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Project HX

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Authors

Chao, Tiffany
Conovaloff, Joseph
Crochetiere, Austin
et al.

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Julia Tran

PROJECT H_x

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UCIRVINE
SCHOOL of MEDICINE

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Project Hx is a collection of narratives and photographs with a goal to highlight the rich diversity of the medical community. It is a portraiture of people's stories and backgrounds, their experiences and adventures in healthcare, and ultimately a way to show a human side behind the oftentimes faceless nature of medicine. The people interviewed only portray a fraction of the unique attitudes and ideologies that represent the medical community, but we hope that it can serve as kindling for continued conversation. While reading the stories, please keep in mind that narratives are powerful only when they are genuine. They can be genuine only under the climate of acceptance and open-mindedness. Thus, we hope that each story is received free of judgment and prejudice.

Of course, health involves prescriptions and understanding of the biochemistry of the body, but it also involves emotional and cognitive perspectives, an understanding of cultural identity, and much more. In order to achieve optimal health care, we cannot ignore the benefit that comes from opening our doors and our minds to the story of others - the undocumented, refugees, people of color, differently abled, the LGBT+ community, the list goes on. Minority experiences quite literally color the fabric of U.S. history, and we hope that the 3rd publication of Project Hx will shed light on more personal perspectives of minorities in medicine.

Sincerely,
Project Hx Team
UC Irvine School of Medicine

EDITOR-IN-CHIEF

Thalia Nguyen

CONTENT CREATORS

Tiffany Chao

Joseph Conovaloff

Austin Crochetiere

Patrick Penalosa

Rachel Stiner

Kevin Wang

DESIGN EDITORS

Patrick Penalosa

Diane Rhee

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Smallest Minority or Biggest Majority? Interview & Photography: Kevin Wang

My identity is identified outwardly as a white male. I'm actually a transgender male so I was born female. It's an interesting place because I am part of one of the smallest minority, but if you don't know I'm transgender then I am part of the biggest majority. I simultaneously exist in these 2 worlds, one group that is so incredibly discriminated against and this other group that literally gets everything. It's interesting to really be able to see the difference between the two. Since I've transitioned, the main thing is just that I'm happier. Especially after taking the hormones, it feels right, my body feels right, my mood feels right. I honestly don't think I would be in medical school today if I didn't transition. I wouldn't be capable of doing the things that I am doing right now, the confidence that I have in myself, how I much I believe in myself.

Coming out [in professional settings] as transgender does worry me. With co-workers, I might be in a place where it is more conservative and I might have to hide again. But at the same time, a lot of people are scared of trans people, afraid of gay people, are afraid of minorities because they don't know one. I kind of look at it like a duty to normalize being trans. If you know a trans person you see, oh they're normal person, they're not an alien, then it becomes more okay and more accepting for the people who come after you. It's like you're in this dangerous spot where you out yourself as trans, you can be physically in danger or verbally harassed. But you can also be paving the way for acceptance for more people. After going through this process [transition], it just gives me so much more insight in this subset of medicine. Ideally, I would love to be a surgeon and work with trans people because that's what I've been through and I see where the need is for these people.

No Barriers

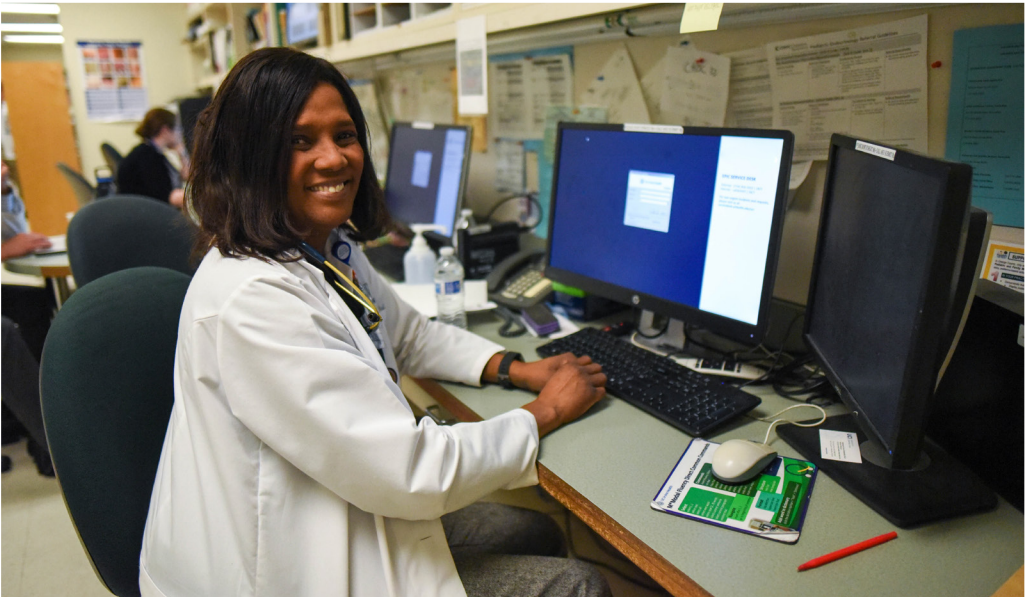
Interview and Photography: Thalia Nguyen

I was born in Panama, and I actually started getting interested in medicine in 10th grade due to Biology. I loved my biology teacher and thought it was so cool, just knowing how cells function and how all these processes happen. And I did go to medical school in Panama. So it's 6 years of medical school, and then when you're done with those 6 years, there's 2 years of internship. And then after that I did pediatrics in Panama, and that was 3 years of residency at a children's hospital. I did the 3 years there and then came over here [to the United States] and I had to do the residency all over again.

I think doing my medical training in Panama gave me a lot of hands-on experience. You have to be very clinical because there's no ultrasounds or MRI on hand all the time. And it's not like you could call a surgeon to do a cut down, so I just did a whole bunch

of procedures when I was there. So when I came here, I was like wow, I'm really spoiled, because here, if you need an IV, you call the PIC team, or the nurses, and if they can't do it, you call anesthesia or surgery! [As a foreign medical graduate] I felt that people thought I was more capable of taking care of them because I had more experience. I could deliver a baby if you gave me one right now. And I think that's the disadvantage that students here have.

I'm a foreign graduate, a woman, I'm Black, and I'm Hispanic. At first no one really thinks of me as Hispanic because I'm Black. So patients really love the fact that I can come in and talk Spanish. So I think that's the biggest shocker for them, to look at my skin color and then hear me talking Spanish. It's interesting because even though I consider myself Hispanic, my heritage is black. It's interesting because my Black patients identify with me



as a Black physician. Some people tell me, “I was looking for a Black physician, you know.” And the Hispanics identify me as Hispanic. So I get the best of the both worlds, where I can see both of those populations and not have that barrier with them. So I think that is kind of an advantage in my case.

I don’t know exactly how they do all the choosing at the medical school, but I do sit on the committee for residency. And we always try to make sure that we don’t only go with the grades, and the interview is a huge part of accepting the person into the program. And I think that if you go by grades, usually minorities tend to be on the lower side just because they have more disadvantages, but if you look at their resilience and things they’ve gone through, it speaks so much more about the personality and capabilities of that person. I remember when I was in med school – I don’t have any other doctors in my family, I’m the only crazy one –there were a lot of kids that were doctor’s kids, and they knew so much, and you’re like wow. And just putting yourself in that position, like how do they know so much and we don’t? And it’s because they had more experience, because they heard all the terminology all their life. So one of the things I do here a lot is that I get a lot of shadowing students, and I take all the students that want to come. I think one of the things is if you really want to do medicine, they should have the opportunities.

Being a foreign grad with foreign experience in medicine, I always sit here and go, “Why are these people so complicated, it’s not that bad!” I think that everyone should have healthcare. I am all for universal healthcare. In Panama, everyone is entitled to healthcare. And you pay more if you make more, and you pay less if you make less, but everyone gets care. For me, why would you not focus on preventative medicine, on getting kids immunized, on



getting adults to stay healthy, rather than fighting about getting them services when they are unhealthy. And at the end of the day, if you have a healthy population, you have a growing, thriving country.

This clinic at UCI is an FQHC, so even if you don’t have the money you can get care. I think that’s why I’m here and I’m at UCI, because I like that I have the opportunity to serve the underserved, and serve a population that could otherwise not get care. And I think it is just part of my upbringing back in Panama where you care for everybody no matter who they are, and looking beyond the color of their skin, and looking beyond their ethnicity, and being respectful of their culture also. Think of how you would want your family member treated, or your child treated, and just treat other people like that, and you will be fine.



Creating Allies

Interview: Austin Crochetiere
Photography: Thalia Nguyen

I was a music major in college, so I was a non-traditional major. I've always had diverse interest in arts, literature and music. After I [worked in Atlanta], I wasn't ready to go to medical school. I wanted to do something different than my other pre-medical classmates were doing. My friend hooked me up with all these caregiving jobs in LA taking care of children. I then transitioned to taking care of people with Alzheimer's and dementia. I used my music skills from college with dementia patients. It is one of the most powerful ways to connect with those patients. I had been a voice major, so I played piano and sang old standards and pop songs. I memorized all these old gems I would never have otherwise. Some of the songs were obscure, but often one elderly woman would stand up in the crowd and

start dancing.

When I was in preschool, I was jealous of my sisters taking ballet lessons. There was a tutu in the closet that I put on when I was 4 or 5. My mother spent all morning trying to get me to take the tutu off before preschool, but I absolutely refused. We got to preschool and we were late, and there is a dad and his son and they are also running late. They look at me and my mom makes an excuse - 'he has sisters, they put it on him.' My reaction to her making excuses in public for me made it really real for me. I ran back into the car and we drove home to change my outfit. That's what I did because I saw my mom trying to protect me. I saw the reaction of the outside world. It was a visceral response. I was a privileged white



stands for.' I sometimes did hide that I was gay in Interviews, or at least I would dance around it. It was based on who I was talking to and how old they were. I would have to read the person pretty quickly, and this has carried over into medical school, talking to attendings. If they ask my weekend plans, do I say I am going up to Hollywood to spend time with my boyfriend, or do I say I'm going with to LA to see friends? People underestimate how many times LGBTQ people have to avoid coming out on a day to day basis.

There is a huge misunderstanding about what it means to be an ally. When you are an ally, you are not just passively absorbing information, you are an active advocate. Everybody wants the ally stamp or pin, but are they going to work for it? Are they going to stand up to the attending or colleague who just said something inappropriate? I am trying to create more allies.

Also, medical school doesn't teach about anal sex physiology, most people don't understand how the prostate works or why someone would put a dildo in their rectum. It's unfortunate because you will not be able to understand your patient, connect with them, or advise them on safer sex practices. This is why I want to spend more time with the LGBTQ population, because I want to be their ally. I feel like I can do a lot of good with that patient population. But I understand that to get there it might be hard, because I might deal with attendings who look down on me for being an 'out' medical student. I am worried about rotations because attendings have so much power and it's hard to stand up to them. When you come out as an ally, you can come out as gay inadvertently because it's all how they perceive you.

man, so [coming out] was stepping off the deep end in a way. Suddenly, I lost a chunk of privilege I never realized I had. Because my mom is a doctor and is well educated, a lot of my convincing of her to accept my identity revolved around scientific evidence, like scrub jays and other animals, that homosexuality is natural. I used scientific justification for why I should be validated for why I am the way I am.

95% of LGBTQ students applying to medical school feel the need to hide the fact that they are LGBTQ while they are applying. That sets up an environment of medical students who are afraid to show who they are. I applied three times to medical school and all three times I wrote my statement about my queer identity. Friends and mentors would read my statement and say 'oh no, you can't write about queer stuff. Some schools might not even know what LGBTQ

Spiritually Grounded Care

Interview: Joseph Conovaloff & Tiffany Chao

Photography: Joseph Conovaloff

I was born in London, grew up in Boston, went to Boston University for undergraduate, went to World College of Surgeons for medical school, ended up coming to UC Irvine for internal medicine and ended up staying on for a chief year, and then got into pulmonary critical care, did the fellowship and then private practice, but still affiliated with UCI to cover the ICU and throughout that time I've tried to stay engaged with the different specialties for the purpose of being able to take care of my patients a little better. It helps a lot when you know the doctor that you have to refer the patient to because you can give the patient more options and it also helps when they know you because maybe they take your call a bit more readily. And as far as my background goes, I'm Sikh, my mom and dad were born in India and they moved around the world in their travels, coming to Boston eventually. Throughout that time, like anybody who is becoming an immigrant, they have their own stories to tell about interacting in that environment.

For me, it's a bit of a different path than the person who comes from India. When you're essentially born and grew up in the states, your parents have that culture from back home and they try to bring you up in that way it's a conflict because you have the ways of older India and maybe you see how our cousins are, and then the lack of resources to teach you that native tongue and the religious cultural things and so those are obviously barriers and mixed with that your mom is working all the time, dad is working all the time, and they don't have the time to do it. I actually come from a family of five kids, so all of them speak different amounts of Punjabi but not great, and we all go to the Sikh temple occasionally, but it's really because it's not as built up as some of the more established religions. The

culture back in the east coast, was a much smaller community. Coming out here to California, it's very different. Sikh honestly came to California in early 1900s. A group of them settled here as farmers in Northern California - in the Fresno area. There was an opportunity for groups to come over. Part of it was to escape persecution and the other part of it was because they saw an opportunity and the other part of California that the Sikhs landed in was El Centro and they're still there believe it or not. So they only had limited choices, so they would marry the natives. So now you'll see in the phonebook, people named Jose Singh. It's interesting. There are quite a few people there that have Indian last names but they don't know much about their history. For me though, where I see my connection to my culture and helping with patients is that patients tell me that they like that they see that I'm committed to something and am spiritually grounded in their opinion. When you wear a turban and you do that ritual every day, it means something to them that you have some standards. And they hope that those standards apply to taking care of them.

So at UCI, we see quite a few diverse populations and I'm on a cultural committee where they look at cultural sensitivity issues and understanding the backgrounds of different cultures so that we can use that to better serve the patients. That's a committee that is made up of palliative care attendings and the clergy. There are actually a lot [of clergy]. They have an on-call service. So there is about 2 or 3 on-staff clergy and there are many different denominations - Buddhist, Imam, and they're on call if needed. They can come in at an hours notice if needed, but generally even if you're of a certain faith other than



Christianity, this Chaplain can still come see you and offer you some kind words or some path to their spiritualism. They are very helpful. People actually appreciate it. Because sometimes you're only seeing doctors that you're defensive with, and it's like an outlet for them. So it's a really good service.

But there's still barriers. We had a situation once where a patient came who essentially had no hope of survival and was essentially declared brain-dead. But he was unrepresented. It was very clear that his culture was that of a culture that would not want to have their body historically give their organs up. So the policy with One Legacy and UCI is if the patient is unrepresented, but they pass away in that way and they are a suitable candidate, they could be accepted for organ donation. But in this case, they had to go to Ethics and talk about it and say we don't know this person's wishes, but from the little evidence, they would not want this. And there is a lot of cultural sensitivities you have to know about. Like if you're trying to send a patient home and the family is ghastly afraid of them going home to die

at home because that puts a curse on the house. You have to be aware of that because otherwise you're going to hit a brick wall. For me, it's a challenge that I welcome because learning about it makes you better at what you do and enjoy your job more.

I think that when it comes to taking care of my patients, I always go in with the idea of how will I take care of this patient as if I was taking care of my own family as well as how God will think about me. Would I be able to live with myself if I did this? Sometimes patients - we're seeing more variations on care nowadays because families read the internet and want to interact. Sometimes it's helpful and a lot of times their interaction is negative to the care. It doesn't help. I want to say and do things that I can be proud of so they can say you know what, this guy is an honest person, he'll stand up and represent his religion. I don't want anyone to have a negative opinion of me because at some point there will be a negative connotation to the religion. I try to use my somewhat religious beliefs to help guide me to help provide better humane care that also respects their spirituality.



Work in Progress

Interview & Photography: Thalia Nguyen

I was born in Mexico, just right outside Mexico City. My parents were 17 and 18, and shortly a year after that, they decided that they wanted to come to the United States to build a better life, for more opportunity. I think when I started at UCSD I already knew that I wanted to go into something science, something healthcare related. It was some way I wanted to make change. I had the idea that if I could impact just one life, that was already enough change for me. I had to drop out for a little bit – I didn't get financial aid so everything was paid out of pocket. And then my parents had some struggles with the recession so I had to drop out for 2 years, and basically work in whatever job I could, like a taco shop, a laundromat... I used to record quinceñeras as well. And then I went back to UCSD, paid back what I owed, graduated, did the post-bacc at UCI, and then stayed here at UCI because of the PRIME-LC program.

The biggest struggle for me is definitely being undocumented. Basically since I started college, because I didn't get financial aid, I couldn't live on campus because I can't afford it, and then I had to stop school. When I was in the post-bacc I couldn't get any type of loans. And even in medical school, I wouldn't be here if it wasn't for scholarships. So I still don't get any type of loans. The scholarships up to this point only cover tuition, but no living expenses. So every day is a struggle of how to pay for rent, how to pay for Step 1, Step 2. At UCI we have a huge community of undocumented in Santa Ana. A way that [being undocumented] helped me, is that being a student doctor, every day at work, this is better work than what I did when I wasn't in [medical] school. Like I was working 12 hours in a taco shop cleaning bathrooms. I would rather be spending 12 hours at the hospital like changing stuff, or 12 hours studying. And it

just changes my mindset – this isn't work, this is part of building myself up. And I think that helps me get through stuff and not complain when I have to study for a long time. I think that it just like, it's not just about me.

It's important to educate parents. When I was growing up and trying to go to undergrad, my parents were extremely supportive, but they had no idea what it was like, what is financial aid, what's the SAT? Educating parents, getting them involved, would help you get more diversity, by starting at the beginning. Because by the time you get to higher education, diversity really falls off. I think starting before, having programs that actually go into the community, like science academies that start in elementary schools, or Doctors 4 Diversity, will hopefully build a pipeline. And also advocating at the top, in graduate medical education. Because what is the point of getting this pipeline, if they are



just gonna run into a brick wall when they get to medical school? Now that I am in medical school, my voice kind of counts more. I didn't realize that schools actually listen to what you have to say, even though it's hard sometimes for them to make change, but at least you're there, fighting for it.

I've always been very chill and mellow and roll with the punches, because being undocumented has always been a cycle in my life. Like, I get to a point, and there's a wall, and I have to find ways around it. And even with the election, and the results, and the new President, and I was kind of like, it'll be fine! And then they stopped DACA, and I was like uh...it'll be fine! And it's definitely been a worry. It's been there, in the back of my mind. And you put all your trust in Congress, and it's hard to put your trust in that because it's so slow. And it affects me, because I'm in PRIME but I can't go to Peru, because DACA doesn't exist so I can't ask for advance parole anymore. I can never do stuff like Flying Sams. And it affects people that are around me, because as a cohort in PRIME we're pretty close, and my significant other, who is also in PRIME also wants to go to Peru or these other trips. And she also worries about how are we gonna couples match, what does our future look like, how is it gonna affect us? It's a work in progress always, and you kind of have to find ways around it.

I think the biggest thing that I learned as I went through to get to medical school, or through life, is just how important it is to know your story. I never found the strength in my story until later, when I realized that everyone goes through their own path, and things happen, which makes you stronger. Trust that as long as you try hard, follow what you want, and share your story, things tend to work out, because others will see that.

Improving Awareness Interview: Rachel Stiner Photography: Provided by Interviewee

Editor's Note: This individual's experience is unique in that it is an event that has shaped her perspective and how she hopes to practice as a future physician. We have included it in this publication because although it is not a traditional minority identity, survivors of sexual assault also provide a unique outlook and we hope others will find strength through her story.

I'm a second year medical student and I've been really involved with the medical humanities projects for the past few years, and volunteering at the free clinics and trying to stay on top of school. The day in and day out of studying and preparing for constant tests is a challenge. But I love all my peers - that's the best part of UCI. Everyone is so supportive and it feels like a real family. I did some research in the



summer between my first and second year through the medical humanities funding initiative. I worked with kids with cerebral palsy and we taught them ballet. We did a before and after test of their ability to move their legs and walk and balance and just their overall mobility. It was helpful in their movement and also socially because they got to hang out with people like them. I'm thinking of maybe doing Pediatric Physical Medicine and Rehab (PM&R) and so that was a good taste of that type of work. So I'm a dancer - that's the background. I danced from age 4 all the way through college. Coming into medical school, my dream job was to become a doctor for one of the major ballet companies and try to advocate for less invasive treatment for ballet dancers. You can't just have major knee surgery and return to ballet. You have to do more preventative therapy and keep the dancers dancing. UCSF has a really cool Dance Medicine program, so that's my dream.

I don't know if I'm a minority, but my experiences have been diverse in that I'm a survivor of sexual assault. Throughout college I was working in a research lab, and one of the post docs just decided that I was the one to take advantage of. So I got through that with the motivation of "I just need to get through this year and then I'll move on to another school and things will be better." It worked for getting through that time period, but then coming into medical school, I just kind of fell apart. It all started to make sense and click and I realized what I'd been through and what happened. I really struggled my first year of med school so I ended up taking a leave of absence - so I extended my first year over two years. So that was a huge challenge and that was something that I still think about every



day. Even just little parts of medical school have been so much harder because of those experiences. But there's also a silver lining - like I feel like I can relate to patients who have gone through this.

When I took a leave I was very worried about when I came back. What were people going to think? Am I going to have to explain myself? Are people going to ask why? I wasn't really ready to share it so publicly. So coming back to school was challenging. I left late November and I came back after Spring Break in March. And my classmates were so supportive, I was floored. I don't think anyone asked me what happened or where I was. They just said, "We're so glad you're back! Are you feeling better?" And that was wonderful. I felt very supported - like people missed me and cared about me - which was really nice.

I'm a peer mentor this year. Dr. Hurria was awesome in helping me through this, so I decided to join up with the wellness program and be a peer mentor. There are lots

of students who struggle through emotional and "life" stuff that people don't really talk about. It's very easy to be happy-go-lucky, positive, and think everything is unicorns and rainbows. So I think being able to be real with peers about that has been part of it. I've also been really involved with the CARE office. CARE stands for Campus Assault Resources and Education office. We're trying to improve awareness that this resource even exists. As isolated in the Med campus as we are, we don't really know about all the resources on the rest of campus. We have access to so many cool things, like the LGBT resource center, disabilities center, CARE office... So we're trying to bridge main campus resources with med school resources. Just any opportunity I have to bring the CARE office into our curriculum, I try to make that happen. I feel like our training for how to help survivors or victims of domestic violence or assault is kind of limited and shallow. My role has become more and more about sexual assault awareness. We're working on getting one of the CARE faculty to give an overview of trauma-informed care.



Embrace Your Identity

Interview: Patrick Penalosa

Photography: Provided by Interviewee

I'm a resident, and my role right now is pretty much to admit patients from the emergency room and appropriately triage them and place them in the appropriate level of care. Like should they be in the ICU, or should they be in the step down unit, or in the telemetry floor. I also do a lot of teaching since I'm the Senior Resident now. I teach the interns and now the medical students and then I pretty much watch and run the team for all the medicine patients. And then at the end of the day you run everything through your Attending.

I feel that diversity to me means quite a lot actually. Diversity to me is much more than kinda like I guess what society may make it out to be. It's more than just your ethnicity or more than your religion or your gender. It's a lot to do with your experiences,

your take on life. And what you're even open to being willing to hear and listen to. And for me, diversity means people from all walks of life. Or one person who's willing to be open to other people from different walks of life. And to me that's what diversity means -- it means open-mindedness, it means tolerance, it means acceptance coming from a background that you're not from.

I think diversity is probably one of the most important issues and necessary aspects in healthcare. The reason for that is essentially because we live in America which is a melting pot in the world and especially as a physician, you need to be able to relate or at least understand a patient's background. Sometimes they may speak only one language, whether it be only Spanish or Vietnamese, which is very common in our

hospital. It's important to know why they may have certain hardships or why they may be at higher risks for certain illnesses such as hypertension. Or being uncomfortable speaking to a physician that doesn't speak their language. I think that diversity is so important because it makes the patient feel more comfortable, not necessarily that you come from their background. I don't think that's necessary. But I do think that it's looked very highly upon that you can somehow show them that you are accepting of their culture, if you're accepting of their background. And if you make them feel comfortable somehow, especially if you come from a different walk of life. I think diversity is important in the hospital because it can make a patient and their family feel accepted and loved and well taken care of.

I guess my identity for me means a lot. Ethnically I identify as a Filipino American with my family coming from the Philippines and coming here to America to provide me with this opportunity, this wonderful opportunity to become a physician so I am very grateful for that. So that's my ethnic background and I also identify as a practicing Catholic. So I guess my identity does shape quite a bit of how I identify. And I wouldn't say it necessarily changes my medical practice. Of course, I personally and medically treat everyone I see equally. But I feel that just coming from the backgrounds that I have, whether it be my Filipino background or my religious Catholic background, I do my best because I appreciate it when someone acknowledges or appreciates where I'm coming from. So I also try to acknowledge or appreciate where my patients come from. And whatever background that may be. Whether that be someone coming from a marginalized background or someone coming from a background that's not. I always do my best that as their physician they

are welcome and I make them feel included and make them feel like I treat them with as much care and as much kindness as I would anybody else.

One way that I could advocate for more minorities in medicine is just kind of show everyone and speak out on it that minorities in medicine is an important issue. The state, not even just the whole country, but the state of California has so many people from so many different backgrounds. And to have a physician, someone that a patient is reliant upon and looks up to for just their overall care, it's someone that they can identify with and someone that they can trust. And that's not to say that they wouldn't trust someone that's not within their same community, but it does provide a sense of home and a sense of feeling happy and included. So I think just knowing that there are people from your minority community also excelling here in America, is something that can inspire a lot of people. So what I've been trying to do these past few years, along with several of my colleagues, we are now part of an organization called FAIM which stands for Filipino American in Medicine. And we are trying to also inspire other kids from all backgrounds, especially those from the Filipino-American college background to at least consider going into medicine. And that it's definitely a wonderful career to be a part of.

Advice from me to anyone in medicine and to anyone that identifies as part of a minority going into medicine is to realize that it's wonderful to be a minority. It's a great feeling. And that there are going to be hardships that come with it, but best advice would be to embrace it. And to realize that there are a lot of people out there to help you and to be on your side, regardless if it doesn't feel like that.



Listen More Than You Speak
Arranged by: Rachel Stiner
Photography: Provided Anonymously

I think Diversity is a really interesting word, and it is very interesting to see how it is used in higher education and healthcare. Institutionally, I think “diversity” and “inclusion” have become the buzzwords we use to check certain boxes...I’ve become convinced it has more to do with us reassuring ourselves “look at how diverse we are because ***points to a few people*** they’re here, see things are better” so we can applaud ourselves, go home, and sleep more comfortably. While words like diversity and inclusion sound great in theory - and of course I do believe we need to have diversity and inclusion - I think the way these words are thrown around are often self-serving and without meaning for many different reasons. How diverse are we really in medicine when you look at the composition of an average

medical school class? How accessible is it to get a medical education, is it becoming more accessible over time? (hell no!) Who is more likely to make it through successfully? This is the disconnect for me. I think diversity for me is about power dynamics. Minorities should be placed in positions of power, we should be seeing that every direction we look, it should be the norm not the exception. I think that is the real meter for whether “diversity” and “inclusion” worked and clearly we’re not there yet. I’m very skeptical of incrementalism. I’m very skeptical of anyone who says things are better just because minorities are present. It’s just not enough. I also wonder diverse but to who? Everything is filtered through the white cis gaze constantly, we’re not these small groups that need to be saved or pulled in. Rather, there are real systemic barriers

present and the question should be how can we dismantle those barriers and that is where the attention should be if we want to really solve the problem.

I think personally [my identity] fuels my profound desire to serve my communities, maybe with some kind of hope that the medical establishment can become something that truly helps people who were traditionally marginalized or downright exploited. I think in some ways it has trained me to listen more than I speak in real life. I'm a little more harm reduction focused than some of my peers. I think I come from a more trauma informed perspective than some of my peers. I think it has made me less able to tolerate or ignore certain things because they impact me or the people I love. Isn't that the reality, people tend to care about things when those things directly affect them or the people they love? But all oppression is not equivalent and I don't want to act like it has made me understand everything, I have blind spots too I'm sure.

I do not believe I have experienced all that many barriers. As a very cis passing queer femme of color, sure micro-aggression is always around, but overall I am well resourced. Maybe it can be telling that I still choose to remain anonymous sometimes or have the privilege to, that's sad. While I am very open in many arenas of my life, I worry about printed material with my name making its way into my work environment. I still feel the majority of my mentors or people with power over me and even many of my peers are homophobic/transphobic. Maybe nominally they say they are supportive or change their FB profile pic to rainbows or whatevs, but I have seen the way they change their tone and heard their unfiltered comments because they don't suspect who I am. Again very skeptical of incrementalism. I would argue things are the

same, just more hidden more insidious. And until I am in more of a position of power, I STILL don't feel safe to be as loud as I really will be one day. The flip side to that is I have found deep and real support in people so I don't want to portray all gloom and doom. But this is the reality of at least my lived experience. When Lena Waithe said "The things that make us different, those are our superpowers" I think that's so true. I think it's primarily enriched my life not through any innate characteristic of my own but rather the people I have been able to form community with. I owe everything to them.

I don't pretend to have all the answers but I think there are a few things that need to happen. First and foremost we need to listen and take our lead from the people affected most by the issues we are trying to address. I hate to say it but people who make it in medicine are always egocentric, we are always people who are seeking some kind of power, why else would you become an MD. The goal is to drive decision making. I'm not even convinced that it's always a bad thing, on some level that is the way you need to be. But at the same time, we have limitations and we also need to know when to shut up and when to just listen. We also need to study the problem. Really study it and understand it. In medicine, we make a diagnosis before we decide on the best course of action or the best way to treat. I think much could be gained from applying a similar perspective to so many problems. I also think we need to not just get ours and leave. We need to be thinking about how we can give back and lift up others. I think those are just a few concrete practical things we can do.