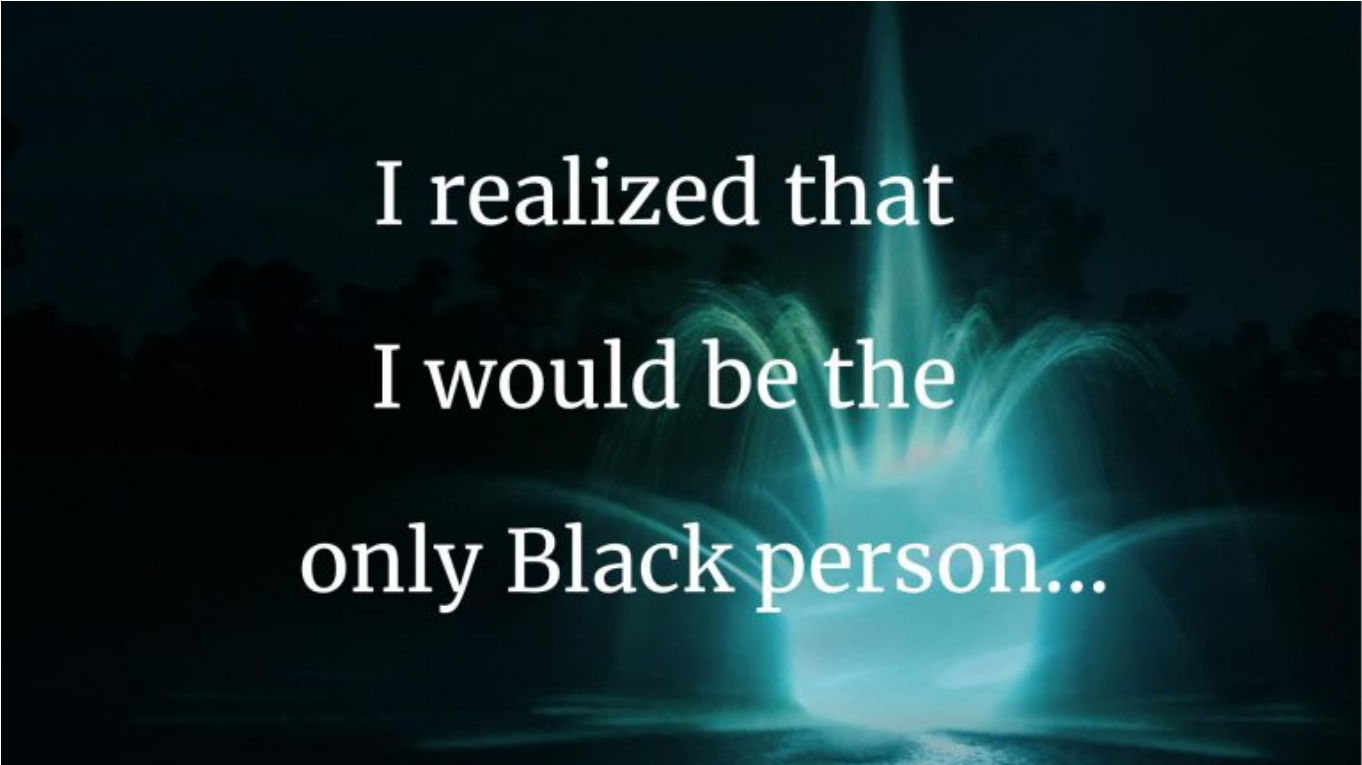


Going It Alone

Category: New Voices

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I realized that
I would be the
only Black person...

Editor's Note: This piece was a finalist in the Pulse writing contest, "On Being Different."

Loneliness can creep up on you like a phantom, slipping its cold hand into yours and offering companionship that is both depressing and alluring—particularly when, looking around, you see nobody else whose face mirrors your own.

It was my first day of residency at a top pediatric program in Boston—a predominantly white program catering to a predominantly white patient population in a predominantly white city.

Scanning the room, I realized that, for the next three years, I would be the only Black person among some thirty-five residents.

What is it like to be visibly different from nearly everyone around you? There are two sides to this equation, and they are not equivalent.

One side is their side: the majority, whose members seem to feel comfortable with one another, their cohort operating like a well-oiled machine, as cohesive social groups tend to do. In retrospect, I was fortunate that my fellow residents turned out to be among the kindest, most empathetic friends and colleagues I've ever known.

Then there was the other side, my side: an *N* of one, its facets jagged and uncertain, as I frequently questioned my qualifications and felt myself

succumbing to imposter syndrome.

Surely the top grades I've achieved my entire life, my extensive research record and my Zimbabwean-American background aren't legitimately enough to get me into such an esteemed program? an inner voice whispered. I knew that this question was completely unfounded, but my doubts constantly jabbed me in the ribs, urging me to buy into them.

This uncertainty reared its ugly head when, like all new trainees, I occasionally made errors—only to have them spotlighted as if nobody else had ever done so.

There was the time my senior resident, a jet-haired former Valley girl, told me to write an iron-supplement script for a patient, then fled to lunch, leaving me to figure out which of many possible formulations was appropriate. Having carefully consulted *The Harriet Lane Handbook* and other sources, I wrote the script—and an hour later received a call from the senior resident, who screamed, “Wrong dose! How could you have been so careless? You could have killed her!”

She hung up, leaving me wishing that *I* could die.

Then there was that dreary autumn morning, after a hectic night on call, when a diabetic child's blood-glucose levels stabilized enough that I felt it unnecessary to wake the endocrine fellow, a young brown-skinned woman, to tell her this reassuring news.

At rounds that morning, she tore into me in front of the entire team, attending physicians included, for my negligence in not waking her. Nobody spoke up for me—not even I myself.

The shock of being treated with such open disrespect—by someone who was also of color, no less—tied my tongue, preventing me from pointing out that the patient was fine, and that I had allowed the fellow a few extra hours of sleep.

I soon realized that, with her attending endocrinologist present, she feared being exposed as less than fully dedicated. And I learned a larger lesson: As writer and anthropologist Zora Neale Hurston once said, “All skinfolk ain't kinfolk.”

As emotionally devastating as I found these episodes, the mistakes that precipitated them got muddled up, in my own mind, with the fact that I was a Black resident. I wondered anxiously how the other staff, nurses, attendings and medical students viewed my shortcomings. Did their opinions change once I got the hang of things, as most interns and residents do, and began to excel at patient care, earning accolades from patients and attendings for my skills? Or were my initial blunders indelibly imprinted on everyone's minds?

Ask any Black resident, and you'll find that, one way or another, we've all experienced a similarly harsh, punitive response to the errors that are an inevitable part of medical training. Some have suffered the ultimate penalty: Black residents are ejected from training programs at far higher rates than

their white counterparts.

Thankfully, my patients were never part of the problem. I cannot recall a single instance in which, upon seeing me, a patient did a double-take or requested a white doctor instead. *“Perhaps that’s because every resident in this program is assumed to be competent,”* I told myself. But having attended medical school in Boston, I was alert to the subtle ways in which racism can manifest itself in that city.

“Oh, Doctor—um...sorry.” I heard this often—as did the only other Black male resident, two years ahead of me. Although we looked nothing alike, the nurses, medical students and attendings constantly mistook us for one another.

He and I would commiserate, laughing on the outside while swallowing our anger and our wish to call these people out. Because that’s what you do when there are only two of you. There’s strength in numbers; not so much in scarcity.

The program, to its credit, is fiercely dedicated to increasing its diversity, and my fellow Black resident and I reflected ironically that, as fourth-year medical students, we’d been energetically recruited, through dinners and phone calls; former Black residents had encouraged us to rank the program highly in our National Resident Matching Program applications.

But as a wise physician once told me, these efforts cannot begin only at the residency level. Unless robust numbers of Black students are encouraged to take an interest in science, technology, engineering and math studies from elementary school onwards, the numbers who will progress towards realizing the dream of becoming a doctor will dwindle until, by the time they reach college, only a trickle of Black students remain.

Fast forward several years: I endured and survived my internship, thrived through my second and third years of residency and went on to complete a pediatric infectious-diseases fellowship at another prestigious program. There I was one of only two Black fellows, but my outlook was tempered by age and experience. I channeled my energies into endeavors that I never could have tackled had I not struggled through that first, confusing fog of my internship.

Despite their attendant heartaches and doubts, my trainee experiences taught me self-sufficiency and gave me independent time that I parlayed into research activities. They also spurred me to eschew partying with my peers (to a degree) and to seek meaning and purpose in aiding the Black or brown medical students and interns under my tutelage, drawing on my past experiences to offer advice and comfort.

Sadly, I do not foresee a day when Black male physicians become commonplace in the US. But perhaps my differences, and the differences of others, can be uplifted and nurtured—so that greater numbers of people like me can follow this path, and so that their journey can be gentler and less fraught than mine was.