

Diversity, Equity, Inclusion, and Justice

White Coats for Black Lives

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White Coats for Black Lives is a movement that sprung from the depths of despair as another Black body was unjustly slain at the hands of those tasked with protecting and serving. As a physician and a Black woman, a white coat and a Black life are 2 spaces I occupy that often require me to suppress the latter for the former. In the wake of recent police killings of unarmed Black individuals, one narrative that has arisen is that medical professionals' job is to just treat patients. We should keep "identity politics" out of our practice. However, my attempts at shrinking my Blackness are futile because my white coat doesn't shield my Black body from structural and institutional racism.

Each day, as I walk into the hospital and put on my white coat, I am reminded of my honor, obligation, and oppression. It is my honor to join the ranks of those called to provide and protect the health and well-being of all children. It is my obligation to utilize my privilege to pave the way for those who look like me to go forth and attain the freedom this country owes them. And yet, steeped in that honor and obligation too lies my oppression, as I am required to check all other aspects of my identity at the door and exist in a space that continually questions my qualifications, applies unequal standards of care to my Black patients, and silences my objections.

Being a Black woman and a physician has often felt like an existence of opposing identities. As a physician, I am entrusted with protecting the bodies, health, and well-being of my patients and am told all lives matter. Yet as a Black woman I carry the legacy of enslavement, experimentation, eugenics, and disenfranchisement.^{1,2} I have attempted to lead with my professional identity as a means of subverting the oppositional nature of my dual identities, yet have often failed, as I have found the first and often only thing I am judged by is the color of my skin. On countless occasions people have assumed that I am anything other than a physician, even from day one of intern year. Still beaming with pride from the transition to a long white coat, I presented on rounds. At the end of my presentation, it became clear that the

attending mistook me for a nurse, asking if I had placed an IV and administered medications on time. On another occasion during a rapid response, I entered the room and identified myself as the senior resident and code captain. As I was mobilizing resources and organizing the team I was stopped by the bedside nurse, with whom I had been communicating throughout the day as the patient's clinical status deteriorated, and questioned about my role and purpose in the room.

As I have advanced in my training and developed the ability to assert myself, the misidentifications have lessened. However, I have encountered new challenges to my dual identities of Black woman and physician. I have endured the "to play devil's advocate" comments in doctor's lounges and workrooms about past criminality or noncompliance after the many police killings of unarmed Black people, as if their offenses are worthy of death as a consequence. I've had my entire CV provided to my patients' concerned parents by well-intentioned supervising physicians to ease their doubts about my ability to provide care. The challenge of these experiences happening while in training is that it has created a sense of distance and decreased visibility between myself and my non-Black colleagues. The impossible task I've endured is having to be eager and inquisitive with my attendings, collegial with colleagues, and present for patients while juggling the historical pain of knowing my humanity was a negotiation necessitating revision to the nation's most sacred document.

In addition to managing the microaggressions woven into the fabric of this profession, I have also borne witness to how racism yields poorer health outcomes.³ On one occasion I arrived at a neonatal resuscitation to find 2 intensely terrified Black parents worried their infant would become part of the Black neonatal mortality statistics they had heard about on the news, a fear I too held when I developed pre-eclampsia while delivering my daughter.⁴ In those 2 moments, as a physician caring for a Black infant and as a patient delivering a Black infant, the predominant predictor of outcomes was Blackness. The risks associated with Blackness are proxies for racism, and this understanding colors how I think about what

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influences risk for adverse outcomes with all of my patients. Yet I am also often left pondering what medicine could look like if all physicians approached risk assessment in that manner.

On May 25, 2020, George Floyd, an unarmed Black man, was executed at the hands of police officer Derek Chauvin. What followed was a movement that crossed generations, genders, religions, and ethnicities, where people holistically and unilaterally said “no more.” I too stand with the world in my white coat as a Black woman and physician, saying “enough.” The data is written on the wall and as physicians, we cannot ignore the link between racism and health outcomes.³ We are duty-bound to protect the health of the whole being and in doing so must understand all insults that breach that duty. In 2021 being a physician means keeping abreast of the latest scientific and medical advances as well as continually assessing our biases, using appropriate historical and social context to assess risk factors, using our voice and status to change racist laws and policies, and ensuring all of our patients have access to the building blocks of health and wellness.

As people rise and demand justice, equity, and humanity for Black bodies, I see the contrast of my white coat against my Black body as a call to action. This contrast of 2 opposing symbols—my white coat and my Black body—cannot occupy the same space without symbolizing the historical reality that the fulfillment of the values of equity, equality, and justice for all was not really intended for “all.” Just one generation removed from Jim Crow and the Civil Rights Act, the road to my existence was paved with insurmountable barriers, yet here I stand. Advocating for a just society is a role a physician is uniquely poised to inhabit. Armed with science and data, along with a trusted and respected role in our communities, we can speak directly to those tasked with curating that society and see its manifestations in real-time in

the patients we serve. So now more than ever it is crucial that I stand in my white coat and ask my colleagues to stand with me and say *no more*. No more unequal policing, no more unequal access to comprehensive health care, no more disproportionate Black maternal and infant mortality. Physicians must demand a just society for all.

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