"Your Silence Will Not Protect You": Using Words and Action in the Fight Against Racism

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Heightened public awareness of racism emerged in the setting of anti-Black police violence[1] intersecting with disparities during the COVID-19 pandemic.[2] However, with the election of Joe Biden and Kamala Harris, I could already feel some being lulled into a false sense of security and quickly becoming complacent. As postinauguration celebrations transitioned into sharing memes on social media, I clicked on a link posted by a colleague in a private direct message group among one of my professional networks. The first few images in the link were memes of Bernie Sanders on a hospital gurney. Then as I scrolled down and read the caption on another meme, "You've heard of Elf on the Shelf, now get ready for," followed by a picture with the cartoon character Tigger on the head of a Black child. I quickly connected the dots: Bernie on a gurney, Elf on the Shelf, Tigger on a n––r.

I was infuriated. I was disgusted. I was profoundly offended. I was also deeply disturbed by the harsh reminder that America is not a safe space for Black children, especially Black boys. I found that particularly distressing not only as a pediatrician but also as the aunt of two Black boys, who are handsome and brilliant and filled with rainbows and love and Black boy joy, being confronted with another example of how Black boys are victimized in society.

Instead of expressing these emotions, I pointed out the offensive content, delicately cautioned to "be careful what you post," and removed myself from the chat. The person who posted the link immediately apologized and asked me to provide feedback on how to avoid this in the future. They then went to another social media platform and publicly reposted the offensive image with a message "Be careful what you post," seemingly oblivious to causing retraumatization by posting an image depicting a racial slur.

"Be careful what you post" had become the take-home message, and I was disappointed in myself because I allowed fear to dilute my response—fear regarding how expressing myself might impact my professional advancement as an academic pediatrician who is Black, female, and still pretenure; fear of being dismissed as an "angry Black woman" who is overly sensitive; fear because I had already been admonished for being too harsh and critical toward "good people" and told that novices need to have a safe space as they learn

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about racism. Although so much is done to protect white fragility and create a safe space for others to make mistakes as they navigate racial issues, I am often left in fear and wondering, "Who is protecting me?" Where is my safe space in academic medicine? More importantly, who is protecting our Black patients from harm in the health care system? Where is their safe space?

The next week, the incident was discussed during a meeting, which included those in the social media chat. It was described as an "innocent event," and tips were provided on how to be more cautious on the Internet. Although I believe that the link was likely posted inadvertently, the intent does not minimize the harm caused. As I grappled with my fears about speaking up, I turned to the words of Audre Lorde[3] in her essay "The Transformation of Silence Into Language and Action": "I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood." She advises, "Your silence will not protect you," and she cautions that "while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us."

I feel compelled to transform my silence into words to make this a teachable moment. I would like to retract my delicate caution to "be careful what you post." I also contend that the takeaway message is not simply that social media plays a part in perpetuating racism. My message is that you play a role in perpetuating and upholding racism, even if it is done unintentionally. When I say "you," this is not an attempt to villainize my colleague because this is something that could have happened in many different professional organizations or institutions across the country. Instead, I am speaking to the "collective you" in medicine, who perhaps could have just as easily made the same "innocent" mistake. Morbidity and mortality conferences provide powerful opportunities to learn from medical errors and unanticipated patient outcomes. In a similar vein, I seek to use my experience in this situation not to place blame or elicit shame but to provide an opportunity for others to learn and grow by generating courageous conversations and actions.

When apologizing, my colleague said they did not see the racist meme when posting the link. This underscores my next takeaway message, which is that Black people are often invisible. Michelle Obama talks in her podcast about feeling invisible even as First Lady, including experiences of people cutting in front of her in line as if she were not standing there. She shared: "What white folks don't understand, it's like that is so telling of how white America views people who are not like them … we don't exist. And when we do exist, we exist as a threat. And that, that's exhausting."[4]

The invisibility of Black people is ever present in medicine, including the experiences of both providers and patients. Pediatric emergency medicine faculty who are underrepresented in medicine describe the ways in which they are rendered invisible, such as showing up to a meeting as the expert and being told that they are in the wrong room because we cannot be seen as leaders in our field.[5] Black patients also describe feeling invisible in the health care system when their symptoms are discredited or their perspectives are ignored during interactions with providers.[6] Black children are also ignored during their medical encounters, with physicians being less likely to ask them to answer questions during office visits than white children.[7] One could also argue that Black pain is invisible in health care, with disparities in analgesia administration for pediatric abdominal pain[8] and long bone fractures,[9] as well as delayed diagnosis of appendicitis.[10] I challenge you to consider the ways in which white privilege allows you to walk around with eyes wide shut to the pervasive racism experienced by Black people. I further challenge you to reflect on the subtle ways in which the invisibility of Black people may manifest itself for you personally, through attitudes and behaviors during interactions with trainees, colleagues, patients, and families where you may have caused harm.

When my colleague asked me to provide feedback to avoid this mistake in the future, their request added insult to injury. I acknowledge the value of uplifting the voices of scholars who are experts on racism in health care and society, as well as listening (and believing) when Black colleagues, students, trainees, patients, or friends offer their perspectives. However, identifying authentic opportunities for cross-cultural contact and listening is different from placing the burden on your Black colleagues to take on the emotional labor to personally educate you. Therefore, my next takeaway message is that when it comes to your personal journey, you need to do the work. When you cause harm, whether intentional or unintentional, asking the person you harmed to teach you how to do better can be further damaging. I encourage you, instead, to take responsibility for your own education about the history of racism in America and how it impacts your patients, colleagues, and general society; do the internal work of identifying the ways in which you personally uphold structures of racism and white supremacy; and make a commitment

to being antiracist. There is a plethora of resources to educate yourselves about racism, and I hope that you can appreciate the privilege of being able to read articles and books or listen to podcasts instead of learning about racism the way most of your Black colleagues and patients had to learn, which is by experiencing it personally.

After the incident, several colleagues contacted me. Although there is no recipe for how to appropriately respond to a situation like this, I find offers of support in private while being silent in public neither comforting nor helpful. Thus, my next takeaway message is that you can help by publicly speaking out against racism. Have you ever heard a colleague make a racist joke or comment but did not speak up because you did not want to make them uncomfortable? Your silence makes you complicit in the harm. I challenge you to make a commitment to no longer being silent bystanders so that we may see more silence transformed into speech.

My language may make some feel uncomfortable. I also often feel quite uncomfortable navigating this very white world of academic medicine, experiencing a constant barrage of structural racism, implicit bias, microaggressions, and overt discrimination both directly and vicariously. It is physically and emotionally exhausting. It is methylating my DNA, shortening my telomeres, and adding to my allostatic load.[11] But instead of expressing my discomfort and the full range of associated emotions, I am often expected to wear the mask and go about business as usual, striving for excellence in clinical care, teaching, service, and research while simultaneously navigating racism in medicine and general society. Sometimes the collective you needs to feel uncomfortable as well. I urge you to push past that discomfort, and I hope that reading this will lead to more discussions taking place as you seek to learn and grow.

Once we move past discussions, we then need language transformed into action. In recent months, we have seen organizations across the country make important progress toward acknowledging racism. I urge you not to become complacent and recognize that there is a great deal of work yet to be done. Statements in solidarity that Black Lives Matter, grand rounds, journal clubs, and establishing diversity, equity, and inclusion committees are necessary, but they are not sufficient. We need more meaningful and sustained change on individual and institutional levels to dismantle racism. Suggested actions to consider have previously been published by myself and other scholars who highlight critical first steps toward antiracism in academic medicine.[12–14]

In the days between when the link was posted and the discussion was slated on the meeting agenda, I literally lost sleep. I diverted my time and energy away from my research to prepare a statement and to try to express the words that I did not share on the social media thread. I now share this experience more broadly in hopes that the effort I invested in sharing my perceived take-home points to my colleagues may have broader benefits for the medical community, perhaps sparing some of my Black colleagues from similar situations in their professional networks. I also speak up on behalf of students and trainees who have been marginalized, bullied, or faced overt and covert racism so that they can direct their efforts toward training to be excellent clinicians. Most importantly, I speak up on behalf of the patients who experience racism in its many forms in health care in hopes that they will truly be "seen" and that my agitation will be a catalyst for institutional change.

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