



## FOCUS ISSUE – Celebrate Diversity with the AUA

### Hidden Voices: Firsthand Stories from Black Trainees about Systemic Racism in Urology



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Some in the field of urology may be deaf to the voices of Black trainees as they speak on their experiences of discrimination and injustice. The hidden voices of these Black men and women may have only been whispered or even silenced. In this article, we get the chance to hear

them speak. These trainees endure acts of racism that occur at the hands of patients, peers and perhaps most shockingly at the hands of attending urologists. This article exposes how interpersonal and structural racism impact our trainees in their own words, followed by their own opinions on ways to improve racial equality in urology. Each trainee who contributed to this article did so courageously, and we acknowledge their courage with a collage of headshots without directly attributing any specific quotes. We posed two questions to each contributor and used excerpts of their responses. Our only edits were for brevity.

*Please describe an incident during your training or medical education where you experienced racism or discrimination.*

#### Suspicious

*“On our weekly examinations, I routinely scored in the top 5% of my class. One day, I noticed that our dean left the front of the class, where she usually sat, and stood five feet behind my desk... my classmates came to me and asked if I had been caught cheating because they noticed that the dean was only staring at me! Instead of confronting this faculty member, I thought the best way to*

*handle this situation was to keep on getting high scores so that when she saw the next person who looks like me getting high scores, she wouldn’t automatically suspect they were cheating.”*

#### Overheard Conversations

*“As a 3rd-year student walking to the Newborn Nursery, I trailed a fellow med student and a midlevel, who were both white, by a few steps. I overheard the midlevel venting about her son’s struggles with General Chemistry. She was distraught and lamenting how great of a pediatrician he will be someday, ending it with – ‘it’s just so much harder for white males to be accepted into medical schools than it is for minorities.’ My classmate agreed with her sentiments by explaining how well she had to score on the MCAT to get in, claiming the standards are lower for minorities. Collectively they believed there’s a lower standard for minorities to enter medical school. Not surprisingly, as I rejoined them, the conversation abruptly changed.”*

#### Humiliation

*“During what I presume to be a moment of frustration during the case, my attending turns to me and says, ‘I know what success looks like in urology, and it’s not you!’” Once past the shock, I felt embarrassed and hurt. The declaration undoubtedly affected my performance for the remainder of the case and the rotation.” While many may assume this was just a “tough-love” gesture, “I’ve repeatedly witnessed my co-residents have been treated with reassurance and encouragement as they progressed, making the same errors junior residents often do. Unfortunately, through instances like this, my training has been fundamentally different than that of my colleagues.”*

#### Assumptions

*“During a urology interview, my high school education came up in discussion. I went to school in a predominantly white neighborhood. My interviewer asked, ‘How were you able to go to school in Quincy? Were you a METCO*



Contributors: Top (Left to Right): Taryn Ellis, MD, Ashanda Esdaille, MD, Brandon Wilson M4, Brandee Branch M4, Olutiwa Akinsola, MD  
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Figure. Hidden Voices Contributors

student or something?” To understand the undertones of this statement, you have to understand what METCO is. METCO stands for Metropolitan Council for Educational Opportunity. This inner-city Boston program buses disadvantaged students (social, economic status or race) to schools outside of Boston. My interviewer assumed that because I’m African American and went to school in a better district, I must be a METCO student. He made a false assumption. The truth is my family chose to move to Quincy for many different reasons, both financial and educational.”

### Disempowerment

“During a urology interview, I was stunned when a conversation going so splendid was followed up by the question of if I am a first-generation student—followed by an additional clarifying question of whether either of my parents graduated with degrees beyond high school. This question left me feeling powerless. How could my parents’ education status have any bearing on my capabilities, success, or hard work to date? What was it about me, or something I said, that left the interviewer wondering? Had this been asked to other applicants who did not identify of the same race as me?”

These experiences highlight the importance of diversity and racial equity in urology. It is extremely hard to become what you never see. Being the only minority student or trainee can be incredibly isolating, making even the most mundane task seem daunting. It is not just the burden of minorities to solve these challenges. Representation matters, and the voices of Black trainees should not remain hidden. Here, we highlight some responses of Black trainees on ways to improve racial equality in urology.

**What steps can we take towards achieving racial equity and justice in urology?**

### Empowerment

“Empowerment of the resident trainee voice, especially as a black trainee, rarely exists. Overall, it is important to realize that having adequate representation in academia is not just about filling a quota, but ensuring the mental safety, training and successful retention of trainees of color.”

### Self-Recognition

“I would suggest that one of many steps towards overcoming this would include self-recognition of how our spoken words may be perceived by those who

are different from us. This is even more crucial when the power dynamic is uneven, for instance, attendings interviewing or providing feedback to a medical student.”

### Recruitment

“To achieve racial justice in urology we have to deliberately recruit and involve undergraduate URM in research and clinical shadowing, to introduce them to the field before enrolling in medical school.”

### Understanding

“I think the key to improving racial equity and justice within Urology begins with a genuine effort to increase one’s understanding of the issues plaguing the disenfranchised within our country. Our colleagues must strive to understand not only the barriers to health care and healthy lifestyle choices, but also the underlying history of why these things are the way that they are.”

### Diversity Scholarships

“Diversity scholarships are a great start, as these scholarships are inviting. However, more students of diverse backgrounds need to be interviewed, and more faculty need to be hired. Additionally, there need to be actionable items such as pipeline programs created in medical schools with historically Black colleges

and universities so that we can recruit more diverse individuals into medicine.”

### Inclusivity

“Racism in urology and in medicine is not an insulated phenomenon and it need not be overt—it often isn’t. We all have a role to play in shaping the future of urology and making it more inclusive.”

This is hardly an exhaustive list of the various means of improving racial equality in urology. Our field can and should take immediate action in implementing these ideas. We can start by educating ourselves on the history of racism in this country and acknowledging the impact of centuries upon centuries of overt racist acts and policies. We should listen to the voices of trainees and faculty members who come from oppressed communities. Early recruitment and deliberate exposure of underrepresented minorities to the field of urology are critical, as is intentionally fostering a welcoming environment to recruit minority faculty members. These actions won’t require years of research and implementation, only a desire to listen to the hidden voices of our Black trainees and to do what’s right. ♦