Hugh Silk  0:21
Welcome back to the podcast Murmurs: Stories from Our Journey in Medicine. This podcast series is meant to act as a reflective experience for the way health providers and those in training think about their patients in medicine. Not so much about how they make diagnoses, but about how they relate to their patients, continue to think about them long after a visit, and what makes doctors and nurses tick. Each episode we will interview someone from UMass Medical School who has written a creative piece and listen to the story behind it. The hope is that this podcast will inspire others to be more reflective practitioners as well.

Divya Bhatia  1:02
The following podcast was recorded in February 2020. A lot has happened since then, including COVID-19 and the Black Lives Matter protest, which is why these particular issues were not addressed in this interview at the time of recording. We would like to acknowledge two things. First, the disproportionate impact that COVID-19 has had on black, brown and American Indian communities in the United States. And second, the undeniable role that incarceration plays in perpetuating systemic racism against these specific communities. We call upon medical professionals to educate themselves and work towards greater equity for all of their patients, particularly their patients of color.

Hello, and welcome to another episode of the podcast Murmurs: Stories from Our Journey in Medicine. This is Divya Bhatia.

Hugh Silk  1:57
This is Hugh Silk.

Divya Bhatia  1:58
And today we're pleased to have on our podcast Rose Schutzberg.

Rose Schutzberg  2:02
Hi guys.

Divya Bhatia  2:04
So Rose is a medical student at UMass Medical School and she's the creator of The Human Side of Medicine, a blog and podcast which seeks to challenge the narrative that becoming a doctor is dehumanizing, through interviews with some of the extraordinary people in medicine. She's originally from France and grew up in Cambridge, Massachusetts. Rose is a longtime creative writer and has been recognized internationally for her writing in the literary magazine of the London School of Economics and Political Science, the Clare Market Review, and as a finalist in
the Elie Wiesel Prize in Ethics. Today, Rose will be sharing a reflection titled "Friendly, not Familiar" based on her experience on her population health clerkship, which is a two week clerkship during the second year of medical school, where students get to explore a community health issue in depth. So Rose, I was wondering if you could first tell us a little bit more about your population health clerkship.

Rose Schutzberg  3:00
Yeah, I would love to. Um, so my two week assignment was at the Lemuel Shattuck Hospital, which is a community hospital in Jamaica Plain that also has a hospital prison on the eighth floor, inpatient units. So patients that are incarcerated in any of the state prisons in Massachusetts, are treated there. And so there's an opportunity to really understand a little bit more about correctional health. And at the end of the clerkship, we were able to visit one of the medium security prisons, Shirley, in Shirley, called I think it's like the mass Massachusetts Correctional Institute, and spend the afternoon there just getting a little bit acquainted with the environment that our patients were coming from, and often spend years of their lives in and it was really profound learning experience for me.

Hugh Silk  4:03
Rose, can you tell us a little bit more about what inspired you to write this piece?

Rose Schutzberg  4:07
So yeah, I absolutely can. So I think one thing is the time of year. So the piece is set in the fall, and I think that's a time of year in Massachusetts and New England in particular, where like, things are super vibrant, you feel this sort of ephemeral quality to life, the leaves are about to fall, the area’s crisp. That's kind of what our, our geographic location on earth is known for. And so I think, creative juices were flowing. And then working in correctional health, I've always had a passion for social justice and uplifting people of color in all of the environments that I've worked in. And I think when you care about black and brown people in this country, you have to also take into account the prison system and the justice system, because a huge portion of the black population, particularly the black male population is incarcerated. And so that plays into the entire lived experience of what it's like to be a black man in this country. And so I wanted to, for, you know, personal and moral reasons become more acquainted with that world. I felt it was my duty as a future physician who cares about really cares about the health of everybody, but really, in particular, I have an interest in communities of color and caring for them, that it's my responsibility to know all the issues that may be affecting them and one of them is incarceration. So anyway, I wrote this piece, sort of as a way to paint a picture to all the people that might not have any sort of insight. This is a way to create almost like a bridge in between the two worlds.

Hugh Silk  6:07
Is there is there like a personal or particular reason why you are more interested in communities of color?

Rose Schutzberg  6:13
Um, yeah. So the short answer to that is yes. So my significant other is a black man, his parents are from the Caribbean, and they immigrated here. We've known each other since I was a 13 year old in high school, and we were high school sweethearts essentially. So I think my own like development through life has always, in part been through bearing witness to that experience of the black male experience. But I also grew up in Cambridge, which is a very diverse place. And since I was a young person, like, even as a child, my first kindergarten teacher was a black woman. My first preschool teacher was a black man. So I've always been kind of witness to communities of color and part of them as well. And or at least part of them as a white woman. And, and so they're just important to me. They're people that I really care about in my life.

Divya Bhatia  7:19
So now let's have Rose read her piece.

Rose Schutzberg  7:22
"Friendly, not Familiar." October is a bizarre month, sprinkled with the magic of changing seasons and the eerie anticipation that we will live our lives in darkness more often than we will in light for the coming months. The various gourds we cultivate annually -- pumpkins, their married squash siblings, and their other round and oblong shaped fall vegetables -- become objects of fixation. That is, until they're carved out from the inside and appropriated into jack o'lanterns, decorative items, projectiles to throw out your annoying neighbor's house, pumpkin spice lattes, pies, soups, breads, cakes, mostly things for as David Foster Wallace would say, our gustatory pleasure. On days where the sun's shows itself, the sky is a brilliant blue and the leaves on the trees range in color from deep green, mustard yellow, fiery orange and bleeding red. Dusk falls more quickly, and the enormous harvest moon rises boldly in the easy navy sky. The end of the month is marked by Halloween, where people transform themselves into a spectrum of terrifying, hilarious or cliche characters, things and places some of which bring great insight into the state of the world, while others remind us that vampires, witches, and skulls will forever have their annual day of reckoning. I spent Halloween in a real life year round haunted house prison, a place where human beings are reduced to their last names: McGee, Moore, Quick, and eventually numbers 3401, 2418, 2960. The prison I visited is one of several Massachusetts correctional institutions. This one happens to be in a town called Shirley. Side note, when I share this with my boyfriend, he jokingly responded that nothing good ever happens in a town named after a white lady. In Massachusetts, there are several towns named after a white lady, Sharon, Chelsea, Beverly, Marion Lynn, and Shirley are the ones I could find on the Wikipedia page. Perhaps there's a disturbingly small amount of truth to what my boyfriend said. His words clung to me the way your clothes do on a muggy summer day as I remove my jewelry, stuff my possessions into a locker in the prison's administration building, and felt the door to the outside slam shut behind me. We were given a tour of the facility accompanied by a correctional officer, who I will call CO Mike, and the prison's Medical Director, Dr. A. Together, they were matter of fact, focusing on the daily procedures they followed to perform their jobs. Our tour group was a sight to see for the inmates, and they were for us as well. We were a group of medical students, young men and women with fresh bodies with intrusively naive and curious faces. I felt like a walking reminder of the freedom the
inmates no longer had. The first thing you see on the other side of the gate is several buildings lined up next to each other, labeled with large capital letters, A, B, C, etc. Inside each building are the cells reminiscent of the tiny dorm I shared with my college roommate in New York City. On this day, the rooms were relatively clean and littered with personal belongings that gave me the sense there was ongoing humanity preservation. This quieted the tight feeling in my stomach, but only briefly. I tried to draw more comparisons to my own life to help me put this place in context, but I had to stop. There were only so many similarities between life in the inside and life on the outside. The building was designed as a panopticon, the rooms encircling a single watchtower, where a guard presided over each inmate's ability to enter and exit their small space of pseudo-solitude. When I asked CO Mike how cellmates were paired he looked at me dead on and paused. Then adhering to his matter of fact manner said "most of the time it works better when inmates of the same race are placed together." He shifted his feet underneath him and added, "actually, that's always how it works." The only response I could muster was, oh, okay, and we left the building. An inmate held the door for us.

We made our way to booking, a concrete limbo where inmates await to be transported in and out of the prison. There we were shown a full body chair scanner where inmates must press various parts of themselves against the chair to prove they are not hiding any contraband in their cavities: anal, vaginal, oral, nostril. The entire time CO Mike was explaining the mechanics of the machine, all I could do was imagine a feces-covered packet of cocaine or a cell phone and admire the dedication needed to stretch the body's anatomic relationships in the name of engaging in an activity as old as human civilization, commerce. Finally, we arrived to the prison infirmary. It looks like a drab underfunded hospital. The basic elements of a modern healthcare institution were present: nurses stations, dialysis units, outpatient clinic rooms, trauma bay, psych unit, isolation rooms. But each of these had an added layer of misery and injustice woven through them. Whether it was the inmates working as patient coordinators whose pay was a measly $5 an hour, or the cages inmates with diabetes were forced to enter in order to self administer their insulin and read their blood sugars. As our tour of the prison ended, I could not help but wonder more about the role of a correctional officer in such a place as this one. What had CO Mike seen, endured and heard during his tenure? How complicit was he in the abuse of prisoners? Was he a whistleblower? He shared with us that he had worked there for 13 years. This prompted me to ask him if he had developed any form of relationships with the inmates who had undoubtedly been there just as long if not longer. CO Mike quickly turned to correct me. "I wouldn't call it a relationship. We build rapport. The motto is friendly, not familiar. We talk about sports and the weather." The sun was beaming down on us. It was a gorgeous fall day. I paused and felt the weight of what he had just told me and I repeated it. Friendly, not familiar. He looked at me and said, "I know could be the title of a great book. I just don't have the time." We waited to be let out of the prison. I turned toward CO Mike and thanked him. The door was open once again, and I felt it slam shut behind me. It seems I found a story worth telling. And for that, there's always time.

Hugh Silk  14:50
Thanks for that Rose. There's just so many questions and images that are coming to mind. Let's start with the title "Friendly, not Familiar." Clearly that comes up in the story. But can you just say a little bit more about either why you chose that as a title or what that means to you?

Rose Schutzberg 15:10
So probably on a superficial level, I think that alliterations are just like aesthetically really pleasing to the ear. And so whenever I hear them in conversation, or I hear particular phrases, and I think this also comes with being bilingual, you sort of get more tuned to language in ways that I don’t I don't I guess I don't take the English language for granted. That's what I'll say. So when CO Mike said that phrase to me, and he did directly say those words, they kind of stopped me in my tracks. And I say that I had to repeat them in the piece. And it's really because I had one of those moments where I was like, wow, that was such a poignant way to capture this sort of bizarre, distant but very familiar essence and energy that I feel when I'm in this environment of a prison and the dynamics that you seem to have with your co-workers and the the inmates that you're seeing on a daily basis. It felt like the perfect summation is almost like just getting an insider's perspective on what it's like to be there. And if they could summarize in three words, I felt like that is what it was.

Divya Bhatia 16:31
I think, also in your piece, you make a very deliberate distinction between the outside world and the inside world with the prison door literally slamming shut both ways. And you describe on the outside this beautiful October day with very vivid scenery, but then you become more objective and matter of fact on the inside with the prison. Can you talk more about this dichotomy?

Rose Schutzberg 16:56
Yeah. And so I think again, it's one of those things that when you step inside the prison, you will, you will feel it viscerally in your body. And so I wanted for the reader to know that, that feeling of stepping in and out. And I also wanted to highlight that it's kind of a privilege to be able to leave and enter as you please. And to be able to have access to both of these worlds at will, essentially. Um, and the other thing is that there really is a dichotomy and difference between those two worlds. And one of the there's so many aspects to being incarcerated that I could talk about, but one of the things I think about is, if and when a person is released, there's this whole process of reintegration into society. And that term comes from this idea of you have been physically removed from our society yet you are physically still in in the same state that you might have been living in, maybe that you were even born in. And so even though you might not be geographically that far away, you're you're metaphorically in a completely alternate universe. And the rules are much more black and white or matter of fact, it seems, I guess. Yeah.

Hugh Silk 18:26
Yeah. I think that makes sense. And your transition from one to the other really highlights that. There's another thing that struck me as interesting. You know, here you are as a medical student looking at the sort of health care system to some degree and the prison itself. But you
spend more time observing or talking about CO Mike than you do Dr. A. Can you say more about that?

Rose Schutzberg  18:50
Yeah. So, from what I discerned, the COs seem to have all the power and responsibility inside of the prison, meaning they have, literally the keys to every cell and every recreation room and every door that locks behind you. And they also know all of the inmates, so they have this kind of rapport, which gives them a, I don't know, savviness that any visitor would not have. So, in terms of interesting characters to focus on, I felt that they had this view into the world of prison that was almost just more wholesome, more complete. And one of the purposes of my piece is again, to bring awareness to what this environment is like, particularly to people that have no exposure to it. And so I felt like think like, CO Mike is the best person for that. Um, and I also feel like just In general, our like our health and what the healthcare system looks like. I think sometimes healthcare can be very black and white like, oh, here's the doctor, here's the nurse. These are your health care people. This is the health care system. But health is an everyday practice. It's something that extends into our relationships with people. It's our mental health, plays a huge role in our physical health. And I felt like CO Mike almost gave me this more comprehensive, holistic approach to my time in the prison, then I could get necessarily from Dr. A. who was there with a very specific job. That's very important but wouldn't give me as much insight if that makes sense.

Divya Bhatia  20:48
Yeah. And I think to one of his observations that seemed like it, it struck you too was CO Mike's comment on that "It's just easier if we separate people by race." And in in the piece, it seemed as though you were almost stunned by that response. Can you say more about what you were thinking in that moment?

Rose Schutzberg  21:09
Mm hmm. So you're right. I was definitely stunned. I remember actually, like, almost tripping over my feet when I heard him say that. And it wasn't necessarily because the content of what he was saying was so shocking. Like, of course, people are separated by race in prison. I've seen this on television. Like, I have friends who've been to jail, they've told me that like, that wasn't a surprise. The thing that surprised me was that I was reminded of the fact that prison is almost this place that reflects society, but on a more extreme level, and that we still have these underlying divisions among us that do implicate themselves in our everyday lives. And, and because things in prison are a little bit more matter of fact, and rule based, it's just kind of interesting to see that play out on a day to day basis. So it just sort of was like, Ah, yes. Thank you for the reminder

Divya Bhatia  22:12
to have it stated so

Rose Schutzberg  22:13
yes, like oh, bluntly. Yeah, absolutely. Yeah.
Hugh Silk  22:19
Yeah, I think I can only imagine that coming out of nowhere for you and having to think that through. You know, our listeners don't know this, but I actually worked at Shirley for a couple of years. And you've been describing the the medium security prison. And I would agree with your description that when you first walk in and take a look at it, it looks like an underfunded hospital almost a third world setting. And so, you know, your peace gets at this a little bit. There's there's some, you know, injustice to that. And then there's also sort of the politics of it and what have you. So I'm curious if that was a conversation you had with Dr. A, and what your thoughts are about, you know that that setting and, you know, is it fair? Is it not fair?

Rose Schutzberg  23:05
Mm hmm. Okay, so I actually did pick Dr. A's brain quite a lot. And one of the things I did ask her was sort of like how she, how she felt about working in this kind of environment and being in a resource limited setting in a country where we have the top of the line healthcare, what that was like for her as a physician. And she kind of gave me this response that, well, no one else was probably going to do it if she didn't have the job. There are very few people that are interested in taking care of inmates and it was better to have something than nothing. And which I thought was appropriate for the environment when you're kind of forced with your back up against the wall to take care of people in a limited setting and you're the only physician there, you don't have much support. I can imagine that you're kind of just thinking about how to get through the days and make sure the basics are taken care of. But one thing that disturbed me is that I think that when people go to jail, that they're still human beings. And I think that humans deserve a basic level of health care that I didn't feel they were getting in the prison and I also feel that people don't get that outside of jail either. But that was something that did really disturb me and I know several people who have been incarcerated and are now out and they've described to me horrific encounters with the healthcare system and being completely underserved, whether it's like going into DKA because they have too much insulin that's been given to them by someone that's not qualified to give it to them or someone that is having a cellulitis of their face that's leading them into sepsis because they were living in, you know, poor conditions. Those are things that are all preventable. And I think that we should treat our inmates better than that.

Hugh Silk  25:15
Yeah, again, I think, having worked there, and knowing someone like Dr. A, I mean, people are doing the very best they can with the resources they have. And yet, there's so much more of the dynamics. And so even when you're trying to be friendly, and you're trying to provide good care, it can get away on you. So I think your observations are spot on.

Divya Bhatia  25:39
And, and going off of that you make a lot of strong observations and pose really thoughtful questions throughout this piece, but you often leave it to the reader to make their conclusions. And so I just wanted to ask, so why were you not more overt in your piece about your conclusions?
Rose Schutzberg  26:01
Okay, so I also sort of tangentially related to this story, I grew up with one of the Boston Marathon bombers. And when that whole situation unfolded it was one of my high school classmates, we used to lifeguard together. When that whole situation unfolded, and all of the horrific tragedies that came about as a result of that, I started to see that things were not black and white, and that you could have known somebody and thought they were a good person, and then that same person could have committed a crime that was not okay. And he actually one of the little boys that died, I think his name was Martin, he was in choir with my sister. My mom was volunteering in the MGH ER the day of the marathon. So there's so many connections and ties to this most wanted terrorist, I guess would be the word. And I was very confused about how to feel at that time. And I started to question my understanding of like, what does it mean when someone's guilty? What does it mean if someone's behind bars, does that make them a bad person? Or could they formerly been a good person and then done bad things? And the truth of the matter is I actually don't know the answer to those questions. And I still struggle with those every day. And I think there's probably a mix of all sorts of people that are behind bars. I think there's probably some innocent people, some people who are there for good reason, and then some people who maybe are doing a lot better than they once did when they did something stupid at age 20 something um, but I can't decide that for the reader and so I want I want everyone to be able to come to their own conclusion and to think independently. I think that's super important. And I don't have the answers and I don't think anyone necessarily does. But that's sort of why I leave it up to suggestion or to thought, food for thought, I guess.

Hugh Silk  28:22
Well said.

Divya Bhatia  28:24
That was very well said. Thank you so much for allowing us to feature you and your very thoughtful piece on our podcast.

Rose Schutzberg  28:32
My pleasure.

Divya Bhatia  28:43
Thanks for tuning in to this episode of our podcast Murmurs: Stories from Our Journey in Medicine. If you have any questions, comments or suggestions, reach out to us via email at murmursumassmed@gmail.com. This podcast was produced and edited by Divya Bhatia and Qiuwei Yang with advice from Hugh Silk. Special thanks to Jake Paulson for our original theme music and Hillary Mullan for our logo art. To learn more about medical humanities and narrative medicine at the University of Massachusetts Medical School, visit the Humanities Lab page on the UMass Med Library website. We'll see you again soon at the next episode of Murmurs. Until then, keep reflecting and storytelling.

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