



## Editorial

## Hiding in plain sight: How incorporating honest discussion of racial and social (in)justice into medical education can inspire change



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## ABSTRACT

The carnage wrought by systemic racism through social, judicial, and health injustices compels us to work towards a system that is fair and just for patients and colleagues. The evidence that change is necessary in medicine is hiding in plain sight in literature, oral histories, medical records, and news media. Notwithstanding this evidence, changing a system 400 years in the making will require a major paradigm shift. One of the many ways our department sought to catalyze such a shift was through media consumption, reflection, and discussion. Reading and studying literature and humanities in medicine can awaken our consciousness by making medicine an embodied practice that considers the totality of patients' lives in ways that a disembodied, purely scientific approach cannot. Thus, we started a Racial and Social Justice Book Club to normalize discussions about racial and social (in)justice and examine everything through an anti-racist lens. Herein, we describe our experiences in the inaugural year of the Book Club, a space to lend credence and dignity to the voices, experiences, and stories of folks who have long been marginalized by power structures in America, including medicine.

### 1. Introduction

Only a few months into a pandemic that will go on to claim millions of lives, America stood still for 8 min and 46 s and witnessed the murder of George Floyd in the streets of Minneapolis, MN on May 25, 2020. That day, people of all colors rose and marched in the streets because the violence was too repugnant, too deliberate, too real to ignore. That same week, on Friday, May 29, 2020, the Department of Radiology shifted from our regularly scheduled COVID-19 update to a discussion about systemic racism, particularly anti-Black racism, and America as it is for our patients, staff, and trainees of color. This discussion changed the trajectory of our sense of duty and purpose as healthcare providers, because in America as it is now, minoritized individuals are dying at disproportionately high rates, and the health and livelihood of Black and Brown folks working at every level of science and medicine is being stifled.

Changing a system 400 years<sup>1</sup> in the making is hard and will require a major paradigm shift for most Americans, including healthcare workers (HCWs), but the carnage wrought by systemic racism through social, judicial, and health injustices and inequities compels us.

### 2. Encouraging evolution and paradigm shifts through reading and discussion

One way we sought to catalyze such a paradigm shift in medicine was through media consumption, reflection, and discussion. Reading and studying literature and humanities in medicine can awaken our consciousness by making medicine an embodied practice that considers the totality of patients' lives in ways that a disembodied, purely scientific approach to teaching and practicing medicine cannot.<sup>1–3</sup> Literature can serve as an educational compass for HCWs, leading us to practice with a multidimensional, nuanced approach that fosters openness, empathy, compassion, and sound ethics and furthers our human understanding across cultures, socioeconomic statuses, religions, generations, abilities and disabilities, and health and illness.<sup>2</sup> Moreover, deeper social, historical, psychological, and philosophical insights gained through literature can parallel improvements in clinical practice.<sup>2</sup> Perspective and contextualization are critical to understanding experiences that have shaped the feelings and behaviors of our patients *and* ourselves as HCWs, including our biases, intentions, perceptions, and vulnerabilities.<sup>1,3</sup> Furthermore, examining literature and film in medicine can nurture creative intellect and ethical ingenuity.<sup>1,3</sup>

**Abbreviations:** HCWs, healthcare workers; RSJBC, Racial and Social Justice Book Club; RSJ, Racial and Social Justice; AAPIs, Asian American and Pacific Islanders.

<sup>1</sup> In August of 1619, more than 20 enslaved Africans were brought by ship to Jamestown, Virginia (the first of 13 American colonies), and sold to colonists <https://www.nytimes.com/interactive/2019/08/14/magazine/1619-america-slavery.html>.

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**Table 1**  
RSJBC sessions.

Month	Media title	Author
December 2020	Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present	Harriet A. Washington
February 2021	Homegoing	Yaa Gyasi
April 2021	Minor Feelings: An Asian American Reckoning	Cathy Park Hong
June 2021	Night	Elie Wiesel
August 2021	Born to Be	Tania Cipriano
October 2021	How Does it Feel to Be a Problem? Being Young and Arab in America	Moustafa Bayoumi
March 2022	Picture a Scientist	Sharon Shattuck and Ian Cheney

### 3. Racial and Social Justice Book Club

As an arm of our Cornell Radiology Racial and Social Justice Working Group, we created a Racial and Social Justice Book Club (RSJBC) with goals of normalizing education and conversations about racial and social justice in academia, particularly as they pertain to medicine, and create action items through which to make real change. A full list of scheduled readings (and viewings) for 2020–2021 can be found in [Table 1](#).

#### 3.1. The pitch

After receiving support from institutional and departmental leadership, we sent out a survey ([Fig. 1](#)) to assess the level of interest of a RSJBC in our department. The results of the survey are depicted in [Fig. 2](#). Based on the results, we established a book club to convene every 2 months, alternating between noon conference and evening time slots. Respondents who expressed interest in hosting sessions and selecting books and media were contacted directly via email and invited to join

# Radiology Department-wide Racial and Social Justice Book Club

This book club is for anyone in the entire department interested in reading, viewing, exploring and discussing racial and social justice themed-books, movies or documentaries. This will be one of the many ways for us to stay connected and increase our sense of community and inclusion. Books/Media selected will help us to focus on inequality and injustice in the U.S. and around the world. We hope to include a diverse selection of nonfiction, novels, comics, and memoirs to get a broad mix of perspectives in the hopes that we can garner broad participation that will facilitate discussion through as diverse a lens as possible.

Hi, when you submit this form, the owner will be able to see your name and email address.

\*Required

1. Are you interested in a department wide virtual Book club?\*

- Yes
- No
- Maybe

2. Which frequency is best for you?\*

- Every month
- Every 2 months
- Every 3 months

3. Which group size type works best for you?\*

- Groups of less than 10
- Group of 10 to 20
- Group of 20 to 30
- Group size does not matter

4. What time of day works best?\*

- Noon conference time slot
- 4:30pm-5:30pm Weekday
- 6pm-7pm Weekday
- 7pm-8pm Weekday
- 

5. Would you like to be session leader/host for these virtual meetings?\*

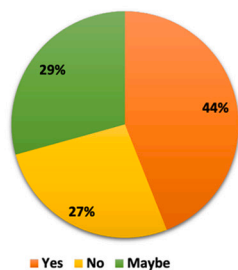
- Yes
- No

6. Would you like to be involved in the book/media selection?\*

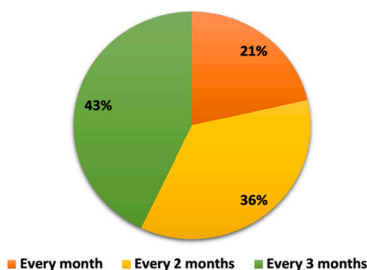
- Yes
- No

**Fig. 1.** Departmental survey to gauge interest in a RSJBC.

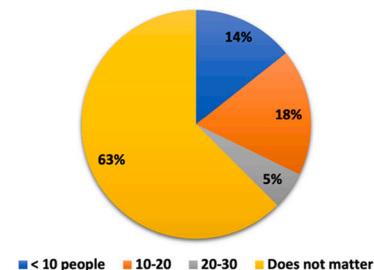
**Are you interested in a departmental book club? (75 responses)**



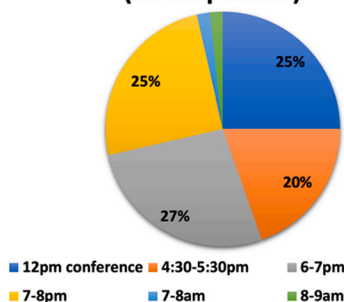
**Which frequency is best for you? (56 responses)**



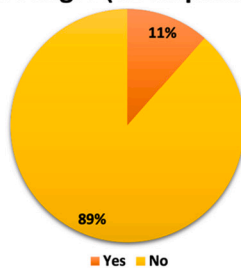
**What group size is best for you? (56 responses)**



**What time of day work best? (56 responses)**



**Would you like to be session leader/host for these virtual meetings? (61 responses)**



**Would you like to be involved in book or media selection? (60 responses)**

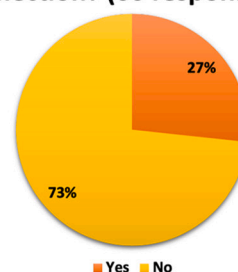


Fig. 2. Survey results.

our RSJBC subcommittee.

3.2. The approach

A few major approaches to teaching literature in medicine have been described: an ethical approach, an esthetic approach, and an empathetic approach.<sup>2,4</sup> An ethical approach focuses on the personas and practices of physician-scientists throughout America history, and how they are linked to sociopolitical norms, justice and injustice, and ethical standards and breaches. An esthetic approach centers on interpretive skills—literary analysis and interpretation of complex texts to help trainees and practitioners better appreciate the art of medicine.<sup>5</sup> An empathetic approach seeks to augment understanding of other people's stories, experiences, values, and feelings by trainees and staff in science and medicine—moral reflection and awakening are central.<sup>2</sup> Although each approach is complementary and has shared goals of improving patient and self-care by HCWs, we took primarily a combined ethical and empathetic approach, while encouraging literary analysis.

3.2.1. Book 1: Medical Apartheid

The first book selected was *Medical Apartheid* by Harriet A. Washington, which describes the long tragic history of abusive, unethical, and at times illegal medical experimentation on Black Americans. We selected this particular book, which explores the inextricable link between racism and medicine, to provide us with a foundation on which to build our knowledge and contextualize our beliefs and practices. Our first convening was held on December 10, 2020 from 12:30 to 2:00 pm. Prior to the first session, we provided a summary and discussion guide of the book. Aside from summarizing the book's content, the document highlighted major themes and take-aways, correlated the content to current affairs, and posed questions to participants to encourage thoughtful discussion, as would be the case for all sessions. Although we shared a prepared a corresponding slide presentation to provide structure and direction, we frequently paused and posed questions to encourage discussion using a video conferencing platform, including a

chat box in which participants could provide comments, insights, experiences, and answers. The session was recorded, and the chat box remarks documented. Both the video and written discussion were archived for future use and reference, as has been done by others.<sup>6</sup>

Facilitators, during opening remarks, set the tone for discussion: "As should be expected in a discussion of this book and its content, we will not in any way soften the accounts described by the author. Rather we aim to accurately describe and analyze the events reported by Harriet Washington. All participants should feel emboldened to speak freely without fear of retribution or judgement." Moreover, our Safe and Brave Space Agreement, adapted from City University of New York (CUNY), outlined specific ground rules and expectations of attendees and participants (supplemental file 1).

What unfolded was an honest conversation among the 50–60 participants, including attending physicians, trainees, nurses, technologists, and administrators, about the inextricable link between American medicine, racism, health inequities, and injustices more broadly. We discussed the duality of America: two healthcare systems, two justice systems, two sets of ethical and social standards, etc. We discussed roles of medicine and media in framing the narrative of scientific racism and blaming the victims instead of the system. We discussed the public health threat of systemic racism, which, as one participant described, "can be seen as a parallel threat to the lynchings of the 20th century". We discussed "the flaws of moral relativism (temporal and cultural) and how that cannot prevent us from saying something was or is wrong", which addresses an argument made by some that we cannot judge yesterday's practices by today's standards.

We addressed folks who tell HCWs to "stay in our lane", which many argue does not include politics, human rights, and civil rights by responding, this is unequivocally our lane because life is an inalienable right, which depends on healthcare, a civil right. Other civil rights, such as housing, employment, transportation, criminal justice, and education are social determinants of health in that their absence or presence and quality are directly linked with morbidity and mortality.<sup>7</sup> Implementation and enforcement of civil rights and reparations for folks whose

rights are violated, are chiefly related to decisions made by federal and local governments, which makes these institutions stewards of health (equity).<sup>8</sup>

As one participant stated, “we are all responsible for [making] the medical field a safer, more equitable and accessible [space] for all.” Thus, we implore professors and scholars to reframe curricula and research through an antiracist lens to contextualize statistics; denounce and dismiss myths that there is any biological or physiological basis for race; and fully acknowledge the racist origins of these myths. Journal authors, editors, and reviewers should implement the highest standards for publishing, particularly on topics of racial health inequities, such as those described by Boyd and colleagues.<sup>9</sup>

The feedback from our first session was overwhelmingly positive. One participant described our discussion in the context of his efforts to help HCWs “better understand the through-line from slavery to racism to mass incarceration to environmental injustice to health inequity, [saying] ‘this immersion has been a powerful experience in shining a bright light on what racism as a system would rather keep invisible. This book and discussion are consistent with that illumination.’” Another participant added “what happens in the dark will eventually come to light. If African Americans are continuously viewed as sub-human, all atrocities to Black bodies are seen as acceptable. *Medical Apartheid* is an eye-opening book for all. It shines a light on how pervasive systemic racism is in all aspects of the medical field and other industries.”

We provided time at the end of our discussion to present and discuss action items, which were born out of ideas offered by Harriet Washington in *Medical Apartheid*, authors of publications calling for medical trustworthiness, and participants of the RSJBC.<sup>10,11</sup>

### 3.2.2. Book 2: *Homegoing* by Yaa Gyasi

The second session was held on February 23, 2021 from 5:15 to 6:30 pm and the selected book was *Homegoing* by Yaa Gyasi. *Homegoing* is a captivating historical fiction novel that tells the story of two estranged Ghanaian half-sisters and their descendants in Ghana and America, spanning from the 18th century to present day. Each descendant is given one chapter in which the readers come to know them and understand the reach and devastation of slavery and colonialism that curse their families on either side of the Atlantic. As one book club participant described it, *Homegoing* “is a sweeping epic being told through very intimate stories.” The title comes from the belief of the same name, shaped by the African-American experience, that death would allow the souls of enslaved Africans to return to home Africa.

A summary of the book was provided to participants prior to the session, and the discussion loosely guided by a short slide presentation that posed questions to readers and contained relevant images, such as a map of Ghana and the cross-Atlantic slave trade, Cape Coast Castle, and the brown paper bag test, as well as suggested readings. Facilitators created a document of the book's major themes that was also used to guide discussion. The discussion was recorded and archived.

Participants said reading the book was a “very educational experience.” One person described being “absolutely horrified by many aspects of the novel, but equally captivated by the stories. [*Homegoing*] was personally impactful in capturing things I knew about that this country was responsible for over the course of history. [We should], as much as we can, get people to digest and learn about history in this way.” Another participant stated “[Gyasi] does a great job of showing the intricacies of slavery and racism throughout history. Often we think of history as abstract and happening to groups of people and we forget how personal history is.” Another added “it's amazing to see how everything and everyone is connected. You can't untether things from other places and other times. People's actions and their place in life are a result of things that happened centuries back.” Through this reading and discussion of *Homegoing*, many participants began to understand how slavery, colonialism, and racism are the foundation of intergenerational trauma and loss that affect so many folks today, particularly African Americans. As one participant noted, “there is so much trauma that is

visible and seen, but then there's also trauma that's hidden under the surface, that you experience day-in and day-out, but you may not know why. A lot of the absent histories and erased ancestry have a part to play in all of that.” Another added, “the idea of being able to trace a family tree is so basic to many people but not something that is afforded to many of the descendants of enslaved people. Not to be able to identify where you came from and who your ancestors were is a real loss. Many of us in the African diaspora never figure out where we truly belong. We're too American to be African and too African to be American.”

Participants also spoke about the institutionalization of racism and the convict leasing system and prison, which are extensions of slavery. Many readers were surprised by how little progress has been made over the past 200 years, for example, with regards to “recidivism and the criminal justice system; getting locked up for petty crimes, labeled as a convict, and not having a place in society.” Another participant raised the point of persistent disproportionately harsh sentences for Black folks compared to white folks and paralleled the conversations between Black parents and children in the 19th century about carrying freedom papers and present day dialogs about “how you're supposed to act and behave when you're pulled over by the police.” Building on this, another reader spoke about being an undocumented immigrant for most of his life: “as we saw in this book, a document can make you a slave or a free person and even when you're a free person you're still in danger just because you're Black or a person of color.” This is why conversations about slavery remain relevant. “The number of years slavery persisted in this country is far longer than the time it has not existed. It should be discussed as widely and openly as possible because it's fundamental to American History. Black history is American history.”

One participant discussed love as “the most powerful force that would transcend everything negative. There is so trauma and pain in this novel and in the lives of so many black and brown people, [but] there is a strong thread of love throughout the book, and it helps someone hope for more, want more, be resilient, sacrifice for [their] children and generations not yet known. There is something pretty powerful about helping someone understand that you are still a human being and someone should meet you at that place.” Helping folks see the humanity in one another is exactly the point of the RSJBC and similar efforts.

### 3.2.3. Book 3: *Minor Feelings* by Cathy Park Hong

The third session was held on April 15, 2021 from 5:15 to 6:30 pm and the book selected was *Minor Feelings: An Asian American Reckoning* by Cathy Park Hong, winner of the National Book Critics Circle Award in 2020. Just a few weeks prior to the session, a series of mass shootings occurred on March 16, 2021 in Atlanta, Georgia, which spurred nationwide rallies and protests, catapulting anti-Asian racism into mainstream American consciousness.

The book club provided a timely lens of the actively escalating anti-Asian racism crisis and a platform to discuss Asian American and Pacific Islanders (AAPI) issues and institutional action items. Since the COVID pandemic between March 19, 2020 to March 31, 2021, 6603 hate incidents against Asian American and Pacific Islanders (AAPIs) across the United States were reported by [StopAAPIHate.org](https://stopaapihate.org).

Cathy Park Hong's memoir as a Korean-American raised in Los Angeles brought up themes of Asian-American identity, history, racism, and intergenerational conflict. Prior to the book club event, we provided a summary and discussion guide of the book. The document highlighted major themes and takeaways.

Facilitators included two radiology residents and two faculty members of AAPI descent who determined the presentation structure (a brief history of AAPI history, book discussion, and COVID and current events). The prepared slide presentation provided opportunities for presenters to pause and pose questions to the audience to reflect upon major themes and current events.

Action items and additional suggested readings were compiled for the end of the presentation.

Using a virtual discussion format, the event was shared among

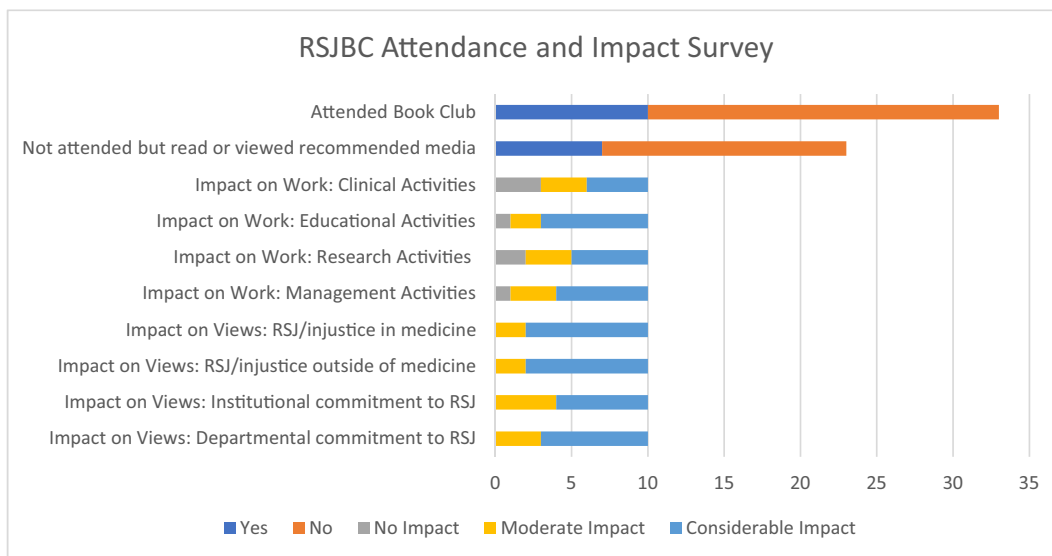


Fig. 3. RSJBC attendance and impact survey.

multiple academic institutions, promoting allyship between hospitals. A diversity faculty member at an unaffiliated hospital also contributed to the discussion and was invited to contribute slides. The presentation was attended by approximately 40 participants and the discussion recorded and archived.

The presentation began with a brief history of AAPI history and immigration. Historic xenophobic attitudes towards Asian-Americans and perception of AAPIs as perpetual foreigners were highlighted and correlated to current times. “There is not one true Asian American identity” was one particular line highlighted from Cathy Park Hong’s memoir. The presenters emphasized the diversity of the AAPI experience and how the model minority myth erased vast educational and socio-economic divides within the community.

Cathy Park Hong often underscores the invisibility of AAPI issues, “Asians lack presence. Asians take up apologetic space. We don’t even have enough presence to be considered real minorities. We’re not racial enough to be token.” Participants reflected how underrepresentation in media, politics, and leadership positions may contribute to this perception. Pan-Asian and community allyship were also discussed as crucial to helping AAPIs to feel heard and supported.

Presenters and participants were invited to share their personal experiences with racism. This event, conducted ahead of AAPI heritage month, provided a timely and rich discussion of the challenges within the AAPI community. One participant remarked how educational and helpful it was to discuss these issues in a professional setting. The discussion ended with additional resources— mental health sources, bystander intervention training resources, and links to community fundraisers, including for the National Asian Pacific American Women’s Forum.

### 3.3. The results

From December 2020 through March 2022, we held 7 book club sessions. We have received overwhelmingly positive feedback, both formal and informal. After our October session, where we discussed Islamophobia and the Arab-American experience after reading the book *How Does it Feel to Be a Problem? Being Young and Arab in America* by Moustafa Bayoumi, we received written feedback from several colleagues in the Department of Psychiatry (supplemental file 2). One participant stated, “Please know that you are making a difference in these conversations on diversity. Locked in my work (and also just living my life) each week, your emails essentially shine a light into an area that

I may not have thought about or have much awareness of. As much as is possible, I’m trying to practice one idea addressed in this contribution - enlightening myself rather than passively expecting that my patients enlighten me about their experiences in the world.”

Additionally, in March of 2022, a department-wide survey was administered by email to better understand the book club’s impact within our own department with regards to participants: 1) clinical, educational, research, and management activities; 2) views towards racial and social justice within and outside of medicine; and 3) views on the commitment of our institution and department to diversity and inclusion. Results of the survey are depicted in Fig. 3. A total of 33 respondents replied to the survey. Of the 33 respondents, 10 (33%) had attended at least one book club session and 23 (66%) had not attended any sessions; however, 7 of the 23 respondents who had not attended a session responded that they read or viewed at least one of the recommended books or films. Of the 10 respondents who attended the RSJBC, a majority consistently responded that the book club had considerably impacted their work (clinical activities, 40%; educational activities, 70%; research activities, 50%; and management activities, 60%). Similarly, a majority (80%) of respondents who attended the book club responded that it had considerably impacted their views on racial and social justice in- and outside of medicine, and 60% and 70% of respondents, respectively, who had attended the book club said it considerably impacted their view on institutional and departmental commitment to racial and social justice. Notably, two of the 23 respondents who had not attended a book club session commented, “I do not believe cultural, political or religious issues and their discussions have any place in the work environment” and “I still don’t understand why this is acceptable to discuss in an office setting”. These comments reflect an age-old dissociative and disembodied culture in medicine that overwhelmingly benefits White HCWs (and patients), who have defined medicine’s cultural and professional norms, and necessarily devalues the cultures and experiences of minoritized HCWs and patients. Hence, the considerable impact of the RSJBC on attendees and the pervasive harmful paradigm of some who have not, underscore the importance of creating a platform—a safe and brave space—to hold (and normalize) discussions about racial and social justice.

### 4. Conclusion: moving forward, a call for direct action

Social scientists define social change as the alteration of mechanisms within the social structure, characterized by changes in cultural

symbols, rules of behavior, social organizations, or value systems.<sup>12</sup> Change has many faces; it can be slow or fast, big or small, tangible (e.g., hiring and promoting more underrepresented minorities in medicine) or intangible (e.g., not incorrectly mistaking a minoritized individual for custodial staff or a trespasser). Thus, normalizing discussions about racial and social justice in medicine and academia, whether through a book club or other mechanism is, in its very nature, change, albeit just the beginning. The evidence that change is necessary in medicine is hiding in plain sight in literature, oral histories, medical records, and news media. Moving forward, we are examining everything through an anti-racist lens. We are lending credence and dignity to the voices, experiences, and stories of folks who have long been marginalized and minoritized by power structures in America, including medicine. Will you join us?

### Authorship and contribution

The authors were involved in acquisition of data, analysis and interpretation of data, drafting of the manuscript, critical revision of the manuscript for important intellectual content, statistical analysis, technical, and material support of this study. The content of this manuscript has otherwise not been previously published or presented.

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### Declaration of competing interest

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### References

- 1 Evans M. Roles for literature in medical education. In: Oyeboode F, editor. *Mind-readings: Literature and psychiatry*. 17 Belgrave Square, London: PCPsych Publications; 2009. p. 15–24.
- 2 Hunter KM, Charon R, Coulehan JL. The study of literature in medical education. *Acad Med* 1995;70(9):787–94.
- 3 Evans M. Roles for literature in medical education. *Adv Psychiatr Treat* 2003;9(5):380–5.
- 4 Beveridge A. The benefits of reading literature. In: Oyeboode F, editor. *Mindreadings: Literature and psychiatry*. 17 Belgrave Square, London: RCPsych Publications; 2009. p. 1–14.
- 5 McLellan MF, Jones AH. Why literature and medicine? *Lancet* 1996;348(9020):109–11.
- 6 Kattapuram TM, Gupta S, Patel TY, Bencardino JT, Kotarska MA, Solberg AO. Reading together: virtual book clubs engage radiologists in learning and collaboration. *J Am Coll Radiol* 2019;16(12):1707–9.
- 7 Hahn RA, Truman BI, Williams DR. Civil rights as determinants of public health and racial and ethnic health equity: health care, education, employment, and housing in the United States. *SSM Popul Health* 2018;4:17–24.
- 8 Braveman PA, Kumanyika S, Fielding J, Laveist T, Borrell LN, Manderscheid R, et al. Health disparities and health equity: the issue is justice. *Am J Public Health* 2011;101(Suppl 1):S149–55.
- 9 Boyd RW, Lindo EG, Weeks LD, McLemore MR. On racism: a new standard for publishing on racial health inequities. <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/>; 2020.
- 10 Washington HA. *Medical apartheid: The dark history of medical experimentation on black Americans from colonial times to the present*. 1st ed. New York: Doubleday; 2006.
- 11 Warren RC, Forrow L, Hodge DA, Truong RD. Trustworthiness before trust - Covid-19 vaccine trials and the black community. *N Engl J Med* 2020;383(22):e121.
- 12 Wilterdink N. Social change. *Encyclopedia Britannica*. 2022. <https://www.britannica.com/topic/social-change>. [Accessed 16 April 2022].

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