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For Doctors of Color, Microaggressions Are All Too Familiar

"They ask you if you're coming in to take the trash out — stuff they wouldn't ask a physician who was a white male."

By Emma Goldberg
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When Dr. Onyeka Otugo was doing her training in emergency medicine, in Cleveland and Chicago, she was often mistaken for a janitor or food services worker even after introducing herself as a doctor. She realized early on that her white male counterparts were not experiencing similar mix-ups.

"People ask me several times if the doctor is coming in, which can be frustrating," said Dr. Otugo, who is now an emergency medicine attending physician and health policy fellow at Brigham and Women's Hospital in Boston. "They ask you if you're coming in to take the trash out — stuff they wouldn't ask a physician who was a white male."

After years of training in predominantly white emergency departments, Dr. Otugo has experienced many such microaggressions. The term, coined in the 1970s by Dr. Chester Pierce, a psychiatrist, refers to "subtle, stunning, often automatic, and nonverbal exchanges which are 'put downs'" of Black people and members of other minority groups; "micro" refers to their routine frequency, not the scale of their impact. Dr. Otugo said the encounters sometimes made her wonder whether she was a qualified and competent medical practitioner, because others did not see her that way.

Other Black women doctors, across specialties, said that such experiences were all too common. Dr. Kimberly Manning, an internal medicine doctor at Grady Memorial Hospital in Atlanta, recalled countless microaggressions in clinical settings. "People might not realize you're offended, but it's like death by a thousand paper cuts," Dr. Manning said. "It can cause you to shrink."

The field of medicine has long skewed white and male. Only 5 percent of the American physician work force is African-American, and roughly 2 percent are Black women. Emergency medicine is even more predominantly white, with just 3 percent of physicians identifying as Black. The pipeline is also part of the problem; at American medical schools, just 7 percent of the student population is now Black.

But for Black female physicians, making it into the field is only the first of many challenges. More than a dozen Black women interviewed said that they frequently heard comments from colleagues and patients questioning their credibility and undermining their authority while on the job. These experiences damaged their sense of confidence and sometimes hampered teamwork, they said, creating tensions that cost precious time during emergency procedures.

Some physicians said they found the microaggressions particularly frustrating knowing that, as Black doctors, they brought an invaluable perspective to the care they offer. A 2018 study showed that Black patients had improved outcomes when seen by Black doctors, and were more likely to agree to preventive care measures like diabetes screenings and cholesterol tests.

In May, four female physicians of color published a paper in Annals of Emergency Medicine on microaggressions. The authors, Dr. Melanie Molina, Dr. Adaira Landry, Dr. Anita Chary and Dr. Sherri-Ann Burnett-Bowie, said they hoped that, by shining a spotlight on the problem, they might reduce the sense of isolation that Black female physicians experience and compel their white colleagues to take specific steps toward eliminating conscious and unconscious bias.

Discussions about lack of diversity in medicine resurfaced in early August, when the Journal of the American Heart Association retracted a paper that argued against affirmative action initiatives in the field and said that Black and Hispanic trainees were less qualified than their white and Asian counterparts.

From left, Dr. Melanie Molina, Dr. Adaira Landry and Dr. Anita Chary, the authors, along with Dr. Sherri-Ann Burnett-Bowie, of a study on microaggressions. Alexandre Da Veiga for The New York Times

Dr. Phindile Chowa, 33, an assistant professor of emergency medicine at Emory University, was in her second year of an emergency-medicine residency when an attending in her department mistook her for an electrocardiogram technician, even though she had previously worked with him on rotations. She approached him to give a report on her patients, and he wordlessly put out his hand, expecting her to hand over an electrocardiogram scan.

“He never apologized,” Dr. Chowa said. “He did not think he did a single thing wrong that day. I was the only Black resident in my class. How could he not know who I am?”

The derogatory encounters continued from there. Colleagues have referred to her as “sweetie” or “honey.” She recalled one patient who asked repeatedly who she was over the course of a hospital visit, while quickly learning the name of her white male attending physician. When she was first admitted to her residency, at Harvard, a medical school classmate suggested that she had had an “edge” in the selection process because of her race.

Such comments can create an environment of fear for Black women. Dr. Otugo recalled overhearing her Black female colleagues in Chicago discuss how they were going to style their hair for their clerkships. Many of them worried that if they wore their hair naturally, instead of straightening it or even changing it to lighter colors, their grades and performance evaluations from white physicians might suffer.

Dr. Sheryl Heron, a Black professor of emergency medicine at Emory University School of Medicine, who has worked in the field for more than two decades, said microaggressions can exact a long-lasting toll. “After the twelve-thousandth time, it starts to impede your ability to be successful,” she said. “You start to go into scenarios about your self-worth. It’s a head trip.”

This comes on top of the stresses that are already pervasive in emergency departments. A 2018 survey of more than 1,500 early-career doctors in emergency medicine found that 76 percent were experiencing symptoms of burnout.

But Black women doctors said they have seen how Black patients rely on their presence to get the best care. Monique Smith, a physician in Oakland, Calif., was working in the emergency room one night when a young Black man came in with injuries from a car accident. She was confused when some of her colleagues called him a “troublemaker,” so she visited the patient’s bed and asked him about his experience being admitted. He told her that he had begun to lash out when he felt he was being stereotyped by staff members because of his skin color and the neighborhood he came from.

“I was able to go into the room and say, ‘Hey dude, Black person to Black person, what’s up?’” Dr. Smith said. “Then I advocated for him and made sure he got streamlined care.”

The conversation made Dr. Smith more attuned to the degrading comments that Black patients experience at hospitals, and she now tries to intervene and identify her colleagues’ biases. She believes, for example, that physicians are sometimes quicker to order drug testing for Black patients, even if their symptoms are most likely unrelated to substance abuse.

But many Black physicians find it challenging to be advocates for themselves and their patients, particularly within the rigid hierarchies of the medical system. “You’re faced with situations where you’re going to be perceived as the angry Black woman even though you’re just being your own advocate,” said Dr. Katrina Gipson, an emergency medicine physician. “You’re constantly walking the line of how to be a consummate professional.”

Dr. Landry, an author of the recent paper and an emergency medicine physician at Brigham and Women’s Hospital, said that hospital and residency directors who are looking to address the deep-rooted problem should begin with hearing and validating the personal experiences of Black doctors. Continuing to diversify emergency medicine departments is also critical, she added, so that Black physicians are not working in isolation to implement cultural changes and arrange mentorship from more senior Black colleagues.

“I’m the only African-American female physician faculty member in my department, and that creates this feeling of not having a support system to speak up when something happens to you,” Dr. Landry said. “Having this paper is a validating tool for people to say, ‘See, I’m not the only one this is happening to.’”

Dr. Molina, an emergency medicine resident at Brigham and Women’s Hospital and one of the paper’s authors, said that spotlighting diversity in medicine was particularly important amid a pandemic that disproportionately impacts Black patients. “The Covid pandemic has served to emphasize health disparities and how they impact Black populations,” she said. “As emergency physicians, we have to present a united front recognizing racism is a public health issue.”