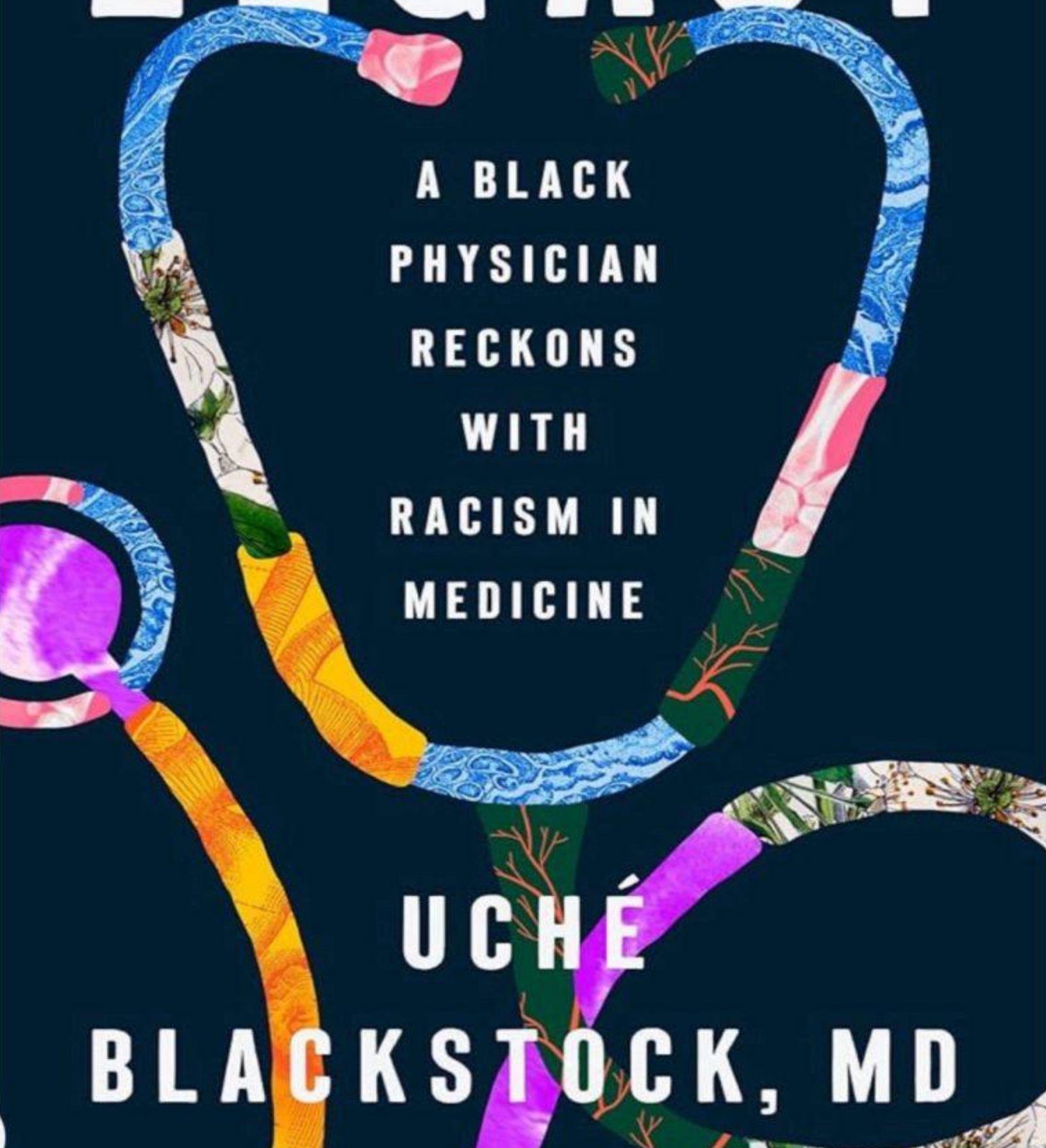
LEGACY



A BLACK PHYSICIAN RECKONS WITH RACISM IN MEDICINE

UCHÉ BLACKSTOCK, MD

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To my mother, my first love and the *original* Dr. Blackstock, whose warmth, affection, and love continue to guide me throughout my life

Of all forms of discrimination and inequalities, injustice in health is the most shocking and inhuman.

—Martin Luther King Jr.

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Introduction

When I was a little girl, my twin sister, Oni, and I used to visit our mother at work. Her name was Dr. Dale Gloria Blackstock, and in the 1980s and ’90s she was an attending physician at Kings County Hospital Center, one of the public hospitals affiliated with SUNY Downstate Health Sciences University, in Brooklyn, not far from our home in Crown Heights. Our mother worked long hours at her job and so sometimes we’d head to the hospital after school to see her and do our homework. Walking down the disinfectant-scented hallways, our shoes squeaking on the linoleum floors, we’d make our way to the large, echoing cafeteria, where we’d pull out textbooks from our backpacks and settle down to work alongside the physicians, nurses, technicians, and aides taking a break. The staff behind the counter knew us well, especially because we strongly resembled our mother, and would smile warmly and ask, “Visiting your mother today?”

After homework was done, we’d sneak into her clinic to ask for small change to spend on our favorite red Jell-O. She’d hand it to us and, if we were quiet, let us stay and observe for a minute or two as she examined a patient. Our mother was warm, but serious with those in her care. Occasionally, her face would reveal a smile, but more often than not, she was extremely focused on what they were saying and what was going on in their lives. She’d grown up in the same Brooklyn neighborhood where the hospital was located. The daughter of a single mother from New Jersey, raised on public assistance, she’d become the first person in her family to graduate college, and after graduating from Harvard Medical School in 1976, she’d returned home to her community. At Kings County/SUNY Downstate, she wasn’t just taking care of patients; she was tending to her neighbors. In her interactions with them, she always seemed to know as much about their children and families as she did about their respective medical problems. When you came in for a visit with Dr. Blackstock, you weren’t only having your blood pressure or cholesterol checked, you were also meeting with someone who was going to assess how your whole being was faring. I

believe our mother practiced what is now known as structurally competent and culturally responsive care, which means that the entire complex nature of the patient's background and the social context in which they live, work, love, and pray is considered during evaluation. And her patients loved her for it. She was always bringing home little gifts from them—a knitted shawl, homemade cookies or cake, tokens of appreciation.

My sister and I were only nineteen years old in 1997 when we lost our mother to leukemia—and she was just forty-seven. She died too young, but by then her influence had indelibly rubbed off on us. Our mother's passion for learning, her dogged perseverance, and her commitment to serving her community heavily influenced our own decisions to become physicians. Oni and I both graduated from Harvard University and then attended Harvard Medical School, the school's first Black mother-daughter legacy graduates. Like her, we both went to work with historically underserved populations after graduating, my sister at a hospital in the Bronx, while I went to train at Kings County/SUNY Downstate in Brooklyn, following in our mother's footsteps. In the years since then, I have felt her by my side in so many of my own interactions with patients: her ability to listen to and truly care continues to be a model for me. And it's something that our patients are crying out for, now more than ever.

During the height of the COVID-19 pandemic, in spring 2020, I found myself working at an urgent care center in Brooklyn, seeing in the region of eighty to ninety COVID patients per twelve-hour shift. One day, I remember walking into one of what seemed like an endless number of patient exam rooms to find a young Black woman in her early twenties waiting for me. She was hunched over and staring at her restless fingers, but when I said hello, she glanced up at me and gave me a quick once-over. The electronic chart said that she was visiting for shortness of breath after being diagnosed with COVID-19 a few weeks earlier. Although she was wearing a mask, I could tell from the look in her eyes that she was scared.

In those pre-vaccine days, I spent the twelve hours of each shift covered head-to-toe in layers of personal protective equipment (PPE): gloves on my hands, my bulging surgical cap barely containing my locs, a surgical mask over the N95 covering my nose and mouth, and a clear plastic shield that would often fog up over my eyes. Not only did the heavy PPE make it difficult to move and breathe in the small airless clinic rooms, there was no way for me to express my encouragement to a patient, offer a smile of

reassurance or a look of sympathy.

That day, I introduced myself and then asked the young woman to tell me about why she had come in. But before I got the chance to continue, she stopped me.

“Can I ask you something?”

I told her yes, of course, nodding vigorously in case my voice was muffled through the double mask and shield.

“Are you Black?”

I realized she couldn’t see my skin color under all the layers of PPE.

“Yes, I’m Black,” I replied, hoping she could see the smile in my eyes.

I could sense the tension leaving her body.

“Thank you, doctor,” she sighed. “At least I know you’ll listen to me.”

“I promise.”

In that moment, I knew that I was the physician she needed—someone who looked like her and whom she could instinctively trust.

The reality is that patients like the young Black woman in my clinic have much reason to be suspicious of a medical profession that continues to minimize their concerns and, intentionally or not, cause harm. One of the promises in the Hippocratic oath is “do no harm”; however, we know from multiple studies that clinicians have repeatedly caused harm to Black patients by dismissing their concerns and undertreating their pain. The good news is that racial concordance in clinician-patient interactions—the kind that my young patient craved and that my mother experienced with her patients—has been shown to actively improve health outcomes, particularly among Black patients. Studies indicate that Black babies who are cared for by Black neonatologists and pediatricians in their first year of life are more likely to survive than those treated by white neonatologists and pediatricians. What’s more, Black physicians are more likely to specialize in primary care and practice in underserved communities where patients are most vulnerable and in need of expert care. Racially concordant care for Black people is a matter of life and death!

The bad news is that there aren’t enough of us. Although I was fortunate to grow up with a Black physician mother, it’s important to understand that our mother was a rarity, as are my sister and I. The number of Black physicians in this country remains stubbornly low, with only 5.4 percent of all US physicians identifying as Black, 2.6 percent as Black men, and 2.8 percent as Black women—although Black people make up 13 percent of the

population. There is actually a smaller percentage of Black male physicians now than there was in 1940, when Black men made up 2.7 percent of Black physicians.

Training more Black physicians is only one of the many solutions needed to address the glaring and persistent health inequities that exist, but we need multiple fixes, and we need them now, because it's not just one thing that is going to solve this. The fact is that since the days, thirty years ago, when my mother was practicing medicine in Brooklyn, health outcomes have gotten worse, not better, for Black Americans. Despite the extraordinary advancements in health-care technology and innovation, structural racism continues to inflict heavy blows on the health of Black Americans.

US data collection on maternal mortality rates began in 1915. At that time, Black birthing people[*] were almost twice as likely to die from pregnancy-related complications as their white peers. Today, we are in the midst of an undeniable maternal mortality crisis in the United States, largely driven by the deaths of Black birthing people, who are three to four times more likely to die than their white peers. For decades in the US and around the world, maternal mortality rates had decreased due to improved living conditions, maternity services, surgical procedures, and access to antibiotics. However, around 2000, the US maternal mortality rate began to rise again.

Currently, Black men have the shortest life expectancy of any major demographic group. Black babies have the highest infant mortality rate. These horrifying trends were all true even before the pandemic was permitted to devastate our communities, brutally disabling and ending lives and exposing the deep racist fault lines in our society.

What's perhaps most shocking about racial health inequities is that these outcomes often persist across socioeconomic status strata and levels of formal education. Think of Beyoncé or Serena Williams, both powerful, famous, and wealthy Black women who were at the pinnacle of their careers when they had their babies. Beyoncé is a world-class singer and performer. Serena is one of the greatest athletes of all time. Both women are healthy, are incredibly physically fit, and know their bodies well. Both women suffered near-fatal childbirth experiences. Serena reported that her medical team did not listen to her, endangering her survival and that of her child. Beyoncé experienced the same pregnancy complications as other Black women with considerably fewer resources. Even with my two Harvard degrees, I have a pregnancy-related mortality ratio five times that of a white woman who never

finished high school. As the saying goes, if you're not furious about this, you're not paying attention.

Since the summer of 2020, there have been increasing general public demands to urgently reform racist policies in this country and a stronger desire and substantial need to start addressing systemic inequities at their root. There are finally discussions within medicine and health care about including education on systemic racism within medical school curricula and the other systemic factors that influence health, like poverty, inequality, inadequate housing, and lack of employment opportunities. There has been a call for health-care institutions to be more thoughtful and transformative in considering how we are educating and training anyone interacting with patients. The health-care system needs to give practitioners of all backgrounds a framework for understanding what Black patients and communities have gone through in this country for centuries and what they are still enduring. There is palpable urgency to move toward a model of structurally competent health care. The framework of structural competency, first described by Dr. Jonathan M. Metzl and Dr. Helena Hansen in 2014, offers a paradigm for training health professionals to recognize and respond to the impact of upstream structural factors, like poverty and systemic racism, on patient health and health care.

But we can't fix the problem until we can see it clearly. It took me many years to fully understand the centuries of history underpinning racism in medicine today. There were many steps in my own education, glaring gaps in my learning and understanding as a young person and student. It took me until well into my career as a physician to recognize the sheer scale of the problem, to free myself from the institutional status quo so that I could begin to fully speak my truth. It wasn't until the time of COVID-19 and the Black Lives Matter protests of 2020 that I finally came into my power and truth as a Black physician advocate on these issues. It was also at this time that I began to write this book.

In the chapters to follow, I will trace my mother's journey and my own as a physician, identifying, as I go, the fault lines both within and outside our medical system. My hope is that our story will speak to anyone who is concerned about dismantling racism and centering equity and justice in this country, because it's impossible to truly understand these phenomena until you understand the ways Black people have been excluded, ignored, and ill-served by our health-care system. We can and must do better for our Black

patients and other patients of color, and by extension create communities that are fairer, more equitable, and healthier for everyone. Yet, progress has been far too slow.

Recently, I discovered an introductory letter my mother wrote, over three decades ago, for the event program of a 1990 convention of local Black physicians, in which she grapples with so many of the same problems we're confronting today. "It is ironic that as we enter the age of neotechnology," my mother wrote thirty years ago, "we do not have a health-care system in place that is equitable for all participants. Worse, a health-care system that refuses to embrace all in need." Although she died prematurely, my mother's spirit lives on in my sister and me, her patients, the communities she served, the future physicians she mentored, and the organizations she led. It will live on in this book too.

PART I

WHERE IT BEGINS

ONE

The Original Dr. Blackstock

From an early age, my twin sister, Oni, and I loved to play with our mother's doctor's bag. It was an old-school, heavy black leather bag, worn and cracked around the edges, that snapped open from the top to reveal the medical instruments inside. Her full name was written in faded golden uppercase letters across one side of the bag, followed by "M.D." The bag lived in her bedroom, under her bureau. As children, we were always getting into her business, whether it was looking through old papers and photographs in the small file cabinet in her room or pulling out shoes and scarves from her closet. We knew that the medical bag was important to her, so that made it important to us.

Whenever we could, we snuck up into her room, emptying out the contents of the bag on the floor: her stethoscope, with its long rubber tubing, the little hammer to test reflexes, the otoscope for ear exams, the ophthalmoscope for looking at the eyes. Then we'd sit and play doctor together. I'd listen to the thump, thump, thump of my sister's heart with the stethoscope in my ears or I'd hop up onto the bed so Oni could hit just under my knee with the reflex hammer, making my leg flip up quickly. If our mother came in and found us mid-game, she would smile warmly. She was a petite woman who wore her hair natural and in a small Afro.

"Girls, please be careful with those. They're all quite delicate," she warned us.

Except for the stethoscope, I didn't know any of the names of the precious contents of the bag, but I understood these were the tools of our mother's trade. By the time my sister and I got to Harvard Medical School, the instruments were as familiar to us as the forks and spoons in our kitchen.

The children's advocate Marian Wright Edelman once famously pointed out, "You can't be what you can't see." Growing up in Brooklyn in the 1980s and '90s, we saw Black women who were physicians all around us. Our mother practiced medicine at Kings County Hospital Center and its state

affiliate, SUNY Downstate Health Sciences University, not far from our home in central Brooklyn. Our own pediatrician, Dr. June Mulvaney, was a Black woman. We loved going to see Dr. Mulvaney, even if vaccinations were involved, because she was a bespectacled, kind older woman with soft hands and an even softer smile, who was a good friend of our mother's. Another Black physician, Dr. Mildred Clarke, an obstetrician-gynecologist, lived on our block. We would often see Dr. Clarke while out running errands, stopping to chat about the most recent neighborhood news. Our mother was the president of an organization of local Black women physicians that included Dr. Clarke and Dr. Mulvaney. They were all very put-together, fiercely intelligent women who held themselves with pride and devoted their little spare time educating their community through holding events like local health fairs.

From the day she gave birth to us at Columbia-Presbyterian Hospital in the Washington Heights section of Manhattan, our mother was determined that my sister and I should have every opportunity she had lacked. We grew up in the home our family owned on St. Mark's Avenue in Crown Heights, Brooklyn. Back then, Crown Heights was a bustling neighborhood that was home to many middle-class and working-class families, a uniquely Brooklyn mix of Black Americans and immigrants from the Caribbean like our father, Earl Blackstock, who was born in Jamaica. Our mother was constantly reading to us as small children, bringing us to the library for story time or taking us on educational adventures in Prospect Park and the Brooklyn Botanic Garden. When we got older and entered grade school, she was the kind of mother who didn't hesitate to give us extra assignments if she felt our teachers weren't assigning enough challenging work. If we had friends over for sleepovers, she'd cue up the movie and popcorn, and when the movie was over, she'd announce it was time to do our math worksheets. Our friends, who also had to do the worksheets, didn't seem to mind too much—somehow, she made it all seem like part of the fun. Saturdays were for a host of extracurricular activities: violin lessons, music theory, modern dance, and gymnastics. I can still picture her, leaning against the sink in our old kitchen, scouring the newspaper for educational activities while we were on vacation from school. Her goal was to keep us stimulated—always. Much to our dismay, we were rarely allowed to watch television. On weekends and holidays, we went to the most popular NYC museums, the United Nations, science exhibits, with our mother narrating, explaining, pointing things out as

we went along. Even a walk around our neighborhood was an educational adventure, with her perusing her pocket-size book on flowers and pointing out the different types in our neighbors' front yards.

"Girls, come over here. Look at these gorgeous azaleas," she'd say to us, bending down to touch the flowers lightly with her slender fingers. "They bloom only in the springtime," she'd continue as we peered over her shoulders.

Looking back, I think she understood that this world was going to be tough on us and she needed to make sure we were fully prepared, but also that we experienced moments of joy.

For our mother, science was part of that joy. Once we went to a science exhibit where there was a real cow's eyeball on display so that kids could pick it up and see how an eye worked. At first, my sister and I recoiled from touching the large white eye with its spidery blood vessels, but our mother persuaded us to cradle the strange object in our hands, then she leaned in close and explained the mechanisms of the eye to us in great detail. What had scared us a few moments before became a way to introduce us to the wonder of sight.

When summer came around, she signed us up for science programs, including one at her hospital, where she taught some of our sessions. Her specialty was nephrology, the study of the kidneys, and I have a clear memory of sitting in class at age twelve, with a small group of other students, watching her standing in front of the chalkboard, wearing her long white coat over her small frame. I felt so proud to have her up in front of the room teaching a classroom of my peers.

As she took a big piece of white chalk, she asked us, "Did you know that the kidney is one of the most sophisticated organs in our bodies?"

She drew a long looping shape on the board, exclaiming, "And this is the nephron, the smallest unit of the kidney! It's a powerhouse."

I remember her pulling a cylinder-shaped filter from a dialysis machine, to show us how it processed the blood from patients. She explained to us, in easy-to-understand terms, how this plain-looking filter saved lives. It was in that moment, sitting in that classroom as a twelve-year-old on a hot summer day, that I realized the power of my mother's work—to heal, to repair, to care. To be the difference between someone living and dying. I felt in awe of her.

I later learned that our mother chose her specialty, nephrology, because

it’s one of the most difficult specialties in medicine—the kidneys are incredibly complex organs, and she loved a challenge. But I believe she also went into the field because kidney disease disproportionately affects Black people, and she wanted to help in some way. Because poorly controlled blood pressure and blood sugar negatively impact the kidney’s function, many of her patients also had these conditions, which were the result of lack of access to quality care and the chronic pressure of living with racism and other structural inequities. In her work, my mother was determined to address these entrenched health problems to the utmost of her abilities.

It wasn’t only patients who benefited from her time and attention. Black medical students and junior faculty at Downstate sought her out for inspiration and advice and she became a mentor to a generation of Brooklyn physicians, even inspiring those in health care who weren’t physicians, but physician assistants, nurses, and social workers. Many years later, as an adult, I ran into a former student of my mother’s at a medical conference in the city. We made eye contact across the room, and she smiled and made her way toward me, later saying that she had recognized me because I looked so much like my mother. She immediately introduced herself, hugged me tightly, and told me that when she was a third-year medical student doing her clinical clerkship, she had gone to see my mother and confessed how nervous she felt about presenting patient cases. She had explained how she was immobilized with fear and anxiety when it came her turn to describe the patient’s medical history and plan for treatment to the team. From then on, my mother met with her every morning, before the start of the day, so they could practice her oral presentations together. This wasn’t part of my mother’s role or responsibility at Downstate—she wasn’t even on the woman’s team. But my mother knew how it felt to be a student looking for that kind of support, and so she became the mentor she wished she’d had. Today, that student is the associate dean in the Office of Diversity Education and Research at a New York City medical school.

Our mother was tireless in her work ethic. Even after she left the hospital, her work wasn’t done. Back then, she was president of the Susan Smith McKinney Steward Medical Society, a local organization of Black women physicians named after the third Black woman to obtain a medical degree in the US and the first in New York state. During the society’s regular meetings, Oni and I would sit in the back of a large conference room, doing our homework, whispering, or passing silly notes back and forth, as my mother

and her colleagues handled their serious business. They spent considerable time planning community health fairs, where they would dispense information about diabetes, high blood pressure, and other health issues rampant in our community. At the fairs, they would take people's vital signs, recommend follow-up services, and counsel neighbors about healthy diet and exercise. Our mother and the other women in her organization were our role models. They worked, they raised children, they took care of their households, and they gave back to their communities.

I don't think it ever occurred to Oni and me to do anything else with our lives but to follow in their footsteps.

While Oni and I were surrounded by Black women physicians as young girls, our mother had had the opposite experience. She used to tell us that growing up, she rarely saw a physician, let alone a Black one. Raised by a single mother and without a father in sight, with five siblings, my mother spent her childhood living in what she described as a series of rodent- and roach-infested apartments, including one where a rat had once bitten her on the forehead (she still had the scar to prove it). Back then, the family received support from Aid to Dependent Children, or ADC—otherwise known as welfare—but according to our mother, those funds were never enough. Once, she told us, our grandma was so desperate to put food on the table, she dragged her six kids down to the welfare office and threatened to leave them there unless she could be given more money. Then she walked out. Although Grandma couldn't have been gone for more than fifteen minutes, to our mother, who was six years old at the time, it felt like an eternity.

Our grandmother was a sturdy woman who had a no-nonsense personality and a life story that was full of tough times. For a Black woman born in New Jersey during the Great Depression, the idea that she could have a daughter who might succeed academically and go on to be a physician must have felt beyond her imagination. Grandma had barely completed high school. She got nervous when our mother spent too much time studying and was always reminding her to clean or do dishes, to make herself useful. Yet her influence was felt in the family in other ways. She read the *Daily News* to her children,

pointing out words and pictures to them, and it must have helped because my aunt and one of my uncles were placed in gifted programs. Grandma didn't just raise smart children; she was talented in her own right. Years later, she passed the exam to become a licensed practical nurse on her first try without ever cracking a textbook (she claimed she couldn't read the small print). She attended school full-time, worked full-time, took care of her family, and got herself off welfare.

Our mother suffered from a severe stutter as a child. My grandmother wouldn't have known what a speech pathologist was, and even if she had, she likely couldn't have afforded one. Instead, her home remedy was to slap our mother hard in the mouth with her hand or a comb whenever her daughter stuttered. Eventually, our mother somehow overcame the speech impediment, but in its place, she developed a deep-seated fear of speaking in public, worried that the words wouldn't come out right—or wouldn't come out at all. Even as an adult, a physician and leader in her community, she knew she had to be very well prepared for presentations. She couldn't ad-lib.

She also developed a particular kind of empathy for those who are struggling, a desire to help people, and the drive to use education to transcend her circumstances. At her all-girls Catholic high school in Brooklyn, our mother realized that she probably wouldn't make it as a nun or a saint, and so the next most challenging and interesting thing to do was to become a physician. When she first began to consider becoming a doctor, she went to one of the sisters to ask for advice. She told this woman that she was thinking of trying for a medical degree. The sister laughed at her, despite our mother's excellent grades.

"Maybe you could try to be a social worker," the nun said.

With doubt creeping in, she spent two years at New York City Community College studying liberal arts. It wasn't until she transferred to Brooklyn College, a four-year-college, that she found the support necessary to cultivate her interest in medicine. Dr. Clyde Dillard, a Black chemistry professor, took her under his wing, as he did with all students of color in his classes, eventually becoming her mentor. There at Brooklyn College, she majored in biology and completed her premed courses. She excelled and during her last two college summers, she was accepted to and attended the Harvard Health Career Summer Program, for students from groups historically excluded from medicine who were interested in a future in the health profession. This program allowed her to take courses at Harvard

Medical School. Dr. Dillard told her, “I really think you should apply to medical school.” Following his sage advice, she did. She was accepted to every medical school to which she applied, ultimately matriculating early-decision at Harvard.

Her first day of medical school was a complete culture shock for her. “What am I doing here?” she remembered asking herself. She was a little Black girl from Brooklyn; meanwhile, the majority of her classmates were white and from affluent backgrounds. In her class alone, there was a student who was a relative of Jackie Onassis, several students whose parents had written the textbooks they were using in class and were professors at Harvard, and another student whose father won the Nobel Prize in Medicine for immunology. Her life couldn’t have been more different than theirs. While she wanted to believe that she deserved to be there, she wasn’t always certain. Her own claim to fame was that her mother had received her LPN degree after raising six children, attending school full-time, working full-time, taking care of the family, and getting off welfare. Our mother was very proud of her mother’s achievements, but they weren’t a Nobel Prize in Medicine.

When my mother told the story of her time at Harvard, she insisted that she didn’t experience any overt racism while there. Notably, her class at Harvard was one of the most diverse in the school’s history because of diversity initiatives begun soon after Martin Luther King Jr.’s assassination. A full 10 percent of her class were Black students. The faculty gave a lot of support to everyone in class, although because my mother was shy due to her stutter, she ended up not being able to take advantage of the help; she was too scared to ask for it. Even so, there were inevitably incidents that led her to question whether racism was at work. During one of her rotations, a professor held open a door for a white male student while letting it slam in her face. Another time, when a male professor made a joke in bad taste about women during a radiology conference, he apologized to a white student within earshot, but not to my mother, who was standing right next to him. Once, during a breakfast meeting, my mother’s hand accidentally brushed against one of the pastries and she saw out of the corner of her eye one of the white residents pick it up and drop it in the garbage. Another time, she was told not to sleep in an empty patient room—as was customary after a night shift—because a white male resident needed to sleep there. Then there was the white patient who didn’t want to be treated by a Black student-doctor and told my