POINTS OF VIEW

Majority Taxes — Toward Antiracist Allyship in Medicine

Days before I began my chief-resident year in psychiatry, my all-Black call team took a rare opportunity to uncoil our collective tension. Police had lynched George Floyd, against the backdrop of racial disparities in Covid-19 morbidity and mortality, focusing international attention on racism. Even as police slayings of Breonna Taylor, Oscar Grant, Atatiana Jefferson, Tamir Rice, and countless others continue to harm Black Americans' mental health,[1] we must both fulfill our clinical duties and help non-Black colleagues process anti-Black racism. We were emotionally taxed, but our harmony reinvigorated us.

An emergency consult interrupted our communion: a young man was suicidal after a protest. I imagined him in existential crisis, protesting to prove that his Black life matters. Instead, I met a White teenager, accompanied by his mom. Police had cited him for spray-painting "BLM" on property in his wealthy, White neighborhood, then sent him home. Fearing his future in medicine was endangered, he threatened suicide, so his psychiatrist recommended emergency evaluation.

However well-intentioned, the teenager's behavior may have increased police vigilance, thereby endangering Black lives. Good intentions also led him to express sympathy to me for "everything going on." I begrudgingly mustered gratitude while recalling my traumatic encounters with racist police as a Black teenager. After safety planning, I discharged him home.

I was taxed: he was another well-meaning White person seeking Black absolution — gratitude or reassurance that they're not racist.[2] Similarly, my colleagues were being absolved after sending sympathy texts and invitations to Black colleagues to discuss "everything going on." Seemingly more concerned with not appearing racist than with actual racism, they were again charging Black physicians "minority taxes" — additional responsibilities we're assigned to help our organizations achieve diversity and inclusion.[3]

Later that week, a group of us wrote an article debunking George Floyd's initial autopsy report.[4] Black physicians and students organized demonstrations where we denounced racism in medicine. At one such gathering, exhausted by "minority taxation without representation," I pointed out the dearth of Black men among us, asking how much demonstrators would pay — beyond symbolism — to make Black lives matter more in medicine.

That question prompted a new formulation: White physicians should pay "majority taxes," comprising discomfort, energy, and capital. These taxes would include three initial steps to guide good intentions toward better impact: acknowledge your White privilege, no matter how uncomfortable; leverage privilege to highlight medical racism; and humbly and actively implement antiracist policies.

Most of us learn history that omits White people's responsibility for White privilege and Black disadvantage, thereby normalizing these conditions. Many White professionals accordingly deny their privilege, attributing success to merit and moral character. But George Floyd's lynching rendered White privilege undeniable — for now. Because remaining silent perpetuates racism, White people face a choice: deny White privilege and disavow Black-lives-matter allyship; or name personal White privilege and endure discomfort.[5]

Paying majority taxes would mean learning the science debunking race-based medicine in order to diagnose racism in your own practice. It would mean leveraging your White privilege to rebut colleagues who deny the existence and consequences of medical racism — remembering that minority-tax payers confront racism despite much graver risk.

Potential allies would follow minority-tax payers in implementing institutional antiracism. Because institutions undervalue labor on diversity and inclusion, minority taxes impose steep opportunity costs that weaken minority-faculty retention and promotion, thereby increasing the tax rate for remaining payers and ultimately draining

away minority leadership.[3] Institutions might reduce opportunity costs with minority-tax rebates. Since 2015, Dean Talmadge King's Diversity Fund, for example, has granted more than $9 million to faculty and trainees at the University of California, San Francisco School of Medicine who are committed to "diversity and serving underserved and vulnerable populations" — essentially a tax credit for discomfort, energy, and capital consumed by minority taxes.

Initially, majority-tax payers could account for their White privilege, confront medical racism, and help reshape institutions into models of antiracist practice for all our patients, colleagues, and society at large.

Michael O. Mensah, M.D., M.P.H.

Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior
University of California, Los Angeles, Los Angeles

Identifying details have been changed to protect the patient's privacy.

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