control so many, cruel measures such as iron muzzles and whippings were used to control slaves.*

Gossypium barbadense L.

The catalyst for the transatlantic slave trade was the acquisition of free labor coupled with the knowledge of crop production. Certain colonies in the Carolinas brought slaves from very specific parts of Africa to cultivate *Oryza sativa* (rice), which had been grown in Africa for thousands of years (Roach 2007). Likewise, knowledge about the cotton plant and the use of cotton root bark dates back to "Mandingo [Mandinka] women [using] the root of the cotton tree, which grew in parts of Africa, [which] was used as an abortifacient during the first trimester of pregnancy" (Bush 1990).

The desire for motherhood does not mean that African women shunned birth control; they had the knowledge of using extended lactation, ritual abstinence, abortion, and other forms of contraception. They may have wanted to control their fertility during droughts or famine, because these were stressful times to begin a pregnancy. This supports the idea that slaves brought along with them their own traditions, values, and existing knowledge about herbs and their use in health care, including for terminating and preventing pregnancy (Perrin 2001). In parts of Africa, tree cotton provided the most abundant source of cotton (Perrin 2001); quite naturally the knowledge of cotton root as a medicine was easily transferred to the cotton fields of the South.

Plantation Health and Reproductive Care

Because plantation owners often did not provide adequate care, black self-care was an underground phenomenon within the slave community. In fact, "folk medical beliefs survived through oral narratives, sayings, and superstitious beliefs told in this rural community" (Fontenot 1994). Remedies and recipes were passed along through an oral tradition "circulated secretly through the slave quarters and were passed down privately from generation to generation" (Savitt 1978). Some plantation owners permitted slave women to tend to the ill because of the common belief system and respect towards tradition. Some plantation owners even acknowledged "black doctors sometimes produced better results than white practitioners" and there was even a case in which a Governor emancipated a slave for revealing his secret for treating venereal disease and yaws, a highly infectious disease caused by a spirochete (Savitt 1978).

With slave women already claiming the role as herbalists and keepers of sacred recipes and remedies, they naturally fell into the role of being caretakers and midwives among their peers in the community. Midwives embodied tradition and "occupied a high status in the slave community because they delivered babies; provided other forms of healthcare; used African methods which had been handed down from generation to generation; [and] acted as an intermediate between the secular and sacred worlds, as the babies that they delivered were seen as gifts from the ancestors" (Altink 2007). Many women were "able to identify the various plants, roots, and herbs, know how to harvest and collect them, as well as got to prepare them for various types of ailments" (Blum 2002). Midwives were able to "cross race, class, and gender barriers" and often "envisioned themselves as simply the vessels that God had deigned worthy to fill with the practical and spiritual knowledge about women's bodies and childbirth" (Fraser 1998), serving both their slave community and whites in the community. This is quite a contrast to the insulting stereotype that African Americans were "dirty, slow to learn, animal like, potentially unsafe and needed to be continuously watched" and "exposure to scientific knowledge about female physiology would stimulate [an African American midwife's] propensity to mischief and evil" (Fraser 1998).

The Dark Roots of Allopathic Medicine

In 1807, Congress passed a bill abolishing the importation of slaves into the United States, which took effect in 1808 (Worth 2004). To plantation owners, this meant that future labor would have to be supplied from the offspring of existing female slaves. As a result, many masters resorted to "breeding" slaves and established breeding plantations. Women's health concerns were very common among

Sea island cotton (*Gossypium barbadense*) is a tropical, frost-sensitive perennial that was first documented to be domesticated in Ecuador in 4,400 BCE. It is sometimes called extra-long-staple (ELS) cotton because of the long fibers. Native Americans grew this species widely throughout South America and the West Indies, where it was first encountered and named and where Barbados became the first exporter of ELS cotton to England and Europe.

CREDIT: F.E. Köhler, Medizinal Pflanzen, Volume 2 (1897)

As a result of its use, along with the use of a myriad of other herbs, slave women not only established the efficacy of cotton root bark, they also expanded the herbal pharmacopoeia in the US.

slave women: from menstrual discomfort to amenorrhea to vaginal discharges to the common prolapsed uterus, possibly a result of multiple births (Savitt 2007). Enslaved women suffered under the tridimensional oppression of race, class, and gender, which included intimate violence and reproductive exploitation.

The rise of modern medicine on the plantation was an additional source of torture and trauma. White medical practitioners developed "an exclusive branch of medicine for enslaved Africans (plantation medicine) because they felt Africans were not of the same species as whites…[they] were especially keen to bleeding and purging of Africans to cure them [because] persons of African descent had a high tolerance for pain because they were less than human" (Fontenot 1994).

Dr. James Marion Sims, "the father of gynecology," restricted his research to African American women, yet all of the illustrations depicting his research feature white women. Even though anesthesia was widely available, he did not use any. Doctors routinely performed and perfected Caesarean deliveries (C-sections) on enslaved women without using anesthesia. On some plantations, slaves "were often required, in some cases against their will, to receive the treatments of White doctors" (Fontenot 1994). These forms of institutional racism reinforced the necessity of enslaved Africans to take health and well-being into their own hands. In this way, "plantation medicine forced the survival of African American folk medicine" (Fontenot 1994), specifically in the realm of women's health.

White physicians, who took their commands from plantation owners, had a single goal in mind: save the slave mother if her life was at risk because she could always produce more "property" (i.e., offspring). In one case, after an unsuccessful attempt at a birth using forceps, two physicians destroyed an infant's skull and removed the brain so that its head would pass through the cervix and vagina without injury to the mother, permitting her to recover within a few days (Savitt 1978).

Reproductive Resistance and Cotton Root Bark

During the 1930s, a collection of oral histories was compiled based on interviews with formerly enslaved people through the Federal Writers' Project of the Works Progress Administration (WPA). Found in some of the WPA narratives from Texas (the state that currently produces the most cotton in the US), ex-slaves recounted their experience with cotton root bark. Former slave Dave Byrd stated (Rawick 1972):

> *I believe if slavery would have lasted much longer, the Negro race would have depopulated because all the Negro womens, they had become wise to this here cotton root. They would chew that and they would not give birth to a baby. All of their masters sho' did have to watch them, but sometimes they would slip out at night and get them a lot of cotton roots and bury them under their quarters. If they could just get enough of that root…to do what they wanted it to do.*

Cotton root was used as a contraceptive by chewing on the fresh root bark. To induce the abortifacient properties, the root and seeds were used in a decoction. As the word about cotton root began to spread to White doctors, they began to use *Viburnum prunifolium* (black haw) to stop the contractions of miscarriages or abortions already in progress, until Physician W.W. Durham noticed "at one period in my practice, the Negroes used the cotton root so frequently to produce abortion that my supply of black haw became exhausted" (Schwartz 2006). It is not fathomable that the supply of black haw could keep up with the bounty of cotton in the plantation South. Cotton root was also used to induce labor and stimulate contractions in childbirth or to bring on tardy menstruation, specifically in amenorrhea and dysmenorrhea (Schwartz 2006). As a result of its use, along with the use of a myriad of other herbs, slave women not only established the

efficacy of cotton root bark, they also expanded the herbal pharmacopoeia in the US (Schwartz 2006). [Editor's Note: The use of cotton root bark today is recommended to be under the guidance of an experienced herbalist.]

Overcoming the Inheritance of Slavery

Slavery was an institution established on the foundation of power, torture, rape, white supremacy, and the lucrative act of "traffic[king] of human souls" (Franklin and Moss 1994). As a result of epigenetic inheritance and intergenerational transmission of these traumas, the literal and energetic impact of these soul-level wounds runs through our veins as both descendants of Africans enslaved in the US and as descendants of slave owners.

To not acknowledge the herbal contributions of slaves and to not recognize and honor the human contribution to science through unjustly treated black bodies is to be dismissive and cause harm. To name just a few examples of what we must acknowledge and recognize: the enslaved women whose bodies were brutalized on this soil in the name of science; the immortal HeLa human cell line used in scientific research, which was taken from the womb of a black woman named Henrietta Lacks; and the male victims of the Tuskegee Syphilis Study, experiments which lacked informed consent and spanned into the early 1970s.

As a reminder of how primitive and prejudiced ways of thinking are alive and well today, a 2016 Washington Post article reported research showing that present day medical students believe black people have less sensitive nerve endings and thicker skin, and that physicians are "more likely to underestimate the pain of black patients compared to other patients" (Somashekhar 2016). This report brings new meaning to the ongoing struggle summarized in the phrase "black lives matter."

I have been in nonjudgmental, nonharmful spaces with herbalists, healers, traditional practitioners, practitioners of color, and culturally competent white allies. These times were truly magical, safe, and futuristic in scope. I also recall an incident where a budding herbalist of color made a comment about cultural appropriation in an online herbal forum where the resulting display of white fragility, mob mentality, and micro-aggression toward the herbalist of color, from so-called prominent herbalists, was downright distasteful. This incident was witnessed and discussed by communities of color and harm was experienced.

There is deep work to be done in this country around acknowledging and naming

Upland cotton or Mexican cotton (*Gossypium hirsutum*) likely was the species being grown on plantations during slavery times. This species is native to Mexico, the West Indies, Central and South America, and Florida. Upland cotton has been improved for fiber production and has become the most widely planted commercial cotton (95% of crop) in the United States. Meanwhile, much of the native stock of upland cotton has been wiped out in a misguided effort to control the boll weevil (*Anthonomus grandis*) beetle that feeds on cotton buds and flowers.

CREDIT: F. Parlatore, Le Specie dei Cotoni (1866)

the ongoing, multigenerational impact of slavery, a resonance that is particularly evident through disparities in access to health care and the ways in which black and brown people are perceived and treated as patients. There is also deep work to be done within our herbal communities around oppression, acknowledgment, exploitation, and cultural competency. As herbalists who are somewhat apart from institutionalized healthcare in the US, we are in a unique and beautiful position to bring cultural competence to the healing space.

Becoming a Culturally Competent Herbal Practitioner

- Learn about and speak the truth about racial history and oppression
- Understand how this oppression carries over and is institutionalized today
- Learn about and stop practicing micro-aggression in your life and clinic
- Recognize the relationship between race, ethnicity, culture, and poverty in access to and use of healthcare in the US
- Offer sliding-scale treatment options for people of color in your clinic
- Listen to your clients with an open mind to hear their stories
- Refer to an herbalist or practitioner of color if you are uncomfortable with these issues

The Author's Closing Prayer

I call forth healing for all of our bloodline generations forward and back. I call forth healing for our soul wounds. I give thanks, honor, and respect to the ancestors for using me as a vessel to give voice to your life, your struggle, your journey, and your contributions: the resilient souls, the suffering souls, the strong and righteous souls, our African ancestors. To the men, women and children who survived the wicked conditions of the middle passage and endured the torture of slavery, I honor whose shoulders I proudly stand on: the healers, the granny midwives, the herbalists, the conjurers, the artisans, the tricksters. I call on you to continue to strengthen us, guide us and teach us. Your wisdom and gifts are welcome in this space. There is room at the table.

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