

PERSPECTIVE

Rallying Against Racism: Hospitals Join the Fight for Racial Justice

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This article highlights the timely situation that resident physicians, faculty, and staff are facing after the recent highly publicized murders of Black Americans and its impact on our healthcare communities. We discuss our experiences of how the hospital can serve as a meeting place for anti-racism, as well as how anti-racist events at the hospital can raise public consciousness and be catalysts for creating a more inclusive, diverse, and welcoming environment for all members of hospital communities.

J Gen Intern Med 36(1):200–2

DOI: 10.1007/s11606-020-06291-2

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“I know a guy in the AV department who can get us a microphone.” Those simple words propelled a once far-fetched idea into action. Though separated through computer screens, we all could sense the flicker of determination in each other's eyes.

It was a late Sunday night when we first gathered as resident physicians from several Boston hospitals to discuss the impact of the recent racial violence on our hospital communities. We were exhausted after innumerable long days on COVID-19 wards, but that night we were energized. Our shared resolve to address racism within our own hospital walls compelled us to take the microphone. It was time to collectively amplify the voices of Black physicians in our hospitals and across the entire city of Boston.

Boston's dense concentration of academic hospitals is often described as disjointed and competitive, but it took just days to synchronize anti-racism efforts across our academic health centers. In the wake of the horrific deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and Tony McDade, and too many others, hospitals across Boston surprised nearly everyone when they became hosts of anti-racism protests. Most of these peaceful demonstrations were spearheaded by concerned groups of resident physicians.

Historically, hospitals have not been welcoming spaces for public organizing efforts.¹ Medical centers rarely host demonstrations, especially on topics as historically divisive and pernicious as racism. Some members of our working group worried a demonstration would be deemed unprofessional by hospital leadership. The mission became too critical to become ensnared by fear. We leaned into the words of Angela Davis: “Sometimes we have to do the work even though we don't yet see a glimmer on the horizon that it's actually going to be possible.”

During that first late-night meeting, our group of residents began to reimagine the hospital as a pivotal convening place in the fight for racial justice. We discussed how academic medical centers too often teach us to center white voices, view white leadership as “normal,” and consider racial justice work as optional. Black colleagues shared how they are often forced to shoulder anti-racist initiatives, risk facing invalidation, marginalization, and retaliation. Meanwhile, all too often white colleagues and even “white allies” view racism as personally irrelevant and thus evade responsibility. An essential step would therefore be to initiate these difficult, but critical conversations about anti-racism within our healthcare community. We wondered—how can we use our voices to facilitate discussion and accelerate anti-racism within our hospitals? Like good internal medicine residents, we performed a thorough diagnostic evaluation.

First, we took a detailed history. Despite the abundance of healthcare resources and infrastructure, Boston's racial health disparities thrive. There's a 25-year difference in life expectancy reported between residents of Back Bay, a predominantly white neighborhood, and Roxbury, a predominantly Black neighborhood.² These examples of structural racism are not unique to Boston; these forces operate throughout the USA and extend into our hospitals and clinics. Racial inequities in healthcare access and outcomes are well-documented in the medical literature. For example, a recent study performed by the Brigham and Women's Hospital (BWH) Department of Medicine found that Black patients with heart failure were less likely to be admitted to specialized cardiology services compared with their white counterparts, which may in part explain racial inequities in heart failure outcomes.³ Another study found that medical students and residents believe Black people are biologically programmed to feel less pain, contributing to

Prior Presentations N/A

Received September 8, 2020

Accepted October 5, 2020

Published online October 20, 2020



Figure 1 Resident physician organizers and hospital leadership stand together at the anti-racism demonstration.

racial inequities in pain assessment and management.⁴ Racism also has profound professional and economic implications at the hospital. Black faculty are rarely represented in the highest levels of hospital leadership, and Black faculty and staff face critical barriers to retention, promotion, and professional advancement.⁵

After reviewing the data, we wove together the following assessment: first, we must all acknowledge that racism operates daily within our healthcare institutions, and second, we all, white people most essentially, must acknowledge our responsibility and organize for change.

As an initial step, we organized a hospital-wide demonstra-



Figure 2 Hospital community members kneel for 8 minutes and 46 seconds in memory of George Floyd

tion. Despite our initial fears, the demonstration was met with robust support from our hospital community as well as hospital leadership (Fig. 1). Over 500 hospital employees gathered, masked, but side-by-side to demonstrate their solidarity, including not only resident physicians, but also patient care assistants, laboratory staff, spiritual care staff, nurses, attending physicians, and hospital leadership (Fig. 2). The demonstration created space to communally mourn the unthinkable losses of Black lives, as well as to publicly declare that we all, personally and institutionally, must make a longstanding commitment to anti-racism (Fig. 3). Members of hospital leadership made public commitments towards continued anti-racism action. With input from our Diversity and Inclusion faculty leaders, underrepresented in medicine (URM) residents, and community organizations, we as residents committed to working with leadership to enact several anti-racist actions at BWH, including increasing Black faculty and staff representation; increasing transparency, accountability, and a remediation when hospital staff commit acts of racism or microaggressions, and decreasing insurance barriers to care at our hospital which disproportionately impact Black patients; and tracking patient interactions with hospital security officers by race and developing an action plan to address racist inequities in security interactions. Many of these key initiatives, which were introduced at the demonstration, have been widely supported by BWH staff.

The demonstration served as a catalyst for multiple anti-racist initiatives within our Department and our hospital. Some of these efforts have already been implemented, such as institution of comprehensive anti-racist curriculum within our internal medicine residency program, and recognition and celebration of Juneteenth by the Department of Medicine for the first time. Our hospital has committed to increase URM representation in each Department among trainees as well as faculty. Numerous other initiatives are ongoing, such as development of a confidential racism reporting tool and strengthened relationships with community health centers that serve predominantly Black patients.



Figure 3 The hospital community mourns together for the loss of George Floyd and countless other Black lives.

As Kēhaulani Kauanui reminds us, “Racism is a structure, not an event.” The tragic deaths of George Floyd and so many others are symptoms of deeply rooted racism that operates daily in our homes, neighborhoods—and our hospitals. We recognize that these actions in our hospitals are only the first step in a lifetime commitment in pursuit of anti-racism, but they are a critical first step. Anti-racism demonstrations can serve to raise public consciousness and catalyze further anti-racist efforts within healthcare communities. The first step may be as simple as finding a microphone.

Acknowledgments: Special thanks are given to all of the Black community at BWH and the Greater Boston area. We also thank our supportive leadership, especially Dr. Naval Nour, Dr. Joel Katz, and Dr. Joseph Loscalzo.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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