End stage renal disease (ESRD) is of much concern throughout the world, and in many cases, the best treatment is living kidney donation. I conducted an in-depth interview study about Black American living kidney donors. Eight living donors were interviewed, two to three times, for a total of 23 interviews. Five areas of new understanding were identified; three may be unique to Black Americans or other minority living donors, and two may apply to living donors regardless of race or ethnicity. I found the Black American donors have unique social and economic concerns, and they consider spiritual and religious practices to be important for helping them endure living donation. Such concerns and practices were not well addressed by health care providers. In addition, Black American donors reported experiences of racial discrimination from health care providers. Two donors had a history of substance abuse, although they were determined healthy enough to donate a kidney. Following surgery, their pain management was not effective. Health care providers need to improve their understanding of pain management needs for donors with history of substance abuse. Living kidney donors and health care providers have different interpretations about the meaning of donation to the donor and their family. Health care providers stressed that the decision to donate was autonomous and had little to do with any other person. Donors believed their act of donation involved themselves, their recipient, and many other family members. Recommendations for research and practice were made based on the findings.