

Episode 63. Uncomfortable Truths, Inspiring Perspectives.

A Round Table Discussion on Diversity, Equity & Inclusion with Young Health Professionals.

Five young health professionals and an experienced mentor make the future look brighter as they share insights and experiences of overcoming bias and racism. This inspiring discussion explores how a growing awareness of systemic inequities often coincides with the transition to adulthood and the academic demands of the health professions. Final consensus? Be the change you want to see. With Sonya Seymour, Taylor McClendon, Alexis Flen, Emily Lau, D'Jata Barrett and Kaylan Jackson. Posted on September 9, 2020.

Sonya: Hello, and welcome to a special episode of The Health Disparities Podcast, from Movement is Life, a collaboration between Nth Dimensions and Minorities in medicine. I'm Sonya Seymour, and I'm the director of partnerships and programs with Nth Dimensions. Nth Dimensions is one of the most successful pipeline programs for women and underrepresented minorities seeking competitive medical specialties in over a 15 year proven track record of success of helping minorities and women achieve careers in medicine. I'm also a member of the Movement is Life Steering Committee, and in that capacity, I have an opportunity to work with dynamic men and women to help eliminate health disparities nationwide. The great thing for me about it is that I get to combine my personal love with my professional life as well, which is a blessing and

something that I didn't think I would have an opportunity to do. Looking forward to tonight's conversation.

Taylor: And I am Taylor McClendon. I am a grad student at Mercer University in the master's in public health program, and also a pre-med student, and also a personal chef. And today we are going to be celebrating the diversity in medical world with a full and frank discussion about the pain and gain facing up-and-coming professionals who have chosen health as their career path.

Sonya: And we certainly want to achieve two things with this conversation. First, we want to share our experiences in supportive ways and illuminate the realities of this journey. But secondly, we want to invite the majority listeners to learn how they can become better allies, better mentors, and better sponsors.

Taylor: And there's no doubt that women and minorities are underrepresented in most, if not all, of the healthcare specialties in some way. The percentages are not just in the right place compared to our population. In some cases, things are getting better. In some cases, things are actually getting worse. So, there's much work to do.

Sonya: And we invite you all to do the work with us. Perhaps you're a parent, wondering if your kids can make the journey, and they can. They can find their way, and there are plenty of people who will help them along this journey. We also hope that you will find this a conversation to be both insightful and inspirational.

Taylor: So, we'll dive into topic one, which is what you have experienced during your journey towards your career that is pertaining to diversity. And so, we'll also talk about things that can be done to increase diversity, and then also the benefits of diversity. So I'll start by asking the group to introduce themselves, and then share with us an experience that you've had that is specifically related to the subject of diversity. And then we'll have Miss Sonya to respond with some thoughts on her experience in years with mentoring.

Alexis: So, I'm Alexis Flynn. I'm a second-year medical student at University of North Carolina School of Medicine. I'm from Fayetteville, North Carolina. I've been in the triangle since around 10th grade, so like 10 plus years. I'm really involved in diversity inclusion in the medical education environment. So, that's one of my passions and one of the things I've been sharing through the Nth Dimensions program that I've had the pleasure of being a part of this past summer. And so, I just look for various opportunities to just make my learning environment more inclusive. And I'm also fortunate

that I go to a university and a school of medicine that allows students the opportunity and the platform to express those needs, and then also curate programs that service those needs. And in my experiences with diversity, in my personal life, for example, I've been able to benefit from a lot of science pipeline programs in my medical journey, and they act as a bridge for underrepresented students in science and medicine. From Project SEED to the Medical Education Development Program at UNC to this past summer, I did the Nth Dimensions program that Mrs. Seymour has just mentioned, and then, in my current medical education as a second year at UNC, I am a Paul A. Godley Fellow. And so, what that is, is it's an Art of Medicine Fellowship. It's geared towards two different things. One being interweaving diversity in discussions of race in the medical education in some way that you find fit, and then also curating an event and creating it called "Can We Talk About Race?" And what we do is there's an art museum called the Ackland Art Museum that's right next to UNC, and we work with the museum curator, Elizabeth Manekin and we pick various pieces, me and my other co-fellow, Kenta Fernandez, and we pick these pieces and we've adapted it to the current COVID climate so that students can still interface with the art in person with COVID parameters, and then work to foster thought and deep reflection about those pieces. And then we'll further contextualize that with the intentions of the artist. And then we'll come together in the Zoom platform and discuss that, and essentially use art as a catalyst to discuss race and extrapolate that into medical

education and continue to normalize discussions of race so that not only are we discussing race, but we're discussing health disparities, we're discussing historical ramifications that we currently see that are contributing to these health disparities. And when we address it in the beginning of our medical education, we'll feel more comfortable not only discussing it amongst our colleagues but acting as allies and advocates for our patients in the future. And so, in those sorts of ways, we're creating a new, not a new but a more holistic, clinician. And so, that's just some of my involvement in diversity.

Emily: My name is Emily Lau. I'm a third-year medical student at Wayne State, which is in Detroit, Michigan. I'm currently a passionate advocate for minorities and all people that are part of the healthcare field as well as those accessing or trying to access the healthcare field. So that is our patients. Detroit has offered me a very diverse landscape to kind of learn how to do this advocating, to practice it, to implement it, to talk about it, which is why I'm really excited to be here today. I think it's great. Like Sonya said, I am very new to this platform here, but the notion behind it is something that I've been doing for the past two years since I've gotten here, and I will work fiercely to continue doing it when I become a physician in a couple of years. So, it really is a privilege to be able to attend medical school in Detroit. In this setting, we are not really taught diversity in the classroom. Every single time we go out into the world,

whether it be as a citizen, as a student doctor in the clinic, or in the hospital, every experience is really a reminder of how diverse people are, and how many diverse health needs really do exist. It's definitely challenged me as a medical student to look beyond what's written in the textbooks and what we learn from our professors, and to bring these up with our preceptors, with our senior faculty, with our senior residents and members of the team, and ask about how to best adapt what we've learned as students to what we are supposed to be doing, you know? What we can do to bridge that gap between book and practice and between practice now and between better practice in the future.

Although the healthcare field is seeing an increase in female physicians, I do not think it's happening fast enough. I really love having ladies around me. And there's just something so special about the energy and the diverse perspective that comes into the room when you have a roomful of such smart and driven women. So, being a female that wants to go into the field of orthopedic surgery, I've also had the opportunity to participate in several pipeline programs and groups geared towards diversifying the field of orthopedic surgery, Nth Dimensions being one of them. They're just a beautiful family of people that continue to challenge me to grow and think harder, and just think smarter about these things that are massive, daunting hurdles in the healthcare field, but are definitely tacklable. I have such a strong support network from our team of diverse students in this

group, with our ultimate goal being to really shake up kind of the status quo that does exist within medicine, and orthopedic surgery, more specifically, and to do so as we grow as students, residents, physicians, and lifelong advocates.

Djata: Okay. Hi, everyone. My name is Djata Barrett. I'm originally from Richmond, Virginia. I moved to Atlanta two years now. I will say that the ride has been wild. I'm colleagues with Taylor. We're in the same MPH program at Mercer University. I come from mostly a mental health background. I am now interested in a lot of food access, building food systems to help encourage those to eat better and have a more holistic lifestyle. I also do farming, so definitely into providing food for people. It's very important. Personally, I like to meditate. I like anything health-related. Like I said, I farm, I do yoga, I like to cook, I like to eat, I like to be with my friends and family.

And when I think about diversity, I think about how I was raised first and foremost. I came from a family who provided housing and health coordinating services and meals for those who were diagnosed through the DSM and had a lot of other underlining issues. So, I saw my family take care of people but when I went out to go to like doctor's appointments and visit, just me personally, I realized that I saw the same type of person that was providing healthcare services to me and my family members,

mostly they were Caucasian, mostly they were male. Then as I started to progress throughout of my undergraduate career and my graduate career, I became more familiar with diverse groups, going to Howard University, Virginia State University, coming to Atlanta, in DC, where you have these bigger, diverse populations, I started to realize, “Wow, there's a lot more out here. There's a lot more people. And there are people who have different health needs. They come from different beliefs. They have different attitudes towards things.” And as a public health professional, it made me realize how diversity is so important within the work field, and within the work that we do. People have various needs; their needs are changing. Like I said, they come from different backgrounds, different belief systems, different attitudes, and it's important for us to have the skills necessary to tackle those issues and to tackle those barriers, cultural barriers that come about in the health field.

Caitlin: Hey, guys, my name is Caitlin Jackson. I'm a third-year doctoral student in chemistry at Clemson University in Clemson, South Carolina. Yes, it is a city and a school, but the city does revolve around the school. So, my main initiative is focused on not bringing my patients to me to receive care, but kind of bringing the care to the patient. So, portable important care type, analytical tools for diagnosis of cancers, and recently COVID. That's my main focus because I think all of these things should be widely accessible. And that's how we're going to see a big decrease in these

health disparities if they can do it for themselves, you know? So, I'm just kind of working behind the scenes on these types of things so that you guys have them. And also, I'm the president of the Wellness in Grad School Coalition here at Clemson University, and one of our main initiatives there is to create an environment that's positive and breaks those barriers of race, gender, and age constraints in graduate school. And honestly, the racial divide is a daily battle for me. I'm the only black woman in the entire chemistry department and the entire bioengineering department as well. And given the location and the culture of this school, I can go weeks, months even, without even seeing a person of color in passing. And while that may not be a lot, for some people, it's noticeable, and it's difficult sometimes. And it's sad to say that I've just learned to live my career life, kind of with a magnifying glass on me, you know, because they're looking to me to see how a black woman carries herself. "Is she smart enough? Is she better than us, or worse?", you know, that sort of thing. It's like the unspoken comparison that I experience every day. And the pressure is always in the air. So, it's like I have to prove myself for me, for my family, but then also for the generations of black women that want to go into research and development after me. So, it's a lot of pressure, but I'm not going to fold. You know, it's just something you have to do and you can't buckle under that sort of pressure. And I have the weight of setting the standard, so I've made the decision to let that be excellent. Don't get me wrong. I love my work environment. I love my lab. I'm

honored to be where I am. But at the same time, I'm the only one that looks like me all the time, and sometimes that hurts and sometimes it's really hard. And it's like I'm working towards a goal that seems to have twice the length because my fellow mates have already had the upper hand, you know? And this definitely has to change. There's no question about it. One of the things that I'm involved in is this STEM-All IN recruitment diversity initiative at Clemson. And we search the country for the cream of the crop, and we invite all of our younger colleagues of color to come visit campus, and hopefully to get an early admission for graduate school here. So, that's what I'm doing to help break these barriers.

Sonya: So, Caitlin, before I get into my experience, you mentioned that there's a lot of pressure. How do you get support when things get really hard?

Caitlin: That's a tough one for me because I'm the type of person that doesn't like to ask for help. But first, I have to take a step back and look at it for what it is, you know? Being a scientist, you know, start with your hypothesis. What is really going on? I kind of apply that to my daily life more than I should but I really do take a step back and analyze the situation. And then, if I'm looking towards my practical next step, I'm not afraid to reach out, I'm not afraid to say something about it. So, if it's my private investigator, I go and speak to my boss about it. If it's a colleague in another department, so it can be anonymous, I speak to them about it and then make my next

move. I just keep people informed about how I'm feeling at all times. I'm not just going to sit here and buckle and suffer. That's not fair to me because no one else is experiencing these sorts of things. So, I'm very open and honest about what I'm going through. And I'm not afraid to, you know, schedule a meeting with the chair of the department and be like, "Hey, this is what's up and this is not right."

Sonya: I think that that part is key, to have a voice and to not be afraid to use your voice. So often when we hear from students and people in that same experience that they are afraid or uncertain as to how they will be perceived if I ask for help. So sometimes asking for help can be a sign of weakness, or people perceive that it's a sign of weakness, but it's actually the complete opposite. It's a sign of strength to identify that you need that. The other part when you mentioned that, I think that it's also key, and I'm sure it sounds like you really have developed both a supportive network of allies and the advocates on your behalf. And the thing we always try to share with students is that your ally and your advocate doesn't need to look like you.

So, you can be in that community, and you can be in that environment but your ally could be an older white person and male or female, or someone from another race or another gender that can still support and advocate for you on your behalf. Because the key too, is that you need someone

who can speak for you when you're not in the room. So, and who can advocate on your behalf. So, I thank you even for your strength and courage in recognizing that that is something that you need and helping to create that opportunity for yourself. And that's a good thing.

Caitlin: Thank you so much.

Sonya: You're welcome.

Caitlin: Yes, I definitely agree with all the things you've said. I think there's a lot of conversations that happen after I step out of the room, you know? At certain tables, I'm not welcome. There are certain conversations that I have sparked and that makes me feel good.

Sonya: I agree with you. I had a similar experience being at a southern-based program for me in orthopedic surgery, and I didn't have an awareness that I would often be the only African American in the room. And in many cases, the only woman in the room when conversations would happen. And that became important for me too that I knew things were happening when I stepped out of the room but I also knew that when I was there, and I had a seat at the table that I needed to make my voice heard. So, it certainly took me a while to feel comfortable in making my voice heard, but once I found my voice, there probably was no shutting me up. Once I

found it, it was there. So, I think that that's important for all of us to find our voice and your voice doesn't need to be loud and boisterous. And sometimes you can make it with the still soft whisper and that sometimes you can make it with just a comment, you know? Kindness will get you far and sometimes you don't have to come in with a full-on 20-page treatise, but you can have it with just a simple conversation or a word.

Taylor: So, I am Taylor McClendon. I am in my second year at Mercer University, get my master's in public health with Djata. I am also a chef, so I am trying to marry the two with medicine and nutrition. After I get my MPH I'll be applying to medical school. I'm wanting to use food to help eliminate health disparities. For me, nutrition and the food intake and everything of a person is what's like so necessary with eliminating these health disparities because we are what we eat. It's not just the saying it's a real thing. There's a lot of things that we can do with just changing our diets, to be able to combat all these illnesses and diseases that are not just happening right now but that have been generational in minorities for so long. So, that's really my main focus.

And Miss Sonya, I love that you talked about the ally not having to look like you. That reminds me of in my undergrad program at Kennesaw State, I actually co-founded an organization for Minorities in Medicine, to help bridge that gap with minorities that were on campus that were

interested in any kind of medical professions, because we had AMSA, of course, but there wasn't anything that was actually there to really help minorities excel that wanted to be in medicine. And so, in order to actually get the organization going at Kennesaw State, I actually reached out to one of my chemistry professors who was a white woman, and she was super excited to help us get it started. So, she was the advisor for the program. I mean, she literally was my professor for two of my classes, and it was just amazing to have that relationship for somebody that really wanted to see everyone win and didn't mind stepping in those rooms for us to be able to have our organization to be heard on campus and to be able to grow and develop. It's still going even though I've graduated, and the other co-founder has graduated. So, that's super, duper important.

Sonya: Well, that's building a legacy, and so, that's important too. So the thing for all of us, we all have a legacy of where we've come from, of our family and of our people and so it's important that we continue to leave a legacy behind. One of the things that you guys mentioned as well in the conversation was that we needed to discuss or how can we normalize race discussions because I think that that's different. I'm of a certain generation, slightly older, but having conversations, even for me, are very different than how you all are having conversations currently. For myself, I grew up in an area, and I went to school, and I was one of six, you know, African American students and in high school. Now, of course, I went a

complete opposite and went to an HBCU. And shout out to Morgan State University, Baltimore, Maryland, 21239, but the great thing about that is that that helped and that gave me a confidence in even having the conversation. I certainly didn't have that before I got to Baltimore but being in that environment did. So how do we normalize the discussion? Some of it is happening now but what can we do beyond? Beyond this current climate, beyond everything that's going, how do we normalize that? Djata, what are your thoughts?

Djata: I think how we normalize race conversation is, like you said before, is to find your voice and to speak out on it. I think a lot of times, we kind of become timid, or we don't want to disrupt the status quo or feel uncomfortable talking about these things. And that needs to be done with - feeling uncomfortable, feeling timid, feeling nervous to open up and have these conversations. They're needed, and a lot of uncomfortable conversations need to happen in order to enforce change.

Sonya: I agree. Definitely. That's one of the things. Emily, any thoughts for you?

Emily: For me, being able to normalize this talk is to be able to find someone who's good at it, right? Find your role model. There're so many people out there who speak so well and are highly regarded. But even if they're not, if there's somebody that you saw in the hallway that was talking to, you

know, just somebody random, it could be in a two-person conversation that no one ever hears. But if you are inspired by that, and you find that it's effective, model that, right? And then be a model for others. I think that if you can identify what's effective and join in with those people who are talking, eventually things just create something bigger, right? And that's a slow process. We need to be more upfront; we need to be more direct. And, you know, we hate to use the word aggressive because that always gets everybody fired up and makes it for, you know, negative connotation but being aggressive about something that's right, and that has been wrong for so long is important.

Sonya: When you mentioned that, one of the things I thought about too that I often do, and I call it my cheat sheet. So, I find myself, and so, forgive me if I do it even in this conversation, I always find myself trying to share a tip. And so, as a mentor or providing information to people, I'm always sharing that "So that was great what she said. Here's something on how you can activate it." So, I think that your point is correct with modeling and finding that person that does that conversation. And you may not use the conversation today, but I find myself I write down those conversations, I take note of it. I am fortunate to be surrounded by great speakers as well. And so, Dr. William Ross and Dr. Bonnie Mason, and Dr. Tish Bradford are amazing leaders in our organization and I can't tell you how many times I've heard them have a conversation like that and I've just recorded

a conversation and saved those notes or taken the notes for myself and said, "Yes, I will add that a little later on when an opportunity presents itself." And I think that that's one of the practical ways that you can do it, just take the note and save it for later if you're not using it today. Have it in your tool kit for the future.

Emily: Absolutely, I agree. And I think that when you hear something powerful, and it moves you, it will move you again and you want to be able to come back to those things. And even if it, you know, ends up being more of a reflection within yourself and you don't end up sharing or you don't feel like you end up broadcasting that, that reflection is so important because it helps you become smarter. And it helps you become more articulate for the next time so then you can someday hopefully become at the level of Dr. Ross, at the level of Dr. Mason, at the level of Dr. Bradford, right, and rise to that occasion. And somebody else will see you do it and they'll talk about you on a podcast and the circle will continue.

Taylor: So, while we're talking about uncomfortable conversations that are necessary to have, I want to go into the next topic that talks about systemic racism. And I want to find out how do you confront systemic racism that you notice that happens, not only within healthcare but also within your career?

Alexis: So when I think about when the first time I even realized systemic racism was a thing was in high school. Well, to be honest, in elementary school. I had gone to a predominantly black elementary school, low resource. I went to middle school, and it was like a lottery system. So it was a catch-all bag of whoever just randomly got selected to go in. But in high school, I was part of a Global Studies program that offered honors and advanced placement courses to students. And of course, I didn't want to go to school in my district because it was under-resourced. And this was a product of systemic racism. And when I went to this Global Studies program, I realized I was one of the few black students in my class and the cohort was at least 150 students. The only time I saw a predominantly black group of students or underrepresented students was in gym or lunch, or like a vocational class that I'd pick. And in this, I realized that Global Studies was saying like, "Only the deserving students or the people that had had resources, or have been fortunate to go to the middle school that I had gone to that experienced those resources, have the capacity to have this vertical growth in higher education and train to be able to have the capacity to do well on college courses."

So, that was my first experience with systematic racism. And it's just like the fruit of like, separate but equal busing practices. And so that was my indoctrination and really realizing like, "I'm a part of a much bigger scheme to make sure that there's limited opportunities for advancement for people

that look like me and look like my family.” And I continue to notice that sometimes in medical education when we're learning about pattern recognition for cases, and for pathology. The times that you'll keep your African American or Hispanic or Asian with specific disease states like sickle cell or Kaposi sarcoma. This actually reminds me of some of the research that I did for Nth Dimensions. It's about osteoporosis and the health disparities that exist in that. And I remember when I first learned about osteoporosis in my MSK block this past spring, it was introduced to me as a white woman's disease. And I was like, “Well, I guess my sixty-year-old mother is not going to have to worry about this.” Come to find out from the research that I like went through in the systematic research, despite the fact that black women had higher bone mass density and despite the fact that the likelihood of fragility fracture, or, like the susceptibility to a fracture in general, was lower, the likelihood of lack of ambulation and debilitation was higher in these communities, the likelihood for DEXA scans for treatment after diagnosis, for treatment after fragility fracture, these were all lower in African American communities.

It's not just because the comorbidities that exist in these populations, it's not because of the lack of access, it's also because of the implicit bias that's fostered in medical education because these diseases are not introduced as a everyone's disease. It's introduced as if you see this certain sort of person here, because you have a limited amount of time to

interact with this person, you should already in your mind have this idea of what they could and cannot have. And if you have that streamline thinking, you're contributing to health disparities, essentially, progressing that narrative that if you are this race of person, you're susceptible to this and nothing else so I shouldn't check for those things. And you're underserving these populations continuously. And that is why I'm so invested in incorporating diversity inclusion and just showing black skin, brown skin, different skin tones on a regular basis, not just in the context of specific disease states. And in that way, we're able to create a normalized discussion of race, a normalized discussion of assessment in our clinical diagnostic practices.

Sonya: That was great, Alexis. Thanks for sharing that. Emily, your thoughts on responding to that.

Emily: So, in contrast to Alexis, I was actually very sheltered from systemic racism. I grew up in Saline, Michigan, which is like the white soccer mom town of America, and I'm not afraid to say that on a podcast at all, it's true. We were so homogeneous. From the second that I went to kindergarten, all throughout high school, you know, it really didn't change. It wasn't anything new. It was a kind of, you know, whitewash of people who all had very similar parents and families and activities and interests. So, when I shipped myself off to Philadelphia for college to attend Drexel University,

things were very different. I had my first experience with real diversity in the classroom, in the community, in the healthcare setting once I found out that medicine was for me. And it was definitely challenging for me to realize that I had taken so long to realize all of this. It was embarrassing, I was really upset with myself, I was kind of upset with, you know, my parents and a little bit disappointed in my community even, which is hard because I came from such a great community. I felt so supported, and I had felt so lucky to be able to go to a Division 1 school and be an athlete and be a pre-medical student and do all these things. And how could that have ever been wrong? But in reality, you know, I had really not seen anything outside of, you know, my little circle.

So, Philadelphia was my, you know, first true experience. I immediately felt like I had this massive gap to make up. So, I became a Drexel Community Scholar. I was part of this program called Rebuilding Together Philadelphia, which has nothing to do with healthcare, but everything to do with systemic racism, and how homelessness and low income and how that affects your home, and how that affects your being able to have a place to sleep and to build your career off of disproportionately affects certain populations. And we fought very hard to be able to provide low-income, affordable homes to these people, so they could build their families, so they could get a job, so they could vote, they could have an address, they could get a license and do all these things. And I think that's

where my fierce, you know, awareness and, you know, really, ultimately, my humility came out and fired up this passion to do more, you know, in terms of balancing all of these things together.

So, of course, it's a public health issue. This is absolutely one of the main public health issues. It's something that, you know, I think that people have said it's a public health issue for so long that when you hear it's a public health issue, people kind of wipe it off the table, which is frustrating because just because it's been around and it's been stated that it's a problem doesn't make it any less, you know? The new problems don't just take place of the old ones. And I think that in terms of educating people so they don't end up as sheltered as myself, it's to continue to bring these points up to people that are important. So, as a med student, this means that when I am presenting my patients or when I am seeing a patient that I emphasize disparities, or I point out specific, you know, deficiencies or differences between races that exist in healthcare. I advocate for my patient, and I tell the most important people in the room - the attending physician, the senior resident. Heck, if you know, the administrator of the hospital walked in, I'd speak a little louder too because if important people hear about this, we're able to create change and able to, you know, spread this fiery passion with other people.

Sonya: That's good stuff. We all need a little bit of extra passion and fiery passion. I think I'm going to take that one fiery passion today. How about you, Djata? Am I pronouncing it correctly, please?

Djata: It's Djata.

Sonya: Djata.

Djata: Yes. The "D" is silent.

Sonya: Okay. Thank you.

Djata: No problem.

Sonya: The "D" is silent in Djata. Thank you, Djata.

Djata: No problem. So, like Emily, I was kind of sheltered growing up. I was going to a private school from, I would say, preschool to the time I graduated high school. But from preschool to eighth grade, I was with majority African American students; the class size was very small. Then I jumped to another private all-girls school, which was I in the minority and it was like six of us in a class of like, 70 to 80 girls. I started to see the difference. So, you know how you become aware of something but it's not

a fully developed idea yet? I hadn't fully come into myself yet. I didn't fully identify with who I was as a person in high school. So, I didn't really start noticing systemic racism until I got to college. And I went to a HBCU and I started working with underserved populations, populations who society kind of looks at as broken, or the throw-aways, people who have mental health concerns, people of low socioeconomic status, people who don't have as much education. Unfortunately, they're classified as those who don't deserve the same amount of treatment as everyone else. So, it really started to open up my eyes when I started to become a health professional and things like that. And I feel like it's very important for health professionals to first realize that there are systems in place that impact minorities, people of color, people who are looked look at as society as like the toss-aways and things like that.

Then the second thing for health professionals would be to advocate for them. So, when you see things that are not right, are unjust, unfair, unequal is to speak against it. And when I was doing mental health skill building, I was working with clients who were adults, and then a lot of times, I will come into provider of health care's offices, and you wouldn't imagine how they were treated. A lot of times, they're thrown education and can't read, doctors are using big words and their clients can't understand the words that they're using. They're rushing them through the session. It's supposed to be like a hour long, they're spending 10, 15

minutes with patients. And I started to realize, like, unfortunately, once you see it, you can't unsee it anymore, it's there.

Sonya: I think it's like a bell that can't be unrung, right? Once the bell has been rung, you just can't unring the bell, you know that the bell has been rung. And even, when you are in that community or in that environment, you just can't ignore it anymore. And maybe you came to it late. And I love how you said you weren't aware of who you were fully at the time. And that takes such a long time for each and every one of us and it's a different type of journey. But when we finally get to that point, when you know, you know. You know, when you know better, you do better. And when you are doing better, then you can help everyone do better. So, that's an important point. I think we also have to forgive ourselves that if you didn't come to it until your late 20s, until your late 30s, until your 40s, or at whatever age that that's okay. Forgive yourself. I didn't know then, I know now. And here's how I'm acting upon this change now that I'm here.

Djata: And that's something that I really beat myself up about. I felt like I was very late to the game. Like, I didn't come into my identity until I went to Howard University and I'm like, "Oh, this is what it feels like to be a African American woman. Like this is very uplifting. This is very supporting. I see diverse populations within the African American community." And that's

when I was like, you know, “I don't need to be hard on myself. This is the time to put in the work and to fight through it.”

Sonya: I agree with you. I think that we can even get influenced by social media and people saying things like, “Are you woke?” And you know, and so then you feel guilty because you're like, I didn't even know I was sleeping, let alone should I wake up now or when can I wake up? And then that becomes just words, you know? “Is she woke? Is he woke?” And so, actions speak louder than words. And it's important for all of us, you can say you're woke, or you're aware, or you're conscious, or you're-- But if you are not actively engaged in doing the work, then you are just giving lip service to it. And so, it sounds like that for all of you that you're putting your money where your mouth is, you know? Putting your feet to your faith and faith to your feet and walking it out each and every day and doing that thing. So, thank you guys for that part of the journey and the commitment to it because it's important, and it's long-lasting. Caitlin, how about you?

Caitlin: I also felt very late to the game. I don't know if I was living in Lala Land or what, but since like elementary school, I skipped a grade, I was in honors classes, I was in AP classes. So, my entire day I was surrounded by white faces, even though I lived in an area that was predominantly half black, half white, you know? And so, that was kind of normal to me I didn't even get to experience you know, the black to black interaction until like the

special classes like music and art and PE which was great but it's kind of like, again, living under a magnifying glass. Classmates accepted me as the good black, you know? Like, "Oh, you can be our friend, but not them because you're the good black." But this didn't really smack me into the face until high school, where I did a little internship where I got to visit different private practices, you know, to see, get my feet wet because I wanted to be pre-med at that point. So, I did visit two MDs, one was black, one was white. It was basically pediatrics is what I wanted to do, so two pediatric MDs, if that's the right word. I'm sorry if I'm suspecting you. It was just crazy to me the difference in approach. So, say we have a mom and her three-year-old kid, one set black, one set white. The black pair comes in, and with the black MD, beautiful interaction, takes her time, prescribes everything. But with the white MD, it was almost like they were trying to get in and out as fast as possible. They weren't trying to help them very much at all. They only prescribed over the counter medications, and they were out the door. The MD was in the room, maybe 12 minutes. So, then right behind it, a Caucasian mother and their daughter came in, and you know, "How's your family? How's your dog? How's soccer practice?" They took their time, and the child was fine actually. I don't think anything was wrong with the child, but the child said that they had a headache. And so, you know, the doctor went above and beyond giving prescriptions, you know, "I want to see you back tomorrow. I'm going to call you and check on you," and hugged them as they went out the door. And I was sitting

here, you know, just being quiet, taking my little notes, but experiencing all this right in front of my eyes. And I was like, “Wow, that's not fair at all.” So, I think that was the one experience that turned me away from the medical field because I felt like all people should have access to the best care possible. So, if I can give that to you, myself, I will do that the best that I can.

The sort of inequality in healthcare is nothing new. This is a battle we've been facing for years, especially with Henrietta Lacks. I don't know if you guys know of her but back in the day, she was down bad, had some form of a major stage four cancer and the doctor stole her cells and created a polio vaccine, and they are immortalized today. I have some over there in the fridge. But they stole these without her consent. Like, would you do that if that was a Caucasian woman? I think not. Doctors are educated to give their best medical judgment, and not to give their best judgment of who deserves what level of care. And so that's what I have the main issue with.

Sonya: Well, and you're bringing up some very key points. So, one certainly is about bias, right? And so that bias is not only deciding who gets treatment but what type of treatment they're going to get, that part of bias. You're also talking about gender and race concordance, and that's one of the things that we recognize that, you know, not only with Nth Dimensions but

in so many other programs that are out doing the same work, that it's important that women receive care from other female doctors because we know that women patients aren't, in orthopedics, you know, they're pain or, not even in just orthopedics but in medicine, women's pain is diminished if they're not being seen by a female doctor in some cases. Race concordance, how important that is for patients to see themselves in their physicians, and it's beyond-- For us, we always say when students and when patients see you, they know that becoming you is possible. So, if I see a black doctor, if I see a black teacher, if I see a black male or female, an Indian, a Native American doctor, then I know that being it's possible for me to do that, that I don't have to stay where I am. And that what I may have heard in other instances is not true. So I think that that's really important.

One other thing too, is that my own personal philosophy, I also came to the game late myself and didn't quite recognize everything. And I probably would have been really not woke, you know? I would have been sleep and they would say, "She is snoring over there." But it took me a while to recognize what was going on and what type of things I was experiencing. And I think I didn't even know the term microaggression and how many microaggressions I was experiencing. I called it life, right? I just called that the '80s and the '90s. I didn't know it had an actual term but micro and macroaggressions were happening all the time. And so, as I became

aware, and as I became educated on it, it really became important for me. So, now, when I do talk to my own family, I make sure that I let them know, “Okay, this is what a microaggression is. This is what a macroaggression could look like, feel like, it is.” And so, I definitely tried to share that with them.

The other point I wanted to bring up is that for each of us, it has to be that everybody matters, or nobody matters. And that's regardless, so that's across gender, that's across race, that's across social-economic background, you know? Our brothers and sisters that are in rural America are still suffering the same things that we're suffering with in our communities and it's not just, you know, one particular group. There's no hierarchy to pain. There's no hierarchy to suffering. We're all suffering. It may have been a different road, but we're all suffering in many different ways. And so hopefully, in this work that we do together, we can help eliminate those disparities and help bring light to those social determinants so that our children and, well, your children and our future families will not be dealing with this then.

Taylor: Something that you said about patients seeing people that look like you, that's something that's super important to me. And coming from the town that I came from, me and Caitlin actually grew up in the same area, seeing African American doctors wasn't a thing. I only knew one, and he was a

family physician that everybody would try to get to, and you had a population of I don't even know how many are in Warner Robins, but all the black people trying to get to one doctor, that's not going to work. So, for me, that was the fire for me that, "Okay, I need to be somebody that people can come and see for their health." All my dad's doctors, none of them were minorities, all male, either white or Indian. That was really the only doctors that he saw. And throughout his whole transition, one doctor, we were able to lock down, he was his kidney specialist. He was actually black. That right there, it was like, "Whoa, had no idea that that even was a thing." And then, not even just like being a family medicine, but he was a nephrologist. So you know, you're thinking a specialty. You're like, "Oh, snap, okay, this is something that really could happen."

So, that was really a fire for me. And then now having a mentor that's a black female, Dr. Lauren Powell, that is just like mind-blowing. I really felt like I was in a box for a while because I wasn't used to seeing anybody that looked like me. Even if it was a male black physician or any other minority being in that magnitude was super important. And now, for me, when I'm thinking about trying to educate people on systemic racism and health inequalities, I think about not only educating Caucasian people on what needs to happen when they're in the room, but then I also think about actually educating when we're talking about secondary schooling for minorities, helping them to understand that you can actually go to these

professional schools and you can actually help bring that education to your people as well. So, I think that that's something that not only are we trying to educate others to speak up for us, but we need to also educate ourselves to be our own voice at the same time. The more we keep making minorities physicians, nurses, anything that's medical-related, the more that we keep seeing our faces in that, eventually, the voice will get big on its own as well. So, I just wanted to put that in there because I was in a box, and now like, it's definitely open. And that's really been my fire and passion to keep going so that I can get to that point where I'm not just becoming a doctor for myself, but I'm pulling other generations along with me.

Sonya: I think, if I brought it back for just a non-medicine topic for a minute, but to quote the very famous Lin Manuel Miranda, "You have to be in the room where it happens." So, you know, and that's so important for us, you have to be there, and these decisions are made because we haven't been in the room. And now that we have the opportunity and the ability, not only do we need to be in the room but find our voice in the room and actually lead the discussion and so set the pace of how it is. And we're fully equipped. That's the other part too, to recognize that we're fully equipped, fully empowered, and fully capable to do that and we will do it.

Taylor: Yes, I love that. So, I want to go into topic three, which is something that we've kind of already kind of dived into, but I want to find out what it is personally that you're doing, and with your career, working towards reducing health inequalities that are happening in your community. And I will already know this is an essential task for each and every one of you, so I just want to know what is it that you're doing, the plans that you have?

Alexis: So, I think one word, policy change. The way that health inequality was explained to me and systematic racism was explained to me recently was at a Racial Equity Institute training that I have to do for an elective for school. And the way they explained it was with a groundwater analogy in which you have fish in a lake, and then multiple lakes, and that all those lakes are connected via groundwater. And so, if you see one fish lying belly up in one lake, then it must be something wrong with the fish. But if there's a lot of fish dying in various ponds and lakes, there's something wrong not only with the lake but with the groundwater. And a lot of initiatives serve to help the fish, but it's not the lake that's killing them, it's the groundwater, and that groundwater is policy change. And when I heard that, I was like, mind-blown, not going to lie. Mind-blown.

Sonya: That's a preaching topic, right? That's a great something right there.

Alexis: But when I heard that, I thought about all the initiatives that I've seen in my life, like the pipeline programs. Yes, they helped me, yes, they helped some of my friends but there's plenty of people that didn't have access to those. And to get into a pipeline program that's already very competitive, like Nth Dimensions, for example, they can only take 30 students every year. But how many people are applying for these programs? How many people need this opportunity? And how many people are able to actually grasp it? And the issue that we find is that as, you know, medical students or whatever sphere we're in, we're continually working with, like various populations, but we should really be targeting that policy change. Because unless there is a majority buy-in with those lake or those fish initiatives, there's not going to be any sustainable change. And it's going to be putting a band-aid on a bursting pipe. It's only going to stick for so long.

I'm a part of the Social Justice Task Force at my school. It's predominantly faculty, but me and another, Kenta Fernandez, were asked to be a part of it. And it's geared towards finding deliverables and action items that will enhance the learning environment, curricular innovation, faculty development within our UNC school system, or specifically School of Medicine, and create a learning environment with a lot of equity, with a lot of opportunity. And really making sure that students of color have the capacity to achieve their dreams, regardless of where you've started. It matters more so how you finish.

Sonya: That's one of the strong lanes that we're working on with Movement is Life to have that impact because we know it's important. And so, there's some congressional bills that we've actually had an opportunity to be a part of with Movement is Life to make an impact and to make a difference.

Emily: All right, well, if Alexis is like the president here, you know, making these policy changes, I feel like I'm more of the grassroots worker, you know, out in the field. And a lot of those policy changes take time. I am patient, but I'm not that patient. So, I am so grateful for people like Alexis, and the whole, you know, Movement is Life team that are doing these things. But I think personally, the way that I've been really working and focusing to reduce health inequities is to practice differently than has been practiced before. And by that, I mean, you have to ask things that physicians don't usually ask. So, for example, orthopedic surgery is one of those notorious specialties where your appointments are less than 60 seconds. It's like a competition. You want to get in and out as quick as you can. Honestly, it's crazy how many patients these surgeons can see in a day in their clinic because they don't ask them anything more than, "How are you doing?" and you get a thumbs up and they leave. For change to be happening, those things need to change as well. And I think that, for me, personally, it started with asking a lot more of a patient's social history. So, physiologically, people care a lot about patients who drink, patients who

smoke, patients who do drugs, those types of things. But there's so much more to a social history that is important, no matter if you're their pediatrician, their primary care physician, their orthopedic surgeon, it does not matter. You must know these things about your patient in order to give the best care, and in order to build a relationship with your patient anyway. Like we've talked about before, it's kind of very apparent that this connection does not get built with any sort of equality, you know, let alone equity. And so, I think that me, already, as a fresh third-year student in the clinic, I've really, really thought about asking questions about food insecurity, asking about transportation, which is a huge problem in Detroit.

People don't come to their appointments and, you know, the doctor gets all upset, "Where's my patient? Why are they late?" They are working two jobs, they don't have a car, their Uber doesn't show up. Uber doesn't exist in COVID anymore. Detroit is very expansive, and we don't have any buses that come from the outside suburbs. And none of these things are addressed in any notes. They're not asked by students, they're not asked by physicians, and frankly, they're not even on the table of thought at all. You can't even get to the care you're supposed to provide if your patient can't show up and if you don't know anything about them. And so, these are the things that need to be done to improve equity. They need to be done consistently. They need to be done across all specialties. And it's definitely going to be important for me, you know, now that I've said it on

the podcast, I have to hold myself to it. So, I can't be that orthopedic surgeon that puts 50 patients in my clinic every day.

Sonya: You have a witness.

Emily: But I'll have, you know, maybe half the number of patients who I know everything about and who I can go to bat for and who I know that, you know, by me providing them care, I know how much it will mean to their life. And I think that, you know, ultimately this outside, you know, circumstance, there's so many things at Wayne State that address this. You know, one particular program that I've fallen in love with, you know, in pre-COVID times was called Fit Kids. And this program aims to address obesity in young children. So PCPs, or rather, pediatricians are able to prescribe this program to kids who have a BMI of greater than 30. And these kids show up and it's a family-based program where we provide education to the parents, to the kid on nutrition, we work out, we have healthy snacks. And, you know, these are things that these kids have never heard of before. They could be something so simple as, you know, "Half your plate has to be fruit and veggies," or, you know, "Here's how you do a high-intensity routine," or "Here's how you can do dances and exercise." And it's just these very simple things that have never been able to be a priority for these families. Anything that they get taught as a young individual will continue with them forever. So, kind of similar to that whole

groundwater thing, I guess starting kind of like starting upstream, kind of jump-starting the process a little bit. But by providing this education to them and their families in an area that I'm super passionate about - health, wellness, activity - that's been one of my favorite experiences at Wayne State in working to improve health equity.

Sonya: I do think that you have a gift of communication. I know personally, you know, half of our summer cohort this year came from you spreading the word, so thanks for that. But I also think that having a voice and being comfortable in sharing will make a difference for your patients and impacting on that. One of our current, someone with Movement is Life as well as a preceptor with Nth, Dr. MaCalus Hogan, at the University of Pittsburgh Medical Center, he is doing a lot of work in just what you're mentioning and how we can help to bridge the digital divide and help to link resources for his patients, and not just for his patients, but patients nationwide, through digital media. What can he do? What can we all do to share and help patients to have that, to reduce that gap for them? And you bring up some very good points. If Uber doesn't come to your neighborhood, then you're right, I can't make it to an appointment. Or if I have to work two jobs, then I possibly may not be able to make it. It's not that I'm not compliant, but I just don't have those full resources that other people have. And that's an important thing for people to recognize. So, thanks for bringing that up. Djata, did we hear from you?

Djata: Okay, so like Alexis was saying, policy is very important. That's definitely like the groundwater of things. We need policy in order to promote real change and to hold people accountable by law with certain things. But we also need ground on the boots, and we need like Emily was saying, people who are asking questions that are not getting asked, "What are your barriers associated with getting to your doctor's appointment? Is there a language difference? Do you have transportation to get there?" So, those are all really important. And then building upon that, currently, I work on an Agrihood, and an Agrihood is basically like a farm that is combining community and agriculture together as one. So, we're working with residents to farm, educate, to give resources, to be a linkage of resources and coordinating services for our residents. We have about five properties that have farms on them. I work on two of the farms, and we feed our residents once weekly with the produce that we grow.

This food systems, food insecurity, people not having access to grocery stores is honestly ridiculous. It's just really ridiculous. It's a big problem within, I didn't even realize how big of a problem it is within Georgia. And even in some counties that you wouldn't even believe that it would be a problem because you, of course, may have a car to easily get to the grocery store, and have access to reach healthy options. And a lot of these people in rural areas, and even some that are considered non-rural

areas are having a lot of issues with finding healthy, fresh foods. And I think that doing this work is really important. Feeding people is always important, but adding education to make them self-efficient in order to maybe grow their own food, to cook their own healthy meals, to find locations where they can use discounted coupons, or maybe who does a reward system, if they use SNAP EBT for dollar-for-dollar, matching them dollar for dollar with some of these programs. It's really important, it's really needed right now.

Sonya: And I think a time like COVID is just bringing that out even more so. You're right. I live in one of those counties in Georgia and I didn't realize how many of my neighbors were suffering and how many of the children, and not just children but people in my community were going without. And you don't even realize when you look at the differences of how far some stores are, or just even the access to fresh food just blocks away, you know, just one county over, a few streets over. It's a totally different ball game for people in another county versus, you know, where you may live, and I agree. In New Jersey, even for myself growing up there, after the riots, so tying it back into systemic racism, so after the riots in the '60s, everything burned down in the city of Newark. And so, they said riots, and they had everything that's going on. And after that, we didn't get our first grocery store in the city until the 1990s, like an actual chain with fresh groceries that had actual whole food and, you know, and not just canned and not

just day old, you know, things but actual fresh groceries. And so Caitlin, did you have any thoughts on that? And we're going a little long so we'll kind of wrap up.

Caitlin: I just want to say thank you guys for being the change that you want to see in the world. You know, that's so important. If you look around and you see an issue, you have to take that initiative to make it better. And you guys have taken that initiative. And so have I a little bit to make the healthcare system better. And you've done that by showing us what the standard is and spreading the standard as well, after setting it. One thing that I've done is with the COVID testing, we've all seen that this is a hot mess, right? We have set up these COVID camps, we call them, with the medical school of University of South Carolina, where we basically made a drive through saliva collection. So, we are doing saliva-based PCR, so a bioanalytical tool for a non-invasive technique for COVID testing. So, that's what we're doing to bring healthcare to the people. And they like that a lot more than those nasopharyngeal swabs, I'll tell you that.

Sonya: First of all, you used lots of really big words in that one sentence, nasopharyngeal swabs.

Caitlin: I'm sorry.

Sonya: No, scientist, I'm excited about that. I think that's actually beautiful and even that you can take such a topic that is in our current system, and we know it's affecting everyone daily, and you're being a change agent. You are creating an opportunity for that to happen, so thank you. Thank you so much. So, if we can go around. We've had some great discussions today and hearing your thoughts, I'm inspired, just by listening to you guys and learning a bit more about you, and your challenges, your journeys, and your success. If we could encourage some of our listeners that are here today, we wanted this to be a call to action. So, what would you share as a final thought or a call to action to anyone who may be listening to this podcast and could use an idea for themselves? What would you want to mention to them?

Alexis: I would say that you should try to influence the microsphere that you exist in. And you identify those lapses and those deficiencies in the areas that you're in, and you work with your community, with the institution that you may be affiliated with, to try to foster sustainable change. And when you have major institutions, and community leaders engaged in change, that is when it becomes, like not a trickle in the bucket, but a splash. As Lin Manuel Miranda would say, "Don't throw away your shot." I love Hamilton as well. And I would encourage you to believe that because you exist, that change is possible and to proceed with like an optimism and a passion

because we are the future, we are the present. And if we work as if we have purpose, that we will see change manifest.

Emily: So, I do not have a Hamilton quote, but I do have a quote that I feel like is appropriate for now and is this. It's that "It is easier to ask for forgiveness than permission." Creating change is not going to be something that is comfortable. Like we've talked about, it's not going to be something that everybody runs to or feels, you know, always like they have a grasp on. And in the world of healthcare and medicine, if people don't feel like they have a grasp on something, they hate it, right? We want to be experts on everything we do, and unfortunately, that is just not the case. So, continue to find inspiration from others, to reflect on inspiration that you have experienced, and use that to build yourself to become a better advocate for others, a better advocate for yourself, and to become more articulate. And don't feel bad, you know? There is going to be a time when you will need to ask for forgiveness if you're continuing to push the boundary, but you will deal with it when that comes. And we will work through this because there are so many people here on this podcast and beyond this podcast that will back you up on this.

Djata: And I think your call to action is just to kind of find your place. I think it's okay to not know your exact place, or what you want to do, especially when there's like a multitude of different issues going on. There's civil

unrest, we're in a pandemic, we never experienced that before, and then you're trying to balance your everyday life. So, I do see, like it stresses people out, they not feeling like they're doing enough or they're helping out enough or trying to just figure out where they fit in. And I think that's okay to give yourself time to figure out what your action is going to look like. Because at the end of the day, just throwing yourself into something that you may not be passionate about, or that is not really a big deal for you may not be as effective as taking your time and figure out what is really purposeful for you. Where your interests? What does your community need? How does that align with what you like to do? And really trying to give yourself the time to figure out what your specific call is, not your friends calling, not your mom's calling but what is for you?

Sonya: What's for you is for you.

Emily: I'm writing that down, you know, Miss Seymour? Like you said earlier, that's getting written. That was awesome.

Sonya: They say it a lot. And in everything, you know, it's so easy to fall into that comparison trap. And we can run around, and I think Djata brings up a very good point. We can see man; Emily is doing this great job. Alexis is doing this great job. Caitlin's over there passing out COVID saliva tests and, you know, solving and curing stuff on a Tuesday. You know, random

days she's just doing that in a small town. And here I am, you know, sitting in my house and wondering what I can do. And so, it's so easy to fall into that comparison trap that "I'm not doing enough" that "I'm not working hard enough." What I do, I do well, right? And so there isn't another me out there. But if each of us takes that approach, and knows that, "Okay, I can do what I can do. I can contribute in this way. I can support the system in that way. I knew that I had the gift of help. I knew that I had the gift of service. And so, I'm not a doctor, I just play one on TV. I often say I'm a PGY-32. But I know that as this role, and in this opportunity, I can commit." And so that has to be enough because it is enough. And that's the thing that I'm doing. And so, if each of us can do that, it helps to make a difference. Caitlin, other than all these amazing cures you have going on, what else is your call to action?

Caitlin: Oh stop. My advice kind of ties along with all of that, that you guys just said. It starts with you. You could be the spark that starts the wildfire that's going to fuel the fire for the next generation, who knows? If it's not you, then who? So, I think it's important to spread awareness, put yourself out there and put yourself in the position that you would like for others to see.

Sonya: I love that. "If it's not you, then who?" I'd write that down. I often think, it's an old quote, but something that I always remember and that I always have loved and it was from Benjamin Elijah Mays, and it's about you only

have one minute. And so he often was quoted as saying that, and I remember seeing it on my college professor's door, but you know, it says, "We only have a minute. Only 60 seconds in it. Forced upon me, can't refuse it. Didn't seek it, didn't choose it, but it's up to me to use it. I must suffer if I lose it, give account if I abuse it. Just a tiny little minute, but all eternity is in it." And I think that that's so true for each and every one of us, you know? We have this one time, this one season to make a difference. And so that's my call to action to remind everyone we have this time.

Taylor: Yes, I love that. All those are just so great.

Emily: I got chills a little bit from that.

Taylor: I know, very, very good. I want to wrap up with my call to action, which I know it's always being said, but I feel like it's not done, it's more just always being said. It's basically being the change that you want to see. And that's not only just going into other communities, but also, once you've made it to the level that you want to make it to, don't forget about the people that are still in your community. Don't forget about the generation that we're having to raise up for them to be able to see that change is possible. Nothing around us is written in stone. There's always some kind of progression that we can get to. We just all have to get on one accord. And we know that that's going to take time, but we can't lose

the faith in what we're trying to do. As long as we are hard-set on it, passionate about it, and ready to put all our hard-earned sweat and tears into everything that we're doing, I know that the ending goal will be change that will be not only something that can be seen generational but will be consistent across the board.

So, I'm just like super excited about everything that you all are doing. I mean, like, if people could see you all, not just hear you all, to just see the powerful women that you all are. And everything that you're going to be doing, it's just so great and it's so needed. And for all the listeners out there, know that everything that they're saying is possible because they're already walking in it and doing it. Anything that you put your mind to, it's there. Anything, like literally anything. You got people curing stuff, you got physicians, you got people over programs helping other people get into places where they didn't think that they could get or think that they were enough to be there, and so my final thing to say that you are more than enough. So, I just really appreciate you guys for taking the time out to just speak on your experience and share your journey with the world because the world is listening and there's so much to be heard from you guys and I look forward to seeing everything that you all are talking about and seeing the ending result.

Sonya: I just would like to say thank you. So, we'd like to thank everyone for listening. We'd also like to thank our guests tonight. So, thank you to Taylor McLindon, Alexis Flynn, Emily Lau, Djata Barrett, Caitlin Jackson. Thank you all, and I am Sonya Seymour. We'd like to thank you all for listening to this episode of The Health Disparities Podcast. Be sure to share it with anyone you think will find it interesting and join us again. Be safe, be well, and be successful.

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