



VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

Experiencing Racism in Health Care: Stories from Health Care Professionals

A Conversation Guide*

By Annie Friedrich, PhD and Gloria A. Wilder, MD, MPH

You can download the stories we reference in this study guide for free. Please see the "Experiencing Racism in Health Care" volume of VOICES here: <https://nibjournal.org/voices/>.

The sociologist Art Frank wrote a short article on learning from narratives for NIB. Please visit <https://nibjournal.org/education/narratives/> or see the Narratives Page under the Education tab on the NIB website to download Art Frank's article.

General Questions:

1. This collection of narratives provides rich insights into the lived experiences of health care professionals of color. Why are narratives important? What do these testimonies convey that is missing from analyses in the bioethical literature?
2. Many authors discuss the ways in which subtle messages from superiors imply that the effects of racism should be dealt with off-the-clock, on their own time. How is this view of racism as an individual responsibility harmful for health care professionals of color and medicine as a whole?
3. Several authors in this symposium recount experiences of racism as students or trainees. How might professionals in traditional roles of power or authority promote an anti-racism culture for faculty, students, and trainees? What do we owe to the next generation of health care professionals?
4. In their narratives, several authors highlight the need for institutional policies to address structural racism but face many obstacles to institutional change. What are some practical steps that institutions can take to embrace anti-racism? What barriers prevent these important changes from taking place, and how might these barriers be

*Created to accompany VOICES: Stories from the Pages of NIB, 2022, which contains the narrative symposium from Narrative Inquiry in Bioethics, Volume 11, Issue 3, titled, "Experiencing Racism in Health Care: Stories from Health Care Professionals."

overcome? What should be the consequence of bias, racism, and other discriminatory practices within healthcare settings?

Story Questions:

I Can Work with Patients Too

Zaiba Jetpuri

1. Jetpuri faced religious discrimination early in her encounter with medicine when her boss told her she could not wear her headscarf because she would “scare” patients. She then had to rely on others (her parents, religious leaders, and legal resources) to help her defend her beliefs and fight for her job. How do the resources spent emotionally, financially, or in time lost responding to racism exacerbate the impact of the act? What happens to the racist?
2. More than 15 years since that incident, Jetpuri incorporates the lessons she has learned into caring for her patients who have also faced discrimination. How might providers who have faced discrimination be able to connect with their patients in meaningful ways? In what ways might providers' own experiences of discrimination impact patient care?

Asian Americans in Medicine: The Race That Nobody Sees

Kimbell Kornu

1. According to Kornu, Asian American cultural values in academia and the workplace can be stereotypically summarized as: *work hard, don't rock the boat, don't trouble other people*. Kornu notes that a similar work ethic reigns in medicine. Medical trainees are not taught to ask for help but rather are held to the ideal that a good physician is self-sufficient, efficient, and resilient. What is problematic about these stereotypical values? How can we work to change this toxic work ethic?
2. In what ways is the invisibility described by Kornu as an Asian-American physician just as harmful as overt racism also experienced by Kornu?

The Subtle Struggle as the Minority

Cecilia Igwe-Kalu

1. Igwe-Kalu says “Racism in healthcare can negatively affect the care given to patients, the trust of patients, and unity amongst healthcare teams.” How does racism negatively impact patient care, patient trust, and teamwork at your institution?
2. Igwe-Kalu writes, “I'm unapologetically going to talk about what it is like to be a Black nurse in 2021, and how my past experiences fuel my anxiety and discomfort in situations today. I hope you all truly listen and are able to learn from me; together is the only way any of this will change.” What prevents us from listening and learning from those who are different from us? How might we overcome these barriers?

On Being the Only Brown Face in the Room

Anonymous One

1. Anonymous One writes, "I said that I felt I was treated inferiorly due to my race and gender but was corrected by colleagues that no one is racist in our department. I was made to feel like I was overreacting." In what ways does racism require complicity? In other words, what institutional or structural patterns contributed to the toxic work environment described by Anonymous One?
2. Anonymous One says, "I never went to human resources because after talking to my chair, I lost faith that anyone would ever protect me. Attitudes have improved, but despite the hiring of dozens of physicians since my first day, not a single person has been one of African descent, even though they were interviewed." In what ways could recruiting and hiring practices be improved to promote and support diversity?

A Family That Looks Like Mine: Confronting the "Hidden Curriculum" as a Black Medical Student

Juliette Castillo-Anderson

1. Castillo-Anderson notes that students often "get messages about the types of patients who are 'poor historians,' the stories that deserve time and attention, and the voices that deserve to be listened to." How do racist stereotypes disempower ill people as experts of their own health and undermine testimonial exchanges? In what ways does the term "poor historian" reflect more about the provider, or the inability to create a safe space for communication, than it does about the patient?
2. Castillo-Anderson writes, "I think of the times in my life that I have felt unheard and unseen as a Black patient—the times when my mother's concerns fell on deaf ears, the time that a doctor's weekend plans seemed more important than my pain and my possible surgery. I only made it through those moments due to the fierce advocacy that my mother provided for me in those situations." Why is self-advocacy often mislabeled and judged as anger, and individuals who self-advocate as demanding, or difficult? How do racialized gender stereotypes contribute to this harmful labeling of patients or family members?

Chronicles of a Culturally Grounded Chaplain

Calvin Bradley Jr., MDiv, CFLE, BCC, HEC-C

1. Bradley was viewed as deficient in crucial social skills to his work as a chaplain because of his interest in social justice. He was unceremoniously excluded from committees while his previously shared ideas "once downplayed as unreasonable or impossible suddenly became action items and were attributed to being the brilliant ideas of others." Have racist attitudes ever led to an inaccurate assessment of your capabilities? How, if at all, did you overcome these racist attitudes? In what ways have your own discriminatory attitudes contributed to an inaccurate assessment of a colleague's capabilities? How did you work to correct your inaccurate assessment?

2. Part of Bradley's work as a chaplain included providing necessary space for underrepresented health care professionals to reflect on their experiences and responses to traumatic social experiences, but Bradley was confronted with a "deal with that on your own time" mentality from institutional administration and leadership. What are the dangers of the "deal with that on your own time" mentality? What are the benefits of creating intentional space and time to reflect on racism and inequality in the medical profession? Do victims of racism, bias, or other "isms" bear a disproportionate share of the responsibility of fixing broken systems? How do we create an environment where anti-racism is everyone's responsibility and zero-tolerance is everyone's consequence?

Fear of Being Discovered

Pablo Cuartas

1. When forced to interact with a racist patient, Cuartas said nothing directly to the patient but says, "The fact that I had said nothing left me uneasy" and left him "more tired than usual." Describe an encounter you have had or witnessed with a racist patient (either directed at you or someone else). How did it make you feel? Did you confront the patient? If not, why not? What makes it hard to say something?
2. What do you think Cuartas means by the title of his narrative, "Fear of Being Discovered?" Have you ever felt afraid of being discovered? If so, what was that experience like? If not, what privileges have prevented you from having this fear?
3. Cuartas explains that he is often told to "quit joking" when he introduces himself by Pablo, his first name. He offers reassurance that his name is, in fact, Pablo and laughs along. Why are survivors of racism left to heal themselves and make others feel comfortable?

"Bless Your Heart"

Sarah M. Temkin

1. Temkin writes, "I had grown up in the suburbs, surrounded by White children, gone to an elite private college and attended medical school, surrounded by White peers and so I continued my professional life as a privileged, White-adjacent, first-generation American." In what ways did Temkin's "White-adjacent" appearance afford her certain privileges? At the same time, how did her proximity to Whiteness complicate professional and collegial relationships? Describe your view of "Whiteness."
2. For those who identify as mixed race or of mixed ethnicity, what particular challenges do you face? Do you ever find it easier *not* to identify with a certain part of your ethnicity? Why or why not? How do you discuss and address these challenges with co-workers?

"Ba Khoẻ Không?" Medical Interpretation as an Ethical Imperative

Holly Vo, MD MPH MSc

1. Dr. Vo's father was in the hospital for three days before finally being told the reason for his admission in a language he understood. Why, after several requests for an interpreter, was Dr. Vo's request ignored? What structural and institutional issues contribute to health care disparities?
2. During her father's hospitalization, Dr. Vo was often expected to act as the interpreter for her father. Why is it inappropriate or potentially harmful to rely on family members as interpreters?

Leaving Our Blackness at the Door

Maya Scott, Alicia Adiele Tieder, Courtney Gilliam & Arika Patneaude

1. The authors explain that "Leaving my Blackness at the Door" describes the way Black individuals are "silently or loudly asked to shed parts of [their] identities as easily as taking off a raincoat and hanging it on a coat hanger [...] to not take up too much space and upset the tender balance that exists. In what ways do we ask colleagues of color to "leave their racial identities at the door?"
2. As the authors reflect on their own experiences of racism, they wonder: "If it feels like this for us, what must it feel like to be a patient or a family walking into our institution for the very first time? If we don't show up and see these families like we see each other, who will?" Reflect on the racism that patients at your institution may experience. How can you "show up" for these patients and "see" them in positive and healing ways?

Advocacy: How the Murder of George Floyd Led Me to Bioethics

Kara Simpson

1. In this days after George Floyd's murder, the author was "angry that the leadership did not acknowledge the current social climate and did not offer any support, especially when there was a great deal of attention and support provided to the staff about coping with the traumas of COVID." Why do you think the author's institution was quick to offer support around COVID but did not offer support during the racial injustice crisis? What might meaningful and appropriate support look like?
2. At her institution, Simpson notes that there is still a struggle to answer the question: "What would the dialogue about racism look like? Policy Changes, open discussions on institutional racism and implicit bias, training?" Describe the anti-racism work happening at your institution. What has been the positive impact of this dialogue? If this anti-racism work is not happening, why not?

An Unexpected Lesson

Henriette Mathis

1. Mathis describes the experience of visiting her relative in the same hospital where she works, and members of the care team "just assumed that they [the patient and family] knew nothing and did not have the ability to understand. The patient's sister is an

educator with over 30 years of experience. There was no effort to get to know them at all." In what ways do your preconceived notions, stigmas, or implicit biases impede opportunities to better understand patients and their families? How might you work to dismantle some of these harmful biases?

2. Mathis writes, "I learned that my white coat did not exclude me from the presence of my Blackness." What do you think she means by this?

Coming Home

Ebony R. Hoskins

1. Hoskins recounts a troubling experience in which her surgical skills and character were called into question, and she was labeled as "intimidating, aggressive, and defensive." In what ways does Hoskins's story reflect the increased pressure Black women experience to be extraordinary? What privileges do White women, White men, or Black men have that Black women or other women of color do not? How is subjective interpretation impacting hiring, promotion, and standing within healthcare?
2. Hoskins writes, "While it may look good in print to bring diversity to an organization with a young, Black, female surgeon, the organization did not want actual change in culture." Talk about the diversity, equity, and inclusion initiatives at your organization. Are these initiatives designed to bring about real change in culture? If not, why not?

Who Owned More Slaves

Rev. Moneka A Thompson, MDiv, BCC

1. Reverend Thompson recounts an experience when a colleague said something particularly offensive and writes, "I sat there in a pregnant pause vacillating between the professional and non-professional responses I had crafted. The former would calmly ask, 'Can you help me understand what you are talking about?' and the latter would have been very crass, 'What the f*%k is wrong with you?' If I had chosen the latter, I am certain I would have been labeled as an 'angry Black woman' who had taken things out of context or one who was 'too sensitive.' Neither response reached my breath." Describe a time when you experienced racism but did not respond due to fears of reinforcing negative stereotypes. In what ways are people who are targets of racism censored from responding to these acts?
2. Reverend Thompson says she is "sadly accustomed to bias" from patients at this point in her career, but bias and racism from colleagues can be especially difficult. Talk about the difference between experiencing racism from a patient versus experiencing racism from a colleague. If you have not experienced racism, why do you think experiencing racism from a colleague could be particularly harmful?

Confronting Racism from Patients

Amin Bemanian, MD PhD

1. Bermanian recounts an experience of racism as a third-year medical student that ultimately left him feeling isolated and alone, with little support from professors or peers. How might professionals in traditional roles of power or authority support and promote inclusive training environments for students and trainees?
2. "All healthcare institutions," proposes Bermaniam, "need to establish an anti-racism policy that includes protections for their healthcare workers of color." Does your institution have an anti-racism policy to protect workers of color? What sorts of protections does it offer? If your institution does not have such a policy, why not?

Working as the "Only"

Lisa Proctor

1. Proctor notes that often, perceptions of Black people "came not from a peopled world of reality but from the imaginations of media writers and producers." What problematic stereotypes about people of color did you learn from movies, music, or television shows? How can you work to counteract these harmful stereotypes? What are the dangers of viewing Black people or other people of color as an abstract concept rather than as real people with lived experiences?
2. Proctor has often been asked by White colleagues if they can touch her hair, and she writes: "The expected answer was yes. And because of my own propensity for making people comfortable, the actual answer was almost always yes. I tried to brush it off as 'no big deal,' but I could not shake the feeling of now being the animal in the cage at the zoo. Occasionally, they would just touch it without asking, a personal invasion of space and always unwelcome, yet uncriticized as I internally cringed. I was, and still am, astounded by White women's lack of recognition that they move through the world unencumbered by this difficult discourse. They are not called on as representatives of all things White." As an underrepresented health care professional, have you had similar interactions? How did those interactions make you feel? As a White or other health care professional, what can you learn from Proctor's experience?