Chapter 8

Fortitude: A Study of African Americans in Surgery in New York City

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ABSTRACT

In New York City, from the 1990s to the present, covert racism is alive and well in the field of medicine and medical education. The most heavily impacted are African American and Caribbean American females and males. The inequitable treatment thus engendered has concrete results ranging from unwarranted criticism in residency education to forced changes of medical occupations and jobs, to false attributions of behavioral health issues. Combating these challenges requires fortified character armor, seeking percipient well positioned minority, white and off-whites allies, and a willingness to maintain continued vigilance. With persistence and tenacity, success is possible in terms of protecting minorities both in the educational process, and in a mature medical life.

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INTRODUCTION

In this chapter, we will examine, by means of case studies, how women of color in medicine navigate the pathways that carry them on the journey from training in residency to the level of fully trained attending physicians, and beyond. The variety of these pathways is the result of differences between requirements in different fields of medicine, individual personality issues, physicians family and ethnic and cultural backgrounds, and the availability of allies who can back them up, lower barriers, advocate, encourage, and insofar as possible, protect them from harm.

BACKGROUND

Medicine like any other social institution is always in large part a manifestation of the culture in which it exists and traditionally racism and sexism have regrettably been endemic to the society in the United States (Loewy, 2008). When examining the complex issues of women of color in medicine, the depth and breadth of the research cuts across a number of intersections and weaves in and out of continua from medical education to residency and beyond. The examination begins with a look at the perception of female medical students and their perceived gains on gender equality (Heever and Frantz, 2011).

Gender bias has been ingrained in healthcare education, research and clinical training. In 2002 the World Health Organization implemented a gender policy committing itself to advancing gender impartiality and equity in health and to set right health inequities that are a consequence of gender roles and unequal gender-relations in society. Building on earlier international research, the goal of the study was to play a part in the understanding of women’s encounters with gender discrimination and inequality while partaking as learners in health education. The research question was whether the medical educational structures could be enabling the inequalities or contributing to the re-establishment of the discrepancies known to be real.

The study included all fourth-year female medical students at a university located in South Africa. Of the overall number of questionnaires disseminated, 48/72 fourth-year female medical students responded, generating a response rate of 68%. Of the respondents, 32% reported having the experience that they
Negotiating Beyond an Essentialised Culture Model: The Use and Abuse of Cultural Distance Models in International Management Studies
www.igi-global.com/article/negotiating-beyond-an-essentialised-culture-model/156498?camid=4v1a