



Curating Anger and Anguish Into Determination and Devotion: Black Women Faculty as Mentors in Medicine

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AS PEDIATRICIANS, WE promote the benefits of exercise to prevent obesity and early death. Ahmaud Arbery regularly went running, and racism still violently took his life at the young age of 24. As physicians, we are aware of the higher rates of death from colon cancer among Black people. Chadwick Boseman, best known for his breathtakingly regal portrayal of the iconic “Black Panther,” died from colon cancer at the early age of 43, transcending the statistically significant *P* values of cancer research. Together, we (DW and VW) help comprise the less than 3% of all physicians in the United States who identify as Black women. With every passing day, the Black maternal mortality crisis in this country unjustly steals years away from our future, and Dr. Charniece Wallace, a Black woman physician and pediatric chief resident, tragically died from complications of pre-eclampsia at the premature age of 30.

We deeply mourn the deaths of these young people whom we never met. Our sorrow feels so profound because we see ourselves in each of them. They remind us of our Black sisters and brothers, sons and daughters and our medical students and trainees. We recognize that we grieve so intensely because no matter our profession, there is no identity we can take on that protects us from the realities of living as a Black person in the United States. Despite this, we audaciously dare to hope for and demand better for those we nurture and love.

In this fusion of our identities—Black women, physicians, pediatric academicians and subspecialists—we realize that we can allay some of our personal anguish and anger over ongoing racial injustices by devoting ourselves to our profession. Pediatrics values family and champions advocacy. However, we know this also means holding ourselves to the highest standards of excellence.

Particularly in the environment of academic medicine, we almost invariably push ourselves harder to surpass the standards and expectations set for faculty. We simply cannot afford anyone questioning our worthiness as faculty members.

As a survival tactic, we habituate to the chronic stress of existing in environments that try to rebuff our experiences of mistreatment or attempt to deny their existence altogether. When we do speak out, we prudently add a preamble of data and statistics to our narratives. We do this instinctively because our experiences have taught us, in the absence of such objective information, we are not seen, heard or believed. When others attempt to admonish us and insist that racism and issues of diversity do not just affect Black people, we defend ourselves by providing historical context for each and every issue we raise. Immensely frustrating, repeating this process over and over again exhausts us. Yet, we persevere because our experiences in these situations forge feelings of empathy that connect us to our mentees in a way that authentically affirms their struggles of anger and anguish. Through our mentoring efforts, we dedicate ourselves to seeing our mentees, listening to them and believing their experiences. Our work also includes providing them with tools to navigate through the promises and pitfalls of our profession.

Mentoring our Black medical students and trainees means wrestling with painfully challenging questions too. What responsibilities do Black physicians and trainees take on to save Black lives? Can we call ourselves patient advocates if we repeatedly fail at explaining to some of our colleagues that all lives matter when Black lives matter as much as white lives? Are we truly healers if we willingly work in systems that continue to perpetuate health disparities based on racial and ethnic identity? How do we use

the platforms of our profession to protest the state-sanctioned violence that continues to tear apart our communities and worsen our health and well-being? How do we ease the fears of our mentees and ask them to trust our health and justice systems when curfews imposed by a pandemic put their lives in jeopardy (by increasing their chances of being pulled over by law enforcement officials)?

Walter Scott died while running away from the police after five bullets punctured his body, including the fatal shot that traveled through his back to his heart. Some said that he just needed to comply with the police officer's orders. Well, how do we explain Philando Castile dying after trying to comply with the police officer who then fired 5 of 7 bullets directly into his chest? Police officers killed Breonna Taylor after six of the 32 shots they fired riddled her body with bullets. Some said that she needed to make better decisions with her life. Yet, Atatiana Jefferson, who aspired to be a doctor and served as caregiver to her mother, was fatally shot by a police officer. It happened inside her home while she stayed up late to play video games with her nephew.

How many times do we hear the argument that Black people just need to obey the law? While bird watching in the Ramble area of Central Park, Christian Cooper obeyed the law. As she walked her unleashed dog in the same area, Amy Cooper (no relation) did not. Nevertheless, when Christian asked Amy to follow the clearly posted rules, she boldly threatened to lie and intentionally weaponize the New York police department against him.

There are no easy answers to any of these questions, so we return to our mantra: "...audaciously dare to hope for and demand better for those we nurture and love." As a mother (DW) and a sister (VW) to young Black men, we both struggle to hide the worry that saps our souls each time our men walk out the door. Love and concern drive us to remind them to always carry a state identification card – even if only walking down a street in our own neighborhoods. Why do we still behave this way when our mantra dictates otherwise?

We know that neither their aspirations nor their obedience can protect them. No educational training or discipline can ease our worry as we grapple with the reality that 1:1000 Black men die at the hands of law enforcement. As pediatricians, we cannot help but remember that this 1:1000 level of contagion matches the infectivity rate of measles. Unfortunately, no matter how hard we try to eradicate these preventable tragedies from our country, we can offer no vaccine to protect our beloved Black men from the harms of structural violence.

Instead, we find solace in how our Black men love us. They studiously watch and listen as we attempt to reconcile our roles as wife, mother, sister, aunt, friend, physician, teacher, and mentor. They know us and recognize the strain in our voices as we struggle to find the words and actions that can comfort the tears pouring out in response to another round of unthinkable depravity. One of us (DW) opens her home to students and trainees in need of respite and reassurance. The other (VW) forgoes sleep to answer the text messages, phone calls, and ZOOM

chats across time zones that often last well into the wee hours of the morning. Then, we each start our days over again and continue pouring out inspiration and compassion to young Black medical students and physicians. We do these things in hopes of drowning out our own disquieted feelings of doubt and exhaustion. Through it all, we believe that the beloved Black men in our lives recognize the significance of us faithfully serving as mentors.

The cumulative toll of Black people dying, however, never leaves us. It stays with our mentees too. We continue to spend our time comforting our mentees and encouraging them to bend without breaking from the pain. We teach them to push through so they can study and learn through the pain. We remind them of the prime directive: To graduate. To finish. To continue. We insist that they can do more for their communities and speak from a greater place of authority once they graduate.

In our quiet moments, we marvel at their energy and resilience. Their tenacity leaves us in awe. Their sense of urgency inspires us to keep caring for patients and completing scholarly activities while shouldering so much emotional and mental pain. We shift and readjust the burden so we can commit our remaining time towards cajoling our colleagues into actionable allyship that does not exacerbate our pain. For although we know that "the master's tools will never dismantle the master's house," we still use those tools to build necessary bridges and help our mentees navigate through the ivory towers of academia.

At times, the lack of true solutions and sense of inadequacy stir up feelings of anger and frustration for us. As Black women physicians, how do we safely express our truth and sidestep the trap of reinforcing the "Angry Black Woman" stereotype? How do we avoid triggering the all too common reactions of our colleagues "feeling threatened" by our heartfelt, passionate expressions? What will it take for them to step back and consider how our experiences as Black faculty often differ so greatly from their own, and then respond to us with empathy and compassion? In reality, these questions rarely, if ever, yield answers. Instead, we press on and focus our energy on creating a safe space for our mentees. We fastidiously protect their confidence and allow them to express the full range of their emotions in response to their experiences with mistreatment. We attentively listen as they voice their anger and their angst at being labeled as a disparaging stereotype.

We do persevere over how much to share versus how much to guard the brave spaces we participate in with our mentees. After repeatedly receiving rejections of our perspectives and experiences, we cautiously and skeptically approach any request to say how we really feel. As a more acceptable alternative, we construct research studies and build programs that establish scholarly credibility for our diversity, equity, inclusion, and belonging activities. We take on quality improvement projects that try to decrease racial disparities and improve clinical experiences for our patients. Too often, we over-volunteer to help these causes, only to under-support the advancement of our own academic careers. No other choices make sense. The intensity of this crisis looms larger than most people can

conceive. Constantly feeling the need to accommodate the status quo in order to attain academic advancement contributes to feelings of anxiety and depression. No one escapes unscathed. Not our patients. Not our mentees. Certainly, not us.

Disregarding our own struggles at times, we push ourselves to respond to every plea for help and every outstretched hand in search of assistance. We compartmentalize the anguish and remain anchored in our devotion to our mentees and to our roles as mentors. We cannot break down or turn away because we know all too well the despair of feeling forsaken and alone. Given the paucity of Black physicians in academic medicine, we consider ourselves akin to plumbers. We are trying to stop an

already leaky pipeline from bursting and losing generations of Black physicians and physician-scientists. We absolutely cannot afford a catastrophe of such epic and far-reaching consequences.

With determination and discipline, we focus on the best ways to heal the wounds of racism and disparity inflicted upon all of us. We act in the midst of crisis because we are deeply devoted to and invested in our Black students and trainees. We reflect on those mentors and elders who showed the same devotion to us. As an act of gratitude and love, we steel ourselves to not falter in our dedication to mentoring. Together, we make a promise to each other that we never abandon this noble and worthy calling.