Hugh Silk 00:21
Welcome back to the podcast Murmurs: Stories from Our Journey in Medicine. This podcast series is meant to act as 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.

Qiuwei Yang 00:54
So welcome back to another episode of Murmurs. This is Qiuwei.

Lael Ngangmeni 00:58
And I’m Lael.

Qiuwei Yang 00:59
And we’re joined today by Dr. Henry Del Rosario. He is a family physician and assistant professor at UMass Chan. He's an avid writer and artist, and much of his work centers around the relationships between identity, art, healing, meditation, and prayer. Thank you for joining us, Dr. Del Rosario.

Henry Del Rosario 01:17
Yeah, it's a pleasure to be here. Thank you so much for choosing me.

Qiuwei Yang 01:22
Could you tell us about how you got into writing and art?

Henry Del Rosario 01:26
Yes, I was always into art for my whole life. You know, and I remember in high school, I definitely made a conscious effort to you know, choose art classes. So it's always been kind of a thing. Actually, you know, I thought about going into some kind of illustrative or art, career, or at least for college. The thing is, though, part of me also was very into science. And so it was really hard to kind of, meld those together. So what ended up happening was, I didn't choose to go to art school, I chose to major in Molecular and Cellular Biology and double major in English. And you wonder why English, but it kind of felt the same to me, honestly, art or writing. It, this was like a creative process and telling a story. So
really was in my mind, even though I look back, I'm like that it's kind of different, it was really the same thing. And so it just always found some form. In my season of life, whether that's in high school or college or med school or beyond, there's always some form of art that had to land in my life.

Lael Ngangmeni 02:35
Very cool. When the COVID pandemic first began, when Dr. Giang set out to photograph workers [Workers of Worcester] project [unintelligible], we found that workers have whispered that [unintelligible]. Tell us more about the look of this project.

Henry Del Rosario 02:49
Yeah, we were in the midst of the pandemic, I think there was around March when it really hit. And I am a family doctor. So I do outpatient clinic, acute and preventative care, but also, I'm a part time hospitalist, and laborist. So there were so many patients in the hospital, the hospitalists that were there are already working full time. So they needed people who could flex, you know, they specifically asked me, Hey, Henry, could you pause clinic and OB for a while and do more hospitalist work. And of course, you know, this is what you were made for, right? If you should talk to like, this is it, to do your thing. And as much as I love OB and clinic, you know, this wasn't forever, this was going to be kind of helping in an extraordinary moment. So I started doing a lot of hospitalist work. And, you know, just seeing everything is just so chaotic. You know, how many floors did we change to COVID floors, transforming like surgical floors to just COVID etc, you know, canceling all non urgent things, our hospital was still, you know, busting from the seams, right. And so there was a lot of stress and things are new, obviously, and a lot of cultural and protocol changes. So through it, although I kind of knew, like, Whoa, this is definitely historic. But it's also just like, you know, there's definitely something happening with them, you know, individually with all of us. And so, you know, that's just like the kind of thing you got want to do and reflect on and it was really cool. And I'm really, you know, lucky that I took a moment to breathe. And when I was walking down the hall, just kind of reflecting I saw An-Hoa, Dr. Giang, she was one of the senior residents. And I knew that she was really into art and photography, and I was also into photography and I didn't really know what I wanted to do, but I knew like, Oh, we got to do something artistic during this time, right, because this is like a prime material for, you know, sharing and hearing and listening to other people. And yeah, I had no plan just a vague kind of aspiration. But and and I knew An-Hoa was like kind of there and interested in those kind of things. So I just asked her, Hey, do you want to do some art project with me, you know, during this pandemic? And she said, Yes. That was my pitch. I had, I didn't say like, oh, let's make a website, or let's go interview people and take photos, it was literally just a vague aspiration, like, let's partner in this and figure it out. And I wish she was here. But she would say, like, you know, she was already prepared in her mind and her heart and her emotions to do something, it was just the opportunity to come, to say yes. You know, I, you know, you can kind of sense that in people. So I'm glad I asked her, you know, you need to partner with someone and get inspiration. So she was the perfect person.

Qiuwei Yang 06:02
That's awesome. And I guess along that same line, like, it seems like, in some ways, like both of you just needed that kind of creative release to kind of understand or like process, like, what all the hectic things are going on at that time. Like how has like photography, and like interviewing those frontline workers helped in your own self reflection? Well, I think you're right, I don't even know how to explain
it. Right? I think if you are an artist, or have artistic aspirations, you kind of have this thing where it will constantly kind of nag at you or come at you and need things from you, once in a while. And, and it's interesting, us being in the medical field being physicians, because you have a lot of demands of your time. But every once in a while when the stars aligned, and you kind of got the time, and you're committed and you got the emotional kind of readiness for it, the mental readiness, the physical readiness, it can bubble through, and then it becomes something in your artistic aspiration kind of just like grabs, you'd be like, do this now, you know. So that's kind of what happened. It was the right timing, everything aligned. And, you know, you just have to kind of tend it and grow it right together. Like you see that little plant like, okay, it's there, like, it's already there. You just need to like, make it grow tall and big, and give it all that it needs. So it was hard. I'll tell you, it's really hard. I mean, we were really like we were overworked. Right, everyone else was overworked. So that we had to have a plan, we had to make something practical. So it was very practical, because taking a photo takes a few seconds. And then editing it, you know, takes a little bit of time. But you know, we both knew we were capable. And it was kind of kind of self limiting, right?

Lael Ngangmeni 07:56
That's actually really cool. Because then the next question would be how you find the time to engage in medical humanities, writing, photography, all the other things that you do. As we were talking earlier, you mentioned you were taking these pictures, and you realize this nice moment. And I was reflecting on my own journey and saying, Wait, I should have been journaling this entire time. You know, so it's really cool that you've taken this initiative. I do wonder how you find the time and do all the things that you do.

Henry Del Rosario 08:19
Yeah, yeah. You know, I think medicine gives you an advantage in artistic aspirations, because you are very, very well versed in studying and learning an incredible amount in a short amount of time. So you can use that focus and ability to art itself. And then then we grow your physical ability when you go to residency, 80 hours a week, you know, I mean, in essence, do you know, like, what was it Maslow's hierarchy of needs? I think that's what it's called. I mean, just Yeah, it is. So that triangle, right? Yeah. So you know, you can't really do this, unless you get your needs met, right? You need to like be able to, indeed sleep, you need to eat, you know, I had one baby at the time. So there is a lot of responsibilities first that you need to achieve and, and you can't force that. So that's okay. It's okay, if your artistic ambitions are kind of on pause for a while, because, you know, you're not in that quite season yet. So really, the question this question should be asked to An-Hoa cuz she, she was working way more than me. So I think I think we had to have a good plan to be like, Okay, who, with, what, we made a list of all the people we wanted to interview, we triaged it, right, prioritized it, then we said, Okay, you are free this time. I'm free this time. Let's meet this time and do it.

Qiuwei Yang 09:58
At this time, we wanted you to read your work.

Henry Del Rosario 10:03
Alright, I have it open here. So "Hiya: Saving Face, Anxiety, and Asian Americans." "Wasn't he Filipino?" Jisoo asked as we walked in. "He might be. Southeast Asian at least, I think. We'll go and ask
him if things go well," I replied. For the past few weeks, Jisoo and I have been looking for a new car. After visiting a few dealerships and obtaining quotes we went back to the dealership that had a sales rep guy we really liked. He promised he would match any price we found. When we entered from the distance, it was our sales rep guy waiting for us at the door. He gave a cordial greeting and sat us down to begin business. Armed with internet prices, emails and prior research, we bargained through a few quick bouts with him and his manager. As we negotiated I channel memories of my dad haggling his way through his first few years in Chicago, loud and heavy handed and brandishing a frankness only a fresh off the boat immigrant could have. Like an attending doctor taking charge, the manager started overtaking the sales rep guiding the conversation. The boss would lurch his bony face forward, firm his voice, and iterate a sharper argument as we discussed specifics. After more rounds back and forth, they took a minute to deliberate apart from us. The sales rep guy came back ready to shake my hand. It's done. His face cheezed accomplishment. As I shook his hand I noticed a stubby finger, a healed scar. And his skin was just as brown as mine. They agreed to come down to our price. We sat back down and as he moved to the other side I heard something drop on the floor, a plastic thud and the rattle of pills inside. I peeked down reflexively and before he hid it back in his pocket, I recognized the brand name Ativan. He shuffled back to his seat. We chatted freely now that the pressure was off. Since we had to disclose our incomes and occupation, he asked us about what it was like being doctors. I shared how I wish I had Filipino patients but found a lot of enjoyment finding common ground with Asian patients that I do see. He explained that there was a decent community of Filipinos in the state. There's also a big population of Hmong nearby, an even larger population of Laotians. "And what ethnic background do you come from?" Jisoo asked. "Cambodian. We immigrated here when I was five as refugees. Lived here ever since." We talked about sticky rice, Ali Wong and the difference between fancy and jungle Asians (and my wife is Korean, in parentheses) and where the refugee communities started and how they migrated throughout New England. Our turn was done with him. So we moved on to the finance guy in a separate room. He was an older man, he sat up straight, he would speak loud and clear. And as his arms waved during talking you would see the glisten of his large golden watch. After more negotiations of a lesser degree, between the curt flipping of pages, he interjected. "Where is Paul? He should be here." He made a quick scan into the dealer room, a greasy glance, then returned back to the contracts. "He's probably scared of you, you guys being doctors and all." According to Statistical Atlas, in Providence, Rhode Island, of people who have Asian ancestry: 39.7% were Cambodian, 18.8% were Chinese, 9.2% were Laotian, 3% were Filipino and 2% were Hmong. A study from the APA from 2008 measured anxiety in a group of college students. The researchers found significant differences showing Asian Americans reporting greater total social anxiety and distress in new situations did than did European Americans. The researchers suggest that culture may correlate to anxiety differences. "An awareness of one's inaccuracies in perceiving emotions of others may exacerbate fears of social situations, especially when attunement to others and the avoidance of loss of face are valued." Moreover, an umbrella analysis from 2017 of several systematic reviews about refugee mental health showed that "anxiety is at least as frequent as post traumatic stress disorder, accounting for up to 40% of asylum seekers and refugees." As a family physician, I am privy to all kinds of experiences my patients live through day by day. Last week I had a prolonged discussion with a patient about starting benzodiazepines, like Ativan, or not. The patient had an unexpected death in the family, stressful home life, and a job as a PCA which exacerbates her social anxiety. I ended up giving her benzodiazepines. Filipinos have a cultural attitude called "hiya", which roughly translates to embarrassment, shame or saving face. It's a painful emotion, realizing one has not met up to society's
standards. "Mapahiya" is intentionally acting towards others that avoids causing another person to feel embarrassed. Others have similar ideas such as saving face. Oh, this is a, this is in Chinese. I don't know how to pronounce that. I should look that up. I guess it's "Mianzi" in China, to lose face, Mianzi. Okay, thank you that was really helpful. That's awesome. That's awesome that you know. And then I guess this I wrote I found this in Japanese so to lose face, so mentsu wo ushinau, in Japan. These values can be problematic to the American values of individualism and non conformism. This often came up when I watched movies when I was young, when an embarrassing thing happened on screen to a character and I would suddenly feel flushed and red as though I myself was embarrassed. Doctors have a sense of hiya. Hiya, feeling embarrassed when another person's embarrassed is in a way, a practice of empathy. We hear what our patients say and feel what they are going through so we can help them. With the modernization, computerization of medicine, we are now realizing the importance of training doctors in empathy. As I think about the car sales rep, my patients, and myself, as I think about the current opioid and benzodiazepine epidemics, as I think about refugee and minority health care, that drop of a plastic pill bottle rings in my head. I pray that whether I see people in clinic, on the street, or even in a car dealership that I try to see them as a whole person. When I look into a stranger's eyes, I pray for a larger heart so that I can hold their story, their daily struggles, and the deep yearnings they hide in their pockets. At the end of that day, we went home wondering how he was treated by his colleagues at the end of the day, what cheers or jeers were said, his drive home and what he ate for dinner, his next doctor appointment, and if pills eased the sores that we partook in reopening.

Lael Ngangmeni 17:01
Thank you so much for reading that and providing it. Could you tell us a bit about what inspired you to write this piece?

Henry Del Rosario 17:11
It was just an interesting situation, because we wanted to get that car at a good price. And we were gonna, we were committed. And it was just so interesting in the car dealership that he was like, the only person of color really, there might have been one or two. But definitely the only Asian in the entire car dealership, right. And I don't like that kind of place. It's just, you know, it's just a weird system. And they got to get rid of that. It's like, the only place in America where they have like this, these interesting laws where they, they sell you things like this in that way, silly, silly, silly. So but we had to do what we had to do. And it was just like, Whoa, there's this guy, he's kind of interesting. And he had so many details about him. That made me think about my family, right? I mean, we were, you know, we were fortunate that we were not refugees, you know, immigrants but not refugees. So that's something that's different. But I kind of knew still the idea of being in a kind of culture that's different. You know, and when we moved here from Chicago, we were wondering, like, are there people of color here? Are there people, you know, from ethnic minorities that live here? And fortunately, there are and so it was good to see that. But um, yeah, I don't know, I just didn't get good vibes from all the other workers there. To kind of like, the way they treated him felt kind of bad, like wrong, right. So I almost forgot about that. Because I was reading this and like, oh, yeah, that guy was so greasy. He's just like, like, Where's Paul? He should be here. You know, like, it was like, not a team, saying, it's like, you know, so I could be reading too much into it. But I think there was some evidence that it was not a great place. But interestingly, like, a year or two later, getting an oil change, he was still there and happy. So I'm kind of hoping that
like, you know, whenever he whenever he’s getting and wants he’s getting it, and I think that's that's good. Johnson job.

**Qiuwei Yang** 19:13
Like, I think when you mentioned, like being curious, or if they're like other minorities here, like I grew up in Massachusetts, and like a very particularly like, predominantly white town, and I just remember, like, whenever I saw someone that was like, not white, like, especially if they're Asian, I think in some ways, like, I would like mentally latch on to them and be like, Oh, I wonder what life they're like, I wonder how they're like experiencing the world, simply because I think I just like didn't see that many. And so those kinds of questions were also kind of running through my head as well.

**Henry Del Rosario** 19:48
Yeah, totally. I mean, that's, you already have a common culture. And it's interesting, right? Because it is not like a monolith. It's not like everyone, but it's just but yeah, when you're when you're in America and there's not that many persons of color, you know, you kind of do with [unintelligible] and South Asian, which is, you know, kind of a vague sense of like some cultural things, but it's kind of, it's still a really, you kind of click with people a little faster when you eat the same food, similar foods, and have similar customs at home, etc. And, you know, as an attending, and if you choose to go into academic medicine, or really any kind of, you know, other career in that realm, you know, you're going to start to see leaders who are there. And it is, it is rare to see people who look like you. So a lot of meetings, you know, and it's interesting, because it's zoom now, right? You just see all these faces, and like, whoa, what if everyone was like, white? You know, and it's sometimes it is, it sometimes is. And, yeah, it's, you know, you can imagine that for some people like him and his work, you know, that's what I think of. And then when the reverse right happens, you click on, you kind of latch on and form, close quick bonds with those. My I remember when I was a fresh, not a freshman, freshman, when I was a first year resident, I had a patient, one of my first patients who was Filipino, an old 70 year old guy. And he sat on the, the table, right on the in a clinic room. And he just first looked at me, and then just said, I'm so proud of you. And I realize he, he's like, he knew I'm Filipino, everything. He's just like, Wow, I've never, you know, I've never seen a Filipino doctor in America. And, you know, there's so many instances that you'll see that I'm sure med school, you guys probably felt that in some context. But it was just like, you know, when you see someone in an unexpected position in America, it can, it can be a great thing actually.

**Qiuwei Yang** 22:04
In your piece, too, when you're talking about hiya, I kind of thought about how you kind of describe your father as like his haggling as like, loud and like heavy handed, and like the brandishing that frankness. And then like when you start talking about the data and statistics about like social anxiety and distress among like Asian Americans, specifically, as opposed to European Americans, I was just wondering, like, do you think your identity as an Asian American has influenced your sense of hiya? And maybe ways that it hasn't with your father? And like, how has that kind of your sense of hiya impacted, how, like, impacted your relationship with your patients?

**Henry Del Rosario** 22:42
Yeah, that's so complex, you know, I think it depends on so many factors. I think what I want to say now, where I'm kind of selling on is like, you kind of have to have an understanding of like, the hierarchy. Because, yeah, if you're haggling, you kind of feel like you're on the same level, you know, and so you wouldn't necessarily have very spend for things you do. But then if it's like, a doctor, you know, and you're not a doctor, if you kind of put them in a level, like, Oh, I'm going to do what they say, you know, that's kind of like, you're just automatically, you know, defer to them. And I kind of have that still in life. You know, I do respect those who have experience, who are higher in a position because they, you know, they must be trustworthy, they are there they are, and they have more experience. So, kind of, you know, it's so in that sense, right? If you have that sometimes you can feel more embarrassed about who you are, what you do. And it's so it's such a interesting, it's just an interface when you're Asian American, you know, because then you have this sense of like, independence, and I'm going to do what I want. And, you know, like, I wouldn't say me first, but it's just like, well, if they feel that way that they feel that way, I'm going to do what I want. So it's always a weird interplay between that. Some cultures teach, like group harmony, like to know about the wellness of the group, and to be sensitive to like, where people are. And these are broad statements, you know, and everything, but like, sometimes that American part of me gets confused because it wants to, like, you know, what, you have to care about your well being, you got to get what you want and need, take care of yourself. And then part of me is also like, man, that group, this group is not doing so well. I wonder what they're going through. How can I help them? Where are they, let's not cause more embarrassment for them, or put pressure on them because we know that they're going through something hard, you know, so? Well, yeah, well, a lot of things floating around in the head for Asian Americans as they interact.

Lael Ngangmeni 25:05
Well I've definitely had similar conversations in my mind when it comes to culture, and we talked about individualism or even the concept of the self, like, I'm an immigrant from Cameroon. And so the culture is a lot, you know, it's a lot more family oriented, community centered. And so I have some thoughts about when we define even the individual, and not necessarily in America, you think of the one person, but for me, it's more my, my unit and myself, my family is part of that bracket. So I sometimes think about how we define, we can use these terms, but it can apply more broadly in a different sense. But I just found that a really cool connection point and just the immigrant experience, something that I really relate to. And I also was thinking as I was reading your piece about one thing for me, that's very constant, like when I find other Christians, I go to a church, no matter where I am, whether I'm in Cameroon or different countries, in the US, I have the sense of home and a sense of connection. And so I actually wanted to ask you, because one of my favorite parts of this entire piece was the line that said, I pray that whether I see people in clinic, on the street, or even in a car dealership, that I try to see them as a whole person. When I look into a stranger's eyes, I pray for a larger heart, so that I can hold their story, their daily struggles, and the deep yearnings they hide in their pockets. As I was wondering, how, how does your faith influence your self reflection? And also how does your faith influence your medical practice?

Henry Del Rosario 26:25
You know, everyone has different styles of medicine. And, for me, part that rings true in my head is to think of people as like holistically. I think we're pretty good on medicine to think about their physical health, and even now more of their mental health, right, that's like a thing, now less of stigma, and then
more understanding of emotional health. And then for me, I also think about people in their spiritual health. And I think it's all connected. Some cultures, some time periods, you know, we neglect or forget, or emphasize too much on one or the other kind of health, you know, and I think if you neglect one, the other ones are affected. Really, you know, I think it's all connected. And as a family doctor, you kind of see that in individuals, and it's families, right? That's why we call family doctors, you know, you can see that, like, the mental health of a parent does affect the mental health of the child, right? I would even say, even the health of doctors can affect patients, because if I'm not well, maybe I won't go to work, maybe I'll be burned out. I'll be burned out, and then it'll affect patients. And so we're all connected in that sense. And then the more connections we make, I think, the more empathy will occur, and the more interventions will kind of change, right? When you vote, when you like, have a say, for a certain law or something, it's based on a very deep connection to other people. And if you don't have that connection with certain groups of people, you're not going to advocate for them. Why would you, you don't know them? They're not you, or they're not us, you know, they're them. Those other things are all connected in my mind, right? And then for Christianity or faith, right, we're all made in the image of God, we're all children of God, we're all siblings. And that's so hard to believe in this world. To believe like, that's my brother. And you know, it's my sister over there. That's my family member over there. How can you harmonize well, if you don't actually think they're family or someone connected to you? And so, I think, realizing, we all got stuff going on, we all got issues, and that person is just as real and trying as hard as as me. And vice versa. So yeah, you gotta look for your connections, that's why art is really important. You know, you're talking about patients with vaccines, right, or anti vax, or patients who have other kind of strong opinions. Like, this is the thing that I know, facts don't change people. And they don't change hearts. They really don't, like, they even have studies. You give parents more facts about vaccines, they're going to be more anti vax. Facts don't change hearts. And I think stories do and so people who don't believe that the pandemic's real or big, we're blowing it up, or don't even believe hospitals are full. That's why Workers of Worcester I felt was needed because you need to not know then the numbers, that doesn't change anyone. Look at what these faces look like, listen to their stories, read their stories. This is real, like it's not a conspiracy or people making it up or being overblown. It's really affecting people and so and that's like Christianity too. It's not about convincing people in their mind. It's really about sharing something real right in front of them. That's love, that's gonna change your heart. Not, not kind of spitting out these things in the mind and arguing, right? It's about being real to them, and showing them love, right? Like, that's practical, and changing things like, that's, that's, that's how things change, right? That's how discipleship for from from Christianity kind of works is serving others, washing their feet, right? Being there with them and giving them meals, right like real stuff rather than kind of like the poor picture that America paints of Christianity, at times, especially in the media. So that's kind of like where I'm coming from. And I'm thankful that you guys come in a chance to kind of share that.

Lael Ngangmeni  30:50
The thread that I'm getting is getting at the common humanity. When you say facts don't change people, stories do, you talk about communities, you talk about service, even your faith and your your journey and focusing on love, I think it's really getting at this concept you were speaking of earlier with, you know, if you look at others as them, and I'm me, or I'm us, then there's this clear separation, but if you try to get towards the common humanity. Whereas we're all brothers and sisters, we're all united. And that's also something that I think about, we talk about diversifying spaces, and increasing
representation, I think it often gets misconstrued or misunderstood as that we’re trying to get others or trying to get them to come into these spaces, when actually what it’s trying to do is break down walls of separation. So it's not us versus them, it's all of us together. And it actually benefits everyone, not just the majority of those who are currently there, but also those who are coming in. So I really love that thread of getting at a common humanity. And that is what will tie us together and break down those bonds of separation. And really, we can all feel at home in all places, when we are united as one, you know, one family, one group, one human nation.

Henry Del Rosario  32:02
Yeah, and the last thing I would say is, you know, we're, we're doctors, right, we have kind of have lofty aspirations, we do want to change the world, you know, and I love that we don't forget that. And I think it's just [unintelligible] on loving people who are near you, well, do your best to care about the person next to you, you know, maybe you can't do 100 or 1000 people, but the four people that are near you, love them well. And I think that's how it works. You know, I have about like 1500 patients by panel, it sounds like a lot. But when you realize how much need there is in the world and how much need there is in Worcester, and how many doctors that are in shortage, right? How many patients are with my doctors, it's almost overwhelming. Sometimes in a patient visit, like in clinic, especially, we don't really get anything medically done. Sometimes they just want someone to understand them, and hear them and know, and to be with them. And to me that's like, that's literally what art is like, just kind of being with people and feeling what they feel. I didn't change any medicines. We didn't have any like specific medical management, that kind of intervened with anything in particular. But you know, when they were just sharing, you know that they're sad or depressed, and they don't want to change their meds, but they wanted to share their stressful like week and how their family member died. You know, we just kind of just listened and talked. That's all we did. And I think that's what they wanted. And I'm, I'm thankful that that's something that I could give.

Qiuwei Yang  33:42
Thank you so much for joining us. I think this was an amazing talk. And I think it really kind of highlighted just how tied together arts and also medicine and healing are with each other. So thank you so much again for your time.

Henry Del Rosario  33:56
Yeah, it was it was really an honor. And thank you guys. I mean, you guys are literally doing what I, you know, we were doing, right, listening to others and entering their space and learning from them. I mean, you can you're going to gain so much from the diversity of people. The things you gain from this probably will be with you for your own career. So keep at it.

Lael Ngangmeni  34:16
Thank you. What I'm leaving with is do what you can, where you are.

Qiuwei Yang  34:22
Thanks for tuning in to this episode of 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 season was produced and edited by Divya Bhatia, Qiuwei Yang, Jesse Sardell and Lael

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Ngangmeni 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 at UMass Chan, visit the Humanities Lab page on the UMass med library website at libraryguides.umassmed.edu/humanities_lab. We'll see you soon in the next episode. Until then keep reflecting and storytelling.