When We Become 'We'

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We are four members of the Diversity and Inclusion Advocates (DIA) Program at the University of Wisconsin School of Medicine and Public Health (UWSMPH), a programmatic innovation of Brian Gittens, EdD, former Associate Dean of Human Resources, Equity and Inclusion. Launched in December 2017, this program trains faculty and administrative staff to encourage greater diversity in faculty hires and to serve as a resource for institutional climate issues. Although we have learned much about our institution's structure, policies, and practices, we have found that personal and interpersonal issues of who we each are and the context of our relationships with others within and outside of our workplaces is where we have done the hardest work.

We invite you to join our journey of deep (sometimes provocative) self-reflection, seeing ourselves through the eyes of someone whose identity, culture, and experiences differ from ours. Over the years, the most poignant—and perhaps necessary—change has been grappling with how our own personal identities intersect with privileges and societal positionality and learning to hear each other's experiences in a landscape of normalized, invisible oppressive structures and practices within academic medicine. When daring to reveal our most private selves, move beyond the theoretical understanding of diversity, equity, and inclusion to learning in greater depth how these theoretical notions and data-driven narratives are experienced by our peers, we gained an understanding of the insidious ways in which power and oppression show up in our workspaces. We engaged in challenging conversations with each other and, thus, we find ourselves bound together in these precarious times. Here we'd like to share our reflections of who we are today.

> "Never forget that justice is what love looks like in public."
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> *–Cornel West*

The Brown Woman

I started my journey in Madison as the first and only one in my family to attend college. A Puerto Rican and Cuban woman from inner-city Chicago who is no stranger to racism, systemic oppression, and socioeconomic barriers (even if I could not have named them so clearly back then), I immediately entered the "I-have-to-work-twice-as-hard" mode—a mode that demands more time, more sacrifice. Like others, I felt compelled to make personal sacrifices for the sake of my professional goals; perhaps unlike others, those sacrifices left me feeling increasingly out of touch with my heritage and culture. I wanted to be invited to decision-making conversations in predominantly White spaces, but I also felt a profound sense of loneliness there. In my spare time, I sought out Latinx friends, Caribbean cuisine, and salsa dance floors. In my personal life, I bridged the divides of these differently colored and cultured spaces; but in my professional life, I struggled to know how to build bridges across pay gaps and over systemic barriers. The DIA Program offered me a sense of community and a space where I could advocate for how the personal and professional are interwoven, especially for historically disenfranchised communities. Yes, there are many bridges that need to be built within the workplace so that hourly workers in the break rooms can become decision-makers in the board rooms. These bridges matter to me, but you cannot use even the best, most beautiful bridge if you cannot find it. So

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the most vital work I find myself doing right now is retracing my steps, clearing brambles, blocking wrong turns, posting signs, and paving pathways between communities of color and academic medical institutions.

The Yellow Woman

I call myself a "yellow" person, as it feels that is how I'm seen by others—someone with sallow skin and slanty eyes who has been called Japanese, Vietnamese, and even Nepalese. As an over-assimilated Korean American, I suspect that I'm a more palatable racial justice champion. After growing up poor in West Virginia with immigrant parents, I entered a women's college and felt the inadequacy of my public schooling compared to my peers from exclusive boarding schools. I became a keen observer of the mannerisms, dress, and pedigrees of the super-elite. I probably walked by a professor named Peggy McIntosh, who coined the terms "male-" and "white-privilege" when I was a sophomore—concepts I understood from experience but had no words to express until many decades later. Today, I am a family doctor and educator trying to understand how to advocate for patients whose voices are often not heard. When asked to direct the DIA Program, I wondered how we could change the landscape by teaching a group of professionals from very different backgrounds and experiences. We persevered, moving from acquisition of knowledge to appreciation of structure, from teaching content to hearing narrative. While we each ventured into formal and informal complex conversations with varying degrees of success, we always came back together to debrief and learn how to navigate our systemically flawed institutions. A resilient cohort has emerged in this shared pursuit of anti-oppression learning and growing, both professionally and publicly, as well as personally and privately. Confronting the recent racial justice events, we come together again, not to fix things, but to find solace in our shared humanity and our responsibility not only to The Other, but for each other.

The White Woman

When I volunteered to be part a DIA, I thought I was joining to represent women and others from blue-collar communities. Shaped by multiple incidents of bias and discrimination like so many women in academic medicine, being a feminist frames who I am. The most upsetting event was when a resident attempted to sexually assault me as a medical student. Subtle microaggressions over the years also have left marks in my confidence. I am, however, also White and, as such, have never had to deal with bias due to my race or ethnicity. I realized through the DIA training process and the personal work we are committed to doing between meetings that I am more interested in equity across the board and that being anti-racist is more important than being a feminist. As a White person who has benefited from the biased systems and institutions, I felt I had a role to play in no longer being complicit in their maintenance. I also have realized that the relationship-building that has been essential over the years of the DIA program has allowed me to better receive difficult conversations, empathize with colleagues, and develop a personal investment in the issues. This culminated in the civil rights movements of the summer of 2020 and a conviction that we needed to move—together—from implicit bias training to understanding how to be a part of dismantling institutional racism in academic medical institutions.

The Black Woman

My relationship with America is complicated as a descendant of Africans who were forced into chattel slavery for hundreds of years to freemen who had to fight for every civil liberty from voting to education—I am a proud African American. I feel indebted to my forbearers for their vision, indomitable will, and hope against seemingly insurmountable odds. I grew up reading about Black contributions to the world. I was endowed with a great pride in the African diaspora, raised on the beauty and brilliance of Black people while simultaneously understanding intricately designed, racialized global caste systems. I have never adopted any mindsets that would have me question my abilities, knowing the intellectual wealth from which my DNA is derived. While we are historically disenfranchised, our abilities remain intact. I am indebted to my parents for laying a foundation of information that counteracts the current narratives that plague academia about our struggles, achievement gaps, incarceration rates, and health disparities.

As my people marched for our lives to matter in 2020, I wrestled with my efforts to enlighten my colleagues in predominantly white spaces. I am torn as academics produce data on my community without fully acknowledging our shared history and how these historical infrastructures manifest into current functional systems of oppression.

When my supervisor decided to gather a group of committed people to journey together, in an effort to grow deeper in our understanding of how our academic medical institutions support the current oppressive practices and to develop strategies to diminish them, I hadn't expected the camaraderie that we would build across differing backgrounds. We found common ground of mutual respect and a shared goal to mitigate bias and move towards eradicating systemic racism.

When We Became "We"

We have an inquiry for academia: When was it decided that success within academic medicine required us to check our humanity at the door? Anti-racism isn't an intellectual exercise. It is disheartening that it required the lynching of George Floyd, Ahmaud Arbery, and Breonna Taylor in 2020 to awaken a certain segment of our society. Even as we craft this commentary, more hashtags have emerged, #walterwallace.

Despite being of different racial and ethnic backgrounds, through vulnerability, active listening, humility, personal accountability, self-awareness, and reflection, we established a foundation of trust. Developing trust was the critical nutrient that fueled our relationships. Originally, this program brought us together to focus on a shared mission to transform our workspace. Over time, however, we realized effectiveness required us to center our humanity, moving away from didactic practice and towards relationship-building. The resolution for the racism that plagues our institutions lies within our ability to connect with our colleagues and our communities personally, with authenticity. It is when we become a collective "we."

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