

# Journeys

A Student-Run Antibias Newsletter

Welcome to Journeys! We are a student-run antibias newsletter that aims to amplify stories that promote antiracism, diversity, and inclusion in medicine.

Edition I Posts: Microaggressions-listed articles

"We need more light about each other. Light creates understanding, understanding creates love, love creates patience and patience creates unity."

Malcolm X

"Wherever the art of medicine is loved, there is also a love for humanity."

Hippocrates

"There are not more than five musical notes, yet the combinations of these five give rise to more melodies than can ever be heard. There are not more than five primary colors, yet in combination they produce more hues than can ever been seen. There are not more than five cardinal tastes, yet combinations of them yield more flavors than can ever be tasted."

Sun Tzu

## Welcome to Journeys!

With this newsletter, we hope to create a platform that represents the unique backgrounds, identities, and perspectives of care providers. Journeys is a space to share stories and sentiments that illustrate both individuality and experience as they contribute to the diversity of healthcare education and practice. By lifting the voices of many to be listened to and learned from, it is our mission to establish, cultivate, and promote a community of inclusion and empowerment with this newsletter.

This newsletter will accept and display submissions of multiple mediums from healthcare students and trainees. Edition-specific themes based in diversity, equity, and inclusion will be defined to inspire and feature related pieces from groups they may represent.

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### **Guatemalan Cookies: Anonymous**

I was finishing my first week at the clinic. We were all gathered in the break room when a co-worker, who of a different race than I, offered up some cookies from Guatemala. Per my nature as a picky eater, I knew my answer would be “No”. “Would you like some Guatemalan cookies?” she asked. I kindly denied and did not state the reason. The woman proceeded. “What do you have against Guatemalans?” I gave her a nervous laugh as I was not sure how to respond at that moment. I could not believe how offering cookies became a questioning of my attitude towards Guatemalans. I felt embarrassed. Not only had she hurt me with her comment, but she also put me on the spot in front of my co-workers with an untrue statement.

Furthermore, I felt that she rudely assumed I may be “always hungry” based on the shape of my body. Many people struggle with their weight because of medications, access to healthy foods, and/or simply genetics that are out of their control. There are also a multitude of reasons why someone may turn down food; being a picky eater is a valid one of them.

My co-workers stared in amusement and said nothing. Sadly, as is the case in many instances of microaggressions, bias often goes unchallenged due to behaviors and words that are disguised to provide cover for their meaning or the belief that those behaviors are harmless and insignificant (1). On this day, my coworkers did not provide any allyship in a moment when I needed it the most. They tell me to “stop being so sensitive” and I am tired. Despite their opposition, I recognize that my feelings matter in all circumstances, especially in the workplace, and I am allowed to express them. I am also worthy of support from those around me. From this incident, I have decided to no longer be the punchline of office jokes and have found power in responding in ways that best support myself and my feelings.

(1) Sue, D.W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C.Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, Whites allies, and bystanders. *American Psychologist*

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## Interpretations: Nooralhuda Alhashim; Northeast Ohio Medical University

I drove to a new clinic, parked my car, and braced myself for the freezing wind before I walked out. There isn't a big Arab population on this side of town, I thought, but if I have learned anything from being a medical interpreter - and a Palestinian Arab - it is that we go as far as it takes to make it work.

*"Good morning, I'm the Arabic medical interpreter for your 9 AM patient." "You can wait for her in this room. She's probably still on her way."*

Her shy entrance made me look up from my phone before she could explain to the receptionist how difficult parking was. She was adjusting her hijab and removing her neck scarf when we made eye contact. We were instantly familiar with one another: the other hijabi in the clinic. I got up from my seat and walked toward her as we shared a smile, silently recognizing that we were expecting each other.

*"Salaam"*

*"Salaam"*

Upon introducing ourselves, I immediately knew that there had been a mistake. My patient does not speak Arabic.

Z was a young Turkish woman, coming in for reasons she wasn't entirely sure of: *"Maybe just checkup"* she explained in broken English. I was not sure what to do, but she seemed to not be fazed by the fact that she was assigned an interpreter that doesn't speak her language. *"Because I wear a hijab, they assume I'm Arab"*. When I asked if she has clarified her preferred language, she explained that there are not many Turkish interpreters available and she got used to getting by with someone who speaks Arabic because she has Arab friends, not because the two languages are in any way similar.

As a child, I was introduced to English and Arabic around the same time. I often mixed English verbs with Arabic nouns in the same sentence. Even my prefixes and harakaat\* at times. What was a source of laughter in my childhood home foreshadowed this patient interaction. To get through the appointment, we both had to use a mixture of English, frequent nods, specific hand motions, and a sprinkle of Arabic vocabulary.

When Dr. O walked in, she seemed to be in a rush. *"Has my nurse not told you to remove your clothing?"*. We were both confused, Z nodded in disagreement. *"Well, I'm going to step out again and please remove your clothes by the time I'm back. You can keep your shirt on."* I understood the look in Z's eyes to ask *"Why?"* but I could not say it before she did. As a medical interpreter, I had to follow very clear rules about what I can say on behalf of the patient - it had to be literal quotations spoken in first person unless indicated otherwise. The rules were clear, but they became blurry once the cultural nuances - that shape the quality of healthcare - were considered. With time, I became skilled at balancing the rules and the needs of my patients. Awkward silence was my friend more times than not. When Z recognized this, I was able to ask the physician to explain why her patient was there in the first place. *"We left you a voicemail about this. I must perform a transvaginal ultrasound and a pap smear. Now if you could help me out here, I can get it done and you'll be home in no time."* blaming the patient for scheduling an appointment with little understanding of why she had to do so.

The rest of the encounter was an uncomfortable -emotionally for me, both emotionally and physically for Z- fifteen minutes. Almost as if she was pleading guilty to not understanding a voicemail left for her in a language she doesn't speak, Z remained silent as her face expressed her pain and discomfort. Before leaving, the doctor asked if Z understood when her follow up appointment was. Z nodded.

"We'll see." Dr. O said before she walked out.

Years later, I carry this story with me in medical school. I often wonder how much I can do as a student physician now that I am free of the confines of interpretation. Thanks to my colleagues' bravery and dedication to calling out discrimination that I myself face, I know that medical education is in good hands. I am on the path to having the resources and coworkers that would put someone like Z at ease.

*\*Short vowels in the Arabic language*

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### **Microaggressions: Rebecca Katlyn Hicks; Marshall University School of Medicine**

Microaggressions. You see them. We all do. But it is what you do after you see them that is what can make a difference in the world. Today I will tell you my story about microaggressions and how I changed the life of patient X.

Patient X was a regular patient in the dialysis clinic. When she would arrive at the hospital each morning, I would help her into a wheelchair and take her up to the dialysis clinic. One morning, however, moments after I dropped patient X off at the clinic and returned to the lobby, I noticed she had as well. Unsure of the situation, I gave patient X the space and privacy to move about the lobby on her own free will. Minutes later, staff from the dialysis clinic came rushing down yelling at patient X to return to the clinic for her treatment.

Patient X was a Hispanic woman who did not understand English. Patient X slowly brought out her phone and began to type into her translator. Disregarding the phone, the staff began screaming short, Spanish phrases at the woman trying to get her to go back upstairs. They even went as far as trying to push her wheelchair for her without her consent. She then stopped the wheels from moving with her own hands and continued to type on her phone, more frantically this time. The staff did not even look at the phone and persisted with the incorrect and aggressive Spanish phrases. At this point, I could watch no longer, and I stepped in. Although out of my job description, I knelt at patient X's level and began to speak to her in Spanish. Furious at my interjection, the staff returned to the dialysis clinic without patient X.

That day, I brought patient X to her desired location, the emergency room, where she received care that was essential to the quality of her life. In positions of authority, unprofessional and intimidating behavior is never acceptable. All people deserve the respect of someone who will listen to them...truly listen. Please use this story as a lesson and take the time to truly listen to those around you-no matter the barriers.

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### **Safe: Brett Mitchell; Drexel University College of Medicine**

I thought with this coat, I could be safe.

A shield from spears that aim to pierce me and my race. I thought with scrubs, I could be respected. So my pigmentation could not threaten. I thought with doctors, I could be equal. Learning and training to help other people.

I put on my scrubs, my coat, and I smirked at the mirror. My hard work reflected – the future seems clearer.

I walk into the office, confident in stride.

I saw the old attending, and I said, “Hi”.

He replied, “With your coat and scrubs, you look like a mechanic.”

Nervous laughter emits from internal panic.

No matter how much I shield, blend, or beg for respect,

They’ll still hang me by the stethoscope on my neck.

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### **When is Age a Barrier?: Mehr Grewal; University of Washington**

Being a young person in the medical field comes with both excitement and challenges.

Initially, I often found myself feeling disillusioned, that as a young person, I would not be taken seriously. There weren’t many opportunities to engage in medicine or public health, and when there were, I felt left out. For example, when I helped organize and volunteered at local health fairs in my community, people would ask me whether I was in the right place or if I knew where I was going.

My attitude changed in 2021 amid the COVID-19 pandemic. Sadly, I saw the impact of misinformation around me as many people in my school or community were hesitant to take the newly developed vaccine. I realized many people had questions that remained unanswered due to this information barrier. For example, many students in my classes had families who didn’t speak English and were therefore unable to access accurate vaccine information. I felt empowered to leverage my experience as a young person and help inform families by hosting vaccination webinars where other young people could get their questions answered. They could then carry the new information they learned back home, acting as ambassadors to inform their families.

The experience helped me realize the importance of building trust with vulnerable populations and how young people could help bridge a critical gap in public health information dissemination.

My point of view allows me to better understand the experiences and needs of young people, and eventually to realize that we have a lot of hidden impact, even if it doesn’t seem apparent at first. I find great strength in this perspective and it galvanizes me further in my work serving disadvantaged communities.

The new generation of youth is more civically engaged and committed to social change than ever before. You may not see us, but we act diligently behind the scenes to influence decisions made at all levels of society. Our voice is louder than you think.

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### **Anonymous: Akshatha Silas; Case Western Reserve University School of Medicine**

The day I started rotations, I traded the verdant iron rhythm of my first name for the two unresisting syllables of my last. And before you say it’s out of place to introduce myself as doctors do, I want you to imagine being fifteen, playing badminton in the forest, little cousin in tow, and a stranger says, “Hey! You’re

pretty good. What's your name?" And you say your name how you've always heard it said back to you, a sound they can imitate with ease, and the child next to you says loudly, in shock, "No, it's not!"

And something breaks beneath the awkwardness of the moment, beneath the mangled body of the word you've just spit out. A meaningless bastardization of a name so often said wrong, even you forgot how to say it right. So for the next ten years, you teach people, patiently, meticulously, holding up the Starbucks line as you spell it out. But when you start working in the hospital, the stakes change. The patient who can't say your name doesn't call you for help when they need it. The attending, whom you'll see for two days,

can either spend that time learning your name, or teaching you medicine.

Good intentions, good intentions, good intentions! The kind old nurse who asked me to repeat my name until she got it right, then turned and asked if I was Eskimo. The Japanese attending who observed over my shoulder the flash of my name on the login screen, and asked me to teach him how to say it, and got it in one try. "See, it's not that hard!" The Indian doctor who greeted me and watched me quickly lose a battle as I decided what name to say. "But I go by-" it doesn't matter. My name rolls off her tongue with ease, and that is how she introduces me to her patients. "This is अक्षिता." "Huh?"

I convince myself it's hard enough that a patient should recall correctly their allergy to am-lo-di-pine, or their em-pag-li-flo-zin dose, or that they're scheduled for a bi-lat-er-al ca-rot-id end-ar-ter-ec-to-my. It's hard enough that an attending should hold on the tip of their tongue twenty names and numbers and diagnoses and treatment plans of the people whose very lives depend on it. But the truth is not nearly so selfless or gentle. I use my last name because it is exhausting to show each person how to painstakingly resurrect a butchered language, how to rebuild the ruins of a tongue with phonemes they've never tasted, how to lovingly debride the decay from vocal cords that don't bend that way.

Every "this'll take me a few tries" every "yeah, I can't say that" every "do you have a nickname" is a papercut, no matter the good intentions, no matter how much they want to learn (and sometimes, they do not). And you say it's not my responsibility to teach, but if not me, then who? To have a name made foreign by their mouths is a beautiful burden - *sacred*, to see a language left for dead come alive when I am called.

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### **Gracias a Dios Hablo Español: Valentina Diaz; Baylor College of Medicine**

Most of the time no one asks me how well I speak Spanish.

My attending, my residents, they see my skin, they see my name, and they sigh in relief.

"Thank God you speak Spanish. We hate using interpreters." I want them to like me, so I think it's not a big deal. Can I explain what a plasma cell is in Spanish? I really want to be a part of the team. Can I explain that we need to perform an emergency C-section in Spanish? I want to be needed. I want to belong. Can I tell a mom her baby had bilateral basilar strokes in Spanish? I just got here, and I worked so hard.

Can I tell a 40-year-old father of two that he has five years to live in Spanish? My patients look at me with trust and gratitude. I have never felt so lonely.

Can you explain that to me in Spanish? Thank God I speak Spanish.

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### **We Are All Doctors: Afua Ansah; Case Western Reserve University School of Medicine**

“We need you back,” my sister-in-law said to me over the phone. I wasn’t surprised by the words I was hearing. At some point, the façade I had been trying to maintain had slowly begun to unravel. An older version of myself would have glossed over this comment with laughter, but I didn’t have it in me any longer.

I echoed her sentiment with a solemn response, “I need me back too.”

She didn’t know how desperately I wanted to return to the carefree version of myself. The version of me that believed we were all in this together. The version of me that believed the white coat unified us in a common cause. It was a symbol of something bigger than our individual differences...generations of men and women who had used their gifts to walk through the journey of healing with others. It was a symbol of countless hours spent exploring the intricacies of the human body. A symbol of successes and failures that paved the way towards excellence.

I had hoped medical training would be the crucible that brought us together. In the heat of the fire, the rough edges that divided us would melt away as we clung to each other for survival. We would lose many things in the fire; but once the ashes settled, we would find a sense of belonging. This was the ultimate privilege: to be counted among the doctors who came before us as we set the stage for the next generation of healers.

These hopes were quickly shattered by the reality of medical training. Some find a place of belonging in which they are affirmed, accepted, and encouraged to flourish in their quest for excellence. Others find themselves in a place with no shortage of hostility, exclusion, and discouragement. For these individuals, it is a case of never quite enough; tasked with an extra burden to consistently prove their intrinsic value.

*The most painful wounds are wounds from those trained to heal.* Criticism is an 11 blade – perfect for cutting away confidence. Incision after incision from the ones in white coats you assume you can trust.

*The most painful wounds are wounds from those trained to heal.* Exclusion is a 15 blade –creating short, precise incisions through cardiac tissue. Incision after incision until the heart is unrecognizable.

While those outside the medical field may only see the white coat, we know there is much more than meets the eye. We are all doctors, yes. But as soon as we walk into training, we acknowledge tiny divisions that begin with specialty and run as deep as personality. There’s the pediatrician and surgeon. There’s the black doctor and white doctor. There’s the doctor that glides through training and the one that stumbles at every level.

It's surprising how quickly these divisions develop amongst us. How quickly we find ways to differentiate ourselves from one another. We are all doctors, yes. But will there ever exist a time when we are completely united? When we do not look for reasons to exclude or discredit one another? When we can simultaneously strive for personal excellence as we lift each other up?

It is clear that the white coat does not transform us, but merely reveals who we are. Those trained to heal are not immune to the character flaws that plague humanity. Though much more is expected of us, we are merely human and sometimes we fall short.

Yet through the sutures of men and women in white coats, healing is made complete.

There's the short doctor and tall doctor. The married doctor and single doctor. The quiet doctor and gregarious doctor. The doctor who can't wait to return home and the one who stays behind to avoid home. What lies underneath each white coat is the foundation of our collective strength. When beautifully intertwined, our differences empower us to overcome the challenges inherent to the practice of medicine.

We are *all* doctors – as different as we are similar. We are *all* doctors – as wounded as we are whole. We are *all* doctors – as imperfect as we are perfect.

We are *all* doctors, simply looking for a place to belong. We are all doctors, finally realizing *we already do*.

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### **Hmong: Anonymous**

Embarking on this arduous journey through the labyrinthine corridors of medical education as a Hmong American, I find myself immersed in a profound undertaking. It's as if I'm navigating a tumultuous sea where biases and microaggressions surge from all directions, a tempest that leaves me grappling for stability. In this field, Hmong doctors are as scarce as hidden constellations, and finding a guiding star feels akin to chasing elusive dreams.

Within the hallowed halls of academia, I ventured, yearning for companions who could share the cadence of my heritage, the rhythm of my experience. But alas, they faded away, leaving me standing alone after brief encounters, like flickering candle flames extinguished too soon. The pages of our narrative illustrate that a mere 14% of our community treads the corridors of higher learning, an uphill battle that underscores the enormity of the task at hand.

The tapestry of my identity paints me into the "Asian American" tableau, a monolith, a canvas that doesn't capture the nuances that color my existence. Balancing on the precipice between being uplifted by the majority and cast down by the minority, the paradox is stark, especially when my own heritage is that of a minority. I find myself standing in the crosshairs, too Asian to seamlessly blend with my white counterparts, and yet lacking the privilege of scholarships, financial safety nets, and academic havens that cradle them. Amongst my fellow other Asian peers, I stand too in isolation, the camaraderie born of privilege, a door that remains closed to me but open to them. This tale weaves itself into the medical fabric where Hmong voices are a near-silent echo. Where are they, those who could share stories of perseverance and success, to illuminate the path I now tread? But yet, when was the last time you saw a Hmong doctor or even a medical student, for that matter? In this intricate



tapestry of medical scholars, we Hmong are but faint threads, scarcely woven into the narrative.

Amidst the bustling corridors of opportunity, I stand on the periphery, observing the dance of affluence and privilege. Connections and resources, like precious currency, flow freely to some yet remain distant mirages to me, shutting me out from circles adorned with prosperity. Yet, when I seek solace among those whose struggles mirror my own, my narrative is met with skepticism, my experiences deemed insufficient. In jest, a Latino doctor mentor once bantered with an African American friend, the laughter masking a bitter truth in his belief: that the field hungers for more like him, while it seemingly has no appetite for someone like me, too numerous, too familiar. But yet again, when was the last time you saw a Hmong doctor or even a medical student, for that matter? In this intricate tapestry of medical scholars, we Hmong are but faint threads, scarcely woven into the narrative.

So here I stand, straddling the chasm, an emissary between two worlds. My canvas, adorned with the brushstrokes of microaggressions and the threads of discrimination, bears a narrative of both inclusion and exclusion. Despite the whispers that I belong to both domains, I find myself pushed aside by both. Cast adrift in the spaces I was told I rightfully occupy, the doors to acceptance remain firmly closed. As I murmur my sentiment to the universe, "Neither fully of the majority nor quite a minority," I navigate this intricate terrain, a medical student straining to find their place within the folds of belonging and the edges of rejection.

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## Podcast Episodes

Welcome to Narrated Stories! Stories presented aurally.

**Episode I: Stories That Tickle by Vicky Lam** (hyperlinked from main podcast page to separate page with description, transcript)

*Podcast host talks about what stories mean to her and recounts her personal encounter with microaggression.*

Transcript:

Why do people tell stories? Hm.

I tell stories because certain ideas are important to me. I

tell stories to express myself.

Storytelling helps me think deeply about something that's on my mind and revisit certain moments, moments that make me smile.

Storytelling is like playing a song. The words are like the pitch. Do-re-mi-fa-so-o-o... and then the length of each sentence is like a beat. So for example, I can say, "it's me hi," or I can say, "it's me, hi." Right? That kinda, like, turned it into a song.

So storytelling, it's like a song. And like songs, some stories will strike a cord within the listener. Some won't. But, I want you to take note of the ones that do.

Today's story is about microaggression.

Then I'll end with a story that struck a cord in me.

I'm Vicky Lam, your host for Narrated Stories.

I appreciate your attention.

1991, this little girl, given the name Lin Hyeah Hee, was born. The name consists of three Chinese characters, each with one exact syllable, as is the case with all the Chinese characters that I can think of. Lin Hyeah Hee. Lin is her family name. Hyeah wasn't supposed to be in her name, until her parents went to see a fortune teller and were told that this little girl needed the element of fire in her life. So, they switched up the character in Hee, which originally was a word with a "sun" radical into a word with a "fire" radical. Just like that, her parents instilled in her a hope for a more balanced and blessed life. And because the new character for Hee is a little on the masculine side, they added Hyeah, a feminine character that can mean wisdom, to balance out the genders.

Lin Hyeah Hee. Feminine Wisdom, Fiery Light, from the family of the Lins  
Who is worth a lifetime of blessings.

This little girl, in 2023, is your podcast host, Vicky.

In college, I was criticized by a professor who told me during class that I don't look like a Vicky. I'm not sure, but I think he meant I should use my legal name, Wai. Wai, the name that I was given by my passport. Spelled W-A-I, not the question "why." Wai is an anglicized way of pronouncing my name in Cantonese. My family moved to Hong Kong during my early childhood. There, my passport name changed from Lin Hyeah Hee to Lum Wuh-ai Hey. Wai is the Wuh-ai in Lum Wuh-ai Hey. These names consist of the same Chinese characters, but they're spelled differently, based on the primary language of the place in which I was living.

And when I moved again with my family to the United States, I was given a different passport name, Wai Lam. You see, the American convention of naming names consists of a First, Middle, then Last name. The typical Chinese convention consists of a Family Name, and in my case, Lin, followed by a Given Name, which in my case, is Hyeah Hee. Lin Hyeah Hee changed to Lum Wuh-ai Hey when I moved to Hong Kong. Same name structure of a family name followed by a given name. Then, it changed again to Wai Lam when I moved to the United States. And with this change, a part of my given name, Hee, was lost in translation.

Wai was never a sound my mother made when she wanted to call me. She and the adults in my early childhood in Fu Jian would call me Hee Young. Hee Young is a nickname. It's kinda like how some make a nickname in Spanish. For example, "baby" Fernando may be called Fernandito by their grandmother. Likewise, Hee Young means Little Hee. Just like Little Fernando is Fernandito. Plus a sense of endearment.

In anticipation for my family's eventual move to the United States, my parents found me a kindergarten that taught English in Hong Kong. The kindergarten required each of our little Cantonese-speaking selves to acquire a proper English name for use during English class hours. There, through the works of a beloved friend of the family who knew English more than my parents, Vicky became a thing. Vicky, because when the name is translated phonetically to Cantonese, it's pronounced Wuh-ai Kay, which sounded close to my Cantonese name, Wuh-ai Hey. And the name has been with me since I was three.

I don't know if I look like a Vicky. But I know it made me uncomfortable that someone told me I didn't look like a Vicky. It also makes me uncomfortable sometimes when I let English speakers know that I prefer to be called Vicky, a name that makes me comfortable when I speak English. Wai doesn't make me comfortable. It's foreign to me.

My mother never used that sound to call me.

I can't get over how good that song was.

Anyways, here comes Part 2, the story that struck me.

Election day

This was in November of 2022. It was a cold, crisp morning in South Philadelphia.

I was helping out at a polling place as an interpreter. It was a slow day, so I started chatting with people, one of whom is an older black gentleman.

He sat across from me in the back table, behind all the scenes of the polling place – where you wait in line and then you get to the room where the action happens – behind that row of poll workers, in front of whom there are these wide, wide books containing the names of all the people in a given district, where you sign your name. When I saw those books, I was pretty amazed. They're about the size of two binders, but somehow, they contained all the names and addresses of the people in a voting district. The voting machines, too, and the non-wifi-ness of it all, took me back to a time before the 1990s, a time when I had to call my parents' work as a kid and get transferred to talk to them, before a time when most people started having smartphones and computers.

It was that kind of a strange day. New experiences. Everything meeting me from all senses. Feelings of nostalgia.

And then this story hits me. The story, from the older black gentleman.

I think it was a round table that we were seated on. He was two seats away.

He had on a worn military cap, a gentle smile. He spoke with a quiet, crackled voice that showed his age. I had to ask him to repeat from time to time. I felt bad about it. But our conversations carried on nonetheless.

His hands, they were neatly capped over his cane, which was stamped firmly on the church floor.

The polling place at this particular location was a church. And this gentleman seated across from me is the person who has the keys to open up the doors to this church.

Well, I don't remember how the conversation steered this way. But he said to me: Well he's thinking about starting this reading program for the young children in the neighborhood in his church. The idea was that he wanted to spark an interest in reading in these children. He wanted to start them early in life, so that they could have something to focus on. Something other than drugs, violence, and gangs that might otherwise kidnap the interests of their young minds.

And that was my "it touched me" story. It was simple. It was unembellished. It was real. It showed the ugly in the very real world that we live in. And it showed someone who was trying to make it beautiful.

It wasn't anything dramatic. But it touched me. And for the longest time, I couldn't tell why.

Today, a year later in December of 2023, I still can't fully grasp why. I thought about it, and I gave it some time.

Actually,

I gave it a lot of time  
In my standards.

But here's what I've gathered. This story was meaningful to me. I think I saw my young self in the young black children that were on the older gentleman's mind.

I'm a first generation high school student in my immediate family. It hasn't been easy making it half way through the third year of medical school. It hasn't been easy finding my way in the professional world. I remember feeling like, no matter how hard I tried, I couldn't get people to realize how much I knew, how hard I worked, or how much I cared. But during medical school, I learned to finally seek out mentorship. And that flipped a switch that just changed my life. Or at least, knowing myself, it catalyzed my growth. Growing up, it never occurred to me the importance of mentorship. I grew up as a little bit of a know-it-all. Young me would think, "How could these people really get me or know what I need? They don't even know my culture. They don't get what's important. And what's with those theories of psychology anyways. They're kinda ridiculous. No! They're... really ridiculous."

So here I am, thinking back about that part of my youth and how my past self stumbled. In retrospect, I'm glad I came through that path. But I think what rung strongly in me was that, every now and then, when I think back about my past self, I feel compassion for her. I want to help her. I want to help her a lot. I want to make sure nothing bad happens to her. Maybe because I've been through it. Maybe because I lived how much it sucked.

And I think that's what made the story about the children in the church stick with me. I think when the older gentleman talked about his project idea, it awoke the now me thinking about my younger self. And it struck a cord.

And I'm just so amazed

How someone who looks so different from me  
Can tell a story that speaks to me

Even though it seemed like our stories and our thoughts had nothing to do with each other.

Aren't stories just... kinda cool?

Thank you for listening.

In upcoming episodes I'll be interviewing different people to hear their stories. Do you have a story that you want to share? Reach out to let us know. I'm curious what you might share.

As we come to the end of the narration, I want to leave you with two questions: Which story from our newsletter on microaggression is sticking with you? Can you tell why?

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Music Credit (in the order of appearance): Ask Me  
When by Mica Emory  
Don't Forget by Million Eyes

Forever Searching by Marc Torch

Something 'Bout You (Instrumental Version) by SRA Elegance  
Becomes Her by Howard Harper-Barnes Courtesy of  
[www.epidemicsound.com](http://www.epidemicsound.com)

## **Unearthing the Roots**

by Nicole Stone

Words have power – especially when they tell buried stories. Unearthing the Roots explores the crossroads between sociopolitical history and its modern medical echoes. Come traverse the liminal spaces between the stories you know, and those you've never been told.

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### **The Good Kind by Nicole Stone**

"Robert" is a man in his 50s. He works full-time as a computer scientist and earned his baccalaureate in math and physics. He is married, owns a home, and when his schedule allows, he enjoys fencing as part of his local fencing club. He sees his neurologist for the management of his epilepsy, though they talk about Robert's experiences with his autism as well. His physician looks Robert in the eye and reassures him:

"Don't worry.

You have the good kind of autism.”

The good kind.

A patient shared this experience with medical students at the Herbert Wertheim College of Medicine while discussing his encounters with doctors. Each student sat with the uncomfortable meaning, turning it over like a rock in their palms. The implication by the physician is clearly that there is a type of autism that is unruly and undesirable. It is doubtful that this was their deliberate meaning, of course. They likely had good intentions. However, it must be acknowledged that this subconscious bias comes from a long history in which people with disabilities were institutionalized based on being “unfit” for society.

In 1907, it was on these grounds of “undesirability” that laws were also passed by Indiana to allow for the involuntary sterilization of any American with a disability.[1] This included “defectives” and the “mentally retarded” – words used in that time to refer to people with disabilities – and it wasn’t just the first state to put such laws into the legislature, but the first in the world.[2] The United States, along with the United Kingdom, soon would spearhead the eugenics movement together, as twenty-nine more states would put eugenics into law.[4]

When we are young, we learn that the Nazis were the strongest proponents of the eugenics movement – but the truth is that before the Nazis, there was the United States, and the victims were the “feeble-minded, and epileptics,” who were included alongside “rapists, certain criminals, and other defectives” as put by a 1911 New Jersey law. [2,3]

The first eugenics laws were not put in place in Germany until 1934, and the book “Sterilization for Human Betterment” which details 6,000 sterilizations performed in California was an American bestseller before it began circulating Nazi Germany. 60,000 people with disabilities were involuntarily sterilized across the United States by the time the country rebuked the laws in 1936.[5]

The medical field’s history is rife with heinous acts against the bodies of people with disabilities, women, and people who are Black, Hispanic, or Indigenous, among others. In the modern day, this history seeps into interactions between colleagues and the relationship between patients and their physicians – we call them microaggressions. And while microaggressions come from some of the most depraved parts of human history, we fail to challenge them because they are “micro” and often subconscious. Every microaggression finds its fetid root in the past, and the fruit borne from its tree is rotten. It is said that those who do not learn from history are doomed to repeat it. The duty to society, patients, and peers is ours, lest we perpetuate the echoes of history.

Robert is a man in his 50s, and is told he has “the good kind of autism.”

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### **Waves by Nicole Stone**

Under scrutiny in the square  
Beheld naked and strange;  
a sin as a person lain bare  
A creature trapped in a cage,  
My humanity,  
a canary –  
Maimed.  
The falling sickness spirit has caught me,

they proclaim:  
Begone demon,  
And I realize  
It is to me that they are bidding  
See me, the foul witch  
Are you frightened?  
Unto me, you  
command Depart, evil  
Abominable creature  
Give way  
By God's hand  
The pastor clutches his holy relic between us,  
His eyes open wild and wide,  
His prayers unremitting  
I surrender,  
unwitting.  
If I may have my last words:  
May it not be in vain,  
My suffering and my pain,  
Please exorcize me of this  
demon Keep our souls safe  
In His name.  
In 20th-century America  
now, Things have changed  
And life is fine  
As long as you are out of  
sight And out of mind  
Don't go to school  
You'll disrupt the other kids  
You've been sterilized because  
that's just the way it is  
People like you shouldn't pass it on  
If we do this enough times  
Maybe one day  
the disease will be gone  
It won't be until the 1970s that you can marry  
So take a load off  
There's no rush for you  
Your journey through time here  
has made you wary  
But aren't you glad?  
All the progress you've had?  
Let down your load:  
That burden which you carry  
Because this is progress!  
Instead of fits they're called seizures,  
And instead of possessed you're called a spaz,  
*Grand mal:*  
The great sickness.  
The most important identity  
You'll ever have  
~

This morning  
We rise before the sun  
We don white coats and stethoscopes,  
Earned after battles hard-won  
When asked:  
'Why medicine?'  
We are told to 'stay strong'  
That we (*especially*)  
Need to 'keep hanging on' told:  
'Things are tough for people like  
you' –Patients turned providers–  
'Incredible that  
you've  
Chosen this path'  
Told: 'despite it all'  
That:  
'Wow, it's really impressive,' (*considering...*)  
'That this is what you've chosen to do'  
The noises are loud:  
'Have you tried just stopping?'  
'– Like, it's really not all that bad–'  
'Have you tried?--'  
'Omg, I heard that this worked for my coworker's friend's  
dad'  
'Yoga can fix you'  
'The power of prayer, too'  
'If you took something, a drug, medicine – *anything*  
you need to tell us  
so we know what to do'  
And soft:  
'Don't worry– you still looked pretty  
It was actually really polite  
You didn't froth at the mouth  
Or bite'  
'But man,' (*what a pity*)  
'I would have never thought–  
I mean–  
You don't look sick  
No, don't get me  
wrong, I mean–  
You actually look really good  
Had me fooled all along  
I thought people with seizures  
Were different  
Y'know... they don't tend to be leaders  
No– I didn't mean it like  
that– I mean–  
When people are sick  
They have every right to quit  
... It's *hard*, y'know?  
I'm here to support you when that time comes  
And you go.'

Yes, we know.  
I know and still rise  
Long before the sun  
Ambition epitomized  
I join the thousands  
Brushing away  
The leather of a stranger's wallet  
Tainting my tongue  
The grime, sweat, and salt Well-intentioned—  
Not their fault—  
We march on  
Guided  
By grooves worn into earth and mud  
By footsteps through time  
By brainwaves and spit and blood.  
We don white coats and stethoscopes  
As we crest the ridge  
Right before dawn  
a past life whispers:  
*Knowledge is **power***  
to live on  
We know it to be true,  
For we have experienced how  
It is power to heal wounded creatures  
And guide them through.  
That vow we took,  
Upon departure for our journey,  
for all those who came before  
And to leave those who come next  
With a little more.  
Our antecedents in history:  
Your steps will not be undone  
We will keep rising before the sun  
Of an ancient legacy  
We are daughters, children, and sons.

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## Resource List

### Videos

- [Black Feminism & the Movement for Black Lives](#) | Barbara Smith, Reina Gossett, Charlene Carruthers (50:48)
- [Dr. Robin DiAngelo discusses 'White Fragility'](#) (1:23:30)
- ["How Studying Privilege Systems Can Strengthen Compassion"](#) | Peggy McIntosh at TEDxTimberlaneSchools (18:26)
- [Racism Has a Cost for Everyone](#) | Heather McGhee (Ted Talk 14:12)



## Documentaries

- [13th](#) (Ava DuVernay) — Netflix
- [Blindspotting](#) (Carlos López Estrada) — Hulu with Cinemax or available to rent
- [The Hate U Give](#) (George Tillman Jr.) — Available to stream for free
- [When They See Us](#) (Ava DuVernay) — Netflix

## Podcasts

- [“Conversations That Matter”](#) by Drexel University College of Medicine's Senior Associate Dean for Diversity, Equity and Inclusion Leon McCrea II, MD, MPH
- [Code Switch](#) (NPR)
- [Intersectionality Matters!](#) hosted by Kimberlé Crenshaw
- [Momentum: A Race Forward Podcast](#)
- [The Sum of Us](#) -Heather McGhee

## Books

- [Microaggressions in Medicine](#) by Lauren Freeman and Heather Stewart
- [The Clinician's Guide to Microaggressions and Unconscious Bias](#) by Nikki Akparewa
- [Black and Blue: The Origins and Consequences of Medical Racism](#) by John Hoberman
- [Black Man in a White Coat: A Doctor's Reflections on Race and Medicine](#) by Damon Tweedy
- [How to Be an Antiracist](#) by Ibram X. Kendi
- [Redefining Realness](#) by Janet Mock
- [Inflamed](#) by Rupa Marya and Raj Patel
- [Medical Apartheid](#) by Harriet A. Washington
- [How the Word is Passed](#) by Clint Smith
- [The Immortal Life of Henrietta Lacks](#) by Rebecca Skloot

## Journal Articles

- Ackerman-Barger K, Boatright D, Gonzalez-Colaso R, Orozco R, Latimore D. [Seeking inclusion excellence: understanding racial microaggressions as experienced by underrepresented medical and nursing students](#). Acad Med. 2020;95(5):758-763.

- Poorsattar, Sophia P. MD; Blake, Charlene M. MD, PhD; Manuel, Solmaz P. MD. Addressing Microaggressions In Academic Medicine. Academic Medicine 96(6):p 927, June 2021. | DOI: 10.1097/ACM.0000000000004029

#### Useful Websites With Additional Resources

- Drexel University College of Medicine - Free Antiracism Modules  
<https://webcampus.med.drexel.edu/PCHC/>
- Yale School of Medicine - Antiracism Resources  
<https://medicine.yale.edu/diversity/support/antiracismresources/>
- AAMC - Antiracism Resources  
<https://www.aamc.org/news/racism-and-health-reading-list>

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