I was frightened as I drove slowly through the winter storm. Although I had lived in New England and the Midwest for almost fifteen years, I still did not feel comfortable driving in snow. On this day my journey was particularly treacherous—the roads had not yet been plowed, visibility was severely compromised, night was falling, and I was upset from events that had occurred earlier in the day.

I was a faculty member at a midwestern university school of medicine, and the dean had invited me to give a presentation about the status of minority faculty, residents, and students at the dean’s retreat—a meeting that included school administrators and representatives from all departments. I jumped at the invitation. I had been appointed to the medical school’s strategic planning committee and had been working to get the school to address issues of racial and ethnic diversity. This meeting, I thought, would give me an opportunity to press my case to an influential audience.

The morning of the event I set out early for the sixty-mile drive to the resort where the meeting was to be...
It was sunny, but the forecast called for snow. As I drove, I thought about what I wanted to say to my audience, most of whom I had never met. I decided that I wanted to let them know what it was like to be a person of color in medicine. I was one of the few black faculty members at the medical school, so minority students often came to my office to talk about their lives. They shared stories of triumph—making it through the first year, delivering a baby, getting into a residency program. They also shared stories of sadness—feeling isolated from their classmates; being mistaken (even by medical professionals) for janitors, maids, and dietary workers; being more intensely scrutinized than their white classmates are by security guards and attending physicians. Making myself available to the students was time-consuming, and I often worried about the effects on my research productivity. But I felt an obligation to these students. If I turned them away, where would they go? Also, I felt that I was repaying a debt; minority faculty had been there for me when I was in medical school.

At times my minority colleagues and I talked about the difficulties we faced at a predominantly white medical school in the Midwest. We talked about being asked to leave the doctors' eating area because we did not fit the picture of the typical physician, and about a female patient screaming when a black man (her physician) had walked into her room. We realized that despite our credentials, achievements, and white jackets, our race would make it impossible for some people to see us as physicians. Yes, I thought, as I drove to the meeting, it was important for those at the dean's retreat to better comprehend the experiences of people of color in medicine.

A Lone Voice

I walked to the podium and looked at my audience. It was overwhelmingly male and almost exclusively white, except for one black female administrator. For fifteen minutes I discussed the experiences of minority faculty, residents, and students at my university and at other medical schools. Following the style set by my grandmother, who was a storefront minister, I am usually a very emotional, dynamic speaker. But on this day I altered my style. I gave what I thought was a clinical, dispassionate presentation. I reported my observations about some of the obstacles that minorities in medicine faced. I made my diagnosis: The medical school needed to create an environment that was more hospitable to people of color. I even suggested a few remedies: increase the number of faculty of
color, augment the resources of the multicultural affairs office, add more multicultural topics to the curriculum.

I finished my talk and sat down amid polite applause. At my table sat the acting chair of one of the departments, who made the first comments on my presentation: “I talk to a lot of minority students, and I’ve not heard what we’ve heard here today. I doubt if it is an accurate depiction of what goes on here. I have a woman resident who will tell you differently.”

I was taken aback by the hostility of his comments. I had not expected such a response. His words hurt. He was dismissing out of hand my experiences and those of other minority physicians. He was calling me a liar. He was saying that my words could not be trusted but that those of a white woman resident who was under his supervision could. He also was disrespecting my status as a senior faculty member. I was the first and only black woman tenured at the medical school, and I was very proud of that accomplishment. I wanted to cry, but I translated my hurt into anger. My voice raising, I retorted, “I will not be dismissed. Just because you have not heard the stories does not deny their existence.”

The room went silent. My challenger went on to introduce the white resident, who said that despite some problems, being a woman resident was not difficult. “I just don’t dwell on the problems,” she said. Even more angrily I responded, “I will not be dismissed. Just because you have not heard the stories does not deny their existence.”

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The room went silent. My challenger went on to introduce the white resident, who said that despite some problems, being a woman resident was not difficult. “I just don’t dwell on the problems,” she said. Even more angrily I responded, “I will not be dismissed.” Two female faculty members in the tense room tried to assist me. I don’t remember their words because my emotions were so raw. I do remember that not one man attempted to help me. The dean stood up: “It’s time to move on to the next topic.”

I sat there for a couple of hours, feeling angry, vulnerable, and lonely. At lunch a few of my male colleagues came over to tell me that what I had to say was important. “Why didn’t you speak up in the meeting?” I asked. They had no excuse to offer.

I decided not to stay for the afternoon session. As I walked to my car, the first flakes of snow began to fall. The only other black person who had been in the room tried to convince me to stay overnight because she knew that I was upset and that a storm was approaching. I thanked her but told her that I needed to get home, where I could feel safe. As I drove home, I tried to keep my mind on the road, but the day’s events made concentration difficult.

I made it home without mishap. As soon as I entered the house, I
burst into tears. I cried because I was happy to have made it back without killing myself. I cried because I was in a place where I could feel vulnerable and secure. I cried because I was angry with my challenger and with myself. I was mad at him because he had been so hostile and rude. I was mad at myself because I feared that my response to him made me look like the stereotypical angry black woman—an impression that I did not want to leave on an audience who did not know me. I cried because I felt insecure in the profession that I had so long yearned to join. Although I grew up in a poor inner-city community in Philadelphia, I had decided at the age of six to become a physician. My family fought for, believed in, and nurtured my dream of becoming a doctor. I later learned that the pain associated with childhood dreams being rocked can be traumatic.

Other Times

The confrontation at the dean’s retreat was not the first or the last time that an incident had wounded me professionally and personally. The first time occurred during medical school at the University of Pennsylvania. During my junior clerkship in internal medicine, wearing a lab coat and carrying a stethoscope, I walked into the room of an elderly white male patient who had been admitted for evaluation of high blood calcium. I introduced myself as a student doctor and proceeded to ask him questions about his medical history. Later, the white male intern came out of the patient’s room and announced, laughingly, “You know what that guy asked me? ‘Why didn’t that girl clean up while she was in here?’” My being mistaken as a maid became a joke on the ward team, all of whom, except for me, were white and male.

The next morning on rounds the attending physician said, “Let’s go see Vanessa fluff some pillows.” I didn’t find the episode humorous. I was angry and shaken. I was a good student at an Ivy League school and had begun to define myself as an aspiring physician, and I expected others to see me the same way. I might not be welcome in the medical fraternity, but they were going to have to let me in because I was qualified. This incident shook my self-confidence and threatened to undermine not only my professional identity but also my personal one. I had spent so much of my life in pursuit of becoming a doctor. Now it became clear to me that my race and sex would be an integral part of my professional identity. I would not just be a physician, but a black woman physician. I recall thinking that if I had been a white woman, the patient would have mistaken me for a
nurse rather than a maid.

As I sat in my house crying, I thought of Helen O. Dickens, a black physician then on the medical school faculty at Penn. When I was in medical school, she often provided me with comfort and encouragement. I vividly remember one conversation in which I told her that, at times, I was made to feel inferior to my classmates and that I did not belong in medical school. She looked at me sternly and said, “The way I always figure it, for me to have gotten from where I started to where I am now, I had to be better than they were. You should start thinking that way.” Dr. Dickens, whose father had been a slave, graduated from the University of Illinois Medical School in 1934; she was the only black woman in her graduating class of 175. Sixteen years later, in 1950, she became the first African American woman admitted to the American College of Surgeons. Her personal integrity and professional achievements reminded me that black women had succeeded in medicine under circumstances much more difficult than the ones I had faced.

Suffering In Silence

My talk at the dean’s retreat did prompt the department chair who had challenged me to investigate my contentions. A week after our encounter he sent me a letter in which he tried to prove, once again, that I was wrong. He stated that he had looked at all of the student evaluations over a period of several years and had not found one in which a student had complained about racial discrimination. Of course not, I thought. When I was a medical student I, too, suffered in silence, fearful of jeopardizing my fragile status. Although the episode that occurred during my medicine clerkship had angered me, I had said nothing to my colleagues. I had even joined in their joking. I was afraid to confront them and show my anger. I thought it was more important to get a good evaluation from the rotation. I did not want to get a reputation as a troublemaker; I wanted to get a good dean’s letter for my residency applications.

The department chair’s refusal to learn from my discussion and even consider that racial discrimination affected the lives of people of color in the medical profession did not surprise me. I have often found it difficult for physicians to discuss racism and its impact on their patients and colleagues. Many firmly believe that medicine is a
profession that is immune from the values, mores, and prejudices of the wider society. As a black woman, I know otherwise. The chair was intent on maintaining the image of medicine as a value-neutral profession. My contentions punctured that image. The gulf between us was so wide that I decided not to answer his letter. I did not see the opportunity to respond as a proverbial teachable moment, only as a source of continued anger and frustration on my part.

Healing The Pain

The physician’s letter made me realize that he had been right on one count: He and most other white physicians had not heard the stories about the experiences of people of color in the medical profession. Why? Because many of the stories are painful, and revealing one’s pain involves an element of trust. As my grandmother used to say, “The three most important things that you own in this world are your name, your word, and your story. Be careful who you tell your story to.” Besides, one often needs to bury pain in order to make it professionally, personally, and psychologically.

Another reason why the physician had not heard these stories is that up until very recently medical historians have virtually ignored black physicians’ lives and contributions. At the time of the dean’s retreat, I was struggling with what would be the subject of my next book. That confrontation persuaded me to write a book on the history of black female physicians, and thus I found a way to heal a painful experience. My hope is that my book will make it more difficult for these physicians’ stories to be dismissed as easily as mine had been. (In tribute to my challenger, I have thought about entitling the book, We Will Not Be Dismissed.)

The history of my professional foremothers has provided me with a source of sustenance and reaffirmation. These women have had long-standing ties to the medical profession—the first black woman physician, Rebecca Lee, received her medical degree in 1864. They have also made valuable contributions to the profession and their communities. They, and I, rightfully belong in medicine. The history of black women physicians makes plain that I will face obstacles: Although I have had a very successful career, I will always bear the subcutaneous scars of racism and sexism. The stories of my professional ancestors reveal that their lives have contained not only trauma and scars, but also strength and healing. Their lives, and mine, are testaments to the Negro spiritual, “Balm in Gilead.” Yes, there is a balm in Gilead to make the wounded whole.