

## Book

# Black women in medicine in the USA: telling their stories



The name Elizabeth Blackwell is probably familiar. Born in the UK, she was the first woman in the USA to be awarded a medical degree. In *Twice as Hard: The Stories of Black Women Who Fought to Become Physicians, from the Civil War to the 21st Century*, Jasmine Brown spans over 150 years to introduce nine less well known names: Black American women who became physicians. These were remarkable women. Rebecca Lee Crumpler (1831–95) was, in 1864, the first Black woman to earn a medical degree in the USA. May Chinn (1896–1980), a pioneering cancer researcher, was the first Black woman to graduate from New York University School of Medicine and the first Black woman physician to practise in Harlem Hospital, New York. Health campaigner Dorothy Boulding Ferebee (1898–1980), who graduated top of her class at Tufts University School of Medicine in 1924, founded a settlement house in Washington, DC, and spearheaded her Alpha Kappa Alpha sorority's Mississippi Health Project. Lena Edwards (1900–86) was the 1918 valedictorian of the famed Dunbar High School, a Howard University medical graduate, and among the first Black women board certified in obstetrics and gynaecology; later in her career she focused on the health of Mexican migrant workers in Texas and, in 1964, received the Presidential Medal of Freedom. Edith Irby Jones (1927–2019), the first African American graduate of a southern US medical school, the University of Arkansas School of Medicine in 1952, was the first woman to be President of the National Medical Association, which admitted Black physicians (the American Medical Association did not bar exclusion from membership on the basis of race until 1968, for which it apologised in 2008). Joycelyn Elders (born 1933), the first person in Arkansas to be board certified in paediatric endocrinology, was the first

Black woman to serve as US Surgeon General. Paediatrician Marilyn Hughes Gaston (born 1939) improved care and screening for sickle cell disease and

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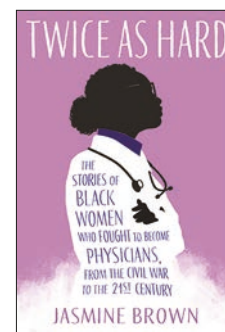
established the importance of penicillin prophylaxis in children with sickle cell disease, and in 1990 was the first Black woman to lead the federal Bureau of Primary Health Care. Claudia Thomas (born 1950) was the first Black woman to become an orthopaedic surgeon in the USA. Risa Lavizzo-Mourey (born 1954) was the first Black woman to be President and Chief Executive Officer of the Robert Wood Johnson Foundation, a major health funder, and promoted the idea of a “culture of health”, highlighting the importance of the social determinants of health.

I am an American Black woman physician. I knew the names of only four of these trailblazing women. All nine women had to work “twice as hard”, faced with both gender and racial discrimination. I am grateful to Brown for telling these women's stories so that we can learn their names and recognise their achievements. They not only succeeded in their specialties, but also, as Brown relates, “changed the culture of medicine, making the field more accessible for women and people of color coming behind them. And they've shone a light on structural problems within medicine that have led to subpar care in black and brown communities while they worked to change the system from within.”

Brown is a Black woman starting out in medicine. A medical student at the University of Pennsylvania's Perelman School of Medicine, she began this book while pursuing an MPhil in medical history at the University of Oxford

in the UK. Written in a breezy style, Brown weaves her own story through the narrative. What began as a search for inspiration from the pioneering women who preceded her goes beyond their talent, courage, and persistence to encompass Brown's present day. Brown not only documents the discrimination these physicians encountered in the past, but also exposes the racism she has endured in the present day.

Brown highlights how the pain of racial stereotyping carries a cost in her personal experience and those of her peers, and her account resonates in some ways with Damon Tweedy's powerful 2015 book *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*. She recounts an undergraduate experience she had while studying neuroimmunology at Washington University in St Louis. One day, when trying to enter her laboratory, she was challenged by a faculty member. Even when she presented her student ID, it did not fully satisfy the self-appointed gatekeeper. “I realized that this man worked right next to my lab”, she writes. “After that incident, he never said anything to me again. Never looked me in the eye. Never acknowledged my presence or the pain that he had caused me.” Never again did Brown experience the same excitement when she went to the laboratory and instead, she writes, “I felt anxious”. Brown acknowledges the personal trauma of racist treatment. She ponders how it would feel if she were made to eat alone as Irby Jones did, because the University of Arkansas had segregated facilities, or if her classmates were given a choice to refuse her admission, which was what happened to David Peck Jones, the first Black man to graduate from a US medical school (and also to Blackwell as the only woman in her class). “I imagine it would be nearly impossible to endure”, she concludes.



**Twice as Hard: The Stories of Black Women Who Fought to Become Physicians, from the Civil War to the 21st Century**  
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I am from a generation that learned never to reveal such personal pain. But memories persist and Brown's words brought them tumbling back. In 1979, I was the only Black woman to graduate with my medical school class, the first doctor in my family. While a medical student I challenged a grade that was lower than I expected, based on test scores. I was told my lack of lecture attendance was noted and accounted for the lower grade, but there was no attendance roster. On another occasion, it was implied that my high score might reflect cheating. And on my way to my first Grand Rounds presentation, I was surrounded by people who wanted "to be sure" I knew where I was going. Security was called and was undeterred by my hospital ID. I had to call a colleague to be able to access this medical space. The book caused me to reflect on how today's young people of colour are more adamant about being protected from such pain. I was satisfied that I got what I came for—a medical degree. But considering the personal recollections this book elicited, clearly the harms linger.

#### Further reading

Bousfield MO. An account of physicians of color in the United States. *Bull Hist Med* 1945; **17**: 61

Gamble VN. "Outstanding Services to Negro Health": Dr. Dorothy Boulding Ferebee, Dr. Virginia M. Alexander, and Black women physicians' public health activism. *Am J Public Health* 2016; **106**: 1397–404

Gamble VN. "Sisters of a Darker Race": African American graduates of the Woman's Medical College of Pennsylvania, 1867–1925. *Bull Hist Med* 2021; **95**: 169–97

Harris A. The state must provide. Why America's colleges have always been unequal—and how to set them right. New York, NY: HarperCollins, 2022

Himmelstein G, Ceasar JN, Himmelstein KE. Hospitals that serve many Black patients have lower revenues and profits: structural racism in hospital financing. *J Gen Intern Med* 2023; **38**: 586–91

Watson WH. Against the odds: Blacks in the profession of medicine in the United States. New Brunswick, NJ: Transaction Publishers, 1999

*Twice as Hard* gave me other new insights. Ferebee was one of the names I did not know. She would craft a career in medicine, public health, and social activism. Unlike many of her peers, her family orbit included the Black elite. Her great-uncle, George L Ruffin, was the first Black graduate of Harvard Law School. In the mid-1930s, sponsored by her sorority, Ferebee began travelling to Mississippi with "a team of African American women doctors, nurses, and teachers" to offer health services to sharecroppers held in virtual peonage. When they learned that plantation owners barred travel to the stationary clinics, these intrepid women turned their vehicles into mobile clinics. Even today it is hard to imagine a mainly female medical corps in rural Mississippi.

Well into the 20th century most of these women encountered scepticism about their pursuit of medicine and, after graduation, struggled to find places for hospital training. Despite

being the top student in her Tufts medical school class, Ferebee was not selected for a single internship, which increasingly was required for licensure. Edwards applied repeatedly for a residency in obstetrics and gynaecology at a hospital at which she worked as a generalist. Brown details many other examples of the systemic racism these women encountered as they sought to advance their careers. There are also stories of solidarity and kindness. Irby Jones found her solitary meal served on a white tablecloth with a note from workers that read "We love you". Female students banded together across the colour bar to confront professors who preferred to treat the women in their classes as invisible. Brown describes the support and encouragement that Ferebee and her female classmates gave each other in the face of pervasive gender-based exclusion and how they stood together to challenge it.

Many of these nine women also overcame extreme poverty, especially those born to parents who were formerly enslaved or sharecroppers. Elders' appointment as US Surgeon General by President Bill Clinton in 1983 made history. She grew up in rural Arkansas during the 1930s and 1940s with parents who worked as sharecroppers in a home without running water, indoor plumbing, or electricity. There are common threads that run through Brown's account of these settings. Black communities rallied around their outstanding students to help ensure they got a chance. They passed the hat or found benefactors. Everyone in Elders' tiny hometown heard she was going to college and they gave her fabric, shoes, and clothes. Irby Jones was able to continue her medical education when Thurgood Marshall, long before he became the first Black US Supreme Court Justice, arranged the funds. All nine women went on to careers that were committed to underserved communities and beyond.

Throughout *Twice as Hard* Brown provides relevant context to these

remarkable lives. For example, she examines how the 1910 Flexner Report, known for professionalising US medical education, "introduced new barriers for Black Americans interested in medicine, particularly impacting Black Women". The report led to the closure of women's medical colleges and, as Brown describes, although "at least fourteen black medical schools or departments had been founded in the late nineteenth century", after Flexner's report "the number was slashed to two: Howard University College of Medicine and Meharry Medical College". Flexner believed in "the fewer the better" Black doctors and, indeed, the number of Black physicians declined. By 1920, the number of Black women medical doctors in the USA stood at 65, down from 160 in 1900. A century later, the changes Flexner led have contributed to the under-representation of Black women in US medicine. Underfinancing continues for hospitals that serve mostly Black people and Black educational institutions, contributing to contemporary calls for their closure.

There have been other accounts that document the stories of Black doctors, such as Midian Othello Bousfield's paper in 1945 about physicians of colour in the USA and Wilbur Watson's book *Against the Odds* in 1999. Of course, there are more names of outstanding Black women in medicine who should not be forgotten, as documented in the work of scholars such as Vanessa Northington Gamble. But Brown's book is significant because it charts a uniquely long arc of history that extends to the present. Today, less than 3% of physicians in the USA are Black women and the proportion of Black men is even smaller. Brown has given us an important and still unfinished story. As Brown and other Black women take up their places in medicine, I am sure there is more inspiration to come.

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