

1 **Title:** Black Students' Perception of Belonging: A Focus Group Approach with Black Students at the Uniformed
2 Services University of the Health Sciences

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14 School of Medicine. She is a member of the Student National Medical Association, and peer leader for the
15 school's inaugural Racism in Medicine course which she helped design and champion.

16
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- 36 • **Twitter:** @USUhealthsci, @AltheaCsm, @WSeideMD

37
38 **Discussion Points:**

- 39 1. Sense of belonging and inspiration tied to one's ability to relate/connect to their environment with
40 meaningful representation is needed

- 1 2. Lack of diversity and inclusion efforts contributes to adverse learning climate and social environment
2 with added emotional labor/stresses for URM.
- 3 3. Minority tax and imposter syndrome can impair academic performance and negatively affect emotional
4 well-being, leading to burnout predisposition
- 5 4. Adverse environments may be perceived by URM and decreasing the attractiveness of military
6 medicine (the institution).
- 7 5. Fostering diversity and inclusion efforts must include curriculum content, which is vital to ensure training
8 of clinically excellent, culturally competent, and socially conscious physicians.

9
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1 **ABSTRACT.**

2 **Background**

3 Finding that enrollment of Underrepresented in Medicine students at the Uniformed Services University of the
4 Health Sciences was considerably below the national average, researchers sought to understand the
5 experiences of minority students. The goal is to develop an academic and social support structure that
6 sustains and attracts students of diverse backgrounds and races.

7 **Method**

8 Individual interviews of eight matriculated Black medical students and a focus group were conducted, with
9 Institutional Review Board approval, to obtain feasible methodologies and implement change. Student's
10 perspectives and experiences regarding their institution were investigated using qualitative thematic analysis.

11 **Results**

12 The analysis revealed six themes from the individual interviews: Experience as a minority; Admission process;
13 Difference in backgrounds; Curriculum culture; Diversity at the school; Military medicine. The overarching
14 message from the students was "If you don't see yourself represented somewhere, it's hard to believe that
15 you belong." The focus group made four recommendations: Add a minority viewpoint to curriculum; Add
16 textbooks that portray black skin; Collaborate with Historically Black Colleges and Universities; Increase
17 recruitment of Black students and faculty.

18 **Conclusion**

19 It is hard for minority students to believe they belong in environments without the representation and
20 infrastructure needed to support their unique needs. Implementing ideas, such as those described in this
21 report, is an important step towards creating inclusion and equity.

22

23 **Key Words:** Medical students, Qualitative Research, Minority Groups, Undergraduate Medical Education,
24 Social Perception (Source: MeSH-NLM).

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1 **INTRODUCTION.**

2 Under-represented in medicine (URM) groups are defined as racial and ethnic populations that are
3 underrepresented in the medical profession relative to their numbers in the general population. According to
4 the American Association of Medical Colleges, URM are: “Black/African American, Native American (American
5 Indian, Alaskan Native or Native Hawaiian), Mexican American, and Mainland Puerto Rican”.¹ URMs represent
6 approximately 22% of students matriculating to allopathic medical schools across the nation.² The F. Edward
7 Hebert School of Medicine, Uniformed Services University (USU), lags behind its peers with a URM enrollment
8 of 13.4%. Figure 1 shows little change in the percentage of URMs matriculating to USU over the past six
9 years. Research has shown that Black students at predominantly white medical schools experience more stress
10 than white students due to the perceived inadequacy of their academic preparation, poor interactions with faculty
11 and classmates, lack of role models, environments insensitive to their cultural backgrounds, and implicit bias or
12 racism.³⁻⁷

13
14 An extensive literature review shows a significant gap regarding first-hand accounts of the Black medical student
15 experience, other than as depicted by Hadinger in 2017 where the URM perspective of the medical school
16 admissions process was researched.⁸ Prior assessments of URM experiences were based on quantitative data,
17 such as the 1980’s study of Black medical students in North Carolina who identified their perceptions of their
18 learning environment via a questionnaire.⁵ The lack of in-depth first-hand accounts of URM medical students
19 led to our question: What are the experiences of URM students at USU? What can be done to mitigate negative
20 experiences?

21

1 MATERIALS OR PATIENTS AND METHODS.

2 After Institutional Review Board approval, a recruitment email was sent to the 23 members of USU's Student
3 National Medical Association (SNMA) chapter with eight responses (35% participation). Respondents all
4 identified as Black, included male and female genders, and represented all four years of medical school. With
5 consent from each participant, we conducted recorded "virtual" interviews of individuals then subsequently, with
6 a focus group. Interview and focus group questions are outlined in Table 1.

7
8 Individual Interviews

9 One co-investigator (MJ), herself a Black woman medical student at USU, interviewed the 8 participants
10 individually. There was an atmosphere of trust, shared language, and shared experiences. Trust allowed the
11 students to speak candidly about issues they had previously kept private. The recorded interviews were
12 transcribed by a professional transcription agency. MJ de-identified the interviews prior to sharing them with
13 the other two investigators. Two co-investigators completed the analysis using thematic qualitative analysis.^{9,10}
14 They independently used line-by-line coding with constant comparison. As they proceeded, the co-investigators
15 discussed each line and code until coming to an agreement. They independently arranged the codes into
16 themes and discussed the themes and their descriptions and implications until achieving consensus. NVivo 12
17 © (www.qrsinternational.com) was used to manage the data.

18
19 Focus Group

20 The focus group (seven of the eight students) was conducted by a second Black female faculty member (WS)
21 in coordination with the medical student (MJ). Students were not deceived but were generally not aware of VR's
22 presence (a White female faculty member) at the video meeting as her camera was not on. The questions were
23 discussed candidly. The trust that was established in the interviews quickly became apparent in the focus group
24 interactions. Consensus was established as the group discussed the themes one-by-one and found their
25 experiences, opinions, and recommendations were nearly identical.

26
27 After a review of the focus group discussion, the authors proposed additional recommendations.
28
29

1 RESULTS.

2 *Individual Interviews*

3
4 The analysis revealed six themes which are provided with samples of direct quotes from the interviews. Figure
5 2 lists additional student quotations.

- 6
7 • Experience as minority: *“The only time we see [like] black people is [like] the people who are serving
8 us lunch or [like] people who are [like] janitorial service” (sic)*

9 URM students experience intense imposter syndrome¹¹ which does not abate. Imposter syndrome, while
10 ubiquitous in students in higher education, is especially problematic among URM students, who often
11 experience race-based imposter syndrome. Evidence of tokenism combines with low self-esteem to create an
12 emotionally stressful situation in which URM students struggle, not because of academic difficulty, but because
13 of being the only person of color in the classroom.

14
15 Minority students have difficulty relating to faculty, peers, as well as the Office of Student Affairs because of a
16 lack of minority representation in areas that have been designated as “support” areas. Students are afraid to
17 ask for help for fear of being labeled “dumb” among classmates and faculty. Most have trouble adapting to USU’s
18 social life and are isolated. They feel out of place in the educational environment and feel the need to “code
19 switch” (not use “Black English”; use only Standard English). They feel they must put on a fake persona to come
20 to campus, which makes the experience emotionally draining and depressing. They do not feel the camaraderie
21 that is displayed among their classmates and feel they must be overly cautious of how their words could be
22 perceived. This theme was mentioned in seven of the eight interviews

- 23
24 • Admissions process: *“I only got in because, you know, they were looking for a quota.” (sic)*

25 Seven of the eight students believe they were accepted to USU solely to fill a quota instead of having been
26 selected based on merit. This was perpetuated when students shared examples of constantly being called the
27 wrong name by peers and faculty or mistaken for “other Black people”.

- 28
29 • Difference in backgrounds: *“my interest lies more in those populations that have to deal with food
30 deserts or who go to disadvantaged homes or who systematically grow up with fear of physicians”
31 (sic)*

32 Students highlighted the differences in their backgrounds, including not coming from prestigious schools,
33 wealthy communities, or having affluent parents. Prior to attending medical school, URM students did not have
34 similar resources such as tutors and role models as their non-minority peers. This theme was mentioned in six
35 of eight interviews.

- 36
37 • Curriculum culture: *“we need a curriculum, we need textbooks, we need lecture materials that identify
38 African-American skin...because that's what we're treating. We're not just gonna have a white patient
39 all the same all the time.” (sic)*

40 Students believe there is a racial bias in the curriculum. All students remarked that the race of most of the
41 patients - either on written exams or patient interactions - was White and the way certain conditions looked on

1 non-White races was only noted if someone specifically asked. Students felt that in the small group settings –
2 where sensitive topics such as race were being discussed – the use of cookie-cutter answers often did not allow
3 for open and honest discussion. This theme was mentioned in seven of eight interviews.

- 4
5 • Diversity at USU: *“It’s hard to think that a school cares about you if they don’t have many of you in the
6 school” (sic)*

7 All eight students are dissatisfied with the diversity at USU regarding minority representation in both the pre-
8 clerkship and clerkship curriculum.

- 9
10 • Military medicine: *“my decision to continue to pursue military medicine is definitely brought about
11 hesitancy” (sic)*

12 Students express differences in their decision to pursue military medicine and the impact their USU experience
13 made. Three students felt there was commonality because the military had to care for each other, while five felt
14 the military was a vehicle for them to gain training then return to serve in their communities.

15 16 *Focus Group Recommendations*

17 Seven interviewees met with two researchers for additional discussions and provided recommendations to
18 improve the USU learning environment. Their suggestions include updating the curriculum along with textbooks
19 and resources, adding a minority viewpoint. Students feel it is important for educational material to reflect the
20 diverse patient population, such as having textbooks that show how dermatologic conditions present on other
21 than White skin. The focus group feels increasing recruitment of faculty, staff, as well as students must be a
22 priority as USU is lacking Black faculty and staff. Students mentioned that the only resource available to support
23 their URM-specific needs was the counseling center, but they were hesitant to visit the center because of the
24 perceived lack of representation of minority counselors. In the interim, the focus group recommends USU
25 collaborate with local Historically Black Colleges and Universities (HBCU) to obtain advice/assistance on issues
26 related to diversity and cultural competency.

27 28 29 30 31 32 33 34 35 36 37 38 39 40 **DISCUSSION.**

1 “If you don’t see yourself represented somewhere it’s hard to believe that you belong” was alluded to by all
2 participants and summarizes the themes found. Students need to see themselves represented among their
3 peers, faculty, and curriculum. Unfortunately, the perceived lack of diversity in these areas manifested as
4 feelings of tokenism. These URM students attending USU experience minority-specific imposter syndrome and
5 perceived racial bias in the curriculum. They feel lonely and out of place, with limited connection to their non-
6 minority peers, based on their goals to serve in underrepresented communities. These sentiments led to the
7 recommendations from the focus group which embody their need: to feel welcome in their learning environment,
8 create a similar environment for other URM, and for their peers and faculty to be aware of their perceptions of
9 isolation and being unwelcome.

10 *Researchers’ Recommendations*

11 The researchers provided five additional recommendations based on their subject-matter expertise and
12 engagement in previous programs. First - URM students require a program that provides academic and social
13 support. Second - faculty/student-led forums surrounding issues of race and racism, followed by action, must
14 continue. Third - design a Racism in Medicine course. Fourth - expand mentorship opportunities for pre-medical
15 audiences.). Fifth - design a pipeline program for pre-medical students who have potential but do not meet
16 USU’s admission requirements.

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18
19 Integrating a minority viewpoint to the curriculum and adding texts and resources that demonstrate the minority
20 experience can increase the likelihood of improved relationships and later patient–physician concordance.¹²⁻¹⁶
21 Collaboration with local HBCUs and increased recruitment of Black students, faculty, and staff will provide
22 students more sense of belonging and contribute to the critical mass that is needed to make meaningful
23 change.^{17,18} Programs, such as the medical school pipelines at Wayne State University as well as Southern Illinois
24 University Schools of Medicine, have been successful in matriculating and supporting diverse students.^{19,20} A
25 cascading mentorship program can promote an inclusive climate by providing academic and social support to
26 students at different levels of education and from a variety of backgrounds.^{21,22} These interactions highlight the
27 significant roles medical school personnel have as role models in helping to diversify the medical profession.²³

28
29 USU is not unique among U.S. medical schools that are struggling to recruit and retain a diverse student body.
30 Medical school leaders across the nation are developing and implementing innovative solutions to this
31 challenge.¹⁷⁻²² With the transition to a virtual era during the pandemic, collaborating with other schools is more
32 accessible than ever. Collaborations could start by simply having guest facilitators moderate/teach a Zoom
33 (distance learning) class from anywhere in the world. Thus, this study’s results are certainly generalizable to
34 other medical and graduate schools that face similar challenges.

35 *Limitations*

36 This study was conducted at a military medical school - the only one of its kind in the U.S. The experiences
37 and feelings of the participants that responded may be different from the general population of medical students
38 in the US. Self-selection could have created a population of participants whose opinions and experiences
39

1 differed from other SNMA members who did not participate. Further comparative research to evaluate students'
2 perspectives, to include comparative sampling, would be useful.

3
4 *Conclusion*

5 It is difficult for minority students to believe they belong in an environment without the representation and
6 infrastructure needed to support their specific needs. Students experience intense imposter syndrome, feel
7 lonely, out of place, exhausted by the “minority tax” and “don’t know how to navigate the system and don’t feel
8 welcome.”²⁴ Implementing programs and ideas like those found in this report will be a step towards creating
9 inclusion and equity.

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1 **REFERENCES.**

- 2
- 3 1. Association of American Medical Colleges. Underrepresented in medicine definition. Available from:
4 <https://www.aamc.org/what-we-do/diversity-inclusion/underrepresented-in-medicine>. Last updated March 19,
5 2004; last cited November 3, 2020.
- 6 2. Association of American Medical Colleges. Total U.S. Medical School Enrollment.
7 https://www.aamc.org/system/files/2020-11/2020_FACTS_Table_B-3.pdf. Last updated November 3, 2020;
8 last cited November 3, 2020.
- 9 3. Orom, H., Semalulu, T., & Underwood III, W. (2013). The social and learning environments experienced by
10 underrepresented minority medical students: a narrative review. *Academic Medicine*, 88(11), 1765-1777.
- 11 4. Strayhorn, G., & Frierson, H. (1989). Assessing correlations between black and white students' perceptions
12 of the medical school learning environment, their academic performances, and their well-being. *Academic
13 medicine: journal of the Association of American Medical Colleges*, 64(8), 468-473.
- 14 5. Frierson Jr, H. T. (1987). Black medical students' perceptions of the academic environment and of faculty
15 and peer interactions. *Journal of the National Medical Association*, 79(7), 737.
- 16 6. Calkins, E., Arnold, L., & Willoughby, T. L. (1994). Medical students' perceptions of stress: gender and ethnic
17 considerations. *Academic Medicine*. 1994;69(10);Suppl 22-4.
- 18 7. Tatum, Beverly Daniel. "" Why Are All the Black Kids Still Sitting Together in the Cafeteria?" and Other
19 Conversations about Race in the Twenty-First Century." *Liberal Education* 103 (2017): n3-4.
- 20 8. Hadinger, M. A. (2017). Underrepresented minorities in medical school admissions: a qualitative
21 study. *Teaching and learning in medicine*, 29(1), 31-41.
- 22 9. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in
23 psychology*, 3(2), 77-101.
- 24 10. Cleland, J. A. (2017). The qualitative orientation in medical education research. *Korean journal of medical
25 education*, 29(2), 61.
- 26 11. Parkman, A. (2016). The imposter phenomenon in higher education: Incidence and impact. *Journal of
27 Higher Education Theory and Practice*, 16(1), 51.
- 28 12. Osseo-Asare, A., Balasuriya, L., Huot, S. J., Keene, D., Berg, D., Nunez-Smith, M., ... & Boatright, D. (2018).
29 Minority resident physicians' views on the role of race/ethnicity in their training experiences in the
30 workplace. *JAMA network open*, 1(5), e182723-e182723.
- 31 13. Roberts, L. W. (2020). Belonging, respectful inclusion, and diversity in medical education. *Academic
32 Medicine*, 95(5), 661-664.
- 33 14. Thomas, B., & Booth-McCoy, A. N. (2020). Blackface, implicit bias, and the informal curriculum: shaping the
34 healthcare workforce, and improving health. *Journal of the National Medical Association*, 112(5), 533-540.

- 1 15. Acosta, D., & Ackerman-Barger, K. (2017). Breaking the silence: time to talk about race and
2 racism. *Academic medicine*, 92(3), 285-288.
- 3 16. Walters, F. P., Anyane-Yeboah, A., & Landry, A. M. (2020). The not-so-silent killer missing in medical-training
4 curricula: racism. *Nature Medicine*, 26(8), 1160-1161.
- 5 17. Vick, A. D., Baugh, A., Lambert, J., Vanderbilt, A. A., Ingram, E., Garcia, R., & Baugh, R. F. (2018). Levers
6 of change: a review of contemporary interventions to enhance diversity in medical schools in the USA. *Advances
7 in medical education and practice*, 9, 53.
- 8 18. Garces, L. M., & Jayakumar, U. M. (2014). Dynamic diversity: Toward a contextual understanding of critical
9 mass. *Educational Researcher*, 43(3), 115-124.
- 10 19. Smitherman, H. C., Aranha, A. N., Dignan, A., Morrison, M., Ayers, E., Robinson, L., ... & Baker, R. S.
11 (2021). Impact of a 50-Year Premedical Postbaccalaureate Program in Graduating Physicians for Practice in
12 Primary Care and Underserved Areas. *Academic Medicine*, 96(3), 416-424.
- 13 20. Metz, A. M. (2017). Medical school outcomes, primary care specialty choice, and practice in medically
14 underserved areas by physician alumni of MEDPREP, a postbaccalaureate premedical program for
15 underrepresented and disadvantaged students. *Teaching and learning in medicine*, 29(3), 351-359.
- 16 21. Haggins, A., Sandhu, G., & Ross, P. T. (2018). Value of near-peer mentorship from protégé and mentor
17 perspectives: a strategy to increase physician workforce diversity. *Journal of the National Medical
18 Association*, 110(4), 399-406.
- 19 22. Afghani, B., Santos, R., Angulo, M., & Muratori, W. (2013). A novel enrichment program using cascading
20 mentorship to increase diversity in the health care professions. *Academic Medicine*, 88(9), 1232-1238.
- 21 23. Quaye, S. J., Shaw, M. D., & Hill, D. C. (2017). Blending scholar and activist identities: Establishing the
22 need for scholar activism. *Journal of Diversity in Higher Education*, 10(4), 381.
- 23 24. Rodríguez, J. E., Campbell, K. M., & Pololi, L. H. (2015). Addressing disparities in academic medicine: what
24 of the minority tax?. *BMC Medical Education*, 15(1), 1-5.

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1 **FIGURES AND TABLES.**2 **Table 1.** Interview and Focus group Questions.

3

Individual Interview Questions	Focus group questions
What is your definition of diversity? Are you satisfied with the diversity of your school?	What are your thoughts on how the current curriculum addresses cultural sensitivity/awareness?
How would you describe your experience as a minority student at USU in your interactions with faculty and students? Can you tell me more about that?	What thoughts and/or recommendations do you have to help increase cultural sensitivity/awareness in the curriculum?
How would you describe your experience as a minority student at USU with regards to the curriculum and your learning environment? Have you experienced racial bias In what way?	What resources do you feel the university has to support you as a URM? Support in what way?
How has your experience as a minority student at USU impacted your academic performance? Overall well being/morale?decision to pursue medicine? Military medicine?	Which of the resources have you found helpful? What would you like to see implemented that would help support more students like you?
Would you say your experience in medical school as a URM is similar or different than that of your peers at USU? Explain.	What ideas do you have to increase recruitment in URM in medicine? USU or Health Professional Scholarship Program?

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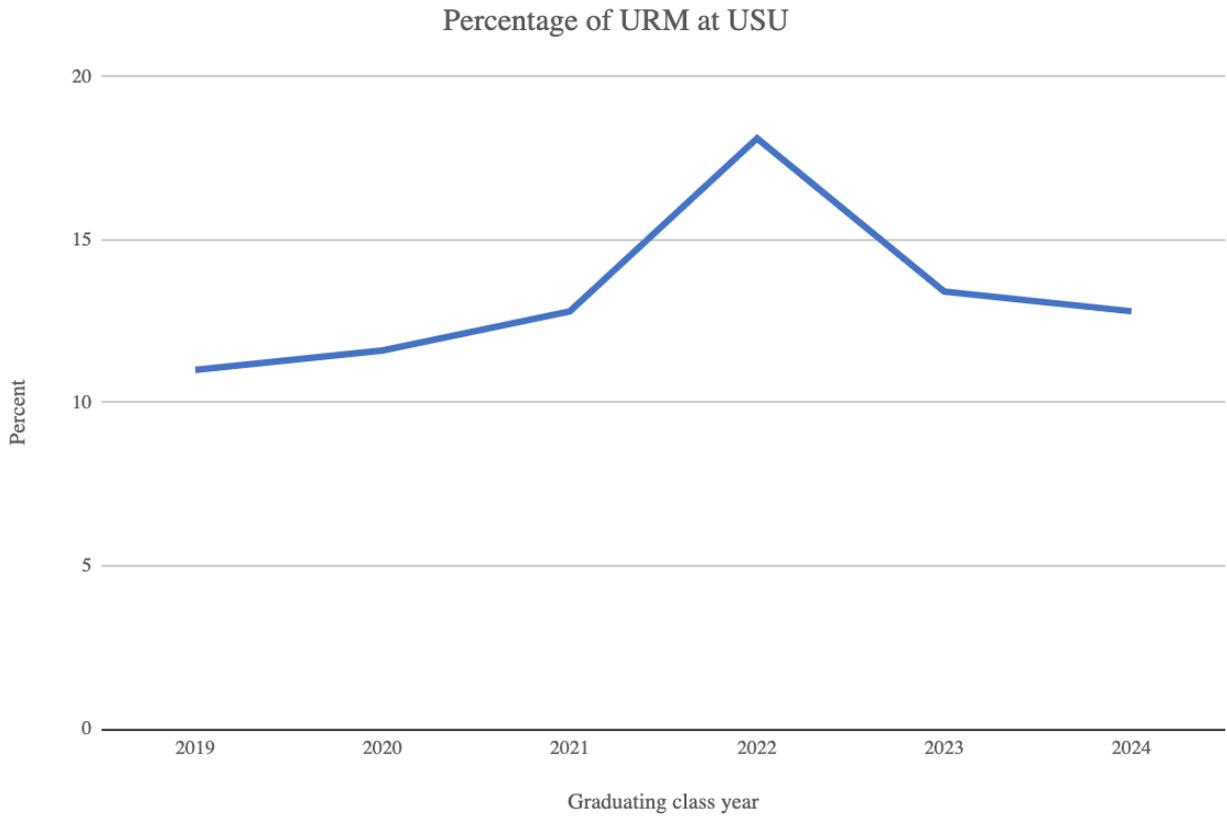
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1 **Figure 1.** Percentage of URM at USU.
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1 **Figure 2.** Additional quotes from the individual interview, along with their respective themes.
2

Theme	Quotes (sic)
Experience as a minority	<ul style="list-style-type: none"> • “I come on campus and I don’t see anybody that looks like me, maybe like one or two days a week, if I’m like on campus” • “ there’s just such a small number of minorities in medical school, especially our medical school... I don’t know. I just think all of that stuff weighs on you, even if it’s subconsciously,” • “the way the email was worded made me think that I was being told I failed like the entirety of the class. So I remember that day I was like depressed and I was in school and I couldn’t talk to anyone. I was about to cry. And like, I just remember like the entire day hurt, my heart. And then I opened the whole e-mail. And I was just like, why would it tell me like this? And it turned out someone thought I was someone else again. And emailed me.” • “my experience in the beginning was a bit difficult because of getting called the wrong name a lot ” • “any time I had had multiple black people in my group. I’ve been called one of the other black people multiple times.” • “it’s a little bit insulting just because, like, it means that the repertoire that we build, we’re not actually building it. You’re kind of packaging other black people and you’re like, oh, yeah, black people.” • “you’re minimizing by my existence, you know, and the work that I put, you know, is like well...not only did my existence get minimized but the person who I got confused with got minimized, too.”
Admissions process	<ul style="list-style-type: none"> • “ Do something great. Like we got into medical school. But. You can still feel like we didn’t really deserve it. ... my MCAT score wasn’t that high I know.” • “ increasing diversity isn’t just allowing more people in, but you have to have the infrastructure in place.” • “Because part of my opinion that part of increasing diversity isn’t just allowing more people in, but you have to have the infrastructure in place”. • So I think part of the exception that they made for me was because I’m diverse and I’m like considered a minority in many different ways. Looking back, I think that hurt me more than anything.” • “And so this significantly impacted my mental health and my wellbeing and constantly in the back of my head. I was just thinking to myself. Was I truly qualified or did they just want to like kind of kind of fill a quota”
Difference in Backgrounds	<ul style="list-style-type: none"> • “I’m interested in minority health issues in that personally, as one of the rubs that I have with military medicine is because our constituents, our future constituents, they don’t deal with the same things that minority, typical minority populations do... for me” • “it was hard for me to reach out to other students, to other students for help just because of that feeling of wanting of not wanting to be a burden on everyone else who’s in the middle of studying for the same tests that you are and, they’re not struggling.” • “not really wanting to speak up and in certain conversations that are being had, because I don’t feel like my voice will be heard because I guess that I have a different set of experiences, I think a little bit differently than everyone else.”

<p>Curriculum culture</p>	<ul style="list-style-type: none"> • <i>"I'm the one black person and everyone's looking at me to like provide my black views on it. And sometimes that's hard. I don't know."</i> • <i>"I've had multiple questions where there was nothing really to say that was sickle cell except for African-American."</i> • <i>"I do think that there's times like during small groups that I don't feel like. I don't feel confident enough to speak up because I think a little bit differently than everyone"</i> • <i>"it's not our job. We already have a stressful curriculum itself and I'm not going to sit there, and spend time teaching each one of these kids what it's like, to grow up without access to food and how food desserts work?"</i>
<p>Diversity at USU</p>	<ul style="list-style-type: none"> • <i>"we would not be able to pull ourselves up by the bootstraps if we don't get no boot straps."</i> • <i>"I feel like if I were maybe not a minority, I would have more access to resources that people feel free to share that kind of stuff."</i> • <i>"I wish there were more minority students at our medical school, because I think that obviously from being a minority and being around others that share your common experiences, that can be helpful, almost like another support network. Instead of always trying to feel like you have to play two sides of the same coin and maybe not be your authentic self because you're constantly being judged or, you know, feel like you have to act a certain way."</i> • <i>"it's just like stress I didn't ask for."</i>
<p>Military medicine</p>	<ul style="list-style-type: none"> • <i>... like my first and second year made me start to question like, why am I even doing this? Like the whole purpose of people signing up to not just be in the military but also be a healthcare provider in the military is like a huge sacrifice in itself and the sacrifice for the people that you're also serving. And if they don't appreciate it. Then it's just like, why am I even wasting my time?"</i> • <i>"but if things continue the way they are, we're not really going to see changes"</i> • <i>"I think a big issue of not having diversity, is if People don't know you as a person and they refuse to know you as the person. I'm not going to be able to get nowhere"</i>

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