**Same Spirit, New Motives: A Transformation of Impetus to Pursue Medicine**

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Perhaps like others writing this essay, I have not experienced a pivotal moment or event shaped by either race or racism. This sentence alone demonstrates how much privilege I hold, and with that I aim to use my medical career to advocate for individual right to health, especially for people of color (POC) in economically-marginalized populations. I did not always have this motive to pursue medicine, however. Growing up in a privileged family and a wealthy neighborhood, I had virtually no experiential understanding of what it meant to live differently than I had up to that point in my life. My school was over 90 percent white. I did not realize the number of people who *didn’t* have substantial college funds accumulated by their guardians. I knew that I enjoyed biology, peer-to-peer education and counseling, and learning. At that point, external factors led me to a naïve yet important decision. Coming from a family where both of my parents were healthcare professionals, the natural, logical choice for my career was also medicine. Over my undergraduate years, my impetus to strive for a career in medicine has transformed dramatically from a vague but real interest in science to a thriving passion towards fighting for equity and justice. Because of the influence of immersive experiences in college, including volunteer opportunities, mentors, literature, and living in Clifton, I am now aware of my rooted goal to understand the nature of oppression and reduce barriers. Medicine is my chosen outlet to amplify the voices of those who cannot be easily heard.

My journey toward my current path started not in a medical setting, but in a school. In my first semester of college at the University of Cincinnati, I participated in the Bearcat Buddies volunteer program, tutoring middle and high schoolers at Taft Information Technology High School. Although I thoroughly enjoyed tutoring my two students, I could not understand why lacked motivation to perform well in school. Personally, education, especially higher education, was the pathway to success in life. As this was a high school serving a predominantly black, economically-marginalized region, my uneducated mind could not fathom how my students expected to succeed without a high school diploma, let alone a post-secondary degree. Furthermore, one of my students faced significant barriers to success, including frequent physical assault by other adolescents. Although I did not fully understand my discomfort and anger with the situation into which my students were born, I knew that my feelings were deeply associated with race and systemic racism. Later, I understood the situation of my students much better by realizing that structural barriers in young, marginalized, black populations prevent individuals like my former students from accessing legitimate employment opportunities (Richardson and St. Vil 2015). Therefore, their concept of work and success are inherently different than my own. Although my weekly tutoring sessions were likely insignificant for my students, their stories sparked my interest in how systemic racism affects real people and real narratives.

My sophomore year, I began to volunteer at Crossroad Health Center, a federally qualified health center in Over-The-Rhine serving primarily black and Latinex patients who are uninsured or underinsured. Through coordinating external referrals for patients, I quickly realized that the barriers impeding my students at Taft were not isolated to the education system—they were ubiquitous and applicable to virtually any setting, healthcare included. Lack of accessible transportation and communication were the biggest barriers I experienced with patients. Some of the most prevalent diseases that required multiple external referrals per patient per visit were diabetes, obesity, and hypertension and elevated cholesterol. Around this same time, I read *Blood Sugar* by Anthony Hatch (2016), which outlined racialized medicine in the context of metabolic syndrome, a collection of clinical measurements of metabolic problems that include all of the most common conditions experienced by Crossroad patients. It was through this book that I realized that American researchers have rejected examining racial disparities in the American healthcare system in favor of the biomedicalization of metabolic syndrome. Metabolic syndrome has become a racial project, and providers have historically used race to both classify black bodies and vulnerable populations as well as justify metabolic differences in people by linking racial inequality to essential properties of purportedly biologically and genetically meaningful groups (Hatch 2016). The production and consumption of sugar have served to subordinate black bodies. I joltingly learned that the economic interests of food and drug companies are intimately connected to our bodies and health, especially the bodies of low-income individuals, much like the patients I helped care for at Crossroad (Hatch 2016). This realization left me feeling disgusted and even guilty. My racial privilege as a mixed white and Korean woman meant that I had been gifted advantage solely because of my appearance and skin color. However, I learned that guilt would not change the conditions that constrained my students or patients. Instead, I needed to utilize the benefits I had been given to allow underprivileged people to help define in America’s greater narrative. Instead of allowing millions of people to fall victim to America’s story, I wanted them to take control of it.

Most recently, as I have become more passionate about reproductive agency and feminism, my work through the Ohio Policy Evaluation Network has allowed me to explore the concept of intersectionality among racial and gender stratification in family planning. I was moved by with the story of Loretta Ross, author, activist, and human rights leader. In particular, her experience with the now discontinued Dalkon Shield intrauterine device and struggle to access reproductive justice focused my energies on an even narrower field. In her interview on the podcast CHOICE/LESS, she spoke of her experience with her gynecologist, “When he said, ‘He just assumed because you were black and poor and you were already a mother, that he did not have to provide you quality care’" (CHOICE/LESS 2017).

Many times, when we reflect and write about our experiences, we come to new realizations about ourselves. In writing this essay, I have realized that I truly stand on the shoulders of giants. Much of my understanding regarding the role that race plays in health and politics comes from learning about the lived experiences of other people, particularly those who have suffered great injustices. In all that I have gained in my undergraduate career, one of the most important lessons I have learned is to continually seek diverse, innovative mentors. In medical school and beyond, I hope to actionize my insight into how racialized medicine systemically oppresses disadvantaged people and to continue to be an enthusiastic ally for all POC.

References

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