



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: You are listening to the Weight Loss for Busy Physicians podcast with Katrina Ubell, MD, Conversations About Racism in Medicine Part One.

Welcome to Weight Loss for Busy Physicians, the podcast where busy doctors like you, get the practical solutions and support you need to permanently lose the weight so you can feel better and have the life you want. If you're looking to overcome your stress eating and exhaustion, and moving to freedom around food, you're in the right place.

Hey my friend, I want to welcome you to a bonus series that I'm offering to you this week about racism in medicine, and so I'm titling it Conversations About Racism in Medicine. What I have planned for you is every day for the next several days, I'm going to have a new conversation for you between me and my clients who are black, so black physician women who so graciously and lovingly offered to, well, agreed to have a conversation with me, allow it to be recorded and allow me to post it onto this podcast. I want to just very briefly before I have the conversation begin, I want to tell you a little bit more about why I decided to do this.

As you know, there's been so much discussion about race and racism in America recently and I have not seen really a lot about racism in medicine specifically, and I thought

that I have a unique platform and I am able to reach a lot of doctors, a lot of healthcare providers, and just a lot of other people as well. But more specifically within medicine, I have the opportunity to be able to shine some light on where racism might be showing up within your life as a physician that you're not aware of, or maybe you are aware of. So, here's what I decided as I was thinking about doing this.

I by no means identify as an expert in race or racism, race relations, in trauma, in any of those things. That's not something that I feel like I can come on and say, "Hey you guys, this is what you should be doing." But, I do know that story is very, very powerful. In fact, our human brains are designed to pay attention whenever a story is told. This actually has helped to keep us alive because for the longest time with humans, the way information was transmitted was verbal transmission and so we had to be able to pay attention when someone was teaching us something important or telling us something important.

So I thought, "Well, what better than to get the stories of real black women physicians who are living their lives day-to-day and finding out what it's really like. What's really going on?" know for myself that a huge issue for me is the lack of awareness around my own personal biases potentially, the privilege that I have. I've been learning so much over the last number of days. I do want to just mention actually as an aside that I've been posting a lot of resources that I found to be helpful, a lot of videos that I found really explain things well in a loving way. I personally don't find being yelled at to be super effective at helping me understand things. So, I found some really, really great stuff and I've posted it all to highlights in my Instagram. If you're interested in looking into any of that, go to my handle on Instagram which is @coachkatrinaubellmd. You can find all that stuff there.

But I thought, "What can I do to use this platform and your attention to be able to further this movement and progress

it forward?" Then I had the idea, "I'm going to reach out to these amazing women who I love so dearly and respect so much, and get to know them on a deeper level for my own understanding so that I can progress myself, but also allow you to listen in to help you as well." I know so many of us want to do better and we're trying to figure out how to do that, and I think these conversations are going to really be helpful in that way.

I do want to just point out, this isn't just someone coming on and just talking to me. This is someone coming on and saying, "Hey, I'm going to share with you some of the most painful experiences of my life and go ahead by the way, put that all up on the internet." I just want to just acknowledge that takes a lot of courage for somebody to agree to do something like this and just all the women that are to come in the next couple of days. I just super respect them, and I'm so appreciative that they're willing to come on and do this for all of us.

So, I want to introduce you to the first person I spoke to. Her name is Tendi, and she is an emergency medicine physician. She tells you all about her whole story in the beginning of the podcast, so I'm just going to let her tell that all to you, but she is amazing. She is a mother. She is currently pregnant with another child. I think she had just a really, really ... Well, everybody's story is interesting. What am I talking about, right? She has such an interesting story, but everybody has a really interesting story when you're willing and interested in them and hearing about it. So, I think that this can be very, very helpful for you to listen to this.

I will be coming on after all these conversations are finished. I will be publishing an episode where I talk a little bit more specifically about why we often as white people don't take action, what's behind our resistance to being an ally, and what we can do to help ourselves to move forward. That will be coming at the end. I wanted to be really clear that these conversations standalone. This isn't

the Katrina show with these clients of mine coming and bolstering it, I want their stories to stand alone. I will be coming in a couple of days with a specific episode to address those things.

With that, I want to encourage you to listen to this whole episode. It is a little bit longer than I usually do, but it's so, so worth it and there's really, really good stuff in there. So please listen, please enjoy, please take what you hear and just think about how it applies to you. Think about where you have maybe shown up in a way that you didn't realize or maybe even weren't totally proud of, but then just tried to ignore it or something like that. So please enjoy, please. I hope you get a lot out of it, and we'll be back tomorrow with another conversation. All right, see you soon. Tendi, thank you so much for joining me today.

Tendi: Yeah, thanks for having me. This is going to be good.

Katrina Ubell: I'm actually really excited. I have to say, I've had all the emotions, I was really nervous. I'm going to be 100% honest—I was worried about doing the wrong thing, which has been very eye opening for me because as you might guess, this is not the first time I've had that concern in my life. But, just deciding to be willing to be wrong because I think that these are really conversations that are not being had by most people, and I think it's just a really nice opportunity to just find out specifically what's happening for people. I think when we talk about generalizations and things that makes it hard for us to understand, but there's also a person here.

So there's groups, and then there's individuals, and I think it's important to spotlight both. The first thing I actually want to do is ask you a question that I actually was encouraged to ask by someone who has video on Instagram that I listened to. Her name is Ohavia Philips and she was saying that instead of just deciding what to call people, you should ask them how they prefer to be

called. So, do you prefer to be called black, African-American, or a person of color?

Tendi: For me, black is going to be the most descriptive for me. My background is that, actually my parents, we immigrated here to the US. So, the descriptor of African-American doesn't feel for me like it's genuinely explaining who I am because my ancestry and background is really very much so rooted in one country in Zimbabwe. I've been here in the US for over 20 years. I'm American now, my husband is black, and so I think my experiences that I'm having and that I'll speak to are of being black, but for me person of color I think is not one I think I'd ever used. I don't know that I'm uncomfortable with it, but black I think encompasses it all.

Katrina Ubell: Okay, this is really good, awesome. Okay, you gave us a little bit of a background of yourself, but why don't you give us a little bit more about ... So your family immigrated here 20 years ago, tell us a little bit more about your life, who you are, that kind of thing.

Tendi: My parents and me were born in Zimbabwe, lived in the US when I was a child and did most of my elementary school in the US. We ended up moving here, and a lot of it was related to just my dad's education. That's what brought us here. I went back to Zimbabwe and had my high school experience there, and then came back here at 19 and I've been here since. I mean, I'm 35 now. At this point all my immediate family, we all live here in the US and we're all American now. I decided to go into medicine and did all my training including undergrad here in the US. I'm now practicing as an emergency physician, and I've been doing that for the last five years as an attending at an academic position here. Got one kid, and another one on the way.

Katrina Ubell: Awesome. All right, thank you for sharing that. Thank you for sharing that. So, I think that ... Actually, I'm going to even steer away from the first question I was going to get

into on this. How old were you when you came to America?

Tendi: We came a couple of times to the US. The first time I was two, then more recently I was 19.

Katrina Ubell: Okay. Do you recall an experience or a time where you first really experienced racism in America, where it became clear to you this is a thing, or did your parents talk to you about it first? How did that go?

Tendi: I don't remember my parents distinctly talking to me before I first experienced it. My first experience I was in elementary school years. I was riding my bike with my sister and I remember someone yelling at both of us and was calling us the N word. I remember a few times at school a couple of kids called me the N word too here and there. I didn't know how to really process it then, and I don't know just thinking back that I even really went to my parents. I think we just were ... We felt threatened, so we quickly rode our bikes away. With those kids, I remember crying about it and feeling rejected. The elementary school I went to in the US was not very diverse, and so I think feeling different, feeling like other was very distinct. But also, we were African coming into that environment so I think it felt even more so like a community that wasn't our own.

Katrina Ubell: Yes, right. You're already other because you're an immigrant, and then-

Tendi: Yes. Being black I think just heightened it for us but I don't think I understood it. And my parents growing up in Zimbabwe, we were a country that was colonized and my parents grew up in segregated schools as well. So, they grew up with the racism being something they experienced, my parents, my dad, the names they were given. They weren't allowed to give their kids traditional names, they had to give their kids names that were approved British names. We didn't get independence until

1980, so they grew up in a society where some opportunities were limited for them. So for them racism is something they grew up with, but I don't think they sat down and said, "Hey kids, this is what it is." But as the years have gone on, of course it's easy to talk to them about it. They can easily relate to it.

Katrina Ubell: So that is the conversation that comes up?

Tendi: Yes, yes. It's not at all ever uncomfortable. It's a safe space to go home and say what you're feeling and you know they understand.

Katrina Ubell: Yeah, it's a shared experience with people who get it. At what point in your life did you decide to become a doctor? When you were little or when you were older?

Tendi: I think when I was little is when I decided I wanted to do it, but when you finally actually make the decision and start getting serious about it was probably later in high school when I really realized what it took and what I needed to do to get there.

Katrina Ubell: I'm just assuming the answer is going to be yes, but were there any experiences that you had where when you expressed that to people, they had racist opinions about you following that path?

Tendi: I don't think so because it was something I often more so expressed to my family and my closer friends. Once I was much older I think, I didn't have anyone discourage me from going into it or tell me I couldn't do it. My parents are both in academia. My dad's a professor and all that, so they've never ... I think they always gave us the confidence like, "You girls can do whatever you want to do?" So, I didn't have that experience personally.

Katrina Ubell: Okay. So you applied to medical school, obviously got in. Tell me about your experience of starting medical school. Day one, what was that like?

Tendi: Med school was, that's probably the time in my life where I felt my blackness the most. I was super excited to go to med school. I was very optimistic this was going to be awesome. The med school I chose to go to is in the south of the US. It's a private university and a fairly renowned university. So for me, even going there based on my background was like, whoa, a big deal. So, I was super excited to be there. It was a school that was not traditionally years before us a very diverse med school. The class that came in with me was the most diverse class they'd ever recruited. There were nine of us black women-

Katrina Ubell: I was just going to say, what does that mean? Out of how many?

Tendi: There were nine black women and our class was 105, so huge. 10% black women, and-

Katrina Ubell: I was actually looking it up. Just for people listening, the percentage of black people in medicine in the US is 5%.

Tendi: Mm-hmm (affirmative).

Katrina Ubell: That's like a third of what the general population is, yeah. So, 10% actually is high I guess.

Tendi: It's huge, and that's just the black girls. I think there were four black men in our class. And we had a few Hispanic people in our class, I think three. So huge, but this was a very clear initiative they made to recruit us. I interviewed there, I met with the Dean for Diversity. They made a very intentional pull to bring us there because of their upper classes looked. Once we started, it was great. I mean, I was like, "Look, I've got all these people like me." But the tradition of the school was ... It had a lot of legacy meaning a lot of my classmates, their parents have gone there, some of my classmates were named after buildings.

Katrina Ubell: Oh, is that right?

Tendi: Or, their parents were deans. Things like that. It didn't take long before we felt like we were other. As a group, we banded together. It didn't mean we didn't hang out with everybody, certainly we did. But, there was a very strong sense among us that I think we really needed to somewhat help each other stick together. But, there was a lot of things that happened that I think were hurtful for us that I think created more angst than I probably would've liked.

Katrina Ubell: Any examples, yeah. I think it's really good to hear specifically what it is, because literally so many of us just do not know, we don't even see it.

Tendi: Yeah. I think one of the things ... We had an organization that we did, especially in our preclinical years called the Student National Medical Association. With that organization, a lot of stuff we would do was focused on outreach in our community, there were events that we did and we would put on events for other students, and one event we would do is a diversity week and have different speakers come in. What I noticed when I was in that organization my second year after being in there for two years was, we had a diversity we can we brought in a pretty prominent speaker for another state to come talk and nobody came, just us and a couple sprinkling of some other black students and I just lost it.

I sent an email out to two year groups and said, "You guys don't attend stuff that the black students post." It felt like when things were done that we felt passionate about or we thought would help bring some awareness, that people ignored them and thought that's the black students and that's what they're doing. People just ignored and didn't really participate, and we felt a lot of frustration because we went to other stuff. I remember having a few regrets I sent the email because it didn't change a whole lot, but created a lot of tension, a lot of awkwardness. I think people felt called out. But, those were a couple. That was just one thing that I think was the theme, was while

we felt we were passionate about something that we wanted to spread awareness of, grow, our classmates were ... They just felt like they just ignored us in that sense.

Another thing I noticed, my friends and I, we'd like to study in the library. That was our thing, where we'd get together in the evening and we just liked to sit near each other. It was definitely many times where the staff in the library felt like they needed to double check our credentials and make sure that we were supposed to be in that library. We knew it was because they just weren't certain that we actually were students at that university. That would come up. We'd brush it off and keep going, but certainly it felt like unnecessary. I remember studying for board exams, when we were studying for step one, we wanted a new environment to study so we decided to not study at the medical center library of study, where do we go? To the business school, or ... And we could use each other's libraries, it wasn't a big deal. We just wanted a change of environment.

One evening, one of the staff members approached us. He wondered who we were and why we were in their library. We explained that we're medical students and we're studying for our board exams, but I don't believe she believed we were medical students at that institution because there was another medical school in town that was a traditionally HBCU university and basically they asked us to leave. So we emailed our dean, our dean of students and told, "Hey, this happened to us," and there was a vague, "We'll look into that." But, it was made clear that we probably needed to go find somewhere else to study. So we did, and we just moved along with it. It was just three of us but for some reason, we definitely felt like the questioning of whether we belonged in certain spaces came up a few times during our time there, which was just a bit unfortunate.

Katrina Ubell: As I'm expressing my surprise, I realize that's my white privilege, right? The fact that I'm not even ... That I'm even surprised. I shouldn't be surprised if I'm aware of what would be happening. I'd be like, "Of course that would happen," I think.

Tendi: Yeah, because I think for me, for us sometimes as black people ... Really I can only speak for myself. Sometimes you question whether if you step into a certain space, you're going to be ... It's going to be assumed you belong there, or you're going to need to have someone recheck your credentials to say, "Yes, I think you seem like you should be here." We clearly were black people they had never seen before until around that time. For them that seemed unusual and they definitely needed to verify that we belonged in that space. Sure, maybe she could've chosen to believe us and said, "That's fine, you can stay," but the fact of being checked is not something that was that surprising to us because clearly we stand out like, "Who are these people?"

Katrina Ubell: Going back to what you were saying with the initiative of the medical school to bring in more black students, I'm curious what the thought is by you and just people that you know about something like that. Is that appreciated? Is that also even offensive in its own way? How is that viewed?

Tendi: I think it's good in a lot of ways because what ends up happening is if say I went to a medical school ... This happened when I went to residency for example. How comfortable are you being the only black person in a medical school? Some places you are. Or you go to a residency that's not a small group of five or six, but a little residency and there's 60 residents, 20 each class and you're the only black person in that whole group and all the faculty, no one looks at all like you. It's not the fact that you're not white, it's more the fact of why have other black people not been here? Is it a place that's not welcoming? Did something happen? Do you guys not

want people like us here? Am I going to be okay and is it going to be a place that will be supportive of me?

So yeah, I think for me, I think places ... I would encourage them to look around and say, "How do we create an environment where minorities come and feel welcomed here? Where we have a supportive structure among all our students? Where people are allies?" Sometimes it has to be very intentional. You can't just be casual about it and just say, "Well, we accept applicants from everybody and we consider everybody, and this is who ends up coming here." Sometimes people who are minorities are nervous to just jump right into something because places sometimes develop reputations and people are just fearful and may just not want that additional stressor on top of being in medical school.

Katrina Ubell: Yeah, it's hard enough.

Tendi: Yeah, to be the first black graduate from a ... It's a lot of weight. I think sometimes as a black person in a new space, you feel more weight because you're not just sometimes feeling like you're carrying the weight of yourself being successful. I know when I went to residency, I felt the weight of it. It was a very white residency, big residency of 60-plus and there were no black people there at all. To black faculty members in this huge, huge department, and I was a bit nervous because I was like, "What's it going to be? Because, what if I come here and I'm the only one?" Fortunately, two of us matched there, me and another guy.

I remember when I talked to one of the faculty members, one of the African-American faculty members when I was considering ranking the place and she said, "As black people, you have to be two times better," and I didn't understand what that meant. I was like, "I got to be academically twice as good?" That's too much pressure. I understood it now, where it means that you need to be above reproach. It doesn't mean you have to be better

academically than everybody, be at the top of the class, but you can't be that trouble resident, the one who's acting out. You can't be the one that nurses don't like and the one that people are pulling aside. You can't be angry and loud and all those things, because you're not representing yourself only. You're representing for this idea of if you mess up it's like, well, maybe it's black people.

Katrina Ubell: Yeah. It sounds like you censor yourself or even mute yourself a little like, "I would say something, but I don't want it to tell this detrimental effect otherwise."

Tendi: Yeah. You can't just be. I'd see some of my other residents who they're out here expressing themselves, they're getting into it about things they don't like or unhappy about. It doesn't mean you have to always completely censor yourself, but you just recognize that you're representing more than yourself. You're representing the idea that African-Americans can be seen successful in this space. And you don't want them to reconsider whether they would want to bring other black people because even though they might treat ... You're not treated as an individual. It almost feels like you're representing for other black people where you like an experiment or a trial, and so you need to be successful. Be good-

Katrina Ubell: It's like people are watching to like, "How is she going to do? How is she going to handle everything?"

Tendi: Correct, correct. So me and the other guy, we were exemplary residents. You do your job and you make sure people like you, the whole thing. Not in a fake way, but just in a really want to be a good role model, then be here and now. It's a diverse residency when I look at the pictures now. They recruit more and more people of color. Once you get the ball rolling, people do want to come in and be part of it.

Katrina Ubell: Mm-hmm (affirmative). Curious what you think about how gender plays into this too, because women in medicine is its own separate initiative in and of itself, and I think more so in some fields than in others. But, I'm curious how you feel that plays into this. Are they hand in hand? Are they separate things for you? How do you think about that?

Tendi: I think they're a little bit separate from me. I mean, I think some of the initiatives that we take as women to recruit women, it's easier to talk about, they're much more ... I'm a faculty member at my program here and we've had some trouble with recruiting women at our program, but I feel like that conversation's been so much easier in how to address it. I think as women we can easily band together and we can talk about it out loud in our work area and be like, "Yeah, we need to get more girls," and the boys can laugh about it, it's comfortable. They don't feel comfortable just being like, "And you know, we have no black people in our department except for me."

If there was another black person there, that's not a conversation I would say out loud. It's way more sensitive. The woman thing, I feel like people don't really get that uncomfortable about it. When you talk about, "My patient thinks I'm a nurse," people can say, "Yeah, that's sucks for you guys. That's not good." But for me to be like, "My patients, they seem confused when I go in the room and I introduce myself as a doctor. They seem taken aback for a second." Get in their eyes and we just keep going. I work to gain their trust and they never say anything, but I know for a second there was a little bit of, "Okay, what are we doing here today," kind of thought.

My black patients, they tell me, "You're the first black doctor I've ever had." Obviously I'm the first black doctor some of my white patients have, but they'll never say that, right? But I know it. My black docs usually they're proud of me like, "Oh, we're so proud of you. That's awesome," blah, blah, blah. But I can't come back out and be like, "Yeah guys, what's up with the lack of diversity?" So you

don't say anything, you just keep going as though it doesn't exist.

Katrina Ubell: Like it doesn't exist, yeah. Which I think just then ultimately ends up perpetuating it, right? It's more of us white people being completely oblivious to what's happening and not even recognizing that it would be a good conversation to be had. I like to believe in the good in people. I'm sure there are 100% very racist doctors who have their own agenda, but I don't think that that's going to be the majority. I think that there's a lot of white doctors who really legitimately and honestly want to help, but they don't even see the problem. There's such a lack of awareness around it.

Tendi: Yeah, I agree, I agree. I think for me, I tell my husband because he's also in a situation where with his work, sometimes he's often the only black person in a very big white community, is you often don't feel different or feel out of place if people are kind, they're warm and there aren't those microaggressions going on. I'm comfortable and have lived a lot of my life being one black person in a big space with a lot of white people and I know how to do that. Like our neighborhood, it's very white, it just is what it is. The only time you start to really be conscious of it is when people start to treat you differently. That's when the discomfort comes in, or when race comes up and you sense a lot of discomfort among people and you realize that's a no go topic.

Just like you, I believe a lot of people just don't see it and for them, they just don't acknowledge it. I mean, I'm conscious of my blackness every day, multiple times a day. Not always in a negative way, but I'm always conscious of it. I don't know, I can't speak to it. I don't know if a lot of times white people are conscious of their whiteness every day. I think when people get offended by the term white privilege, I think that is part of the privilege where your whiteness is not anything that you feel is something you have to navigate.

Katrina Ubell: I'm realizing that because I think I didn't ... I've been learning ... I of course had heard that term and things before, but I don't think that I really understood it the way I do over just the last short period of time learning more about it. It's a privilege to just not even have it be an issue, to not have it be even anything on your conscious awareness as something to think about.

Tendi: Correct, correct. And it's not like it's a negative thing, it just is the reality of life. I know people get very defensive about it because I think they think it means something individual to them and that they've not experienced struggle in their life, which isn't true. I mean, of course we acknowledge that people had to work hard for what they have, it's not like you lived a privileged life. It just means that the hardships you've had in your life have not been attributed to your color.

Katrina Ubell: Yes, thank you.

Tendi: That's not one of the factors that came into it. And for black people, we know that we have to navigate our blackness when we think about, "Do I take a job here? Is my blackness going to be okay there? Can I live in this neighborhood?" I don't just look at the houses. I look to see, can my kid play outside the yard and be fine there? That's top of mind. My realtor, I'm like, "Are there black people in the neighborhood?" She's like, "I don't know." I have to think about that. Does it feel welcoming? Are we going to be okay taking walks as a family in the evening? What are the stores going to be like?

Is it going to be a place we can take a jog and run around? Can my kid go to these schools and the teachers will treat him the way they do the other kids or is my kid going to somehow have a mark on his back because they have certain expectations of black boys? So, am I more likely to send my kid to a public school? Maybe, because I want him somewhere where it's diverse and he's not maybe the only one so early in his life. Those things come

into play for me whereas white people to some extent, may not have to factor those things in, may not. Some may, but not everybody. So, yeah.

Katrina Ubell: Okay. Did you ever have, again, I don't want to say ever. I just know you're going to be like, "Yes." So, let's just talk about in training. You see plenty of white patients and you talked about that split second look, understanding okay, we're doing this. All right, we're going to pretend like that didn't just happen and we're just going to move forward. Did you experience some blatant racism or like, "I don't want this person taking care of me," or things like that?

Tendi: No, I've never had someone just come right out and say they didn't want me to provide care for them. What I've had is more ... I've taken care of many patients who have white power tattoos all over them or have a lot of paraphernalia like swastikas and white power tattoos, you see it while you're examining their skin or whatever. That's come up more so a lot in the last couple years and I feel very uncomfortable by it.

Katrina Ubell: I was going to say, do you do anything or just pretend like it's not there and just stay super professional and what their concern is.

Tendi: Yeah, I just don't acknowledge it and just act like I don't see it and just continue doing my job, try to be even more professional. Once I had a patient who did have all this paraphernalia and tattoos. I just mentioned it to the charge nurse just like, "Yeah, he's got all this white power stuff all over him." Because like I said, I'm the only black physician in my department and including our residents, we don't have anybody. His response to me was, "Yeah, it's weird. You don't really see people with Black Panther tattoos on their bodies," and man I was really ... I was mad. That's a microaggression. I felt invalidated and I was like, "That's not a thing."

Katrina Ubell: Yeah, that That's not a thing.

Tendi: He just flipped it, like I had almost no right to be uncomfortable. And like I said, I wasn't complaining. I think I just said it just acknowledge that it was happening. I told my husband about it, and we just laughed about it and moved on. But I was like, "That's not a thing, dude." And I didn't mean anything, I just was like, "Yeah." I just keep it moving. One of my residents had a patient who had an abscess and it was right over a white power tattoo so I was like, "Well, let me go look at it myself." I think he was going to drain it or whatever. I was like "You could've warned me."

Katrina Ubell: Correct. An FYI would be nice.

Tendi: He was like, "Well, I didn't really know what to say." I was like, "Okay, that's fine."

Katrina Ubell: You mentioned the microaggressions even being in a room with other people. I think a lot of people have heard that term, but still aren't even really aware of what microaggressions are. Can you give some examples of ones that you've experienced besides the one you just described?

Tendi: Yeah. I think feeling like you're invalidated or ... Because I guess the thing about microaggressions is that's most the time what you're going to experience because rarely are people going to be just blatantly racist and just say the N word to you. That's not the reality of most people's experience. It's you do your hair and you change it. Black people, we can change our hair texture and it goes from being braids, and now you're wearing it in a little fro and white people now start shoving their hands in your hair and wanting to touch and pet it. I've experienced some of that.

It's hard to come up with them just off the top of my head, but a lot of times it's just that feeling of being invalidated or a way of making you feel like you're a little bit different. I remember once I had a med student who I told him one

of the patients I had was, he had a psychosis and he that day turned to me and said, "You're the devil." This kid had been having a lot of issues with psychosis and was an inpatient. I just mentioned that when we were talking about what our morning was like and he was like, "Do you think it's your hair?"

Katrina Ubell: I'm glad you can laugh about it because it's so ridiculous. It's like, or maybe the psychosis I guess.

Tendi: So then you're like ... Because at that time I had my hair natural and it was a little bit bigger and I was like, "What?" I mean, I had no response to that. You're like, "Should I go straighten my hair? Is this not okay for me to have my hair in its natural texture like it is?" So things like that, that just make you feel a little bit different, invalidate you that come up. I know there's more, they just sometimes don't really come to mind quite so quickly.

Katrina Ubell: Yeah. Well, I wonder if you've just gotten so adept at letting them just fall off your back. You don't even really allow it to take up space in your brain and allow it to really bother you, which is probably why they don't come to mind as easily.

Tendi: Yes, mm-hmm (affirmative).

Katrina Ubell: So, let's flip it the other way. Have you been witness to or heard about where black patients are being treated in a racist way by non-black doctors?

Tendi: Yeah, I think sometimes it's not quite so blatant. I think a lot of black patients will feel that they've already been pigeon holed in or feel like the other docs didn't really listen to them, which I think has shown to be true in a lot of studies about outcomes, especially when you look at outcomes for black women around childbirth where one of the reasons why they feel that mortality is higher among black women, because it's up to three to four times higher, is because black women aren't believed when they speak up. They've been able to show this even if you

account for social economic, and education and everything. So yeah, I've seen it where sometimes I end up being the provider for their care and they explain what happened and their other encounter where that doc just said this and they told me that I needed to leave or I was done. Or sometimes just the way I hear people describe their patients, sometimes I think there's some bias there.

But, I don't know that you're really going to see a lot of blatant just racism. The thing is if I'm in the space and in the room, I don't know ... My assumption is people maybe censor themselves and don't always say certain things. I mean, people don't want to come across as being jerks. Certainly no one wants to come across as being racist or insensitive. But the people I work with, I never really hear them come out and just say some of those racist things. It's just sometimes the descriptors they use to describe their patients sometimes make me a little bit uncomfortable and I'm like, "Hmm."

Katrina Ubell: Can you give an example?

Tendi: I think sometimes emphasizing that someone is this really big black guy came by, or things like that where I feel like I'm not sure how that's really relevant to the true way you describe that patient where sometimes I just feel a little bit uncomfortable by that. Or, just the way that they describe the patient's affect like, "Oh yeah, she's just crazy," or just not really sure what she's talking about. Then I'll go into the room and it's like a very different experience that I have.

I think sometimes just being a little bit dismissive early on about a patient's complaint sometimes can seem like it can provide in the end maybe subpar care. But like I said, I don't think you're going to often see just blatant either one way a patient saying they don't want care from somebody or the other way, unless they're demented. I have had some old ladies. I had a little old lady I took care of a couple of months ago. She was transferred in and

was supposed to see a surgeon but since she came through the ER, I was supposed to also evaluate her. I walked into the room and I said, "Hi," and she was like, "No you're not. You are not operating on me." I was like, "Well, I don't plan to."

Katrina Ubell: Good, we're in agreement then.

Tendi: Her daughter was profusely apologizing for her and all she did was, she just kept saying, "Mm-mm, nope. Not you, not you." I don't know what that was all about. I did what I had to do and kept it moving. I chose at that time to not process it too deep and I just remembered it now. Actually, now stuff's coming up. I had this older man who I needed to ... Ortho came to me and said, "Can you sedate this patient? We need to do a reduction." I hadn't been as primary but they needed sedation so I said, "Let me introduce myself and get him consented."

I was talking to him and talking to him and he said, "I got to tell you something." All of us were in the room, that other attending ortho and he was like, "I once knew ..." What did he say? Like, "I once had another ..." It was something about how ... He was basically talking about how he once had another black person that he once had taking care for him, and it was okay I guess if I did it, and I was like, "What?" I just chuckled.

Katrina Ubell: I don't know what we're talking about right now.

Tendi: I don't know what we're talking about. But he wanted me to really know that even though I was black, it was okay. The other attending ... In that moment I was like, "Okay, I have a choice how to respond to this," and I just chose to laugh. They just didn't even acknowledge he had said anything, even though we all were standing there. Then we just got him sedated and got the job done and one of the techs was like, "Oh yeah, he's from such and such and that's how they are over there." I don't know if that-

Katrina Ubell: I know what that means, yeah.

Tendi: That situation. So sometimes the elderly patients, they get a pass.

Katrina Ubell: Yeah, which actually, let's just touch on that. I've been seeing ... And here's the thing, what I think is so powerful to think about is there's a lot of black voices on social media right now offering their thoughts about what's okay, what's not, what you should do, what you shouldn't do and some of them conflict. I think some people look at that then as like, "See, you can't do anything right. I get in trouble for it no matter what I do." Then they do nothing and they just avoid the whole thing.

But then there's plenty of people going, "Listen, be willing to do it wrong. Be willing to screw it up and be checked and be corrected. Be willing to do all that stuff." So some people are saying, "Hey, have that conversation with your elderly relatives," and other people are saying, "I get it, but just do the work on yourself first. Lead by example," that kind of thing. I'm just curious what your thoughts are about that.

Tendi: I do think it's important to do the work on yourself first and just understand your own biases, where those potentially may be. But I do think there are spaces that I can't speak to that you as a white person do have the ability to speak into those spaces. If you look around and you have a group of friends that you like to hang out with and one of your friends ... Does it mean you need to call them and say, "Hey, I think you have some issues, let's talk." That's not probably going to be well received. But in your future, because this isn't an issue for this week. There's no urgency to let me this week figure this out, let me call people. This is your life.

In a month, people will have moved on to something else just as the new cycle moves, and you have to continue something that's genuine hopefully for when you meet up with your friends and you guys are having dinner, or you guys are on vacation with some family members, or if

someone says something that you recognize to be something you don't agree with. They come out and say all lives matter, or if they say something that's clearly for you, no. Do you just sit there and continue hanging out or do you say, "Hey, do you know why they are protesting?" Or, "Do you know why some people find that offensive?" Maybe that's your opportunity to say, "I don't think what you're saying is right," so they acknowledge that when they say those things in your presence, that's not okay for you.

Because, I can't speak in those spaces. Chances are, they'd never say that in my presence. So, you have the ability to be influential in your own sphere when people comfortable and sometimes will really say what they think or really talk on an issue. It doesn't mean you come out and fight them, but maybe you let them know that you think differently and the way they're thinking, you are uncomfortable by it or it offends you. That's your mission. In my opinion, if you can just be influential there, you don't have to come out here and be some advocate and take on a new position, or start calling people and trying to reform them.

Then of course with your immediate family like your kids, I've had people approaching me like, "Hey, as a black person what books do you recommend I buy for my kids?" And I'm like, "How do you think I figured out what books to buy my kid?" I googled best of. I looked up to see who are some good black authors. But it doesn't mean you have to read to your kids books that are just about race. You could just show them that black kids have the same experiences white kids do, so you just read them a book about a little kid just playing, just a regular book. It doesn't always have put some meaning behind it or be about slavery or something.

It could just be books that ... Like in our family, we have books that sometimes the white kid is the main lead and sometimes it's a black kid. It's like a mix. Sometimes my

kids, they have dolls that are black and some dolls are white. It doesn't mean it has to have the big meaning behind it, but just you normalize other backgrounds, that that's fine. If you do just that, I mean, I feel like that alone is a lot. Because like I said, I think people are feeling this in a way that I've been surprised. I keep telling my husband like, "I don't know why this time is different," because I feel like for me, I felt all these things for years.

Katrina Ubell: Right, this is nothing new for you.

Tendi: No, no, and I was surprised like, "Whoa." Other police chiefs are speaking out and there's a real anger. People are not just brushing this aside. There's a real awakening here that hasn't happened before. Even though I feel like this has happened before and I have felt the exact same way before and in the end, nothing has really changed or there's been a lot of frustration about what the justice system was able to do. It's been very disappointing. This time it feels different, and my husband thinks it's because maybe it was the ... I guess for a lot of people, it felt much clearer what happened.

Katrina Ubell: That's a good point. No one's arguing like, "Oh come on, it wasn't that bad." Yeah, exactly.

Tendi: That's a lot of people, but for me I feel like other times I haven't really needed a lot more to feel that there was an injustice that had occurred. But people are open right now, they're angry, they're upset, they want to learn more, they want to be active. But I really feel like in a month from now when we're doing something else, where are you going to be? The goal isn't just to reform people and champion it like a post on social media for a couple of weeks, it's after that, are you-

Katrina Ubell: I think it's really powerful. What you're saying is yeah, definitely having the conversation, calling it out when you see it, things like that are so important. But I think with so many things, we're so quick to be like, "Hey, I heard this

thing and it was really great and I'm going to ... All you people out there, you got to change," without taking the time to actually do the work on yourself, meaning uncovering where your biases are, just understanding your involvement in it and working on that. I just think that living by example is so powerful. When you live by example, ... It's easier to live by example when you've done work on yourself and when you live by example, you by default don't sit silent when somebody says something.

That's part of living it because it's who you are, and you have to know who that is to be able to live as that person. It's real similar to stuff that we've worked on, right? Creating this future self and like, who is that person and how does she respond? How does she show up? How does she support people? How do I become her? And then by default ... And I love what you said. It doesn't mean you quit everything and you become a full time social justice activist. Of course, you could do it if you wanted to but most people won't and some people think, "Well, I can't really make a difference if I don't do something as extreme as that, or all encompassing as that," and that's not the case at all.

You have your own little microcosm. I watched this one video, this one woman was like, "Listen, if you go out to brunch with your friends, you absolutely can make a difference. If there's four people sitting around a table, you can make a difference." I thought that was really powerful. It's not negating just those everyday interactions that are so important. So, I think my final question for you pertains to being a parent, being the mother of a black son and another son on the way, yeah? Another boy?

Tendi: I don't know yet. I'll find out-

Katrina Ubell: Oh, you don't know yet. Okay, okay. I think we have heard a lot from black parents about just the day-to-day fear that they have and things like that. Is there anything you want to speak to about that or your thoughts about

raising a black child in a white environment, how you're discussing it? I think it's important for people understand that. I'm not having a discussion with my children like, "You need to be really careful about the police." That's white privilege, right? I'm curious what your thoughts are on that.

Tendi:

My son, he's only two right now, so very much so we haven't been able to get into those conversations of course yet. But yeah, I'm conscious of it. I think it influences when my husband and I think about schools he's going to go to and of course, the neighborhoods we're going to want to feel comfortable with him in. I think for me, it's more a desire to protect him, even though I can't really do that 100%. What you want to do for us is, make sure that he just understands certain guidelines for himself. A lot of times, that's more so understanding his boundaries and being very clear about those, whether that's how late he can be out, whether ... Of course once he's much more independent and going to friends' houses, what type of behavior is appropriate.

Then if he ever were to start driving ... Like my younger brother, he's like six foot something. He's tall, he's dark skinned and my parents ... He grew up in the US. My parents live in a small town, and so it's very safe and insulated, and I know he was coming to visit me and passed through Chicago. He was supposed to get there at night and then take the train to me or something like that, and my parents were, they were like, "Mo. That's not happening. He is not walking around downtown Chicago as a black man at night." So they were like, "Nope," and I was like ... We got a motel, whatever, then he stayed there for the night.

Those types of things, they just felt like he might not be able to navigate that. It wasn't that they were worried that someone would going to come harm him, but more so was he going to be perceived potentially as a threat or not being in the right place? I could picture putting some of

those guardrails in place and saying, "You know what, I don't want you ..." Even now he moved out and he's in grad school. My parents are very particular with him about when he's driving at night like, "You go home, you go straight to the library," those types of things. I could picture doing those same types of things about, you just don't want to be in certain spaces if you don't need to be there and raise any suspicion.

If you get pulled over by the cops ... My husband already has those things in place where he keeps all his registration and all that stuff. So they're not in the glove cabinet, they're above the visor in the passenger seat so he can just quickly reach for them and get them. But if the police are over there, you don't want to still be digging for anything, keep your hands on the steering wheel. Those types of things I think are pretty standard things you're going to tell your kids, just so you don't ever really appear to be a threat. I remember a neighbor once had her package come to my house and so we needed to take it over to her house. So my husband was like, "I'm not just going to walk over to some neighbor's house and drop a package out there." Doing it at my house.

So, I took it over there once it was bright and it was daylight. We made sure we texted them and told them we were coming over, like that type of thing. You don't just walk over to people's houses to drop a package off at the door. I think all those things I would like to let my son know. That's how you have to carry yourself. I can't control everything, but it's important that he doesn't think that. Because his parents are educated, because we have money or whatever that brings from being the son of a physician or something, that's not going to protect him in any way. When he's out there, a lot of times he's ... He's a black kid and sometimes with that comes people sometimes wondering what you're doing in a certain place.

Katrina Ubell: Yeah, totally, totally. You seem to in terms of your thought process about it, it seems as you describe it, just very factual. I don't sense a lot of resistance like, "And that's wrong and it shouldn't be that way." I'm not saying you should or shouldn't, it's just an observation that I have. I think that serves you probably to just like, "These are the rules of the world."

Tendi: I think you've helped me with that. I posted about that. I remember posting about my frustration with navigating things and feeling like as a black person, things just weren't fair and weren't right. I remember you helped me work through that. And even with this, I've posted on Ask Katrina about it and I feel like I've gotten to a little more of an acceptance of things. Like you said, there's less resistance and just realizing I have some control, and then some things I don't. I can do my best but the living in a lot of fear, wishing it wasn't what it was, I don't know that that serves me.

Katrina Ubell: Yeah. It doesn't really have an upside for you. It just creates more concern and more fear, more a sense that the world is unfair. I mean, it's really powerful, right? And it doesn't negate what's happening. It doesn't make it so that ... You're still doing the same things, but just coming from a different place. So your experience is different. Good, okay.

Well as we finish this up, are there any other personal stories or other experiences that you've had that you think would be relevant, or useful, or something and it's like if you could just get white people's ear for a second, I just wish they knew.

Tendi: I don't think so. I think I got across what I wanted to see get across. If course I can only speak to my experience, but yeah.

Katrina Ubell: But that's what I think is so powerful, right? When you hear someone's specific experience, it's like I can really,

really understand you as a person. Then when you understand that enough, then you can start extrapolating to, "Okay, well how do I want to approach things?" Approach this on a more macro level. Hey Tendi, thank you so much seriously. Super duper appreciate you and I appreciate you coming on.

Tendi: Yeah. Thank you for giving me the forum to talk about these things. Never done this.

Katrina Ubell: Awesome, awesome. Well, you did awesome. I really enjoyed it and learned a lot, so thank you so much.

Tendi: Thank you. You take care.

Katrina Ubell: You too. Did you know that you can find a lot more help from me on my website. Go to katrinaubellmd.com and click on free resources.