

See Me

Jennifer Edwards-Johnson, DO

(Fam Med. 2019;51(10):863.) doi: 10.22454/FamMed.2019.127987

was always going to be a doctor. I've always had a sense, innately, that medicine would be my contribution to those who looked like me, but weren't afforded the access that for years I have used to be seen. I would share this. I would use medicine and influence as my contribution to the politics of respectability that would change how those who looked like me experienced health care. I wasn't so much naïve as I was hopeful. These weren't delusions of grandeur; I didn't think I was going to undo centuries of racist dogma—but if somehow, we could just be seen...

I spent the better part of 3 decades attempting to make people see me; trying to force the world to bend to my will. Graduate high school and college a year early? Check. Finish a semester of med school before my 21st birthday? Check. To me, time was a luxury afforded primarily to those privileged with the absence of sight.

There were experiences that forced me to regroup—a professor or colleague questioning whether I was qualified, or labeling me as angry for appropriately naming racism. I imagine that the collective weight of such experiences makes some of us stop trying to be seen; some of us have been so viciously assaulted that it would almost be reasonable to disappear, and gift the assailant their blindness.

I came close to disappearing once. I was pregnant with my second child when *The New York Times* published a piece about the disparity in maternal mortality among black women.

I was a patient, so I was already vulnerable. But the data—the racism—was an assault: mortality rates were significantly higher for black mothers despite education or socioeconomic status. This was the access that had given me hope. I had my own selfish fears, and those terrified me. But what was more insidious was being forced to question whether I could create change through this system that was supposed to do no harm, first.

I am all too aware of medicine's racist past. From nefarious experiments like Tuskegee to denying admittance to black and brown medical students, our country's transgressions remain embedded in the infrastructure of some of our greatest institutions, and our children continue to make payments on a debt incurred by no one. But, if even with access and foresight I couldn't protect myself and my son, how was I supposed to dismantle the racism so deeply embedded in our nation's framework?

My other attempts have fallen short, too. This sentence, or a version of it, appears in almost all of my scholarly work: "There's a shortage of primary care physicians...underrepresented minority students are more likely to go into primary care and underserved care...we must continue to retain and recruit these students." All of it is, of course, true. But even this rests on the premise that equity requires a reason. That in order for us to atone for this nation's sins those harmed must first disprove the lie and confirm our value.

Maybe the dismantling begins when we, the people, are honest about our collective past and present. The truth is not always honorable or self-evident, but there is almost certainly no honor in revictimizing the assaulted through willful blindness. To ask those robbed of health, liberty, and the pursuit of happiness to lay bare their sufferings and enlighten us is to lie; to attempt to deny liability and quiet our conscience. We could say nothing; but if denial is a lie, then silence is a half-truth. Honor requires self-reflection, honesty, and sight. No one, not our students or our patients, should have to aspire to be seen.

This is the work that I grapple with daily. I now have two children who despite access also arrived at birth dispossessed of the luxury of time. I find little comfort in the lie of optimism. The truth—a widening disparities gap and continued underrepresentation of minority students in medicine—falls shy of disproving my skepticism. For now, I will continue to find bits of hope in the spirits of those who elect to see me; in the occasional ally and in my students who work earnestly and urgently, and I will continue to make the world bend where I can.

CORRESPONDENCE: Address correspondence to Dr Jennifer Edwards-Johnson, 788 Service Road, B120, East Lansing, MI 48824. 517-420-3045. Fax: 517364-5764. jennifer.johnson2@hc.msu.edu.

From the Sparrow-MSU Family Health Center, Department of Family Medicine, Michigan State University College of Human Medicine, East Lansing, MI.