# Chronicles of a Culturally Grounded Chaplain

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I wrote a fifty-five-word story that highlights the impact of racism and biases on undergraduate medical training and the use of race in medical decision-making. I wrote it while thinking about Alex and his family, my own experiences both as a patient and as a future provider of medicine, and the shift to try to illuminate and reduce "implicit biases" in medicine and our culture at large. I hope that those who practice medicine will continue to actively go against our inherited medical biases, attempt to uplift and empower black patients, and address the racism within the medical system and within medical practices that use race as a poor shortcut for genetics and social factors.

> Recognizing implicit biases is an important first step.
>
> But it is just that, a first step.
>
> How can we begin to tackle the biases we came into medicine with if we're leaving our medical education with a whole new set?
>
> When will we improve the evidence from which we base our care?
>
> For *all* patients.

## Chronicles of a Culturally Grounded Chaplain

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

### Owning My Space and "Knowing My Place"

When I first began my career in healthcare chaplaincy, I was invited to have a seat at several "tables." From leadership councils to special committees, I was constantly being invited to serve. I did not know very much back then, or so people thought. I was young, new, and needed to take my time learning my new environment. The truth is, by the time I began my chaplaincy career, I had earned two master's degrees, had begun working on my doctorate, and had a decade of experience in education and youth development. I was anything but a rookie. I may have been new to the neighborhood, but I was definitely not new to complex organizational dynamics or providing programs and services to the public.

Nonetheless, I showed up at the meetings and for the most part, did not say a whole lot, or challenge much of anything at all. However, as I became more comfortable in the space, and grew in my knowledge of my new space, my voice consequently became stronger. I began using my voice and pastoral authority to advocate more for my patients, bring awareness to inequities within the systems I served, and challenge the status quo. Inclusivity of persons from all walks of life, especially the marginalized and disenfranchised, has always been at the center of my work. As my passion and influence grew, I was quietly and conveniently uninvited to the next meeting. In some cases, whole projects and committees were completely dismantled, some reestablished under new facades. Ideas I had previously shared that were once downplayed as unreasonable or impossible suddenly became action items and were attributed to being the brilliant ideas of others. I experienced this behavior not only on a local institutional level of engagement but also with some national-level professional organizations with which I was a part.

Within the scope of pediatrics as a specialty population, there is a significant shortage of African American representation across all healthcare professions. I was the only African American, or racial minority representative period on many of the committees and councils I previously mentioned. It did not take long for me to realize my role was one of tokenism and that as long as I followed the path others laid out for me, I would be fine. The problem with this arrangement is that I have never worked quite so simply. As I grounded myself in the profession, I identified my own strengths and passions, and aligned myself with people and groups who were doing like-minded work on the local, regional, and national levels. As my passions and confidence grew, the magnitude and impact of the work also grew, and so did my challenges. I was suddenly labeled "unapproachable" and "distant," along with implications that my passion for certain

areas by default made me neglectful and insufficient in others. The problem was not my level of competence but my ability to discover my own lane and navigate it without the permission of others. When individuals outside of my reporting line could no longer micromanage and manipulate not only how I function, but how others perceived my function, I became the problem.

## Why All the Black Workers Congregate, and What Are They Talking About

In response to the racial trauma and repeated tragedies that have escalated across the country over the recent years, I have experienced a higher demand from staff and patients, primarily African Americans, seeking a space to unpack and process the various events. Sometimes this takes place in a casual one-on-one interaction, and other times it becomes an informal group interaction. As a spiritual care provider, it is well within my clinical scope and expertise to facilitate such conversations and provide the necessary space to perform very needed "Soul-care" in response to these traumatic social experiences.

The passive attempts to interrupt or intercept these opportunities are visibly noticed by myself, as well as by the staff and patients I support. For example, trivial tasks and needs suddenly become emergent, demanding the attention and response of the person with whom I may be speaking. If a group is gathered and privately discoursing, an interruption or announcement of no relevancy or real urgency is often inserted as a distractor. It is clear that some individuals do not wish to engage in these difficult conversations, but also do not feel we should be allowed to have such sacred space in which to process the social happenings that impact us. The mindset is one of "deal with that on your own time." For many African Americans healthcare professionals, I have worked with, it has been difficult to own their identity in a time where the world hails them a "hero" in light of a global pandemic, while simultaneously feeling and being treated as a threat or problem within their own institutions and communities. While many organizations have made public statements and perhaps even edited some of their policies, few have taken the time to candidly listen to the experiences people have had within their own institutions.

## Ditch the Dashiki

Several months ago, I began wearing a daishiki to work at least once a week. Initially, it was one of the things I decided to do to embrace and express my cultural identity and pride more fully. It was a small gesture, but something I hoped would be a visual cue to both myself and others of the pride that I possess in my cultural heritage and identity. I got many wonderful and sincere compliments about my dashikis from people from all walks of like. Many would ask where I acquired my daishikis, wondering if they were part of my international travel experiences, which I often share. Others would often admire and comment on the vibrant and varied colors. Many African American colleagues whose professional roles restrict them to wearing a particular uniform to work, often expressed admiration and appreciation for me "representing the culture."

There was one colleague who never said anything particularly about my attire but could often be observed staring from a distance. Despite me having been wearing the daishikis for more than a couple of months at this particular time, it was the last week in February—Black History Month—when this individual finally expressed what they were feeling and thinking, disguised in what I assume they thought was either humor or sarcasm.

"Wow, this month flew by. I guess this is the last week for you to wear your "festive shirts, huh?" they said

"Why, I'm still going to be Black the remaining 10 months of the year," I quickly responded.

They quietly walked away.

Many times in healthcare, I have been reminded through the actions of others that my expected role is to be seen, but not heard; patronized but not validated; and present but not influential. I am a scholar and clinical professional who has put in the hard work, navigated the social and racial

challenges set before me, and I make no apologies for my passion, my drive, or my success. It is not my size or skin color that most threatens or offends, but it is the ability to think freely and to be creative, to challenge and cultivate change, and most of all, to love people genuinely without return. It is that I both give respect, and demand respect from those around me. But most critically, it is that I have the ability to do all of this while being a Black man in healthcare.

## Fear of Being Discovered

Pablo Cuartas, MBE, HEC-C, MD candidate

I never thought much about the times I was asked to "quit joking" when I introduced myself by my first name. I have been informed quite a few times that my phenotype does not resemble that of someone from Colombia but from the United States. When my introduction is met with casual disbelief, I offer reassurance that my name is, in fact, "Pablo" and laugh along. When I dig deeper into that kind of comment though, it leaves me wondering. What does someone from these United States look like? What does someone from Colombia look like? The answers to those questions and their relative proportions have changed a great deal between the pre-Columbian era and now, but here I deal with more recent events.

Before medical school, I worked as an emergency room scribe in the Midwestern United States. Once on an overnight shift, my attending and I saw a middle-aged gentleman who, while involved in a brief intoxicated altercation, made his way through a glass window, producing a dozen or so lacerations that would require some help with closure. It was when this gentleman realized we would be together for a while, as 10 minutes passed and we were only 1/8$^{th}$ of the way through, that in addition to being alert and oriented x3, he became conversational. I admit I operate on assumptions here, but I believe that whatever he enjoyed earlier that evening served a dual purpose: analgesia and disinhibition. He mentioned to us how happy he was to be in the company of two other men with a complexion that matched his. It seems he misinterpreted the doctor's forced smile because then he treated us like a couple of sympathizers. We listened as he described other ethnicities one by one, as though making sure to communicate each of his beliefs about this group or that before moving on to the next one. Occasionally he would backtrack, perhaps out of misplaced concern that if the doctor or I did not hear that particular racial slur, we would be left yearning for it. Some groups he favored less than others, and while he was at times difficult to follow, with each stroke of his broad brush, he painted an increasingly vivid picture of his worldview for us: Skin color matters most, and the fairer the better.

My attending and I took solace in the fact that this man seemed to prefer didactic pedagogy to the Socratic Method. However, he occasionally would ask a question. When it was not rhetorical, my attending took the lead in responding with gentle disagreement followed by a "hold still now; we're almost done here."

Throughout that encounter, I could feel the air in that breezeless room settle over my arms. It did not go anywhere or cool things down; agitated only by the occasional movement of my hands as I typed on my laptop or shifted how I was sitting. Several times I looked up to see a nurse come in and look around the room with a subtle look of amazement at what they had overheard. If I caught their eye, I tried to convey a look that said, "I know. Crazy, right? I don't agree with him either, but please don't say anything too true because we're in here in the city of sharps for at least another 30 with the guy." This was, of course, in the pre-COVID era, so I was not afforded a mask to don and cover my facial expressions. A lot of thoughts crossed my mind; chief among them was equanimity—or at least the control to feign it. Also among them churned a reluctance I had never experienced. I am proud of my culture, of being born in the United States to two immigrants, and though I try not to flaunt it, I am not one to obscure it. But when this man, despite