

Lisa Meeks:

Doctors with disabilities exist in small but measurable numbers. How did they navigate their journey? What were the challenges? What are the benefits to patients and to their peers? What can we learn from their experiences? My name is Lisa Meeks, and I am thrilled to bring you the DocsWithDisabilities podcast.

Join me as I interview Docs, Nurses, Psychologists, OT's, PT's, Pharmacists, Dentists, and the list goes on. I'll also be interviewing the researchers and policy makers that ensure medicine remains an equal opportunity profession.

Sofia Schlozman:

Hello, and welcome back to the Docs with Disabilities Podcast. This episode is Part 2 in our special edition series on Voices of Black, Indigenous, People of Color with Disabilities in Medicine. In this episode, Dr. Meeks speaks with Emmanuel Asenso Jr., a fourth year medical student at Rowan SOM. Throughout their conversation, they discuss how soon to be doctor Asenso navigates patient encounters with a disability, how his identity as a Black man and an individual with a disability affects his experiences within the medical world, and the barriers that need to be eliminated in order to welcome more disabled individuals and more Black individuals into healthcare spaces. We begin with an introduction from soon-to-be doctor Asenso.

Emmanuel Asenso:

Hey, everybody. Um, my name is Emmanuel Asenso Jr. but like, like I, like, I actually go by Jay or, or, or D- Dr. Jay, you know. Um, I, I, I, I am, um, from the Northern Virginia, born and raised, and I went to, uh, undergrad at, at Virginia Tech, and then got my masters in pub- public health from, um, George Washington University. So, currently, um, I'm a fourth-year medical student at Rowan SOM in, um, South Jersey, and I'm applying to f- family m- medicine. Um, I am, uh, a Black man, specifically, um, a first-generation G- Ghanaian-American. And, um, uh, and as, as, as you you all can see, um, I, I'm also a person

Lisa Meeks:

Thank you so much, Jay, for that introduction. And we met because someone at your medical school reached out to me to see if there was any literature or assistance t- for individuals who stutter in medicine. And I had just happened to work with another medical school a few years prior, , on this topic. And specifically, with someone that runs their simulation center, who is amazing.

We had been doing some work on this and developing some interventions that were simulation based and talking about communication with healthcare. And so, I was able to send back a few articles, um, and some ideas. And in our discussion, uh, this individual, the way they described you, I just said, "I think I have to meet, you know, this learner."

And we connected. And since that time, um, we are currently working on a manuscript together, finishing a manuscript, hopefully, knock on wood, um, in the next week. And you have agreed to take a seat at what will become the first ever learner-informed national, um, advisory board for disability inclusion in medical education.

And it is, it is so much my privilege to have you helping inform the changes that we make in medical education. Um, now with your perspective, by the time the, the advisory board begins, it'll be your perspective in both UME and GME. And it is my pleasure to have you today talk about disability in the intersection of BIPOC identities and how we can improve healthcare for this, dually marginalized population.

And so, why don't we start talking about your disability, and how this affects you, um, in medical education, specifically. And then, I'm gonna move to the benefits of, of being a person with a disability and also being at that intersection of disability and BIPOC identity and how you can inform medicine more uniquely.

So, let's start with your disability and, and how it affects you in the clinical setting and how you navigate the space, um, as a person with a disability and any accommodations that you use and, and how you communicate with patients.

Emmanuel Asenso:

Yeah. So actually, so i- it's, uh, called, um, the, the, the like official term, you know, is, is, is, is a, a childhood onset fluency disorder. So, you know, I- I- I- like I started stuttering like, like when I was around six, six or seven years old, and, y- y- y- you know, it is basically, um, persis- istent then, right? Y- Y- You know, I- I- like about four out of, you know, um, five kids that, that do stutter, you know, I- I- like as a kid, I- I- like a lot of time, like by the, th- the, um, like age of, of three or four, it, it I- I- like at times starts to spontaneously resolve. But like, if it does kind of pers- per- persist, you know, past, past childhood th- th- then ba- b- basically kind of, uh, pers- per- persist, you know, y- y- your like whole, whole, whole life in a sense. So, you know, with my, my speech pattern sometimes, you know, like I have, um, part-word re- repetitions, you know, sometimes like I have like, blocks, like, where sometimes it's kind of hard for certain words to, to, to come out.

Um, and, and then sometimes, like, I also, you know, mi- mi- might use different things, like, you know, saying, likes or, um, or like the d- d- different phrases that I use the, the actual term is called, uh, circumlocution, but it's, it's certain things to try to avoid the moment of stuttering. So, it... By trying to, like, sometimes, like, buy time to, um, get onto certain words. So, you know, it's, it's certain things that I've been working on throughout, uh, speech therapy, you know, throughout the years and different things.

But, um, yeah, so, you know, um, I thought that it's t- t- to this day, obviously, um, but I'm very proud or li- like, I'm very grateful for how far I've come, you know. As a child or, or like in high school, um, I used to be very covert in the sense where nobody, like, really knew that I stuttered. my whole goal was just to make sure that nobody knew I stuttered. So, you know, I was kind of successful at time. But the other side about stuttering is not only the physical manifestations of it, or it's not only sometimes, you know, how it comes out, but it's sometimes the mental side of it, or just the, you know, the shame, or the guilt, or the stress, or the frustration that you have, you know, because sometimes you can't say what you wanna say or, 'cause you're trying to hide this part or like avoid this c- c- certain part.

So, you know, um, that, I think is all a part of my stuttering, and all a part of my pattern or things that I've had to work through, you know, um, prior to medicine. And, you know, one thing about, about medical school that it makes anything that you was struggling with before medical school, it basically like exacerbates it or it makes it, you know, like 10 times a little bit more hard in a sense. So, you know, sometimes, um, part, part of my troubles, I think were just, um, a lot of times also dealing with imposter syn- syndrome, like feeling like I didn't really belong because, you know, I stuttered or because, you know, I wasn't as quote, unquote, articulate as other folks that didn't have a fluency disorder.

Um, you know, just to like really address the point about, I guess, how I navigated school, you know, certain things that helped me were to have, have accommodations for certain, um, standardized, um, assessments or, or patient encounters. You know, like, like, like, like to b- b- be a little bit more sp- specific sometimes I would get time and a half on these patient encounters, right? So, if there was like a 12 minute encounter, then I might have 18 minutes to like really just complete the whole encounter. Because sometimes I would have like a very, very tough time in just completing the whole encounter and really saying everything I wanted to say, um, you know, in the timeframe that we did have. So, having accommodations was actually very helpful.

Um, and, um, I believe that, you know, in terms of like patient encounters, um, um, you know, I was, I was very worried at first when it came to transitioning from second year of, you know, where that was more so just like your book works, right? So, the first two years of med school for th- th- th- those that don't know is more sort of like book work and, you know, like just studying for exam. And then, and then the third and fourth year are more about, you know, actually going into the hospitals, talking to patients, you know, talking to your colleagues, you know, all of, all of those things.

So, I remember, you know, especially with having a hard time with these clin- clinical encounters on the, um, the, uh, standardized patient encounters, the SP encounters, I remember, sometimes, always telling myself that, "Man, if I can't even speak fluently in these, or, you know, like, you know, uh, f- you know, if, um, if I don't even feel comfortable speaking in these ones, then how, th- th- th- then, like, ho- how will I feel, feel comfortable talking in, in, in real life, you know, like w- w- w- with these actual p- patients." So, I remember that used to cause a lot of, I guess, angst or a lot of like stress or a lot of like self-doubt thinking that, you know, if I wasn't able to like, you know, do the whole encounter in 12 minutes or, or, you know, in, in the, in the, in the time and a half that I did have, then how would I perform in the real world. So, that used to cause me some, you know, uh, frustration and stress. But, um, I was able to really like go into third year, I think, really just work on controlling what I could control and that's just be myself, you know, just communicating how I like to communicate, you know, making little jokes if I can, ju- just like really being present and focusing on what I'm saying and not how I'm saying it.

And that's like a thing that I really worked on in speech therapy, you know, um, just in focusing on the content and those things, rather than just focusing on the stutter. And I think by doing that, I- I- I actually, you know, feel like my strength is talking to patients. I feel like I do a good job in just, you know, having a good, good rapport and a bedside manner, I think. All of it was just making sure that I was being present and just, um, really focusing on what I could control in those, um, aspects. So, yeah. Um, just certain things like getting accommodations, and just really being reflective and knowing who I am as a person. I think tho- those are all t- things that kind of help, so.

Lisa Meeks

So, Jay, I'm wondering, you know, when you are with a patient, uh, obviously, there's going to be a little bit of stuttering, you know. These things wax and wane depending on the situation, but how do you make the patient feel comfortable about their communication with you? I know that you have a technique, and I think it's a good one. Can you share that?

Emmanuel Asenso:

Yeah. Yeah, definitely. So, um, th- th- there's actually a, a, a concept called advertising your stutter. So basically, there's actually like two ways to do this, right? So, the first way is to actually just verbalize your, um, stutter, in a sense. So, so like what I, I, I do a ton, you know, just say, "Hi, my name, name is student Dr. Asenso, and just real quick, you know, I have a stutter. So, if you ever need me to, uh, repeat myself, just let me know." Now, you know, that had definitely taken time to like refine. 'Cause I remember, you know, um, like when I was first starting off, I had this like long spiel, talking about my stutter (laughs), you know, the origins of it and my manifestations and just really going like too into depth. And after I realizing, "You know what? That's, that's a little, a bit too much information." So like, let me just make it more patient-centered and just tell the patient what they need to hear that, "Hey, feel free to, you know, stop me or to make sure that you understand what I'm saying, 'cause I'm comfortable in my own skin, so I want you to be comfortable as well, too."

The other way, sometimes, to advertise that I sometimes, I do as well, sometimes it just, um, you know, just, uh, maybe not coming out from it. But I think sometimes when you maintain eye contact and when, when you maintain confidence and when, when you maintain, um, you know, being very present, right, when you're, when you're, when you're communicating, then it becomes very evident that you do better and that you're not trying to hide it or like mask it, because they do recognize it. But I think when you are comfortable in it, then they also become comfortable in it as well too.

So, um, I don't always sometimes use that, that, that like little blurb about me stuttering. Sometimes I don't have time to, sometimes, you know, um, it's like, like, like I'm rushing into it, but I have noticed that sometimes just stuttering openly, but you know, um, not, not, not changing how I'm speaking or like not averting my eyes or not doing like other secondary be- be- behaviors that are aimed to like hide it. I think sometimes... And, and, and this, this is also like the, the feed, the feedback that the, that I have gotten from patients, you know, when they feel that I'm, I'm comfortable with my own stutter, it makes them comfortable as well too.

Lisa Meeks:

This is the first time we've interviewed someone that has a fluency disorder or that stutters. Um, but you are not alone in, in having this disability. I think one of the most famous physicians who recounts stuttering is Dr. Lena Wen and she recounts stuttering and kind of how it helped shape how she views the world and, and views healthcare. You're going into family medicine, so, you'll be seeing a lot of people, including, um, children, but you could also have geriatric patients that are post-stroke that, you know, have difficulty with fluency. How, how do you think your experience is going to inform the way you provide care or will be impactful on those patients?

Emmanuel Asenso:

Yeah, tha- tha- tha- that is a great question. I think, um, um, I, I th- th- think it's kind, kind of, kind of, kind of, um, a twofold answer, right? You know, how it's kind of like made me a better person, I would say, and then how it's also inform how I care for others, right? So one, you know, talking about, I think how it's shaped me, right? It's forced me to be very, very self-reflective. And in that sense, you know, I think it's given me a sense of just knowing who I am, knowing what strength I bring, and then also being confident in my own skin, you know, like, like being comfortable in my own skin. So I think when you're like that, or what we know like, or, or like me being able to like reach that level, it makes me be able to give more, um, be like more present for the patient.

You know, I'm not so worried about how I sound or what I look like or whatever. I'm really just focused on the patient and how to make them as comfortable as possible. And that, you know, it's only possible when you're being present, and when you're really being able to focus and quiet, quiet your mind about certain things that, that you might be going through to just be able to focus on the patient. I, and I think, you know, it really has made me more, um, like a, like a, like much better listener. It made me have a different p-perspective, you know, and, and when it comes to struggling with, with certain things and how patience you have to be with progress, right? Progress is not always linear. Sometimes, you know, you get better. Some- and then sometimes, you know, like you struggle with the same thing that you, that, that you struggled with before.

So, you know, um, with, with certain p- pat- pat- patients are just like about giving them, them the grace to understand that, "Hey, you know, yes, you know, you had a slight relapse or, you know, yes. You know, you, um, are not doing the things that, you know, you should be doing or maybe like you're struggling, but it's okay." I think it does make me very, very patient, and I'm very, very understanding as well. Um, and I think, you know, it just gives me, um, it, it also just forces me or just makes me more keen or just more, you know, I k- kind of have like a, like a better ear or like a better passion for helping those that have historically been, um, misunderstood, you know? So if they have, um, a post-stroke, you know, or like, they're really having a hard time c- communicating, because, you know, the- they have some, some type of aphasia, right, like due to stroke or, you know, different thing, you know?

Um, like if it's a child that, um, like had a, a sort of dev- ve- developmental delay or, you know, like, like some sort of co- communication disorder or anything, I think, you know, one, I, I think sometimes it can kind of help the parents or the patients, or just, you know, like the family kind of feel at ease knowing that, "You know what? Maybe, like, there's acute change, or maybe like the thing that the patient is going through." It might not be as bad because I see a, um, a provider right here who is dealing with a similar thing, or like you're dealing with, with, with an own struggle, but you're still able to do what you need to do.

I, I, I think that is especially important for parents right, of, of kids that might have a stutter or might have, you know, some type of other disorder, whe- whether it is a physical or an invisible one, you know, just kind of sometimes just, you know, having that sort of representation matters, you know, seeing that, "Okay. ThiThis doctor has a stutter, you know. Maybe my son can also, um, do the same thing and I don't have to be as worried about that or add that level of stress to me in terms of not thinking that he can, um, achieve certain things."

So, yeah, I, I think it does give me a perspective and just like caring for, for patient, like I'm talking about just being patient, just being, understanding. I think it does, like, like it had helped me also be resilient and, and then really understand myself. And then, like I said, as well, just, just, just in terms of having that platform to also, um, be a good representative of a certain thing to like, be able to, uh, work through while still achieving certain goals, as well, too.

Lisa Meeks:

Representation matters. And we know it matters, right? If you want to achieve something, when you don't see people like you in the profession, it makes it much harder to make this goal or to believe that you can aspire to, in this particular instance, a life as a physician or physician scientist, so representation absolutely matters. And I wonder, for you as a black man, in what ways, race has played a role and, and perhaps race and disability at that kind of intersection of the, of both of these identities have played a role in how you identify as, marginalized? Is it... Do you feel that when you are experiencing episodes of marginalization, that these are coming from the disability perspective or from the Black experience perspective or both? And in what ways does this lead you to engage in a disability related support or in, in your identity as a person with a disability broadly?

Emmanuel Asenso:

Yeah, that's a, a deep question. It's a very loaded question. So, and it's a very good question as well, too, so I'm gonna do, do my best to really, you know, just like share my perspective on it, you know. As a Black man in medicine, there's already not that many of us, you know. It is well documented that the, proportion of lack male medical students, it's less now than, than it was, I believe, back in like the 1980s or, or so, you know. So, one, you know, when you're talking about representation or finding mentors or whatever, there's already not many like you in the first place. And we already, you know, have so much, um, research for so, so many, d- d- documentation of why that is, right? It's structural racism, it's certain barriers to, you know, like, um, a, a financial burden or a bias that you're going through, edu- educational barriers, like so many things that are, are already documented that we know.

So, you know, it's already an, an, an uphill battle, trying to reach this level. And then when you add the fact that, you know, not only am I Black man, you know, I also have a d- disability, you know. That, that, that also adds, adds, adds, adds another layer to it. Um, and I, I, I think it's kind of funny that you mentioned, um, that the doctor, uh, Lena Wen. 'Cause I remember when I heard her story about being a doctor who stuttered, I'm not gonna lie, like, um, I re- me- me- remember like, like first watching her, her TED Talk and, and then r- reading this, this article that she posted, I think, like back in like 2012 or something like that. And just reading that and hearing her story and being like, "Oh, okay. She's going through the same thing that I was going through." Even that gave me the audacity to have hope that, "Hey, I can be a person who stutters and be a doctor." Even though she's not African-American, you know, she's, um, Asian, um, like American woman, you know, like, um, just seeing her gave me the hope that I can do this as well, too.

So, it, it's another example of how important rep- representation matters. So, you know, like, um, going back to just being a Black man in medicine or being a Black person in medicine, we're always told about how we have to be twice as good to just be worthy for our seats, you know, because we're already coming to a field where we don't really necessarily belong or, you know, there's not many of us in here. So, not only do we have to be twice as good, but everybody is always using us as, as an example. So, you know, like we, the- the- the- there, there's always eyes on us. So, you know, kind of, kind of like having that, feeling that if you fail, you know, like you have just like failed your whole, you know, race, in a sense, or that, you know, like those that look like you are gonna be harmed because, you know, you, you kind of have to, uh, be good enough to, to make sure that you don't close doors for others that are like you.

So, you know, that so- sometimes like leads to other lot of imposter syndrome, you know. Always feeling like, "Man, do I really belong?" You know, as, as an African-American male, we already have that feeling like, "Do we really belong?", and feeling like, um, people won't ne- necessarily think that we deserve to be here. So, sometimes, especially when, when you're talking about d- disability, you have that kind of compounds that, you know, sometimes I, I kind of felt like I already had a strike on me in the first place when it comes to being a person that is a Black man in medicine, so I already had to be on my top, top, top of my game, and, you know, I, I couldn't afford to fail in any type of way. But then, when you add the part that me having, having a di- dis- disability, you know, I remember like earlier on at times, I didn't really wanna always accept that role or really identify as person with a disability 'cause I felt I already had one strike. So, I can't add another strike onto my, quote, unquote, record as well too, because, you know, um, I, I can't really afford that.

So, sometimes that leads you to not wanna seek accommodations or seek help or seek things, because you don't want to be asking for too much, you know. You already kind of feel like, you know, I just, you know, um, came into a place where I don't really necessarily belong, so I don't really have the ability to ask for everything I need. So then, like you're always on edge, always trying to survive, always trying to just belong. And then when you do have, um, a setback, when you do have a, like a failure, you know, then the

feelings of imposter syndrome or the feelings of, "I don't belong," the feelings of, you know, not being able to really advocate for what you need, it just starts to compound itself and it can become even more stressful or, or more of a problem, And, and it just becomes more exhausting because you're always trying to, um, address that.

So, I think just really trying to focus on that question about how you identify, I think a lot of African-Americans who do have di- dis- di- dis- disabilities may not want to really i- identify that because they feel like they can't and afford to be any more different than, than they already are. Um, for me, I kind of felt that I couldn't be my best self unless I really embraced my di- dis- disability, uh, unless I really accepted the fact that, "Yeah, I'm a person who stutters and not only, I, I, I, I am a person who stutter, but that's okay. There's nothing inherently wrong with me as the person who stutters or the, if not like a moral failing or, you know, different things like that." So, um, I knew that I had to not just minimize it, but really embrace it. And that came in the form of being open about it, you know, asking for accommodations if I needed it, you know, um, not trying to hide it at all costs. Right?

And I think those are things that kind of helped me. I, just like, be more present and help me navigate this whole process. Um, and you know, also like not feel guilty about, you know, having both, both, both identified, which carry stigma in this field. I think once I realized that there's nothing wrong with me, then, you know, even if it's not always well-received by others, at least I'm not adding the negative self-thought and the negative, you know, um, views on top of myself as well, too. Um, and I think it's, it's, you know, there, there this, there, this idea of early, early i- i- i- in- intervention, and, and I'm gonna, gonna, gonna try to t- tie it to, you know, being a person that is a, like a BIPOC, um, identity, but also, you know, naccepting the role of a person wi- with a disability.

When you don't seek help early, that just sometimes, um, causes you to have more issues in the future. And, you know, c- 'cause like we know how important early, um, i- in- intervention is. So, like the earlier you get a accommodation, the earlier you seek help, the better your outcomes are gonna be in, in, med medical school or, you know, and these certain, um, fields. So, I think it really is important to fully own or fully accept those two identities, 'cause I think that really helps you to be your best self. And talking about the, the support groups, I'm not really, um, in many support groups. I think there's not many support groups that I know of in medicine that are for people who stutter or for the di- disabilities, um, su- su- su- support groups, so I can't really speak to that too much. But I just hope that these groups can also, um, address the nuances and just also address and affirm that there is a, tha- that, like a different layer or, or a different compounding factor.

So, if you're really trying to empower all people who have d- disabilities, you also really have to address and, um, discuss the role that race plays too as well, too, you know. Having, having a colorblind approach, it's definitely not gonna help out with that.

Lisa Meeks:

Yeah. You know, first of all, you're just such a beautiful human being, and the irony doesn't escape me that what most people would consider a communication or fluency disorder, right, they would assume that that would impair your ability to communicate. I think you've communicated kind of the nuance and the struggle so beautifully, and so articulately. I'm, I'm sitting here just, you know, my eyes are full of tears and I'm so grateful, um, for you, and I'm so grateful for Pete Poulos my co-host, who, you know, put forward this idea of doing a BIPOC series, um, my co-host, because this is so important to talk about. And, you know, we, we know our research is signaling us strong that says there are unique barriers at this juncture that have to be addressed. And I think the way you have outlined it is perfect. We are in a struggle to recruit and retain Black men in

medicine, and we can't lose any. We have to find out why people are leaving or why they're not coming in. And I think, um, for those that sit at that intersection of disability as well, it's just even harder.

Emmanuel Asenso:

Mm-hmm (affirmative).

Lisa Meeks:

Um, I really appreciate how thoughtful you were and that response. I know our audience is really going to appreciate that as well. And I, I wonder, you know... I, I know you said that was a big question. I feel like I'm, I'm giving you bigger and bigger questions. But I do wonder, you know... I've, I've spent my entire career trying to figure out how to remove barriers for people with disabilities, and only a fraction of that time have been specifically looking at what, you know, how to do this for people that have multiply marginalized identities, whether that be because they're part of the BIPOC population or LGBTQI, or, you know, first generation. Um, I especially identify with them as a first generation socioeconomically-disadvantaged, you know, person in medicine. Um, you know, there are unique barriers that are individual to each of those populations, and then there are shared experiences among those populations. Um, and so, trying to address all the needs can feel, can feel big, uh, Jay. It can feel heavy and it can feel like medicine is fighting you at every step. Right? Um, there's so many barriers that, you know, exist for a cisgender, white, male that's disabled. And so, when you start adding the layers of, of identities, that could be-

Emmanuel Asenso:

Mm-hmm (affirmative).

Lisa Meeks:

... marginalized, it just gets very big.

Emmanuel Asenso:

Mm-hmm (affirmative).

Lisa Meeks:

I'm wondering from your perspective, kind of, in the trenches, how you think we can improve, um, the inclusion of individuals at the intersection of race and disability in, kind of, health care education, but also in the profession. So, how can we recruit people? And then, once... If, if we're successful in that, how can we retain them? What, what types of barriers could you see from your perspective that would need to be removed, eliminated, reduced, to be able to create an environment that is welcoming and supportive of, of people?

Emmanuel Asenso:

Yeah. That's a... I- it's a very important question. 'Cause, you know, once you know the, what is going on, or like the why, you know, then you have to figure out how to address it. Just, just like you were saying, and, you know, there's so many layers to really address, and they can be overwhelming. Right? Um, and I agree. Like, sometimes, it can feel like there's just so many barriers, but I think that the things that you can do, I think, the, the biggest overarching thing, it's being proactive rather than reactive, you know. So, all of

this information, you know, whether it's about being a Black man in medicine, you know, um, and then the struggles with that, you know, and then why the numbers haven't really been c- cru- like improving after all these years, you know, racism in America and how that affects the, rect- you know, just all Black folks in America, you know, all BIPOC folks in America. We already have the, the research, you know, on how, you know, being a person wi- with a d- disability, also, can, no, you know, can cause negative health outcomes as well too, or cause, you know, just like different struggles.

We all have this information out there. So, when you're talking about being proactive rather than reactive, one, is, it's really consuming, these research things, and really consuming these, um, um, anecdotal stories, or just, you know, all of this information that are, are, um, are already out there, and are, and are already being talked about. So, one, you have to really increase the vi- vi- vi- visibility of those things, you know, a as, as well as the marketing so that everybody at your institution is on board. So, so, you have, you know, um, a widespread knowledge about these things, um, in, in your higher edu- educational, um, area. So, because, you know, l- like, k- kind of crazy to, like, me how I've had so many, um, ment- uh, um, doctors or faculty that I worked with that knew nothing about stuttering, that were carrying the same stigma, or like the same, you know, negative thoughts, um, that, you know, a general person, you know, might have.

And you would think that, "Okay. That person is in health care. They're in medicine. Like, you know, like, like they understand, you know, how neuro-diverse, you know, or, or how the brain works or how different things work. Or just, a- about, understanding, you know, different, um, di- disabilities. But some, some of them really don't." So, I think it's really about, um, we have no excuse to not understand this stuff and to not know. We're not gonna know everything. I think that, you know, has to also bring in the element of cultural humility, you know, like it always that kind of, um, um, being culturally competent, right, being culturally humble, you know. We're, we're never gonna know everything about a certain po- po- po- population, or whatever. But I think it's important, like I said, to be humble.

One, to seek out more information and to listen. I think that there, that there, that there's, there's like an idea of, you know, um, this, having students or having these marginalized, um, co- communities. Especially from, you know, these students, to be partners, not to always, you know, have like a vertical partnership, but like a horizontal partnership, where we area also at the table when we are trying to address barriers. So, that, uh, our imprint and our, um, voices are being heard. But not only just to hear our voice, but also, um, include us in solving things and to have us also you guys, um, accountable as well too. And I think only then, you know, will they change what we want to see actually be, be, um, um, actualized as well too, you know. At my school, you know, um, a, a group Black st- um, uh, Black students actually, you know, formed this, this Black c- c- c- collective that was formed to, um, you know, hold the school accountable and to be able to really, um, i- identify things that were needed to help students thrive, Black students thrive at, at, our school. So, we did that, i- in a way, you know, like we are partnering with the school to enact these changes, you know. So, I think that's a certain thing that is important, you know, to have us, you know, the, the, the stakeholders to have our voices be heard.

And then, also to have us be able to hold you guys accountable as well too. And I think, um, just also realizing that, again, with being proactive, it's already hard to ask for help when you are in a, I mean, or are from a marginalized p- p- p- pop- p- pop- p- population. Right? You're already just trying to survive and just, by, just, just make it through. So, like, sometimes, like, you don't want to... Or you don't have the luxury at times to actually help or to seek help. Right? You know, sometimes, like we, we, we kind of for- for- forget that. Seeking health care, sometimes, can be a luxury. It should be a right, but it can be a luxury, you know. And sometimes, like, we always talk about how, you know, Black men aren't seeking health care or different things, but it's not just we're not. Sometimes, having time to take off of work and to go to, um, to, like, like see your doctor, to, you know, trust the person that you, that, that, that doesn't know you, or to, you know, do different things, like, all of those, sometimes, can be a luxury.

So, when it comes to like, um, medical education, and, you know, trying to figure out how to be more proactive, j- just knowing these things and being proactive and, so, so that students don't have to feel the extra burden or have to, like, always feel like they have to go the extra mile to get help because it's already hard to get help in the first place. I think other things, you know, like changing the overall culture of medicine, it can be very, very malignant, even of, um, a person that doesn't identify with any type of d- d- dis- d- disabilities or, or from a minority group. It's already toxic as well. It, it can already be malignant. So, once we start to change those, um, th- the, the overall culture, you know, that can also help, you know, help everybody as well too, in terms of those that have d- disabilities or those, like, different races as well, and just having more inclusive environment that is more empowering to, again, be able to advocate for yourself, you know.

You shouldn't feel like you are asking for too much if you, uh, um, to a- to, to ask for any accommodation. So, sometimes, um, especially for an African-American students or, th- the, o- or, or like those from different, um, BIPOC groups, sometimes we feel like, um, our, our, um, uh, request or things are denied because it seems like we're asking for too much. And it shouldn't be that type of, um, environment or type of, um, um, type of, uh, culture, in a sense. So, um, th- this is just like a, like another idea but, like, an idea of having an opt-in versus an opt-out. Right? If you know that a student is coming in with, you know, like from a, a marginalized background, they should have things already built in place that can address those things. So, if, you know, you have a, a, a, a student from, from a socioeconomic background that is low, you know, you, you should already have like certain, um, resources that are already there that, you know... By just identifying these things, by just saying, "Okay. This student has to struggle through these things when coming into medicine. How can we already have these things available when he comes so that he doesn't have to do the extra work, extra leg work to find these things?" So, in that way you can have to opt out.

So, if you don't want these resources, then you don't have to use 'em, but it's already there if you need it. Same thing, you know, if, if you a- are a student that had a sort of d- dis- dis- disability, you know, it will be beautiful to go into an, an, institution and then know that, "Okay. From the first day of med school, because they know me, they accepted me, they think I belong here and they know the things I have been through, they already have a list of resources or like a list of things, or like a list of mentors or different things that are, are already built for me to, um, succeed in that way." It can kind of help the student have the luxury of just focusing on school, focusing on different things that they can control.

Lisa Meeks:

Jay, I, I feel like I... I mean, honestly, I'm sitting here listening to you and I'm just, I'm so glad and so grateful that you're entering the medical profession. I know that you're gonna have a huge impact on the profession, and I know that your interview today is gonna resonate with so many people, those that are already in the academic medicine kind of pathway. But for those that are considering entering it and think that they can never do this, and just listening to you is gonna be so helpful, um, to them.

Lisa Meeks:

For all of the podcasts, one of the things that we really try to do is to use this as asynchronous mentoring. We're hoping to, by recording these stories and sharing them broadly, we're hoping to be able to impact w- way more students that we could ever, and way more providers than we could ever reach, um, individually. And so, I ask all of the interviewees, kind of, to provide advice to the listener. And the, and those listeners are primarily, um, medical students, health profession students, um, ph- physician educators, health profession educators, and leaders, I think, across all of the health professions. And so, kind of have this, like, three-pronged, um, listening demographic. Um, and it's 30,000 people (laughs) strong, so lots of opportunity for impact. But I'm wondering if you, in our kind of closing question, if you would provide some advice to any one of those

stakeholders, or all three, um, about being disabled and being a member of the BIPOC community. And if you're considering a career in medicine, what things should you absolutely do? What things do you want the listener to know? Um, what advice would you give?

Emmanuel Asenso:

Yeah. Uh, man, the main thing is that we need you. We need you. Be confident in the fact that you belong in these spaces 'cuz we need you. We want you. You have, um, an amazing role to play, so just know that. Be confident that, "I deserve to be here, and I deserve to even have audacity to hope to be here one day." You know that you are worthy and your perspectives and your experiences are very, very much needed, you know. You're gonna help change the face of medicine, you know, or, you know, ch- change the face of, you know, the health care professional groups that you're in, you know. Or if, if you are i- in the academic side of, just, you know, like, like you said, the, the, the three-pronged, you know, group. Like, we need all of you guys for your perspective and your experiences. I think, you know, you also make people feel more comfortable. You know, it always feels so beautiful when I go to see a Black patient and they're just so hyped to see me. Like, like, they're so encouraging of me or just so happy that I'm here. Because they're like, "Yo, like, we need you in here, you know. I feel safe around you," you know, all these things.

It feels great and I think i- it just affirmed the fact that we need you. And I think along those lines, especially you, you know, if I was gonna talk to myself, like, wh- when I was 18 and all that stuff, or back when, you know, before, um, college and medical school. I remember I had a goal to cure myself of my stutter before I could go into medical, medicine, 'cause I didn't think there was any conceivable way, you know, for me to be a doctor that stutters until I actually heard about Dr. Wen. Right? But I didn't think it was possible. So, I remember, like, my goal when I was, I was 18 or whatever, was to just stop stuttering forever. And I thought, you know, just the idea, idea of having to overcome or to cure myself of anything that, I'm, I'm struggling with. So, you know, I- I- like, you, you can kind of, um, um, you know, kind of, uh, relate this to, you know, if you're, you're dealing with I- I- like invisible d- d- d- disability like dyslexia or anxiety, depression, or Tourette's or, you know, just anything. Like, sometimes, like, like, I feel like we have to overcome these things to start our journey, but we don't have to.

You know, always, always, like, work on yourself and be the best version that you can be, but you don't have to be perfect before you can actually make a difference. And I think just embracing your di- disabilities, you know, being your biggest fan and your biggest advocate, you know, know that because you belong, like, you shouldn't feel guilty for needing more time, you know. If you have to take, you know, um, double time to take an exam, that's fine. You know, if, if you use acom um, like me, accom- accommodations to, you know, speak in an en- encounter, that's fine, you know. All of these things are fine.

Like, you know, be your biggest fan and know that you belong. And in that same vein, don't take the BS. When people try to minimize you or t- try to, like, you know, or make themselves comfortable by making you uncomfortable, don't, don't take it, you know. Like, advocate for yourself and, you know, really, really make sure that, uh, you are getting what you need, and you shouldn't feel guilty for asking for that stuff. I think also, like, seeking help early and often, like I said before, is so important. I didn't start to be, I guess, a better version of myself until I started to ask for help and seek help. You know, so, like, don't wait until you hit rock bottom. Don't wait until you're carrying so much weight that you can't carry anymore, until you break down, before you start getting help, you know.

Seek therapy early and often if you are... I mean, that, that is a given for anybody, but especially if you are in the BIPOC c- community or, you know, are disabled or whatever, i- i- i- in any t- t- type of way. Seek help early and often, and don't feel like i- i- i- i- in any way, um, diminishes your, your amazingness, in a sense, you know. Um, and like, I, I, I, I

think one thing that, especially as, you know, for a younger me or for some- somebody that is starting out, like, you would honestly be surprised at how many people still accept you for who you are and see you for how amazing you are, along with your, um, identity from, uh, you know, from a marginalized race or, or community, or, or disability, you know. Sometimes, uh, I, I remember sometimes for me, like, I didn't, I didn't wanna be known as the person who stuttered, you know. L- I- like, I didn't, I didn't wanna be, you know, so called, I- I- like have that be the first and last impression. Right? So, th- that was some time, I- I- like a barrier for me to accepting my identity.

But I think, you know, especially in college and medical school, like, it's been amazing to see how people... They see me for how I wanna be seen, and they can only do that when I started to be who I wanted to be, right, and not be ashamed of who I was. So, I think, sometimes, like, we assume that people won't hear us, or they won't accept us, or they won't value us if we show the things that we struggle with. But I think that, really, sometime there, there is beauty in that. Like, people, sometimes, gravitate to us more or makes us more relatable, and makes us more understandable, and makes us more, um, likable, in a sense. So, you know, sometimes, like, let's not take ourself out of it. Let's not minimize our flame or our, our glow because we are worried about how people might receive us. Like, it's, it's actually beautiful how people have received me well in every single level that I've gone to, you know. Now, obviously, there are gonna be those that don't receive you well, and it is what it is, you know. That... Like, I- I- like you can't how everybody perceives you. But I think in controlling what you can control, be your best self, and you'll, you'll really be surprised at how many people, uh, still, like, receive you well.

Emmanuel Asenso:

Um, so I think that's, that's, that is really what I would tell anybody, um, who are disabled or, you know, like a member of the BIPOC community. Like, again, we do need you, and be yourself.

Lisa Meeks:

Jay, you are a brilliant and beautiful human being, and I'm so appreciative of your time and, um, your thoughtful responses to, to this, you know, hard topic. And, um, I think you did it just with absolute ease and humility and grace, and I am really grateful for you.

Emmanuel Asenso:

(laughs). Th- thank you, like, so, so, so, so, so much. It's, I- I- like, like, like, honestly an honor to, like, be (laughs) on this podcast, and, you know, talk with you. Like, you know, um, I always like, like give folks their flowers, but, you know, the work that you've been doing in, in, in this c- community is so amazing. And, um, you know, it's so impactful as well too, so it feels great to, like, just be, you know, j- j- just to, to, to be on this podcast talking to you about these things that we both, um, hold near and dear to our hearts. And I feel like we're gonna continue to, hopefully, just make a difference and really make things better for, you know, just all of the marginalized communities that we feel so passionate about.

Sofia Schlozman:

To our guest Emmanuel Asenso Jr. Thank you so much for so generously sharing your wisdom, your advice, and your insights with us today. I have no doubt that this interview with resonate with many members of our audience, and I echo Dr. Meeks' sentiment in stating that the medical profession is better off for having you in it.

To our audience, thank you so much for joining us for this episode. We hope you found this interview meaningful and engaging, and we encourage you to listen to the first episode in our BIPOC series if you have not done so already.

This podcast is a production of the University of Colorado Anschutz Medical Campus Summit program, the Stanford Medicine, Stanford Medical Abilities Coalition, the Stanford Department of Radiology, and the University of Michigan Medical School Department of Family Medicine - MDisability initiative.

The opinions on this podcast do not necessarily reflect those of their respective institutions. It is released under creative commons attribution, non-commercial, non-derivative license. This episode was produced by Peter Poulos, Gillian Kumagai, Lisa Meeks, and Sofia Schlozman, with support from our audio editor, Amy Hu.