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**Author:** Melson Valerie A.; Lewis Derrick B.; Maciejko Laura A.

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Race as Risk Factor: Always Ask “Why?”

Valerie A. Melson
Medical student, Mayo Clinic Alix School of Medicine, Rochester, Minnesota; email: melson.valerie@mayo.edu; ORCID: https://orcid.org/0000-0002-6574-0435.

Derrick B. Lewis
Medical student, Mayo Clinic Alix School of Medicine, Rochester, Minnesota; ORCID: https://orcid.org/0000-0002-5638-6200.

Laura A. Maciejko
Medical student, Mayo Clinic Alix School of Medicine, Rochester, Minnesota; ORCID: https://orcid.org/0000-0002-1761-1727.

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To the Editor: Across the United States, voices have proclaimed that racism is a public health crisis. While celebrating such declarations, we also ask, what now? What can we do to dismantle institutionalized racism when much of the trauma it causes is hidden from the public eye? As physicians-in-training, we see the reverberation of that trauma in the mistrust of medical professionals and the perpetuation of health disparities within communities of color. We can do our part to address racism in medicine by asking “Why?” whenever race is given as a risk factor and by refusing to accept the reduction of racial and ethnic minority patients to buzzwords. U.S. medical school curricula often only address race as a risk factor. We are told that being Black is a risk factor for hypertension. We are told that being Hispanic is a risk factor for diabetes. We are told that being Native American is a risk factor for alcoholism. Yet we are seldom told why or how.

Frankly, it is easier not to ask. It is easier to read a multiple-choice question and breathe a sigh of relief as you infer that the Black patient with chronic pain probably has sickle cell disease. Profiling patients in vignettes earns you points. But reducing the complexity of minority patients to a handful of diseases leads to missed diagnoses and further perpetuates mistrust.

Undoing these learned behaviors will take commitment. As trainees, we must stop accepting the status quo. The moment we let ourselves accept race as a risk factor without digging deeper is when we allow race to become an innate defect. It is easier to see race without context. It is easier to say race when we mean racism, socio-economic status, health access, or myriad other factors. We have inherited a system that breeds complacency and acceptance of health disparities as inevitable. This is a legacy that must end with us. Start today. Start now. The next time someone tells you race is a risk factor, ask “Why?”
References

