MLK Day Special:
Dismantling Racism in Medicine

"My appendix had ruptured. But during those visits I was like questioned about how much pain I was in. I was told I didn't seem to be in that much pain. And in retrospect I wondered was I being treated a certain way because I was a Black woman?" – **Dr. Uché Blackstock**

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!,** where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, Brenda Gazzar.

(music)

This time on **Code WACK!** In honor of civil rights icon **Martin Luther King Jr. and MLK Day,** we're interviewing **Dr. Uché Blackstock,** author of the **New York Times** bestselling book **"Legacy: A Black Physician Reckons with Racism in Medicine."** Trained as an ER physician, the Harvard Medical School graduate is founder and CEO of **Advancing Health Equity,** an organization that aims to dismantle racism in health care and narrow health inequities. This is the second episode in a two-part series.

Welcome to Code WACK! Dr. Blackstock.

Blackstock: Thank you so much for having me, Brenda.

Q: Thank you for being here. We're so excited to interview you for a special MLK Day Jr. podcast about health care and systemic racism. First, tell us a bit about yourself. What exactly do you do and what led you to become a physician?

Blackstock: I am a board-certified emergency medicine physician by training, and right now I no longer practice, but I am the founder and CEO of Advancing Health Equity, which is a strategic health equity consulting firm. We partner with health-related organizations to address racial health inequities, and I'm also the author of "Legacy: A Black Physician Reckons with Racism in Medicine."

Q: So what led you to become a physician?

Blackstock: Oh, so that's pretty easy. My mother, the original Dr. Blackstock, was a physician and she was my role model and grew up in very different circumstances than I did. I'm located in Brooklyn. She grew up about 15 minutes from where I live now, but on public assistance to a single mother. She beat all the odds and ended up at Harvard Medical School. She was a physician and then practiced in her own community where she lived for many years.

Q: Wow, beautiful. And you also have a twin sister who also became a physician, is that right?

Blackstock: Yes, she's also a physician. She's a primary care/HIV physician. So you could see our mother had a tremendous impact on us.

Q: Wow, love that. So what made your mother, who was also a Black physician who graduated from Harvard Medical School, so excellent at what she did?

Blackstock: I think what was so special about her was that she really understood where her patients were coming from. Like I said, she practiced in the same neighborhood that she grew up in and so I think she really saw her patients as almost like family. She could relate to them. She wanted to know about what was going on in their lives. So it's not just thinking about just the health related

problems, but also about ‘what's life like for them?’ And she had a really wonderful way of connecting with her patients, and I think they really appreciated her for that. And she also did a lot of work in our community. Like, you know, she was the president of a local Black women physicians group and they were holding community health fairs, essentially doing health equity work when health equity wasn't really a term that was out there.

Q: Wow, amazing. So when did you start seeing racism in medicine and how did that affect you?

Blackstock: Yeah, it's interesting because I feel like I was sort of on a journey, you know, from child to medical student to practicing physician. You know, I did have this experience when I was in medical school, first year medical student where I had a missed appendicitis. So I ended up having my appendix rupture and it really wasn't until many years later when I was a practicing physician that I wondered if, because who I was, you know, as a young Black woman that I wasn't taken as seriously. But I essentially went to the ER three times and unfortunately [was] misdiagnosed. By the time I went for the third visit, my appendix had ruptured. But during those visits I was like questioned about how much pain I was in. I was told I didn't seem to be in that much pain.

Q: How old were you when your appendix ruptured, did you say?

Blackstock: I was in my mid twenties. It was pretty scary.

I can imagine.

And in retrospect I wondered was I being treated a certain way because I was a Black woman? But, you know, it wasn't really until I was in residency at Kings County Hospital, which is a public hospital in Brooklyn that I began to really see, like in my patients, it was mostly a working class Black neighborhood. Their health outcomes really were not related to individual decisions that they made, but more what was happening on a community level, the legacy of, you know, systemic racism contemporarily and seeing how that impacted their health.

So it sounds like it only occurred to you later that this might have been racism.

Blackstock: Yeah, and I talk about in “Legacy” how most people go into medicine, health care, like they really want to do the right thing. But often what happens is internal implicit biases come up and we actually see in the data that, you know, Black patients are treated differently, that, you know, we’re given less amounts of pain medication or we're not thought to be that much pain. You know, I talk about in the book, there's a study that came out in 2016 out of [University of Virginia] that showed that medical students in residents believe these false myths about Black people in pain. Like our skin is thicker, we have less sensitive nerve endings, and that impacted how they cared for patients. So there's a lot of internalization of what's happening in society, and that unfortunately manifests itself in terms of how we care for patients.

So your New York Times bestselling book, “Legacy: A Black Physician Reckons with Racism in Medicine” was published in 2024 by Penguin Random House. Congratulations!

Blackstock: Thank you.

Q: The book mentions multiple studies indicating that clinicians have repeatedly caused harm to Black patients by dismissing their concerns and undertreating their pain, as you mentioned. So what impact does the dismissal of their concerns and having their pain undertreated, how does that affect Black patients and their families?

Blackstock: So I think what's very important to understand is that, you know, when pain is not adequately treated, people most likely have an underlying diagnosis that's being missed. So it's not just about not treating the pain, which actually can cause psychological harm, physical harm, just that experiencing pain – and that actually is associated with people having emotional and psychological distress – but the other piece is that often when pain is not adequately treated, there's not a further investigation of why that person is having pain. Kind of like in my situation, you know, with appendicitis.

And so what we see are missed and delayed diagnosis and sometimes even resulting in harm and death. Wow. One of the examples I give is like thinking about, you know, the high maternal mortality rate in this country. It has a lot to do

with systemic issues, but also what happens on an interpersonal level between clinicians and patients. And when patients are saying, 'I'm having this discomfort, or something is happening that doesn't feel right,; they're not being listened to.

Right. And you, you mentioned in the book Serena Williams and Beyonce as two examples of not being listened to and having nearly fatal experiences while giving birth.

Blackstock: Yeah, I think what's so important about that is recognizing that these are women with resources. One, they're affluent, Serena Williams is one of the greatest athletes of all time. So they know their bodies really, really well. And so thinking about like if they are not being listened to – they have resources, they have status, they have influence – then what happens just to the average person when they go to seek care?

Q: So why do you think this is still happening today?

Blackstock: So, I think there are several reasons. I think, you know, one, the fact is that people who go into health care and medicine are no different than people who go into any other field. You know, we live in a society with systemic racism, with anti-Black racism, and often that is internalized in ways that we don't really understand or recognize or [are] conscious of. And I think the piece about like the interpersonal part of not being listened to, unfortunately, some of the myths that are, like I talk about it in the book, some deeply rooted myths that are from slavery still come up with, like, for example, that study I mentioned in terms of how people perceive pain in Black patients. So that's one piece of it. And the other piece is just systemic issues that we know that what happens at a community level really matters to people's health. So access to gainful employment, making sure people have paid sick leave and paid family leave. Also thinking about, you know, these resources that are available in the community, access to quality health care, we know that also impacts health outcomes as well. So thinking about what happens at an interpersonal level, but also a systemic level.

Q: Right. You mentioned a story in your book about a patient that you saw during COVID that I thought was very telling. Can you tell us that story?

Blackstock: So, I think it's so interesting because there are these moments that I've had in my clinical practice that reemphasize for me why the work that I do is so important in terms of advancing health equity. And, you know, I was working, I had left academic medicine, I was working in urgent care in March of 2020, and then everything goes sideways. And what I noticed was that patients that I was seeing, they were getting browner and browner. Like these were people who were essential workers, service workers. You know, I remember turning to the medical assistant working with me and saying, 'do you notice more and more patients look like us? They're coming in with COVID.' And on one shift, it was a really long shift. Remember walking to this room, the electronic medical record said that this young woman was here because she had COVID a few weeks prior and was having shortness of breath.

And I walked in the room, I was covered in personal protective equipment, PPE, head to toe. This is a time when we didn't really know what was going on. I said, ' 'hi, I'm Dr. Blackstock, how can I help you? And she says, and she looks up at me and even though she has a mask on, she says, 'can I stop you for a second?' And I said, 'yes.' She said, 'are you Black?' And I said, 'yes.' And then she let out this huge sigh and said, 'I just wanna make sure that I'm being listened to.' And so in that moment, you know, I felt conflicted. I felt two ways. I felt like I was so glad I could be the doctor that she needed, but I also felt really sad that she had had experiences when she went to see care and felt like she wasn't listened to.

Q: Yes. That's such a heartbreaking story. But an important story to share. So thank you for sharing that. Yes, yes. Yeah, thank you. So as you point out in your book, over the last three decades, despite the incredible advancements in healthcare technology and innovation, health outcomes have gotten worse, not better for Black Americans. So what kinds of things were you seeing or noticing in the ER room or in your practice or elsewhere in the hospital as a result?

Blackstock: Yeah, it wasn't until I was in residency and I was at Kings County Hospital – it's a public hospital here in Brooklyn – that I actually began to connect the dots. Like some of my patients, you know, they had come in with uncontrolled high blood pressure because they couldn't make it to their appointments because of, you know, lack of transportation or their work schedule. Other people I

noticed, you know, were having out-of-control diabetes because they just weren't getting to be able to access the care that they needed. And so I think for me, seeing those situations with these patients, reemphasized to me that, you know, what I was taught in medical school is that individuals make decisions that impact their care the most. But what I recognize working in the ER is that like, that's where all the social problems come home to roost. And a lot of what we're seeing in the ER is like kind of like the dysfunction systemically. What happens on a community level, if people don't have their basic needs met, then they're going to be coming in with all sorts of medical problems.

That's such an interesting point. A lot of people say, yes, it's up to the individual to take care of their health, but as you point out, if you don't have the transportation or you can't get the sick days off or you have to work, then you can't take that individual responsibility.

Blackstock: Exactly. That's like the difference that we see with other high-income peer nations. Like we compare, you know, to the UK or to France or I mean, or even to Canada. Like, the fact is that because people are not plugged into these basic needs because there's a bit of disinvestment in public health in our country and our healthcare system is so fragmented that we're seeing that kind of play out in terms of like how healthy people are.

Right. And even things like I imagine living in poor neighborhoods next to factories where there's more freeways and more pollution and the environmental factors as well, or food deserts, right, where they don't have access to fresh food. All of that, you can only do so much as an individual if you whole environment is set up against you.

Blackstock: Yes, and actually according to the CDC, about 80% of the factors that make someone healthy are systemic factors. Like these are factors outside of their control, but even things that they can control, for example if they decide not to smoke, for example, what if they are working in an environment where it's a smoking environment? You know what I mean? They don't have any other options and they're not workplace protections in place. So I think what I wanted for the book to do for "Legacy" to do is for us to think kind of more holistically about what makes good health, right, for everybody.

Yeah. And then if you just think about stress and how stress, you know, is such a, I don't wanna say killer, but it can kill essentially because it affects us on so many levels and then of course trauma and racism plays into that. Correct? If you're not able to ascend the ladder and make a living for your family the way that other people can because they're white and you're not, that adds a whole component of financial stress.

Blackstock: Yes. And one thing that, you know, I mention in the book but you know, I didn't have a chance to get really into but is like even when we look at, you know, neighborhoods that were redlined in the 1930s, so redlining was the policy that assigned grades to neighborhoods based on, a lot of it was based on who lived there, like if they were racial and ethnic minorities or immigrants. And that impacted whether or not people were able to qualify for federally backed mortgages and mortgage insurance. But that was in the 1930s. And today we see that those neighborhoods that were heavily redlined are the same neighborhoods with the worst health outcomes. Like the highest asthma rates, the highest maternal mortality rates, chronic disease rates, because we see that when communities are not invested in, 'cause if you can't own property, you don't develop generational wealth. Businesses don't want to come, jobs don't come. We know that public schools are funded by property taxes, so it's all connected.

Thank you Dr. Uché Blackstock. Stay tuned for next time when we dive into racially concordant care and other possible solutions with Dr. Blackstock.

We at Code WACK wish you a meaningful Martin Luther King Jr. Day. May each of us – in our own, unique way – breathe new life into the reverend's dream of manifesting justice and equality for all.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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Code WACK!'s powered by HEAL California, uplifting the voices of those fighting for healthcare reform around the country. I'm Brenda Gazzar.