

Black Shame in the Hour of Oppression

Anwar Osborne , MD, MPM, FACEP

“I got a letter from the government the other day/ I opened and read it, it said they were suckers.”

—*Black Steel in the Hour of Chaos* by Public Enemy

“What happened to DeWayne?” I asked. As a third-year rotating resident in the neurosurgical ICU, I usually showed up around 4:30 AM to see DeWayne—better dressed, taller, and smarter than me—gliding between patients and making notes on small squares of paper.

A different neurosurgery resident said, “DeWayne is no more. He’s not employed here anymore.”

I later learned that DeWayne, a fifth-year resident, had been relieved of his duties late in the evening the night before. The infraction had been an exchange with a nurse over patient care. A patient with a minor head bleed had witnessed DeWayne’s heated conversation with a nurse. Yes, DeWayne was Black and played linebacker in college; yes, the nurse was White and stood at 5 feet 4 inches; and yes, the patient witness was related to the CEO of the hospital. So, this didn’t go well.

Eight years of school and 5 years of residency were erased instantly. Public Enemy gave me some of the framework for identifying frustration with oblivious authority, but I didn’t have the language to fully understand what DeWayne went through when I was his coresident. I can’t pretend to understand the entirety of DeWayne’s experience, but I certainly know what it’s like to work hard with little room for error. Black men must move through the world, simultaneously invisible and hypervisible.

Often, I feel hypervisible with Black patients who explicitly remind me that I was fortunate to be able to go to medical school. I can appreciate these anchor points, because over time it’s easy to get lulled into the sense that writing papers and receiving work-related accolades means that I have a value to my organization not tied to my skin color. In reality, my racial caste dictates my value at work because, even after accounting for all objective measures of

achievement, there is still less success in academic medicine for Black faculty like me. While there may seem to be some social elevation for physicians in the Black community, the struggle of protecting Black dignity in our caste equalizes us all.

How much dignity can I have in a world where it can be snatched away in an instant? I live in Georgia where Black people were lynched for *complaining about lynching*. As a nerdy Black kid, I was taught that being a doctor was the best way to attain the type of social respect necessary to offer protection from fates such as this.

In the weeks following DeWayne’s moment where he was seemingly reduced to a single misstep, I remember thinking that it was awful, but I couldn’t imagine it would happen to me. I had been careful to follow a simple set of rules that I had been taught by every mentor I had who had successfully advanced their careers:

1. Keep your head down.
2. Do the work.

More than a decade passed before I had to confront a real challenge—I was bullied at the workplace. The intricate and embarrassing mechanics of my experience are complex, but suffice it to say, I received a threat of violence over the phone by a female colleague. Initially, this did little to derail my drive to succeed in academics. I told my chair almost immediately about the threat and specifically asked him to let me handle it by following both of the above rules. What I failed to say was that I was afraid. Fear and shame led me to a place of isolation as I tried to avoid this coworker and even skipped some work events. The invisibility of my American Blackness had now been compounded by this new challenge of shame and vulnerability.

Black men are supposed to be tough and emotionless. It’s a generational adaptation, because how else could my enslaved great-great grandparents have survived? Brothers are supposed to be “kings” and “warriors” in certain situations, but also keenly aware of how menacing they appear and must have an internal governor regulating their reactions. If you *do* come across as menacing in the wrong

DOI: <http://dx.doi.org/10.4300/JGME-D-23-00236.1>

situation or with the wrong people, it could mean death. I unknowingly created the perfect petri dish for shame to grow by not talking about the bullying and fearing that I may lose my “Black card” by sharing with anyone that some woman on a phone made me afraid to come to work.

I wish this story had a happier ending, but ultimately, the bully won. The initial threats happened in a way that no one could witness or verify, but my hypervisible fear-related behavior was out in the open and colored more and more of my work activities. Soon, I was reduced to missteps, like DeWayne, and lost the role at work I valued most. I read the brief email demoting me and so wished that it was a paper letter that I could crumple and throw across the room while calling leadership “suckers.” In losing my hard-earned role as assistant residency program director, I also had to reckon with the idea that a big chunk of my self-worth was tied to how hard I had worked to obtain and succeed in that position.

“Black Steel in the Hour of Chaos” was released in 1989 with a driving Isaac Hayes sample and describes a jailed conscientious objector leading a prison riot resulting in his escape. Shockingly, the music video for the song alternatively ends with protagonist *failing* in this attempt and being executed by prison guards. With so much of my self-worth tied to my profession, having it suddenly ripped away felt like an execution. It took FMLA, months

of therapy, and SSRIs to process all that anguish. I needed all of those to finally control the invading thoughts of hurting myself.

Today I still feel humiliated and grieve my loss of contact with residents. But now I have new experiences that I can call upon to help my woman colleagues and people of color who may be wrestling with some of those same complex emotions. Despite setbacks, I continue to believe in a future for me and for Black men in academic medicine. I have hope that we all can facilitate a space where we can be our authentic selves and achieve more than making the ancestors proud. I have hope that we can reimagine what it means to be Black and successful. Assuredly we will make mistakes that are only novel because of the color and shape of the person making them. I hope we can choose to embrace vulnerability and authenticity, identify the role of shame, and show up as our full selves at work. Alternatively, we will face the consequences of not escaping from these prisons of our own creation.



Anwar Osborne, MD, MPM, FACEP, is an Associate Professor, Departments of Emergency Medicine and Internal Medicine, Emory University School of Medicine, Atlanta, Georgia, USA.

Corresponding author: Anwar Osborne, MD, MPM, FACEP, Emory University School of Medicine, Atlanta, Georgia, USA, adosbor@emory.edu, X @anwarorama