



American Society of
Anesthesiologists™

Central Line

Episode Number 24

Episode Title – Diversity in Anesthesia – The Black Experience with Dr. Williams

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(SOUNDBITE OF MUSIC)

VOICEOVER:

Welcome to ASA's Central Line, the official podcast of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. ADAM STRIKER:

Welcome to another episode of Central Line. I'm your host and editor, Dr. Adam Striker. The specialty of anesthesiology is dedicated to advancing diversity, equity and inclusion, so it just makes sense that with this podcast the ASA is shining a light on problems and on possible solutions. To continue this work today we welcome Dr. Karen Williams, retired Associate Professor of Anesthesiology and Critical Care Medicine at George Washington. Currently Consulting Co-Chair of George Washington's Anti-Racism Coalition, Dr. Williams, thanks for joining us today.

DR. KAREN WILLIAMS:

Thank you Adam.

DR. STRIKER:

You have a powerful and painful story to share that resonates deeply with what's happening in our country today. So before we get into the medicine side of all of this, do you mind sharing your story with us?

DR. WILLIAMS:

Sure and thank you for, for the opportunity to do so. I, um, am a native of Washington DC. I was born in 1954, at what was at that time Freedmen's Hospital is now Howard University. But Freedmen's was named after freed slaves, obviously. And that same year that I was born, just as a backdrop of what was going on in the country, um, the Brown vs., vs. Board of Education was approved to, um, dismantle discrimination, um, in, in the public school system. And, uh, anyway, that was the backdrop with which I was born.

My mother was from Harlem, New York. She was a mathematician, um, and my father was an organic chemist. They met here, from South Carolina, they met here in Washington DC while taking a civil service exam to try to get in the government. They were the only two black people in the room. Uh, she finished her exam first and he ran out after her in order to meet her and that's how they met.

The year after I was born, uh, Emmett Till, uh, in 1955 was beaten for supposedly flirting with a white woman. And so a lot of these things that, that I'm talking about obviously happened a long time ago, but continue to happen today.

Um, my family stayed together, my mom and dad, until I was 10 years old, and in 1964, um, my parents separated and my mother decided to move us out to Montgomery County, Maryland. At that time, Montgomery County was predominantly white, it was still segregated, and the way that she was able to get in the neighborhood, into Kensington, Maryland, um, that we moved to, was that she and her white girlfriend, uh, went to the bank, filled out all the paperwork etcetera, bought the house and it wasn't until they got to the settlement table that the people who were selling her the house realized that she was black. Um, by then, you know, everything was tied up legally in the paperwork so there was nothing they could do, but essentially, my mother moved into a red lined district that we weren't supposed to be in.

And I believe she did it because the educational, uh, system was superb in Montgomery County at the time, and, um, coming from New York, she was very used to going to educational programs outside of her neighborhood because many of her family friends were Jewish and she also went to schools outside of her neighborhood and that's how she got her stellar education.

So it's interesting that, at that time, being a woman and not having a man with you the banks were hesitant to lend you loans, you couldn't get credit, so there were a number of things working against her at the time.

But to make a long story short, short, that was my first introduction to racism because I came from a predominantly Black community to now an all-white community where I was the only person of color, my brother and I, he's five years younger than I am. As I was going to 5th grade elementary school, um, riding on the bus, people would want to feel my hair because my hair was so different than theirs. Um, I was treated as a novelty. I was spit on at times, called names, and it was very confusing for me as you can imagine at the age of 10 not understanding why people were treating me so differently. Uh, fast forward to junior high school there, and we were the only Blacks in the elementary school at the time, fast-forward to middle school and there was a cadre of, uh, Black students that lived and grew up in, in a similar community, um, in what was called Ken Gar Maryland, uh, short for Kensington and Garrett Park. They all knew each

other, grew up together and at, by this point, I'm very shy, I, you know, I have my white friends. And so because I didn't immediately go up and introduce myself to them, I became an outcast, um, again. I got teased, um, ridiculed and all kinds of things by people who looked just like me.

So in a way, I wasn't accepted by the Blacks or the whites, and then one day one of the girls in this, uh, group approached me. It happened to be in front of the principal's office. I was on my way to cheerleading practice. She approached me and try to challenge me to a fight and somehow, uh, the real me came out. I say the real Karen, but now Karen has become, you know, synonymous with something else, so since my name is Karen, I'm going to say my Karen came out not someone else's Karen. And, um, the real Karen came out and, you know, she, she wanted to fight with me and I think because I transformed from this very shy, regressive person into this monster it frightened her and is frightened the other girls that were with her and she said to me well, well, let's go outside because we were standing in the hallway in front of the principal's office. I said, and I knew that if we went outside I'd be dead, so I said no, I'm not going anywhere. We're going to do this right here, and somehow I got my voice then. She backed away. I went on to cheerleading practice, sobbed my eyes out.

Uh, another similar occurrence happened in high school, same group of people but different characters and fortunately someone who wasn't from the initial group in middle school stepped in between me and my harasser in high school and said you have to go through me in order to get to Karen, and I didn't even know she was my friend. So my, my primary school days were filled with being not really sure where I belonged and not really sure where I fit in. I didn't want to hang out in the bathroom and smoke cigarettes or skip class. I, I went to class. I was a, a good student.

So by the time we went to college, I went to Ohio State, and the very first black person I saw, I ran up to her and I said do you want to be my roommate because I was determined I was going to have black friends and not make the same mistake. Turned out that she was a wonderful, uh, roommate. She was from New Jersey, she ended up being an oral surgeon, but she jokes about it to this day because she said she could have been the Manson murderer and I didn't know anything about her. I just ran up to her and said please be my roommate. Anyway, that was obviously all about trying to be included and trying to feel like a part of, of something, trying to feel normal.

Um, in 1975, I had a life-altering event where my father was shot. One of six black men shot in Wheaton, Maryland, um, which was a white suburb, again, at the time, um, by a white man. Um, there were six Black people shot at that time coming home from, from a family dinner. Um, my father was shot and killed. I had, uh, the wife of one of my cousins who was shot and is still paraplegic. And four other people were shot, uh, and a bus boy that was coming out of a restaurant trying to get some ice from somewhere

else. Another, uh, happened to be a scientist that also worked at the National Bureau of Standards where my father worked that we didn't know that at the time. The gentleman shot six people before the Montgomery County Police, finally, I guess, were called to the scene and ended his life.

There was no such thing as mass shootings at the time. Um, it was obviously a very traumatic event that unbeknownst to me now looking back on my life had an indelible impact on my life for the rest of my life. And it's interesting that we come to this point in 2020. And as I've looked back over my life and, and how I was raised and how I succeeded, um, in becoming a physical therapist and becoming a physician, um, and being a woman, and being Chair of, you know, a couple of notable departments, that we are where we are now, um, in the world in racial disharmony. I'm, I'm amazed that we're here and I, I, in reliving the events that are going on today, I am heartbroken because these were painful memories that I didn't want to ever remember.

In order to succeed in my life, I probably put them somewhere in the background of, of my mind. But with all the, um, escalation of shootings, mass shootings, bombings, whatever, has gone on over the last several decades, I have had to comfort myself almost, and sometimes even recuse myself from certain things that went on, uh, at the hospital where I last worked, George Washington University.

Um, in particular, I remember there was a shooting at the Holocaust museum in Washington, DC, and the, uh, perpetrator was brought in. I was running the OR that day meaning coordinating, you know, who goes in what room, etcetera, and I remember them bringing the gentleman in. I assigned him to someone else to take care of. I didn't take care of him in the, in the room that I was covering. And I remember I had to give the phone, the beepers, everything to someone else because I, I, I was shaken, you know, and, and the memories of my father kept recurring. And so every time there would be a mass shooting, it was like ripping off a Band-Aid off of a wound that couldn't heal. So it really wasn't until about 2 years ago, um, that I finally forgave the shooter and you hear people say that all the time, but I finally forgave the shooter. And now I can listen to other people's heartaches and pains and not feel as entrenched in it. And I didn't realize that was a key issue for me.

Um, so anyway, I, I think because of the notoriety of what's going on, because I have, I am now retired and I have time to reflect on my own life, I am a mentor to many younger physicians, um, and friends. I, I feel more comfortable now sharing my story. Many of the people at GW didn't even know my life story. The people that I row with, I row with a rowing group, didn't know my life story and it wasn't until all these things happened in our social world that I began sharing my story. And I think it's important because it, it puts a personal, a personal face on what's happening today, why it's important, how

impactful it is. You know, among the, the myriad of other things that we're going to talk about.

DR. STRIKER:

A truly powerful story and instead, I know you're comfortable sharing, it but it's still incredibly brave of you to share that with all of us. I'm certainly deeply sorry for everything that your family has been through and for your loss and what you have been through and I, I certainly want to start tackling some of the medical aspects, as most of our listeners are going to be interested in those. But before we, we get to that, you did touch on something that I'd like to just follow up on. You said you were able to forgive the shooter and you, you know, were able to move forward then. Do you feel like that's something that necessitated the amount of time it took to, to get there, as, as perhaps maybe other individuals are listening that may be in the same situation? Or is it something you wish you had known sooner and could have gotten to sooner?

DR. WILLIAMS:

I actually thought I had done that sooner. My mother took me to counselors, you know, early on. Um, doctors would ask me, um, some of my co-workers would ask me do you hate all white people? Do you hate us white people? I'm like, no, there, there are good white people there are bad white people, there's good Black people, there's bad Black people. You know, I, I had honestly thought I had forgiven him. But for some reason all these years that I've been carrying this, I, I, I, something must have changed in me to get me to the point where I am now that, that when I did this particular forgiveness, and it was unemotional, it was very deliberate, um, something was different about it now than it was 40 years ago, and I, I don't, I can't tell you what it was. Maybe it was just timing. Um, and I've heard people talk about that before, about, you know, letting something completely go and I'd, like I said, I thought I had done it before but, uh, apparently I hadn't.

DR. STRIKER:

Well, let's talk a little bit about your experience in medicine. And, have you had those kinds of experiences, micro aggressions and such, you know, whatever, whatever the term you want to classify it, it as, but uh difficulties with the regard to race and, uh, in going through your medical career?

DR. WILLIAMS:

Oh, absolutely. Um, so I was a physical therapist as I alluded to before I went to medical school. I worked up in Boston at a large hospital, um, as my initial job. I was the only

Black person in my department of 60-plus physical therapists at the time. And I had a horrible experience. I, I was not accepted, incorporated. Um, Boston is a difficult city for person of color to live in unless you're in college. If you're in college, or if you know somebody up there, but if you just come up there without any friends, family or whatever, just to work, it, it was a difficult city to integrate at the time.

Um, anyway, when I finally was ready to leave and come back home, the Vice Chair of the Department at that time pulled me into her office and essentially wanted to know what was I going to say when I left the Department? And I knew what she meant. But I was like, well, what do you mean? What am I going to say? And essentially she wanted to know was I going to sue them for how they treated me? And I just said to her if you were concerned about that, you would have treated me properly in the first place. I, I think you can't worry about how, what I'm going to do now that I'm leaving. You know, but it was, it was confirmation for me that I was not treated the same way everybody else was, and it was a very difficult year for me.

Um, I came back home and worked as a physical therapist for another, maybe, year or so, and then, um, started my medical school process and the next big thing I can remember is during one of my medical school interviews. One of the interviewers asked me how I was going to feel being the only Black person in the classroom. And this was back in the 80s, so, you know, this is not 1940 something, this is in the 80s. And I said, well, I don't think it's any different than the way I've been living my life for, you know, decades now, so what's the difference?

Fast-forward a little bit to uh, being a, intern. I had a medical student shadowing me. There was a, uh, young woman, a black woman. She wasn't young, she was an older black woman who was having a heart attack, you know, on a regular floor. She wasn't in the ICU or anything and so it was my job to, you know, package her up, get her up to the ICU, etcetera. And I went in and I was trying to tell the gentleman what to do, you know, do this, do that, do the other, as I was trying to hurry and get her to a higher level of care. And the young man, who happened to be white, said, looked back at me, medical student, he said you can't tell me what to do. I was, what? So, what? You know, how can a medical student say to me you can't tell me what to do? Are you out of your mind? I got so enraged and, you know, we're standing on opposite sides of the patient's bed. And I looked at him and I think the veins were bulging out of my neck and I just kicked him out of the room because I needed to take care of the patient. I had become so upset that the poor lady, the poor patient was trying to calm me down as she's having a heart attack and I'm trying to get her to the ICU. It's gonna be ok. Don't worry about it. He was wrong. And so I go out in the hall and I get my resident, I'm like come in here, you have to help me, well, well, you know. So that, that was another example.

Um, a couple of others I can think of are when I became the Chair of Anesthesia at NIH, there were times when a patient would not want a person of color to take care of them and, you know, recoiled for them, from them, didn't want them to touch them, etcetera. And so they would ask to speak to the boss. And so they would call me. I'm the boss. Right? And they were so stunned when I walk in with my brown skin that they didn't say anything and I just said it's your problem.

So, um, and I guess I'm a, a last one that really has to do with being a woman rather than being Black, was when in a private practice situation, uh, one of my bosses, when I had my baby, suggested that maybe I should stay home to take care of my baby, because that's what he and his wife decided that they would do. He was the physician. She was not, and, uh, maybe that's what I should do. And I said well, I don't think that's what I should do. You know, my mother worked my whole life, you know, and I didn't turn out so bad so I don't think that's what I should do. But it's funny how people will put their own implicit biases on you as their opinion as though it's correct. So those are brief examples, I suppose.

DR. STRIKER:

How do you handle it then, when people underestimate you because of your race and/or gender, as you just pointed out? And importantly, how to use those decisions on how to handle it to give advice to younger physicians?

DR. WILLIAMS:

Right? I, I, I would say initially it's going to start with how threatened you feel, and how safe you feel in your environment. I didn't feel very safe as a resident. I don't think I felt very safe until I, I myself learned how the medical community operated, learned also by being the leader of a department how human resources and laws operate. I didn't know at the time what I know now about the legal system, um, and so part of my strength now has to do with maturity, evolution and experience. Part of it has to do with getting the shock value out of your responses so that when people come up with things that you cannot believe they just said, that you're not standing there dumbfounded and you can actually formulate some words, some articulate words, that aren't curse words, that come out of your mouth in order to respond.

Um, some of it has to do with becoming confident in who you are as a physician so that when someone is trying to take you down, whether it be as a woman, as a Black person as a you're too young person, if you have knowledge of a certain topic and you can speak to that knowledge, that articulation becomes your strength and it becomes your, your, your fight back.

I, I, I think those are the things that I, I have learned over time and it, and, and it took time to get there, but I will also say that the environment that you work in makes a difference. I don't know that the environment up in Boston, well I know, the environment up in Boston's hospitals are not the same as the environment in Washington DC. Two different places, Washington tends to be a much more, um, international city, so therefor, the patients we serve and the people who work there, on all levels are, are much more ethnically diverse. Um, and so you feel more comfortable in an environment like that. If I worked somewhere else in an environment where it was not as diverse as Washington is, I don't know that I would feel as comfortable or as safe. So I, I think that has a lot to do with it also.

DR. STRIKER:

You mentioned people's implicit biases and you know, we're all socialized in the same milieu, and if we're being honest with ourselves and each other we all have biases. And how do we face them? How do we tackle them, in your opinion?

DR. WILLIAMS:

Um, first being willing to have difficult conversations. Uh, these are uncomfortable conversations to have with one another. Um, particularly, if you don't look like me. There are people, like I indicated previously in my rowing club who were so, they're all white, who were very happy when I shared my life with them because they were afraid to ask me. Um, and I was afraid to say anything.

Um, so once you're open, I, I think it's important to educate yourself. There are so many resources out there now that can educate all of us about our biases. Um, one is called White Fragility that I'm sure a lot of people have heard of, by Robin Diangelo. Another one that is really excellent, that it's difficult for me to get through, but it's an excellent book for physicians in particular, um, is called Just Medicine by Dana Matthew. She is the newest Dean of the GW Law School, who's married to a cardiothoracic surgeon, and she talks about, so she interposes, legal construct and, and how it started back in the 1600's in this country and before, up till now. She interposes that with how we got to where we are, socially, economically, educationally, etcetera, and then starts to help you examine your own unconscious biases of what it's like when you walk into the room with somebody who un, a patient, who's looks different than you. And how you unconsciously draw on these, um, suppositions that may or may not be correct, based on how you were socialized, brought up, etcetera.

Most physicians are very generous with their heart. They don't intend to be biased in any, in any capacity, but we have all grown up with a certain set of values and, and pictures in our minds about what particular categories of people look like. And this book

is very good at not only giving you the history of how we got here, but helping you examine some things that you may not even be aware of, of how you're treating patient A differently from patient B. Until you walk into the room and patient A is complaining of chest pain and, as you know, there's many studies that have shown that Blacks are treated differently for cardiovascular disease, not ordered as many tests, EKGs, referred to a cardiologist. Um, another example is, uh, the calculation of GFR for kidney function. There were formulas for years that, that universities taught that inaccurately categorized, uh, the kidney failure of Black Americans differently than white Americans so that the Black American essentially wasn't put at the higher end of, like say, the transplant list. So their kidney failure was not categorized as, as serious as a white person's was because of this mathematical uh, computation that was put in to calculate GFR which is incorrect.

Um, pain management at that, obviously a lot of our anesthesiologists know about. Um, a lot of experiments were done back in the day on OB-GYN patients without anesthesia, um, Blacks whose legs were amputated without anesthesia, to prove that the Black person could tolerate more pain. And all these things obviously are not true, but a lot of them are still taught, what, even if it's subconsciously, we don't realize that a lot of our medical students are coming in in the first two years, they are very aware of the social biases, the racial biases, etcetera. But studies have also shown that by the end of their clinical training, they now have somehow converted because of examples that they're watching their attendings do of how they treat people differently. And we're not calling them on it, our attendings, um, that they, they then start to perpetuate the disparate treatment of different ethnicities.

DR. STRIKER:

In, in terms of medicine, do you think that's probably the, the biggest source of injustice in terms of bias rather than each personal interactions, but the fact that we as scientists, physicians, don't even realize how those biases affect the care we're giving when we, a lot of us think that, well, it's science and its objective and, you know, that's, that's what I do and I'm, I'm not, nothing's gonna affect that. Do you think that's probably the most important aspect of all this that, uh, we need to be addressing?

DR. WILLIAMS:

No, not necessarily. I, I think that there seems to be an entire, as I've learned more, and I, I'm learning more in my old age, that there's an entire system behind how we got here in the health arena from not paying appropriate wages so that people can't afford proper housing and therefor they're living in crowded communities where there were communicable diseases, to not being able to afford healthcare, proper healthcare, so that they can get their, their, uh, illnesses taken care of, to not being able to be as well

educated as someone who could be well educated and therefore you don't know any better than certain things, um, to lack of generational wealth from one generation to the next in the Black family. I think all of these things have hampered the Black community so that it, it, all of this ends up affecting our health.

The white community, in the meantime has, um, prospered in its generational wealth, doesn't realize the, the, um, history of how all this started to begin with. And it's, it's, it's a lot of history that was not taught in school, that's not taught anywhere. You, you have to look for it. And, and this history that is taught even if it was taught in a non-malicious way, has perpetuated itself through the generations so that it becomes accepted norms now, but we don't realize it. And so, until again, you start at the individual level yourself, and have an honest conversation with yourself, but then start to read, and read things that may not be comfortable, you may not be comfortable reading, having conversations with people that don't look like you. And then, you know, expanding that to where you work, your community, and eventually legislation, you know, which is sort of where we are now. Um, I, I think there's going to be a lot of different facets that need to change in addition to our individual selves and our individual place where we work. I guess that's what I'm trying to say.

DR. STRIKER:

It's been a topic of discussion, I know, in the medical community, but do you think there's a place where we should be carving out time within medical school training to learn about these public health issues, public health biases, or other, uh, systemic problems that lead to individuals succumbing to health problems that they might otherwise not have?

DR. WILLIAMS:

Definitely, definitely. There, there are so many resources out there now. There's um, the large effort by White Coats for Black Lives, um, which is a racial justice report card that many academic medical institutions are using that has outlined goals. Um, you know, it gives you a preamble but then there's outline goals of what you can do to try to change your organization, which is difficult to do. Uh, the AAMC, even though they have come out previously with statements, they just came out today again with another outline about things that, you know, medical schools can do. I think there's just three or four specific goals that people can do in their organization to try to change.

Um, there is a wealth of information, um, and it really needs to start from the top down. Um, George Washington University established the Anti-Racism Coalition in order to try to do just that. And we started from the executives, and that was a small group of people, to make sure we had buy-in with, do you think this is a problem? To make sure

they understood what the problem was. Do we have financial and other support that we might need in order to support such a large robust multi-dimensional project? And then we developed a steering committee, which is actually the body of people that are actually doing the work, um, that is from people, groups of people from the medical school, to the hospital, to the staff, to the clinical labs, to the medical faculty associates, you know, it, it sort of, encompasses a large group of people. Um, and it's going to take some time with diligent effort in order to not just, you know, do the mouth work like we have done in the past, but to actually put our feet to the fire and actually make actionable changes.

DR. STRIKER:

In anesthesiology specifically, what do you think those of us could be doing differently or better in terms of offering support to colleagues?

DR. WILLIAMS:

Hm. It's interesting that you asked that. I was a previous Chair of the Professional Diversity Committee, many years ago now. And at the time, the ASA Chair, and I, uh, the ASA President, who I can't remember who it was now, said to me Karen, we want more people of color and more women on the dais. Praise God, there's more people, more women, you know nowadays. That's great. You know, what can you do? So I developed a mentoring program to try to take young mentees under our wing to show them how the ASA worked, you know, it's a political machine, you know, how they had to get involved in committees and reference committees and get involved in their local, um their local community uh, anesthesia society, etcetera, how they had to bring themselves to the table, essentially.

And I put together formal program and I went to the House of Delegates to ask for money to support the program and I, it was a very painful meeting. Um, there were many people who were against the program, didn't want it to happen, didn't see the importance of it, and, um, so it barely squeaked, brought, by with approval, but with no money. So because of the generosity of some of my colleagues on the Foundation for Anesthesia Education and Research, FAER, Board of Directors, they helped me and volunteered their time and leadership into this mentoring program. And because of their time and our efforts over the years, that program has become self-sustaining and as I understand it now has \$60,000 in order to support mentoring projects, whether they be leadership projects or projects of, uh, diversity and trying to get people in positions where they can get experience and exposure, etcetera, bringing them to certain tables that they wouldn't ordinarily be exposed to. Um, that is a, a fabulous thing, um, but that, that was painful and, and it, it wasn't because the leadership didn't have the foresight to,

to look there, it was because there is inherent biases in our society just like there is in the country.

So I, I think the ASA would be wise to maybe offer at their Annual Meeting training in this. I mean, we educate our physicians in everything else. I mean, I think this might be a, a wise thing to do particularly since our Anesthesia Society is very diverse within and of itself.

One of the reasons I became an anesthesiologist was because there were so many people from so many different countries it, it felt comfortable to be an anesthesiologist. However, realizing that the way Black people in particular got to this country and the way we were, you're, uniquely constrained into a lifetime, lifetime of slavery and all of the side effects of that, as opposed to the other immigrants who may have come here on their own. There's a difference in how Black people are viewed, how Black people are treated, and that's why when people say Black lives matter and other people say all lives matter, you're correct all lives matter. But all lives are not getting shot. All lives are not being hunted down, put in jail for minor offenses, being suppressed to vote, all of these things and, and you know, just recently I learned that the police force back in the day, the way that the police force got started was in Boston was to guard the harbor there, but in the South it was to protect from runaway slaves. That's how police got started.

So, uh, you know, I'm not surprised now to learn that there's a lot of people who are racist, some not, that go in the police department because they are trying to propagate stuff that started a long time ago.

Anyway to get back to the ASA, I think giving educational venues, um, on the topic would be important, to have open conversations about it at the executive level on down, um, to continue to support the Professional Diversity Society. I, I think those are some of the things that can be done in order to help the people who are willing to listen and are willing to learn something. Not everybody's going to be willing to change and not everybody's going to be willing to listen, you know you can't do anything with that.

DR. STRIKER:

You know, the, the Welcome Session at the ASA this past weekend, the Surgeon General, in his talk addressed this a little bit, uh, with, within the ASA, about representation of minorities. Forgive me if I don't remember the exact figures, but I, it was something like 13% of the population is African-American and 3% of anesthesiologists are. And you know we've touched, we've kind of circled around this so far in the conversation, but how important is it to have that representation and, and, and why?

DR. WILLIAMS:

Um, it's very important, uh, and it's important because we need to have more people who look like me so that we can mentor younger people that realize that they can, they can do what I can do. It's important because, at least right now, it's been shown that, that patients who go to doctors who look like them trust that doctor a little bit more and that again has to do with history of Tuskegee, Tuskegee Institute research etcetera, etcetera.

It's important because, you know, our country obviously has become much more diverse than it used to be, back in the day. And so we need to have not only doctors that look like me but also, um, research on various diseases and, and procedures that, that may affect a certain population more than the other. I mean, why are Black people, more Black people, dying of COVID? Blacks and Hispanics? You know, it's not it there's no Black gene that all the sudden is, is making the COVID virus cleave to the Black gene and then all the sudden we get sicker and we die, etcetera. That has nothing to do with it. But if you don't have a vested interest in why are Black people dying, why are Hispanic people dying? If you don't have a vested interest in that, you're not going to take the time money and intellectual aptitude to investigate that.

It's important because there are many Black inventors that have never gotten their, their recognition, and that we are using some of their inventions today that we have no idea they were created by Black people.

And it's also important because if you have a homogeneous population where everybody looks alike, thinks alike, etcetera, you're not going to ever grow. You're not going to ever grow beyond your routines, beyond your common expectations, um, and, and think about things differently than you normally would. And it's important to have people who think differently than you, and have you, en, envision things differently than you in order for you to be a well-balanced, well-oiled machine, whether that be as a person or as an organization.

DR. STRIKER:

What are you hopeful about when it comes to this issue moving forward? Are there bright spots that you can identify, things that we can point to for people listening as it relates specifically to diversity in the specialty?

DR. WILLIAMS:

You know, I, I am not sure. I was so honored when President Obama was elected as President and, and this is not to get political, but I was honored because of the life I had

lived previously. Never thought I would see the country evolve to the point where they elected a Black president. And to see all of the divisiveness that is going on now, on top of the shootings that have been going on, you know long before our current Administration, you know, I, I'm not sure. I'm, I, I personally am hurting.

I am proud that the ASA has had, I think, two women Presidents now. I'm very proud of that. I know both of them, and I, I'm, I'm very proud of that. I'm proud that the ASA is trying to move in the right direction. I'm proud that the ASA has always been inclusive of people from all over the world.

But I, I, I am not clear right now on where we stand as far as what's next. Um, I, I was, you know, a few years ago and now I'm not so sure. I feel, hon, honestly, I feel a little discouraged. Um, I, I feel a little bit disappointed. I almost feel a little bit afraid sometimes when I go outside, even though I'm not a black male I get afraid. I don't know who's friendly, who's not friendly and it reminds me of 1964 when I would walk up my neighborhood and somebody would spit in my face and you don't know why they do it.

It's, it's for, I feel, for a Black person, it's, it's a frightening time to be an American. As I'm riding my bike on the street, I don't know somebody's going to run me over. And some people may say that that's, uh, paranoid, but I don't know that it's paranoid. You know, people go out to, to jog and they get shot. You know, people go to the gas station, they get in a fight to try to break up another marital dispute or domestic dispute, they get shot. I, I don't know. I, I just don't know. Um, I'm, I'm hopeful.

The reason that I'm involved with the Anti-Racism Coalition is because I'm trying to put action behind my words, like I said, put a personal face to a painful part of our history both in the past and now. One of the reasons it became so prominent in the 60's was because it was the first time it ever, all that was on TV, the hoses on people, etcetera. Um, and now that we have these little cameras, video cameras, you know, it's in your face all the time so you can't ignore these things anymore.

And so, I, I guess my positive spin is I'm glad that I, I had a successful career. I, I have a new career now. But I will tell you that even as successful as I've been, and as confident as I feel, I will still go to a valet parker to get my car out of the parking lot, I'll stand and wait my turn. The, the parking attendant comes up to the white woman behind me in line who came up after me, and tries to take her ticket instead of mine. The white woman will say to him, well, she was here first. And the guy will look at me, look at the white woman, he will still take her ticket go get her car and leave me standing there.

I'm a great anesthesiologist. I followed the rules. I've gone to school, I've, you know educated my children, you know, I've been the great leader at NIH, all of this, that has

nothing to do with it on, on an everyday level. So the hopefulness, um, that I have is that we have become so energized recently by what has gone on and it's a, a multicultural, multiracial movement, that I am hopeful that we won't tire of it, forget about it, and just let it fade into the background. I feel, I hope that we will have meaningful change out of all of this and the only way I can, I feel that I can do it as myself, is to put myself there on the front lines hoping I can engage other people to put themselves on the front lines. But it's going to take some work, and it's going to take time, and it's going to take uncomfortable movements and uncomfortable discussions.

DR. STRIKER:

Well, Dr. Williams, thank you so much for sharing your, your experiences, your insights, your expertise and hopefully just having this discussion will cause a, a lot of people reflect and give this topic it's, it's due. And, uh, we can hopefully affect that in some small way here today.

DR. WILLIAMS:

Thank you. And thank you guys for taking the time to have this session. I, I am honored to be asked and like I said, I don't know that I would have had the courage to say anything before now. I mean, I think current events are, are, are sort of making me feel more comfortable about sharing my own life, and I'm, I'm hopeful that we can move forward in a positive way.

DR. STRIKER:

Well stated. Um, well, thank you again. This is Adam Striker saying thank you everyone for joining us on this episode of Central Line, and please tune in again next time. Take care.

DR. WILLIAMS:

Thanks, Adam.

DR. STRIKER:

Oh, absolutely. Thank you.

(MUSIC)

VOICEOVER:

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