



# Rethinking the “Black Cloud” of Medical Training

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Ask a black person when they realized they were black, and they may have an interesting story to tell.<sup>1</sup> Some passive, some wistful, some melancholy, some joyous. My first episode unfolded insidiously. It was third- or fourth-grade history, and we were discussing slavery. We knew that our distant relatives had been slaves. What we understood less were the nuances of slave life and about the consequences of blackness on daily life. What did blackness mean to us young urban dwellers? Most of us were latchkey kids who caught the bus to school, listened to Michael Jackson, avidly played double-dutch, and wore jelly shoes. But we also absorbed an oral and cultural tradition that became the lens through which we saw each other and ourselves. It meted itself out in our idioms—Steven was tar black, Nina had long, soft, good hair. The former was an insult. The latter was definitely a compliment.

That day our teacher was trying to explain what “passing” was: some slaves escaped the boundaries of black life by pretending to be white. This was easily understood—who wouldn’t want to avoid enslavement? What I didn’t understand was how. I saw myself as the sum of my interests and tastes, and blackness was inextricable from my identity. Despite this, like the rest of my classmates, I arrived at elementary school knowing that the owner of lighter

skin or straighter hair was at a significant social advantage. I asked the teacher to explain further. “How can someone just ‘pretend’ to be white?” I said. She fumbled a bit but noted that it had a lot to do with someone’s features. “Could I pass?” I asked. “Probably not” she said cautiously. I looked around the room and pointed to classmates with fairer skin. “Could they pass?” The teacher shifted uncomfortably in her chair. The entire class was on pins and needles. The teacher eagerly redirected the conversation. “Well, that’s not really important, you see. The point is that if you were a slave, you had less opportunities.” With that, she moved the lesson forward.

But it was then that I understood. The fairest person in class also looked black. Her hair was blond, but it was kinky. Her skin was a shade of eggshell, but her nose was broad, as were her lips. She was black, whether she wanted to be or not. So was I. I wasn’t only not white, but I was the opposite of white—the biblical byword, the outsider, the other. Black was bad, and white was good.

The “black cloud” of residency life has a few different meanings. In medical literature it is associated with the perceived experience of physician trainees who believe they attract an unusually high number of patient admissions or difficult cases while on call.<sup>2</sup> “White cloud” residents bear the opposite fate. “Black

cloud” carries with it a significant amount of stigma, and an intern or resident may fear bearing the label as they progress in their training. I first heard the term in medical school. A “black cloud” shift meant the frequent buzzing of an active pager on call days, admitting and managing more medically complicated patients, or running multiple codes during a shift. Like black mold or a black hole, black was used as a descriptive term—the “black cloud” was a simple moniker for a busy shift. So I didn’t think much of the term until I became a resident and noticed that my colleagues were not using the phrase to describe their experience but to describe themselves. “I’m on call tomorrow, and you know I’m a black cloud” was a common pessimistic refrain. Similarly, some residents could proclaim that since they were “white clouds,” the inpatient census would undoubtedly be cleared, and they could expect a quiet evening at home.

This was unnerving. I am black. When I enter the room as a physician, I am a black physician. From those early grade school experiences I had made a conscious decision to dissociate blackness from negative thinking. I had learned that part of

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the power of slavery was to associate blackness with deficiency, poverty, and inferiority. Slavers, segregationists, and the like were justified in their cruelty and injustice toward black people precisely because their actions were against not people but black people. I spent many years actively rebuffing the idea that black experience, black hair, black bodies, and black history—well, American history—were negative things. I was uncomfortable proclaiming myself a “black cloud” as a negative description of myself, and again, I actively sought to reframe my way of thinking.

The word black is a noun, a descriptor. It carries no inherent meaning that is negative unless I attribute negative meaning to it. The term “black cloud” is not racist, but its passive use in the medical setting may reflect a shared lack of

awareness of the historically negative connotations associated with “blackness” in all of its forms. As a doctor, I prize the diversity of my colleagues and my patients, and so I must play an active role to uncouple the use of “black” as a pejorative term in my own life, including when I face a challenging call. So, what is the alternative?

When I think of call nights where I tended the bedsides of dying patients without a minute of sleep, labored for hours with expectant mothers, resuscitated critically ill patients, and admitted more patients than I could count, I wasn’t being a “black cloud.” I was “Queen of Admissions” at the helm of a hurricane: Hurricane Insomnia, Hurricane Delivery, Hurricane CPR, and Hurricane Too-Many-Pages to be precise. Yet by every hazy post-call sign out, I found that I was a little

bit smarter, a little more empathetic, and I was better prepared for the next storm. In this new light, the rain from these experiences might provide just enough hydration to make a physician bloom.

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