

Surgeon Profile Series

‘You’re a girl, You’re Black, You’re poor’

Dorothy Lavinia Brown: Challenging inequality in surgery

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Background²

Born in 1914, Brown had a difficult early life. She was sent to an orphanage in Philadelphia when she was 5 months old until she was rehomed with her mother at 13. Dorothy’s troublesome relationship with her mother led to her running away multiple times. She remembers her mother telling her that she had had enough education now and that she should “do like the other coloured girls do in Troy”. She went into domestic work, as was expected of other African American girls her age at the time. On one occasion, she ran away with the sole purpose of enrolling in high school to pursue her dream of becoming a surgeon. Brown was taken in by a foster family, the Redmons, who brought her up with no other expectations than to simply stay in school and work hard. In her later interview for the Horatio Alger Award³ she said she had been told “You’re a girl, you’re Black, you’re poor. And it just can’t be done”. Brown didn’t pay that any attention. “I just kept right on, dreaming my dreams. I was gonna be a doctor... And I was going to be a cutting doctor.” That’s what Brown did.

Introduction

The face of surgery is changing. From a predominantly white male specialty, we now see more non-white, non-male medical students choosing surgery, and being supported in this specialty. The surgical workplace is starting to recognise the need to offer more equal opportunities. One African American woman who was at the forefront of this process was Dorothy Lavinia Brown. She fought to show girls that they could achieve whatever they set out to do and that surgery was a possible career for them. A beacon of strength within the specialty, Dorothy Lavinia Brown was an estimable African American surgeon, educator, and advocate for children’s services, healthcare, and social justice. She worked throughout her career for rights for women and people of colour, trying in her own words to be “not hard, but durable”¹. It is even now an often-thought misconception that to survive within surgery a woman must become harsh and hardened to those around her. I think Brown tried to show that this was not or should not be the case.



Education

True to her words, Dorothy Lavinia Brown attended Bennett college in North Carolina where she received a scholarship and graduated with a BA from the American College of Surgeons. After graduating from Meharry Medical School in 1948 she became a resident at Hubbard hospital in the face of many voices of outspoken resistance to training female surgeons.

Brown worked as a doctor through World War Two and travelled to Germany to speak to troops about race relations, something she was passionate about.

It was incredibly unusual for an African American female surgeon at the time, to hold a leadership position in surgery. In fact, it is still unusual these days and something that is currently being questioned⁴. Unconventionally for the 1950s, she held many positions of authority within medicine and surgery. After attaining the position of chief surgeon at Riverside Hospital, Nashville, in 1957, she was admitted as a fellow of the American College of Surgeons in 1959, officially becoming the first Black woman to hold this position. She worked as director for education at Meharry Medical school and used her time and status to push for equality in her areas of work, serving on the committee for Opportunities for Women in Medicine and acting as a lifelong member of the NAACP (National Association for the advancement of coloured people).

Outside of Surgery

Helping to establish African American women in the surgical profession was only one part of Brown's incredible legacy. She pursued her political interests with the same determination.

In 1966 she saw an opportunity to become involved in politics and was elected to the Tennessee General Assembly for two years. She was the first African American woman to serve in this position. Incredibly, she fought to have abortion legalised in the case of rape or incest, and to extend the circumstances in which abortion was allowed in the case of danger to the mother's life. Sadly, she lost, but by a mere two votes. Bearing in mind abortion in the States wasn't legalised until the landmark 1973 *Roe v Wade* supreme court ruling⁵, this again demonstrated her resolve to push for what she believed in, despite being told it wasn't the 'done thing'. Brown also assisted in passing the Negro History Act to require schools in Tennessee to recognise accomplishments made by African Americans. Unfortunately, she wasn't then able to obtain a seat in the Tennessee senate due to her previous public support for abortion legalisation during her time in the General Assembly. The new public awareness of the issue of abortion and the support she garnered was not only incredible but will have been a significant step towards the law eventually changing seven years later.

Recognition

Dorothy Lavinia Brown was proud to be a role model. She wanted "to say to young people that it can be done"¹, and her achievements were recognised in a number of ways throughout and after her career. In 1970 a female residence at Meharry Medical School was named after her, and later she was awarded the Humanitarian Award by the Carnegie foundation and Horatio Alger Award³ in 1993 and

1994 respectively.

Upon her death, Dr John Maupin, the president of Meharry Medical College, commented that America had lost one of its greatest forces in medicine, and that Dr Dorothy Lavinia Brown opened doors previously closed to females and people of colour⁶. In 2017 she was posthumously inducted into the Tennessee Healthcare Hall of Fame.

Legacy - Striving for better access for BAME women

D. L. Brown has accomplished an awe-inspiring number of firsts and in so doing so she encouraged others who face inequality throughout their career to follow in her footsteps.

Today many Black, Asian and minority ethnic (BAME) women are still discouraged from pursuing surgery as a career. The playing field is levelling, and all of these pioneering females, struggling to change antiquated attitudes, have paved the way for others to enter the field. A 2021 review⁷ identified the many causative factors as; harassment, insufficient support, negative perception, lower levels of respect, male dominated culture (exclusion, conforming to societal pressure), and societal pressure (higher expectations, stereotypes, work life balance). It is, however, an outdated view that surgery isn't a place for women or BAME doctors.

Data from the Surgical Infection Society⁸ shows female representation in surgery in the US increased from 15% in 2005 to 24% in 2017. However, we continue to see catastrophic under-representation of women in leadership roles⁹. This perpetuates the issue of younger women seeing surgery as a whole as inaccessible. Women currently make up more than half of medical graduates but are less likely to enter surgical training. If they do so, they are more likely to drop out or earn less than their male counterparts¹²: 32% of surgical trainees in 2017 were women¹⁰, only 13% of UK consultant surgeons are female¹¹.

When it comes to BAME women, these gender disparities also intersect with matters of race.

A BMA survey found that 45% of BAME doctors within the NHS do not feel a respect for diversity or a workplace culture of inclusion. This is compared to 75% of white doctors who do feel respected and included¹³. This lack of respect and equal opportunity is likely to have wide-ranging effects on access to surgical careers, further compounding the lack of diversity in the highest positions. In the UK in 2016, at consultant level it was found that ethnic minority doctors are less likely to be shortlisted for posts and less likely to be offered the position than white doctors, despite applying for more positions than their white counterparts¹⁴. In 2020, there was a marked lack of diversity within surgical leadership⁴. The impact of this paucity of representation, particularly in positions of seniority, cannot be underestimated when considering how to improve access of non-white women to surgical careers; seeing people you relate to in top positions has an undeniable impact on what you perceive to be achievable for yourself.

Dorothy Lavinia Brown's role model and achievements demonstrate that there should be no limit on the aspirations of BAME women within surgery. This is the legacy that she leaves behind.

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