

Letters to the Editor

Being Black in Medicine in the Midst of COVID-19 and Police Violence

To the Editor: As a Black woman in medical school, I have had to cultivate ways to protect myself emotionally from the vicarious trauma triggered by witnessing the racially charged murders of Ahmaud Arbery, Breonna Taylor, and George Floyd on social media. I need to deploy coping mechanisms while learning the pathophysiology of diseases, medical management, and studying for the high-stakes United States Medical Licensing Exam. Sadly, balancing those responsibilities in effect precludes mourning. The disproportionate number of COVID-19-induced deaths among Black and indigenous patients has exacerbated this experience. As my medical education continues remotely, I ponder: How do I withstand this unprecedented level of despair, when the epidemics of police violence and COVID-19 intersect?

Medical school can be isolating, especially given the seemingly ubiquitous racial violence against Black people throughout the United States. However, our obligations as medical students do not absolve us of our responsibility to

understand how institutional racism, police violence, and structural inequities impact health care professionals' mental health—particularly that of Black medical students and health care providers—and the lives of Black and other racial minority patients.

The COVID-19 pandemic and persistent instances of police violence highlight the structural inequities that disproportionately affect communities of color. We must acknowledge how police violence—one of the mechanisms facilitating structural racism—contributes to the longstanding distrust Black folks have in the medical system. Further, as future health care providers, we must understand how racist redlining and gentrification practices relegate minority communities to underresourced areas that render them susceptible to developing chronic diseases, contracting illnesses like COVID-19, and lacking access to medical providers. Further, our medical schools should educate students on how policies, like the notorious practice of stop and frisk, have reiterated race-based stereotypes, reinforced a criminal injustice system, and reinvigorated racial disparities that target Black folks and may manifest as racial bias in the medical workplace.

Proceeding with medical education during this emotionally taxing time has taught me that having other's support can mitigate the effects of this vicarious trauma. For instance, non-Black folks can check in on their Black colleagues and peers and inquire about ways to be helpful. Ultimately, when viral and police violence epidemics intersect, remaining silent demonstrates complacency in epistemic, physical, and structural violence against socioeconomically marginalized and racially oppressed communities. Demonstrating concern for the well-being of medical students and physicians who are impacted by racial violence and educating ourselves about medicine's anti-Black history is essential to promote health equity.

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