



Racial Injustice & Inequities Perspective I am White and I Have Been Complacent

by Laura Grogan

Watching the recent events unfold across our country, I have been contemplating my role as a white 31-year-old (non-traditional) rising M2 that considers themselves anti-racist. Reflecting on my first year of medical school, I recall times I failed to address systemic racism. I would like to acknowledge my cowardice in this, to apologize, and endeavor to share my reflection in hopes that this may promote conversations about white complacency and the role of the privileged in dismantling a structure designed for our benefit.

I recall sitting in uncomfortable silence as a faculty member made disparaging comments about “unique,” hard-to-pronounce names during a group activity. Later in the year, I stood by and watched loud white voices command the room and drown out the contributions of my colleagues of color. I watched the raised hands of those colleagues be ignored. Both at the time and also in retrospect, I asked myself: what could I have said or done to redirect and redistribute the conversation evenly across our group? Do I report it? I consulted the student handbook and remembered the point in our orientation when we were instructed to make every effort to speak to the accused first, and resort to reporting it only if that first effort failed.

My privilege allows me to weigh these options and selfishly consider my own future, and how my career might somehow be altered if I spoke up. I’m afraid I will say the wrong thing or speak on behalf of someone who would prefer I did not. I do not claim to understand the minority experience, and if I have white children, I will not have to teach them about the dangers of interacting with law enforcement, nor will I have to explain to them that their providers may not listen to their concerns because of the color of their skin.

What I do understand is that our classmates, colleagues, and patients of color are dying, whether it be through direct police brutality, provider neglect, or the silent slow burn of chronic illness exacerbated by a system designed to keep them down. Our predominantly white class sits, watches, and either doesn't notice – or doesn't see – the costs and benefits of speaking up on behalf of our peers that courageously speak on behalf of their racial groups, educate us on health disparities, and provide vital perspectives that we need to become more competent physicians.

What kind of providers will we be if we cannot utilize our influence and intelligence to discern our patient's true cause of death? We jump to point out errors in each other's clinical reasoning or in a lecturer's PowerPoints, so shouldn't we intervene when we observe disparities in care?

Yes, we will stumble and struggle, but the discomfort of failure is nothing compared to the agony and suffering of marginalized groups in this country. I challenge my predominantly white medical school to evaluate their participation in and perpetuation of systemic racism – what does our silence cost our colleagues and future patients?

Let's hold each other accountable as allies and work to challenge systemic racism from within. Being an ally means being painfully honest in reflecting on our own understanding of internalized racism and requires dedicated time to educate ourselves. Beyond that and more importantly, it means taking stock of our non-black colleagues, friends and family and engaging in vocal conversation about systemic racism. If we are able to grasp the countercurrent multiplier system, surely we are capable of discussing this.

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