



The art of medicine

Black women in medicine—rising above invisibility

The voice and agency of Black women health professionals have been systematically neglected, despite progress towards egalitarianism in medicine. The relationship of Black women to medicine has historically included unethical treatment, dismissal, invalidation, and other harms with roots in structural racism and racial stereotyping. This history has present-day consequences that must be understood as foundational to a representative recognition of Black women in medicine. There needs to be a restructuring of the systems that have been complicit in the silencing of Black women and reducing their value to a diversity quota checkbox. History has shown us that when Black women are given the opportunity, despite limited resources and systemic barriers, they add immeasurable value. Two historical examples from the USA cast light on such contributions.

The first African American woman physician in the USA, Rebecca Lee Crumpler, graduated from the New England Female Medical College in Boston, MA, in 1864. She overcame barriers rooted in both sexism and racism in her efforts to build on her nursing background to qualify as a physician. Crumpler worked for the Freedmen's Bureau which was based in the southern states, where about 4 million freed Black people, as well as poor whites, required access to public health systems after the American Civil War. The bureau was harshly segregated, underfunded, and had insufficient personnel, resulting in limited access to health care for freed Black people. One of Crumpler's many pioneering efforts included the creation of a community guide for doctoring in the post-Civil War period, *A Book of Medical Discourses: in Two Parts*, which provided citizens in impoverished communities with information to support the health and wellbeing of women, infants, and children. Crumpler's contributions are not generally taught in medical schools or residency training programmes, representing an erasure in history and present-day consciousness.

The contributions of African American nurses have also been largely overlooked. Mary Eliza Mahoney was the first Black professional licensed nurse in the USA. Born in 1845 to former slaves, she worked as a cook and janitor before enrolling in a 16-month nursing programme at the New England Hospital for Women and Children in Boston. Due to immense racism in the US public nursing sector in this period, Mahoney sought employment in the private sector, and advocated for the rights of Black nurses. As many Black nurses were not welcomed into national or state nursing organisations, the National Association of Colored Graduate Nurses (NACGN) was formed in 1908. In 1909, Mahoney delivered the welcome address at the first NACGN conference in Boston. The Mary Mahoney Award, originally started at NACGN to honour distinguished Black nurses,

is still awarded by the American Nursing Association to honour nurses who have advanced nursing opportunities to members of minority groups.

As Black women have increasingly expanded their roles in society, including being the backbone of US democracy by consistently voting and galvanising voters, they have had to wrestle with their invisibility in most corners of the democracy. After emancipation from chattel slavery, the era of Reconstruction, which represented some structural and legislative progress for previously enslaved persons, was replaced with the oppressive policies and practices of the southern Jim Crow laws as well as federal and state policies that legalised and supported racial segregation nationwide. Paralleling the larger racially oppressive forces in US society, access to the medical profession was generally withheld from Black people by the white establishment, requiring the creation of Black educational institutions as segregation offered few other options for Black women interested in medicine. It is striking that desegregating higher education by removing structural barriers along the pipeline into medicine has produced relatively small gains, as evidenced by the continued underrepresentation of Black women in medicine.

Despite exceptional merits and accolades, today there still exists a cognitive dissonance when a Black woman physician is in a leadership position. In medical institutions, evidence of this can be subtle; the consulting team might request to speak to the attending physician and then communicate through verbal and non-verbal behaviours their surprise at discovering that the attending physician is a Black woman.



Mary Eliza Mahoney (1845–1926)

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Such invalidation, microaggressions, and macroaggressions are glaring, and their repetitions can contribute to chronic stress for Black women in medicine. Obstacles faced by Black women are unique because they are both Black and women, making initiatives focused only on gender diversity and inclusion insufficient for addressing these interpersonal and institutional dynamics. Kimberlé Williams Crenshaw's concept of intersectionality is important here to describe the dual identity of race and gender, as well as other intersecting factors including sexuality, class, and disability, which present daily in the lived experiences of Black women. The burden of constantly proving themselves in workspaces while facing covert and overt racism takes both a physiological and psychological toll, and also potentially threatens the pipeline of Black women physicians into academia.

Increasing diversity among health-care leadership has positive impacts on institutional culture and also improves patient outcomes. However, Black women comprise a small proportion of health-care leaders in the USA: only about 2% of US medical faculty are Black women. Institutions expend energy on diversity training yet little attention is placed on revealing, dismantling, and challenging the structures and stereotyped distortions that require these trainings in the first place. Implicit and explicit racial attitudes, beliefs, and stereotypes converge to distort perceptions about Black women, undermining their access to inclusive work environments and leadership opportunities. To have lasting impacts, especially within racial justice efforts, racism must be combated at both societal and institutional levels.

Dismantling barriers to leadership and increasing visibility must be accompanied by adequate support and an inclusive leadership culture. To improve health outcomes for all patients, including Black women, there should also be hospital-based policies and actionable goals aimed at increasing recruitment, visibility, retention, and promotion of Black women physicians, especially in leadership roles. This can be done through mentorship, sponsorship, and an assessment of mechanisms of racism within organisational culture, including hiring and promotion policies and practices. Holding hospital leadership accountable for quality improvement metrics for patient outcomes, especially for Black women and other racialised minorities, is also necessary to combat racism. In addition, the creation of databases that track mentorship, sponsorship, and promotion of Black women in medical institutions is required to address inequities in diversifying hospital leadership.

Black women are often undermentored in medicine. Successful mentorship has been shown to create career satisfaction, advancement, and productivity. Mentorship is needed at all career stages but is especially important early in one's career. Too often, when Black women physicians seek mentorship, they may be faced with excuses; the question should be put forward, if a non-Black woman or man requested similar mentorship, what would the response be?

Institutions and departments also need to encourage intentional sponsorship of Black women physicians they seek to recruit and retain. Sponsorship is needed to support career advancement. Sponsors actively clear the road ahead for the beneficiary. This can be in the form of nomination for an award, a talk, or leadership position. Those in senior leadership positions must make additional efforts to sponsor Black women to support their success. And structures need to be in place at institutional and departmental levels to ease the process of finding sponsors.

Formal leadership training and professional coaching at all levels of training are also important for advancing Black women to leadership positions in medicine. Leaders, we know, are made. How can we lead effectively if we are not trained? Formal leadership training and professional coaching provide tools and frameworks to solidify core values, practise authenticity, build confidence, and construct an armamentarium of resources to weather crises.

Another component often overlooked is compensation. In the USA, Black women are undercompensated for their work. Black women have the additional burden of the diversity or minority tax. They are often asked to lead equity committees or teach others about the inequities they face without additional compensation. This, in addition to oppressive work environments, can lead to frustration, burn-out, and might cause them to leave the field of medicine altogether. Institutions must acknowledge wage disparities using disaggregated data beyond only gender and adequately compensate Black women for their time and their work.

Broader efforts to address structural racism and inequality include having just and transparent processes to address racist and discriminatory actions that emphasise accountability, recompense, and possible reconciliation. Increasing public discourse on racial injustice can also foster focused dialogue on generating solutions across multiple sectors and inspire the political will necessary for protective workplace policies.

These efforts can help turn the tide on the structured invisibility, lack of recognition, and pervasive racial and gender stereotypes that erect barriers to realising the potential of Black women in medicine. Black women have a legacy of advocacy and activism in USA, and despite this, their needs are constantly overlooked while they face persistent inequities. The increased visibility of Black women fighting for racial justice and equity for all communities gives a voice to those who have been silenced for centuries. Black women will continue to rise, instil hope, and contribute to the changing tides in the medical community.

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