



Racial Justice Perspective

Racism is a Public Health Crisis: When Will We Decide It Matters?

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Drs. Pallok and Sekhri, allies as MCW works to become anti-racist, challenge the institution to do better ...

In late June of 2019, we arrived at the Medical College of Wisconsin (MCW) for our internal medicine residency. Two newly minted female physicians arriving at the same institution, struck separately by the same conclusion: a lack of racial diversity.

There is a hallway in MCW that displays a decades-long photographic history of MCW's medical school classes. As a woman, it's hard to miss – a long timeline of white, male medical practitioners. And while some would think we would have long moved beyond this one-sided picture of white, male privilege, it has recently become clear to many individuals that we have not.

Milwaukee is a diverse city with a significant Black population. According to the Milwaukee 2010 Census [data](#), 40% of Milwaukee residents were Black. In comparison, 45% were white. Froedtert and the Medical College of Wisconsin serves this diverse population. Yet, while many of our patients are Black, our practitioners and leadership are not. In fact, the Black:White ratio of our faculty or residency programs is nowhere close to the breakdown of the Milwaukee population. Of the publicly listed members of Froedtert Health's executive leadership, only 0.25% - 1 in 40 – of the members are Black, while 90% are white.

What does this fact, this lack of racial diversity at MCW and Froedtert Hospital, have in common with our country's racism and recent acts of police brutality? It is a form of perpetuated structural racism – structural violence designed into our policies, procedures, and our norms that harms our patients and breeds mistrust in our healthcare system.

It's easy to point at events outside our doors and commiserate about the state of racial equity in our nation. The real difficulty rests on scrutinizing ourselves at MCW and Froedtert to address our own institutional racism. Our program took its first steps in acknowledging the presence of racism and addressing the Black Lives Matter movement with an hour-long reflection and resident-authored essays. The anonymous responses included an examination of

privilege, uncomfortable feelings about the state of our society, fear, anger, and difficult conversations with family and friends. In all honesty, it is disheartening that it took such a large, nationwide movement to realize we must spend time discussing these issues. They have existed long before the events in the media, with [thousands of excess Black lives lost](#) each year to healthcare and disparity mortality gaps. Yet, we are hopeful that having finally arrived at a discussion, we can now work to make MCW an equity-driven space that dispels racism from its ranks.

To create an environment that is inclusive and supportive of historically marginalized residents and faculty, we must take steps within our program. We acknowledge that as two non-Black women, we are limited in our perspectives and thus propose creating a racially diverse taskforce willing to identify and address actions such as the following:

- 1) Taking an institutional stance against racism and police brutality as a public health issue
- 2) Asking residency applicants during their interviews how they plan to address healthcare disparities
- 3) Ending race-based medical practices in an overt manner, including lectures on why certain racist data is no longer used in medical practice
- 4) Training our residents to become advocates for our patients to receive the equitable care they deserve, which includes implicit bias training, insight into privilege and opportunity, and modules that focus on aiding patients from our communities of historically concentrated disadvantage

Yet, most importantly, we believe, for the institution to fully enact such changes, it must change at its roots. It is impossible to fully serve a population which is not reflected in our medical staff. Therefore, we suggest we must racially diversify our residency cohorts. We must focus our efforts on the recruitment of Black residents. We must focus our efforts on the retention and promotion of Black faculty and senior leadership. We must provide examples and mentors for our fellow residents to follow, and we must provide outreach in our Black Milwaukee communities to become members at the table – one which so deeply affects their health and, ultimately, their lives. We cannot fully represent our communities, our patients, if the Black Milwaukee community is not reflected in our medical practitioners and decision-makers.

This issue of structural racism is not limited to MCW and our residency program. It spans all of our institutions. And to conquer it, we must take a stance together. In June 2020, thirty-six Chicago hospitals and clinics [signed a declaration](#) naming racism as a public health crisis and made seven commitments to dismantle racism in healthcare. This declaration is now going national through the [Healthcare Anchor Network](#), a group committed to elevating communities and dismantling the effects of racism. In solidarity, we hope we can all sign our names to the list and take a seat at the table.

It is not enough for a program or an institution to say that it is not racist. It must take actionable steps to become anti-racist. This requires us to name anti-racism as an organizational strategy to hold each other accountable, at both the individual and institutional levels. We can do more.

If we believe Black lives matter, we cannot be complacent. We are 400 years overdue. We must act now.

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