Addressing Racism in Medical Education –
Everyone Matters, Everyone Counts

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Objectives

1. Describe the Rutgers NJMS curriculum wide goals and objectives and how it led to the Health Equity and Social Justice longitudinal thread.

2. Demonstrate how the Health Equity and Social Justice thread responds to racism, privilege, social justice, bias, and historical context.

3. Constructing bias education for faculty, residents, and students.

4. Implementing anti-racism throughout medical education.
Our Commitment to Diversity, Equity, and Inclusion

- **1965**: Seton Hall College of Medicine and Dentistry was sold to the State of New Jersey which became the New Jersey Medical School, part of the New Jersey College of Medicine and Dentistry.

- **1968**: Newark Agreements of 1968 between the City of Newark and College of Medicine and Dentistry of New Jersey.

- **1971**: Federal funding with a focus on underrepresented minority pipeline.

- **1981**: Pipeline expanded to include precollege students.

- **1991**: Funding for the Hispanic Center of Excellence Grant with a focus on faculty and cultural competency threaded into formal curriculum and extracurricular activities.


- **1965**

- **1971**

- **1991**

- **2015**

- **1968**

- **1981**

- **2005**
**Equality**

The assumption is that everyone benefits from the same supports. This is equal treatment.

**Equity**

Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

**Justice**

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.
Objective 3: To demonstrate cultural and linguistic competency by the recognition and mitigation of bias

At the end of Phase 1, students should be able to:
4.3a) Define the terms frequently used in cultural/linguistic competency development.
4.3b) Recognize through development of self-awareness, how to appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in themselves. Rutgers New Jersey Medical School Goals and Objectives Updated 11-18-2020
4.3c) Identify their own personal biases that may impact on patient care.
4.3d) Recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in patients.
4.3e) Interpret the impact of provider bias on the physician-patient relationship and on health outcomes.
4.3f) Apply the INTERPRET framework (a framework for providers and interpreters. I- introductions, N-non-citizens, T-trust, E-effectiveness, R-roles, P-positioning, R- resources, E-ethics, T-timeframe), in order to effectively work with limited English-speaking patients.
4.3g) Describe health care access and quality issues both at individual and community levels.

At the end of Phase 2, students should also be able to:
4.3h) Recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in healthcare delivery.
4.3i) Identify ways to eliminate provider bias in the physician-patient interaction and the healthcare system.

At the end of Phase 3, students should also be able to:
4.3j) Identify gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in another healthcare professional and respond appropriately.
Perspective
Stolen Breaths


“Please — I can’t breathe.”

The truth is black people cannot breathe because the legacies of segregation and white flight, practices of gentrification and environmental racism, and local zoning policies that confine us in residential areas where we are disproportionately exposed to contaminants may contribute to a higher incidence of chronic exposures to particulate matter in the air that may contribute to a significant increase in asthma and cancer. As a result, black populations have higher rates of asthma and cancer. And these chronic exposures to particulate matter in the air may contribute to a higher incidence of asthma in black Americans than that faced by white Americans. 

“Please — I can’t breathe.”

The truth is black people cannot breathe because we are currently battling a global pandemic, a public health emergency, and that is a conservative estimate. One of every 1850 black lives in this global fight against a novel virus that could have harmed all (https://apmresearchlab.org). And yet — because of racism and the ways humans use it to hoard resources and power for some, while depriving others — it has killed an enormous number of black people.

“Please — I can’t breathe.”

Make “mastering the health effects of structural racism” a professional medical competency. In 2016, we asked individual clinicians to “learn, understand and accept America’s racist roots.” In 2020, it is clear that clinicians need to master learning the ways in which structural racism affects health. We believe that medical schools and training programs should equip every clinician, in every role, to address racism. And licensing, accreditation, and qualifying procedures should test this knowledge as an essential professional competency.

Police violence, racial inequities in Covid-19, and other forms of structural racism are concurrent and compounding public health crises in the United States.
GOAL 4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

Objective 6: To demonstrate the ability to identify and address the health effects of structural racism

At the end of Phase 1, students should be able to:
4.6a) Define race, racism, structural racism, anti-racism, oppression, and stereotype threat
4.6b) Recognize the relationship between structural racism, implicit bias, microaggressions, and health outcomes

At the end of Phase 2, students should be able to: (Effective May 2021)
4.6c) Incorporate into their assessment and plan, the effects of structural racism on the health status and health care of their patients
4.6d) Identify the role of physician advocacy in addressing structural racism

At the end of Phase 3, students should be able to: (Effective May 2021)
4.6e) Formulate a potential solution(s) to reshape health care and health policy systems that address structural racism incorporating physician advocacy
Rutgers New Jersey Medical School
Curriculum Goals and Objectives

Goal 4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity
Objective #3: To demonstrate cultural and linguistic competency and recognize and mitigate bias
Objective #6: To demonstrate the ability to identify and address the health effects of structural racism
HESJ Anti-Racism Curriculum

HESJ Clerkship
- Healthcare disparities
- Bias & stereotyping
- Interrupting microaggressions

HESJ II
- Health disparities
- Vulnerable populations
- Stigma & health

HESJ I
- Privilege and power
- Unconscious bias
- Racism & health
- Social determinants
- ACEs & TIC

Goal #4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

DallaPiazza M, Ayyala MS, Soto-Greene ML. Medical Teacher 2020
Health Equity and Social Justice Curriculum

Enhance self-awareness to recognize and appropriately address biases in ourselves.

Explain the impact that gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities, literacy level, and health disparities have on health status.

Develop skills to better understand the manner in which people of diverse cultures and belief systems perceive health and illness.

Describe the social determinants of health and recognize the impact of health care policy and community partnerships on population health and healthcare costs.

Demonstrate a commitment to life-long learning, social justice, and community service.
Define unconscious bias.

Understand the role of our brains and minds in shaping bias.

Appreciate how unconscious bias impacts our daily lives and the delivery of healthcare.

Develop skills for identifying, addressing, and overcoming unconscious bias in interactions with patients, communities, and colleagues.

http://berkshire.bcs.org/?event=diversity-in-it-how-do-we-get-there
Session: Privilege as a Social Determinant of Health

- Define and understand the concept of social privilege.

- Appreciate the role of privilege as a social determinant of health.

- Understand the influence of your own privilege in advocating for health equity.

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Power</th>
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<tbody>
<tr>
<td>Education</td>
<td>Authority</td>
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<tr>
<td>Social support</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Respect</td>
<td>Skills</td>
</tr>
<tr>
<td>Income</td>
<td>Degrees</td>
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</tbody>
</table>
Privilege Walk Statements

1. If you were ever called names or made fun of because of your race, ethnicity, sexual orientation, disability, religion, or class background, take one step back.

2. If you have immediate family members who are doctors, lawyers, or other professionals, take one step forward.

3. If one or both of your parents or guardians were ever unemployed or underemployed not by choice for a prolonged period of time, take one step back.

4. If one or both of your parents do not speak English fluently, take one step back.

5. If most of your teachers in school looked like you take one step forward.

6. If you have ever felt that members of your racial, ethnic, or religious community were feared or unwanted members of American society, take one step back.

7. If your parent/s or guardian/s owned their own house, take one step forward.
Exploring Racism and Health: An Intensive Interactive Session for Medical Students

Michelle DellePiazza, MD*, Mercedes Padilla-Register, MA, Megana Dwarkanath, MD, Elyon Obamedo, James Hill, PhD, Maria L. Soto-Greene, MD, MS-HPEd
*Corresponding author: mld029@njms.rutgers.edu

Abstract

Introduction: Growing recognition of the deleterious effects of racism on health has led to calls for increased education on racism for health care professionals. As part of a larger curriculum on health equity and social justice, we developed a new educational session on racism for first-year medical students consisting of a lecture followed by a case-based small-group discussion. Methods: Over the academic years of 2016-2017, 2017-2018, and 2018-2019, a total of 536 first-year medical students participated in this mandatory session. The course materials were developed as a collaboration between faculty and students. The lecture was delivered in a large-group format; the small-group case-based discussion consisted of 10-12 students with one upper-level student facilitator. Results: The majority of respondents for the course evaluation felt that the course had met its stated objectives, and many commented that they had an increased awareness of the role of racism in shaping health. Students felt that the small-group activity was especially powerful for learning about racism. Discussion: Active student involvement in curriculum development and small-group facilitation was critical for successful buy-in from students. Additional content on bias, stereotyping, and health care disparities will be the focus of faculty development programs and will also be integrated into the clerkships to build on these important topics as students are immersed in clinical care.
# Addressing Stereotype / Bias in the Clerkships

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Educational method</th>
</tr>
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<tbody>
<tr>
<td>Family Medicine</td>
<td>Written Reflection</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Reading with small group discussion</td>
</tr>
<tr>
<td>Neurology</td>
<td>Written reflection</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Large group discussion</td>
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<tr>
<td>Pediatrics</td>
<td>Written reflection &amp; small group discussion</td>
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<tr>
<td>Psychiatry</td>
<td>Written reflection on experience</td>
</tr>
<tr>
<td>Surgery</td>
<td>Written reflection &amp; large group discussion</td>
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</table>
Rutgers New Jersey Medical School COVID-19 Pandemic Course

Explain the epidemiology of COVID-19, including the principles of underlying mathematical models.

Describe the pathophysiology of COVID-1.


Recognize the physical and behavioral health effects of a pandemic on the front-line workers including strategies for mitigating such effects.

**Identify the ethical dilemmas in public health crises in general, including triaging patients in the setting of limited resource.**

**Deconstruct health inequities for vulnerable populations in the context of the COVID-19 pandemic and describe how to best advocate for structural change and social justice.**

Distinguish between normal psychological reactions (such as stress and grief) and psychiatric disorders (such as major depression and persistent complex bereavement).

Describe basic telehealth principles, including current technologies, clinical applications, and standards.
<table>
<thead>
<tr>
<th>Week</th>
<th>Overall Themes</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wk 1 (5/4)</td>
<td>Overview, Reflection, Virology, Immunity</td>
<td>Orientation 11am - Drs. Soto-Greene &amp; Traba</td>
<td>Introduction to the pandemic and viruses - Dr. Mathews 10am</td>
<td>SARS-CoV-2 molecular biology - Dr. Mathews 10am</td>
<td>Innate Immunity - Dr. Fitzgerald-Bocarsly 10am</td>
<td>SARS-CoV-2 Infection and Spread - Dr. Mathews 10am</td>
</tr>
<tr>
<td>Wk 2 (5/11)</td>
<td>Epidemiology, Pharmacology, Management, Health Inequities</td>
<td>COVID Clinical Signs/Symptoms and Diagnosis - Dr. Tantler 10am</td>
<td>COVID-19 and Mental Health - Dr. Levounis 10am - 45 min lecture/30 min Q&amp;A</td>
<td>Non-Pharm Management of COVID-19 - Dr. Tantler 10am</td>
<td>Pharmacology and Therapeutics in Pandemic - Dr. Weber 10am-12pm</td>
<td>COVID Panel: Student Volunteer Experiences 10:30am-12pm</td>
</tr>
<tr>
<td>Wk 3 (5/18)</td>
<td>Telehealth, Ethics, Mental Health, Health Inequities</td>
<td>Introduction to Telehealth - Dr. Waller 10am - 11am</td>
<td>Medical Ethics Case Discussion 1.5 hrs (1/3 class)</td>
<td>COVID-19 and Well-being - Dr. Aggarwal - 10am 45 min lecture/30 min Q&amp;A</td>
<td>COVID Front-Line Panel 3-5pm</td>
<td>Telehealth Small Group Sessions 1.5 hour blocks: 9am-2:30pm</td>
</tr>
<tr>
<td>Wk 4 (5/25)</td>
<td>Mental Health, Health Inequities, Health Systems, EMR</td>
<td>Memorial Day</td>
<td>After COVID-19: Rebuilding in the Post-Pandemic World - Dr. Levounis 10am 45 min lecture/30 min Q&amp;A</td>
<td>Epic Training [Order Entry] (1/4 class)/HESJ Small groups (1/4)</td>
<td>Epic Training [Order Entry] (1/4 class)/HESJ Small groups (1/4)</td>
<td>Epic Training [Order Entry] (1/4 class)/HESJ Small groups (1/4)</td>
</tr>
</tbody>
</table>
1) Illustrate the impact of social determinants and structural racism on health outcomes of vulnerable populations during the COVID-19 pandemic
2) Explain the unique challenges to vulnerable populations with respect to social distancing and isolation
3) Describe the biases built into the health system that lead to disparities in COVID-19 testing and access to care

1) Explain how othering can negatively affect certain racial/ethnic groups with respect to contagious diseases like COVID-19
2) Describe the historical and neurocognitive basis for othering
3) Delineate skills that can be employed to lessen the impact of othering

1) Employ skills-based frameworks to self-reflect, dismantle oppression, and sustain belonging within the culture of medicine
2) Identify key lessons learned from the COVID-19 pandemic that can help inform interventions to achieve greater health equity
3) Hypothesize potential solutions to reshape healthcare and health policy systems going forward
What is Othering?

Othering is the differential treatment of those whom we see as “in our group” versus those whom we see as some kind of “other,” meaning someone who is defined as in “some group other than my own group.”

Billig & Tajfel, 1973
Outbreaks create fear, and fear is a key ingredient for racism and xenophobia to thrive. The coronavirus disease 2019 (COVID-19) pandemic has uncovered social and political fractures within communities, with racialised and discriminatory responses to fear, disproportionately affecting marginalised groups.

Devankumar, et al., 2020
**CHARGE²**
A framework to help you acknowledge and address your own biases

**C:** Change your context

**H:** Honesty

**A:** Avoid blaming

**R:** Realize when you need to slow down

**G:** Get to know others

**E:** Engage / Empower

Developed by: DallaPiazza M, Hill J, Ayyala MS, Soto-Greene M (2018). Rutgers New Jersey Medical School through the support of the Hispanic Center of Excellence, Health Resources and Services Administration Grant D34HP26020.

**INTERRUPT**
A toolkit of options to address microaggressions and biases when witnessed or experienced.

**I:** Inquire

**N:** Non-threatening

**T:** Take responsibility

**E:** Empower

**R:** Reframe

**R:** Redirect

**U:** Use impact questions

**P:** Paraphrase

**T:** Teach by using “I” phrases

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>A framework to help acknowledge and address your own bias</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>C- Change your context: Is there another perspective that is possible?</td>
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<tr>
<td></td>
<td>H- Be honest with yourself, acknowledge and be aware</td>
</tr>
<tr>
<td></td>
<td>A- Avoid blaming yourself; know that you can do something about it</td>
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<tr>
<td></td>
<td>R- Realize when you need to use a slower thinking process</td>
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<tr>
<td></td>
<td>G- Get to know people you perceive as different from you</td>
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<td></td>
<td>E- Engage and remember why you are doing this; Empower patients, students, co-workers, and peers</td>
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DallaPiazza M, Hill J, Ayyala MS, Soto-Greene ML. Rutgers NJMS

<table>
<thead>
<tr>
<th>INTERRUPT</th>
<th>A toolkit of options to address microaggressions when witnessed or experienced</th>
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<tbody>
<tr>
<td></td>
<td>I- Inquire: Encourage elaboration, leverage curiosity</td>
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<tr>
<td></td>
<td>N- be Non-threatening: We all have blindspots. Be open to feedback, and avoid defensiveness</td>
</tr>
<tr>
<td></td>
<td>T- Take responsibility: Be an upstander. If you need to reconsider a statement, acknowledge and apologize</td>
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<tr>
<td></td>
<td>E- Empower: Ask questions that will make a difference</td>
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<tr>
<td></td>
<td>R- Reframe: “Have you ever thought about it like this?”</td>
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<td></td>
<td>R- Redirect: Helpful when an individual is put on the spot to speak for their identity group</td>
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<tr>
<td></td>
<td>U- Use impact questions: “What would happen if you considered the impact on...”</td>
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<td></td>
<td>P- Paraphrase: Making what is invisible (unconscious bias), visible</td>
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<tr>
<td></td>
<td>T- Teach by using “I” phrases: Speak from your own experience</td>
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<thead>
<tr>
<th>BRIDGE</th>
<th>A framework to mitigate othering and sustain belonging</th>
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<tbody>
<tr>
<td></td>
<td>B- Be present</td>
</tr>
<tr>
<td></td>
<td>R- Remember the whole person</td>
</tr>
<tr>
<td></td>
<td>I- Imagine what it must be like to be in this person’s place</td>
</tr>
<tr>
<td></td>
<td>D- Deconstruct othering narratives that might impact your care of the person</td>
</tr>
<tr>
<td></td>
<td>G- Generate new narratives that open up new opportunities for access to care and wellness</td>
</tr>
<tr>
<td></td>
<td>E- Engage organizations to look at systemic othering narratives that might be barriers to health</td>
</tr>
</tbody>
</table>

Hill J. Rutgers NJMS
Empowering Educators to Mitigate Unconscious Biases: Awareness to Action
Learning Objectives

1) Describe the science behind unconscious bias

2) Identify clinical encounters in which stereotype/bias may have affected patient care

3) Engage in reflection about your own beliefs and values and the need to address personal bias

4) Explore individual-based strategies to mitigate bias
Coronavirus weekly: racism, COVID-19, and the inequality that fuels these parallel pandemics

Ahmed George

The C.D.C. said in a statement to The New York Times that it did not have data to quantify the role of implicit bias in Covid-19 deaths. But the agency added, “Becoming aware of and reflecting on one’s own biases to help ensure they do not impact decisions is a potentially lifesaving step for clinicians to undertake.”

Covid-19

Treatment Add to the Mourning for Black Families

The Centers for Disease Control and Prevention have advised health professionals to be on the lookout for medical bias.

Covid-19 Fueling Anti-Asian Racism and Xenophobia Worldwide

National Action Plans Needed to Counter Intolerance
2020-2021: Addressing Racism in the NJMS Curriculum

Curriculum Objective 6: To demonstrate the ability to identify and address the health effects of structural racism (Effective May 2021)

Audit of the Preclerkship Curriculum: Race, Bias, and Racism

Graduating 4th Year Student Capstone Dialogue on Racism
The student/resident was asked to document areas in which the courses incorporated race, stereotype/bias, equity, inequalities, social determinants of health, as well as document areas in the course where more information of these topics could have been incorporated.
CAPSTONE: Dialogue
Revisiting structural racism, how we talk about it, and how we move forward into residency

Michelle DallaPiazza MD she/her/hers
Manasa Ayyala MD she/her/hers
Ondrea McKay MD she/her/hers
Maria Soto-Greene MD MS-HPEd she/her/hers

Land acknowledgement: This lecture is occurring on traditional Lenape lands
Objectives

• Define racism and anti-racism
• Describe the levels of racism
• Distinguish debate, discussion, conversation, and dialogue
• Explore how we can engage in dialogue around anti-racism
• Identify the value of engaging in dialogue
Debate vs Discussion vs Dialogue

• Debate: The format dictates that people take sides and advocate for that side, rebutting points from the other side. Structured and formal.

• Discussion: Talk that has a purpose—often to make a decision.

• Dialogue: Engages people in building understanding of an issue, without the pressure to make a decision or be “right”. People inquire into ideas, rather than advocate for their own or other’s ideas.

• Conversation: Most informal, no specific goal.
Ground rules for dialogue

1. Listen actively
2. Remain curious
3. Ask for clarification when needed
4. Use “I” statements—speak from your own experience
5. Communicate in a nonjudgmental fashion – *avoid making assumptions about the beliefs, values, and motives of other participants*
6. Refrain from personal attacks
7. Consider both the intent and the impact of words and actions
8. Reveal only what you feel comfortable revealing about yourself, and maintain confidentiality
9. There is no one “right” answer
10. *The goal is not always to agree; it is to gain a deeper understanding*
Next Steps

- Faculty Development
- Resident/Fellow Development
- Adopting National Frameworks/Best Practices
Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education
Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

**Purpose**

- Provide medical schools’ educational leaders, AAMC Medical Education Senior Leaders, and their institutions with guidelines and action steps to dismantle and eliminate racism in medical education across the continuum
Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

Immediate Actions

• Institutions should begin today with acknowledging that racism in medicine is a long-standing and unacceptable problem.

• Medical school senior leaders must analyze the current state of their educational programs with regard to addressing racism and begin a conversation on how to move forward.

• Institutional leads for antiracist efforts in medical education should be designated, and resources should be allocated to support the work of these individuals.
Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

**Short-Term Goals**

- Should focus on creating structural changes in medical schools and national organizations.
- We must analyze policies and procedures through an antiracism lens, identifying and removing those that result in systemic racism. Institutions should conduct a structured institutional self-study using a mixed-methods analysis to determine the state of racism in medical education.
- Faculty development within institutions is essential. Faculty must be equipped with the language and understanding to dismantle racism within education. Transdisciplinary scholars who are able to teach about racism in medicine in medical schools and academic medical centers (AMCs) should be developed.
Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

Long-Term Goals

• Engage in ongoing evaluation of their changes to address racism and ensuring they continue to move forward towards creating an antiracist culture.

• Antiracist action items should be added to medical education continuous quality improvement, and all medical education policies should be reviewed regularly to determine if they support antiracist efforts.

• Antiracism faculty and trainee development should be required and offered at least annually. Institutions should develop coordinated efforts with all affiliated hospitals and associated AMCs to support an antiracist clinical learning environment for all learners.
“Not everything that is faced can be changed, but nothing can be changed until it is faced” – James Baldwin

Honor the past

Lead in the present

Shape the future