

First They Came



Illustration by Eleeza Palmer

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First they came for the transgender patients.¹ I take care of transgender patients. Not managing their hormones. Not their gender affirming surgeries. Not their therapy or medications to co-manage their extraordinarily high rates of anxiety and depression.² But transgender patients get breast cancer and I take care of breast cancer, so I take care of transgender patients.

I take care of pregnant patients. Not the actual pregnancy. Not their anti-nausea medication or glucose tolerance tests. Not the interpretation of their cell free DNA results. Not their terminations when they are faced with devastating fetal anomalies or poverty or domestic violence.³ But pregnant women get breast cancer, and I take care of breast cancer, so I take care of pregnant patients.

I take care of Black patients. Not their racial disparities in acute myocardial infarctions.⁴ Not their racial disparities in esophageal cancer.⁵ Black women get breast cancer, and I take care of breast cancer, and I educate myself about racial disparities in breast cancer outcomes so I can take better care of Black women with breast cancer.⁶

I take care of immigrants. Not their legal status. Not their health care system avoidance. Not their fear, and stigma, and criminalization.⁷ But immigrants get breast cancer, and I take care of breast cancer, so I take care of immigrants.

I take care of anti-vaxxers. Not their measles. Not their vent settings for acute respiratory distress syndrome from COVID. Not their children with diseases. But anti-vaxxers get breast cancer, and I take care of breast cancer, so I take care of anti-vaxxers.

Sometimes I feel like the proverbial frog in a pot where the water is slowly getting hotter and hotter. When do I take action? What action do I take?⁸

Now is the time to speak up and lead in our communities. Now is the time to take action. Now is the time to think of what personal risks you are willing to take, and when you might take them.

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