The 'Invisible White Coat': Black Women in Medicine

Diana Swift | February 27, 2017

Early in Black History Month, on February 8, a documentary aired on American public television for the first time. *Black Women in Medicine* , directed by Connecticut filmmaker Crystal R. Emery, chronicles how, across 3 centuries, black American women have surmounted heavy odds to succeed in a profession dominated by white men.

These pioneers include Rebecca Lee Crumpler, who in 1864 became the first black woman to graduate from medical school, as well as modern "firsts," such as Jocelyn Elders, MD, the first black US surgeon general, and Claudia Thomas, MD, the first black female orthopedic surgeon. Young recent graduates entering the profession of their dreams also tell their inspiring stories in the film.

Five years in the making, the $800,000 documentary took its original inspiration from Emery's 2011 meeting with New York pediatrician Doris Wethers, MD, who changed the life expectancy of people with sickle cell anemia, and later with other older black female physicians.

"I thought someone should tell the stories of these phenomenal women who did not allow race, gender or economics to deter them from their dreams," Emery told *Medscape Medical News.*

Despite the achievement of such trailblazers, last October, the country was treated to an unwelcome example of enduring prejudice against black women physicians when a Delta flight attendant disdainfully rejected help for a stricken passenger from Tamika Cross, MD, a 28-year-old Houston obstetrician. The woman called into question Dr Cross's medical credentials, but unhesitatingly accepted assistance from an older white male doctor.

If that sort of view still exists among some people as we near the third decade of the 21st century, pause to consider the hurdles black women doctors faced decades ago.

Dr Carole Jordan-Harris
Courtesy of Cedars-Sinai Medical Center

One such physician is retired Los Angeles obstetrician-gynecologist Carole Jordan-Harris, MD, who grew up in Philadelphia, Pennsylvania, and entered medical school in 1976 at the University of California, Irvine, as a single mother of three.

Even some of her friends and relatives had doubted she could fulfill her childhood dream of becoming a physician, and though a frequent patient in doctors' offices, she had only ever seen one African American doctor, and he was a man. "I had no role models," she told *Medscape Medical News.* But the real test came when she entered medical school at the University of California, after earning her bachelor's and master's degrees at a black university. "Irvine was a very white, very discriminatory area," she recalled.

The main problem was the faculty. "They really didn't hold their tongues about not being excited about seeing African-American students there, and particularly females." One professor accused her of taking up a place in medical school that his nephew could have had.

Now retired from practice from Cedars-Sinai Medical Center in Los Angeles, she still winces at the nonrecognition accorded a black female doctor. "I would walk into the exam room with my white coat and stethoscope, and the patient might say, 'When is the doctor coming?' I called it my invisible white coat!"

And in her waiting room, which was decorated with several pieces of African art, more than one new patient asked the receptionist if the doctor was black. "When the answer was yes, she would take her co-payment and leave," Dr Jordan-Harris recalled, with a laugh.

Obstetrics and gynecology was still very much a male domain in the 1970s, she added. "I was the wrong gender in the wrong specialty and I was repeatedly told that ob/gyn was a man's specialty." There was a systemic bias against female residents: they couldn't stand the rigors of surgery, the long hours attending labor and delivery, and the late-night crises. "They were determined to allow no excuses for female residents even if they were pregnant or ill. They still had to work long hours and race down the hall for a code blue," said Dr Jordan-Harris. "I think they thought we wouldn't last and they were rougher on us."

Others were irked by the growing preference for female physicians. "Some women would say, 'I'll wait to see the lady doctor,' " Dr Jordan-Harris recalled.

Racism or Sexism?

And although Dr Jordan-Harris experienced both racism and sexism, the latter seemed the more pervasive, she said. When she did her residency at Martin Luther King, Jr/Charles R. Drew Medical Center in Los Angeles, she found the largely African American faculty was just as hard on women trainees as white professors were at Irvine.

In agreement with Dr Jordan-Harris is Patricia E. Bath, MD, a distinguished Harlem, New York-born ophthalmologist who trained at Howard University in Washington, DC, and at Columbia University in New York City. "Of the twin arrows of sexism and racism, sexism has been more ferocious. At UCLA privileges were given to my male counterparts that were not given to me before — and are still not now," the now retired ophthalmologist said.

In 1973, Dr Bath became the first African American to complete an ophthalmology residency, and later became UCLA's first female faculty member in ophthalmology. She also has the distinction of being the first female African American doctor to receive a medical patent, in her case for a laser probe used in cataract surgery.

Dr Patricia E. Bath
Courtesy of Dr Bath

To stave off the hostility, a young black woman physician needed intense concentration and strong psychological defenses. "You couldn't let the ignorant remarks weight you down. You had to tell yourself you were better than that, you were above them — which was not hard to do if you had a passion," Dr Jordan-Harris said.

But there was the occasional unexpected show of support. Dr Jordan-Harris recalled an older white male attending doctor who never deigned to address her during her medical training. "All he did was glare at me in silence and he seemed angry that I was even there," she said. After she assisted the man in a long, difficult surgery, he pulled her aside. "He said he'd been observing me and I had what it took to be a good surgeon, which in his opinion was the eyes of an eagle, the heart of a lion, and the hands of a woman," she said. "I was so blown away. That kept me going through the difficult situation at Irvine."

Her taciturn teacher's remark about the manual dexterity of women echoes one made in Emery's documentary by orthopedic surgeon Dr Thomas, who says, "My mother was a seamstress and she taught me to sew very well, so I knew I could stitch up a body better than any man."

Stinting positive feedback from faculty and their low expectations of performance from black female physicians were a source of irritation for otolaryngologist/head and neck surgeon Othella T. Owens,

MD, who graduated from the Medical College of Virginia in Richmond, Virginia, in 1978, and also became the first black female in her residency program at UCLA.

"Later, when I left a faculty position after a year because I felt I gave more than I got, the department chair said he didn't realize I was going to be so good. Go figure," she told *Medscape Medical News.*

A Look Ahead

Dr Othella T. Owens Greg
O'Loughlin/Cooperative of American Physicians

Groups like the Los Angeles-based Association of Black Women Physicians (ABWP), for which Dr Jordan-Harris serves as public relations director, are hoping to smooth the path for today's young black women who aspire to enter medicine.

Founded in 1982 and networking with 500 black female physicians across the country, the ABWP has included in its broad mandate role modeling for young black women with the aim of strengthening the black female presence in the profession. Although comprising about 13% of the US population, African Americans make up only 4% of US doctors overall, and only about half of these are women.

But ABWP sponsorship goes beyond the role-modeling principle of "You can't be what you can't see" to lend practical help to young black women wanting to get into medical school — help with where and how to apply and how to write convincing personal statements for university admissions departments.

But for Dr Bath, the focus should ultimately not be placed on race. "We have to elevate awareness of the obstacles all women face in achieving equality in and advancing their medical careers," she said. "Sexism is the common foe."

Emery hopes her film will help catalyze more young women to become doctors. "I want to inspire women, and particularly brown women, to go into the career of medicine," she said. "Each one of us is an agent of change in our own right. You're either part of the problem or part of the solution."

Black Women in Medicine will air periodically on American public television.

For more news, join us on Facebook and Twitter

Send comments and news tips to news@medscape.net.

Cite this article: The 'Invisible White Coat': Black Women in Medicine. *Medscape*. Feb 27, 2017.