Twitter Thread by Lachelle Dawn



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Can’t get over Dr. Susan Moore’s death.

It’s on my mind heavy.

Being sick is bad enough - fatigue, pain, shortness of breath. I imagine that to be a member of the majority caste in this country is to be able to just be sick. To be able to focus energy on getting well and maybe (because medical capitalism) how to pay.

There is so much more on the minds of Black patients - considering if the hospital you go to will treat you well (or at all). To have to, in the midst of the emotional and cytokine storm of infection, muster strength to fight for adequate care. To trade rest for diligence.

To have to calculate how a care provider might interpret how you express emotion & pain-too calm & you must be lying, too hysterical & you might invite the non-therapeutic intervention of armed security guards

To second guess fully disclosing your living situation, finances, diet and ability to afford and adhere to medications because of the potential consequences of the judgement that might follow.

Where are Black people safe to be sick? live? drink clean water? breathe clean air? enjoy family? barbecue? run? play with toys? ride in cars? call for mental health assistance? sing with headphones? sleep? read in common rooms?

Where are Black people safe to BE?

And I’m frustrated & angry & sad. This historical reality and present truth is not in any way hidden - it has been in plain sight every day for the last 400+ years and those who don’t see have chosen to put on blinders.

I know the deliberateness of this because the blinders periodically come off for public displays of wokeness. For gestures like hollow black squares and bent knees. For the joining of cocktails, tears and white fragility posed in a flick for the gram.

Even as a physician, I am acutely aware of how the medical establishment has been at the center of anti-Black oppression & has moved very little off that square (if at all) despite so many tripping over themselves to push out press releases about

“dismantling structural racism”

How are you dismantling structural racism while trying not to disrupt any part of the structure of your institution? How are you committed to increasing diversity in your fellowship and have 1 person with all their bias doing the primary application screening?

How are you interested in addressing health disparities and your hospital doesn’t even market services to the Black people up the street?

How is everyone welcome when you make no effort to speak their language? Or understand their experience?

Because the reality is that to truly “dismantle structural racism” you must dismantle all of the things require racism for survival.

From insurance companies, to all white C-suites, to the current means of processing applications and promotions.

You cannot just re-plaster and paint a house with a faulty foundation - the walls will crack again.

All that to say is - Dr Moore should not have had to spend her last moments in illness fighting to get treatment she deserved.

I’m so beyond ready to make this all over.