

Introduction

In a society that remains sharply stratified along racial lines, black professional workers today are uniquely situated to offer insights into the current state of racial inequality in America's workplaces. After all, they occupy a complicated position at the center of many contradictory narratives. They are underrepresented in high-status positions, yet perceived to be sought after because of their race. Organizational culture and discourse often lean toward colorblind narratives, even as companies say they want to attract more workers of color. Meanwhile, the professional jobs that blacks have only recently been able to access are increasingly subject to more instability and fewer worker protections. As employees in environments that often are only nominally integrated, black professionals find that their work lives reveal ways that race continues to function as a significant factor in these settings.

As important as this story is, however, it is part of a larger narrative. Racial inequality has always been linked to issues of labor, work, and the broader economy in which these are situated. During slavery, racism powered the nation's economy. After emancipation,

racial segregation enabled many whites to access jobs that moved them into the middle class. Today, blacks remain underrepresented in the professional jobs that offer comfortable incomes, relative job security, decent benefits, and personal autonomy. But now, more organizations and industries acknowledge the need to attract more workers of color who can reflect a rapidly changing customer base. What can black professionals' encounters with workplace racial inequality tell us about how organizations function in the modern economy?

As it turns out, quite a lot. This book focuses on black health care professionals to illuminate how organizations have changed in ways that create new forms of racial inequality. Black professionals' work experiences reveal contemporary forms of institutional and interpersonal racism. But these racial encounters are also linked to the ways organizations can devalue and appropriate black labor in the current neoliberal economy.

Take Randy Goodwin, for example. Randy is an ER doctor whose experiences growing up in an urban environment directly translated to his commitment to work in the public sector, despite the economic sacrifices this requires. Randy grew up not far from the hospital where he now works, and he talks a lot about the ways that his personal and professional lives overlap as a result. In this setting, Randy actually sees his racial status as an advantage. In fact, one of the things that's striking about Randy's life and work is that while he has had some of the standard racial encounters you might expect to find in the life of a black person working in an overwhelmingly white field like medicine, he states that race is much more salient to his life as something that helps him relate to patients. Most of the patients who visit his ER are people of color; and in that context, he sees race as something that helps create a rapport that allows him to do his job effectively.

At the same time, however, he notes the ways race establishes subtle differences between him and his white colleagues. While he may have more common ground with the black patients from his old neighborhood, he is also painfully aware that this connection and the occupational advantages it brings are not always, or even often, recognized or rewarded by the organization in which he works. In a public hospital in an era when privatization runs rampant, everything—including health care—is commodified, and public services are racialized and stigmatized. Randy thus finds himself doing this work without a comparable commitment from his white colleagues (who often denigrate their poor black patients) or his institution, which rarely provides the resources and support that would help him do his job even more effectively. In the public sector, where blacks are much more likely to be patients than doctors, the facility where he works relies on his labor but doesn't appear to value it.

While Randy illustrates one way organizations depend on black workers, Theresa Evans, a family nurse practitioner at a private clinic in Arizona, connects her experiences with workplace racism to ways that the industry needs to improve at both structural and interpersonal levels. Unlike Randy, Theresa refers to herself as having always been the “token black,” suggesting that this description best explains most of her time spent working in nursing on elite floors and in elite clinics. Theresa has had to deal with fellow nurses who tell her that she doesn't “deserve” her highly coveted day-shift position; learn quickly that she cannot afford to make mistakes, because they will be exaggerated and scrutinized in ways that her white colleagues' errors are not; figure out how to respond to coworkers who racially stereotype black patients while praising her for being “different”; and swallow her frustration at being assigned the most difficult, demanding patients.

It upsets Theresa that the organization where she works does not do much to address the challenges she faces. But she observes that her issues with nursing are not just personal. They are also a result of the structural processes that keep black nurses in the minority. Theresa asserts that many potential black nurses are excluded from nursing school as a result of a combination of institutional and cultural factors. The emphasis on standardized testing, the high costs of education, and the unspoken beliefs about what a nurse should look like remain embedded, even as the nursing profession acknowledges the need for greater diversity. Given that Theresa has few black colleagues and a perception of organizational inertia, her overt experiences with workplace racism have particularly attuned her to the ways her hospital's policies influence the racial climate at her job.

In a third example, Amber Davis's experiences as a cardiac monitor technician offer an additional contrast to those of Randy and Theresa. Amber's accounts of her work illustrate how much black health care workers' concerns are shaped by occupational status. At the public hospital where she works, Amber no longer frequently encounters patients who treat her more like a personal assistant than a nurse's aide. However, she does have to deal with nurses who are always "full throttle" and appear to assign black technicians work that falls outside the bounds of their job descriptions.

Organizational decisions exacerbate this challenge. Amber readily acknowledges that one of the worst parts of her job are the nurses who seem constantly ready to berate her. But she also observes that nurses themselves are in a tough position that makes her situation even harder. From her perspective, hospitals attempt to cut costs by understaffing and, as a result, encouraging overwork and having one nurse do the job of

two. This can save the organization money, but it also makes nurses' work extremely difficult. And at Amber's facility, when the nurses get frustrated they lash out—often at technicians, who are lower in the occupational hierarchy and thus have few recourses. Unfortunately for Amber, organizational policies that save revenues can make black technicians like her easy targets for hostility.

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Randy, Theresa, and Amber hold three very different positions in health care. Consequently, they report dissimilar accounts of their work. But in describing their experiences, these three illustrate some of their commonalities—their determination to effect change for communities of color; their frustration with their workplaces' seeming inability to meet minority patients' needs; and their complicated, at times contradictory, racial encounters with patients and coworkers. To a large degree, these experiences are linked to bigger questions and debates in American society about the changing roles of race, gender, and work—specifically, the disjuncture between the need for a multiracial labor force in a racially stratified society, and the declining amount of resources committed to a public sector that serves a disproportionately black patient base.

For instance, Randy's commitment to working in the public sector has implications for how we staff, structure, and value the institutions that provide services to patient populations who are disproportionately poor and of color. Theresa's account of herself as the "token black" in nursing raises questions about the success of efforts to establish greater racial and gender diversity in predominantly white professions. Finally, Amber's perceptions of the links between herself and the overtaxed nurses at

her hospital offer important insights about the hidden costs for lower-status professional workers.

By showcasing black health care workers' stories, this book meets two objectives. First, it highlights both the multifaceted positions black professionals occupy in contemporary US society and the way their modern racial experiences are fundamentally informed by gender and occupational status. There is no question that many blacks in post-civil rights America have opportunities that were largely unavailable just a few generations ago. However, the US remains as fraught with racial divides and tensions as ever. Thus black progress, particularly the movement into elite, predominantly white, professional employment, engenders backlash, mistrust, and in extreme cases, violent manifestations of white rage (Anderson 2015; Hochschild 2016). Black professionals' accounts of their work lives highlight the divides and fault lines that underscore black progress.

Second, and equally important, this book delineates how aspects of black professionals' work have developed because of, and are intimately connected to, broader systemic changes. Today, organizations assume less responsibility for labor, work is more insecure, and economic inequality continues to worsen. As US society continues to produce a new economy where work, organizations, and occupations are all very different from years past, it is critical to assess what these changes mean for black professionals. This book examines how organizations in their modern form create new mechanisms of racial inequality that have largely gone unexplored.

This focus on black professionals allows me to make several provocative arguments. First, I suggest that as organizations accommodate more people of color in various roles (e.g., as workers, consumers, patients), incremental approaches do not allow

these institutions to meet these workers' needs. Strategies such as professing a commitment to diversity, offering cultural competence training, or even serving primarily disadvantaged populations do not necessarily mean organizations are equipped to handle the racial challenges black professionals in their employ will encounter. Rather, I argue, in order to meet black workers' (and consumers') needs, these institutions require a complete overhaul that recognizes the critical role black professionals play in executing their missions and goals.

Second, in order to achieve this, organizations must forge a stronger social contract with the workers in their employ. In the new economy, many organizations prioritize work arrangements that leave employees stressed out, economically insecure, and uncertain about their long-term financial stability (Chen 2015; Cooper 2013). Researchers and policy makers now suggest that organizations should instead adopt an approach that allows them to offer more social and economic support for workers they hire. This can be done through policies that promote work-life balance, reduce conflicts for working parents, and/or offer better pay and more consistent, regular hours. In addition to this, I argue that organizations should be driven by a race-conscious approach that recognizes the challenges facing workers of color and assumes responsibility for resolving them.

Flatlining is an analysis of race, gender, work, and inequality in contemporary society. As organizations struggle with their attempts to maximize racial diversity while seeking greater profit margins, their actions have consequences for the black professionals they employ. These outcomes include but are not limited to specific forms of additional, racialized labor; ambivalent or distant relationships with white colleagues; and valiant personal efforts to change and undermine institutionalized racism. This

book highlights how both the work black professionals do and the organizational shifts that drive it have far-reaching implications for a society that continues to struggle with reconciling race, work, and opportunity, and it offers ideas for how organizations can resolve some of these issues.