



YASMINE ABBEY IS A RISING 4TH YEAR MEDICAL STUDENT AT DGSOM. YASMINE GRADUATED FROM VASSAR COLLEGE WITH A BIOCHEMISTRY MAJOR AND CREATIVE WRITING MINOR. DURING HER TWO GAP YEARS, SHE DID RESEARCH AT THE NATIONAL CANCER INSTITUTE AND ALSO RECEIVED HER MASTER'S IN BIOTECHNOLOGY AT JOHNS HOPKINS UNIVERSITY. SHE IS CURRENTLY TAKING A YEAR OFF BETWEEN HER 3RD AND 4TH YEAR IN MEDICAL SCHOOL TO DO RESEARCH. YASMINE JOINED THE PROGRAM FOR THE ADVANCMENT OF SURGICAL EQUITY (PASE) IN DECEMBER 2020 AND RECENTLY RECEIVED THE DEAN'S LEADERS OF HEALTH AND SCIENCE SCHOLARSHIP

## YASMINE ABBEY

### WHAT DOES WORKING TOWARDS HEALTH EQUITY MEAN TO YOU?

"Working towards health equity to me means understanding how structural racism translates to real-life inequity in our healthcare system. I think what's most frustrating to me is that people believe racism is mostly individual acts of bias from one person to another, or an exaggerated, emotional response a person has after being wronged. But that simply isn't true - racism is a collective body of power and structural forces that disproportionately affect one group over another. It's hard to convince people this is true without data, and I think what is most meaningful for me is providing people with said data, from my research with PASE, and showing just how much racism is structural and tangible in our healthcare system. My belief is that by demonstrating a problem exists, we can move forward and do the hard work of dismantling racist systems in our purview."

### BIAS IN TRAUMA CARE AND TRAUMA INFORMED CURRICULUM

"In collaboration with Dr. Jordan Rook, Russyan Mabeza (MS4), and Dr. Juillard and Dr. Dicker, we are working on a new project which analyzes language and medication bias in the trauma bay. This project is spurred from our own collective experiences, in which we have observed problematic language used against POCs or excessive use of restraints on BIPOCs patients admitted to our trauma bay. And though sharing anecdotal evidence of our experiences with bias is cathartic, our group decided to, again, put data behind our observations. This project hopes to demonstrate that there is racial and gender bias in our trauma bay which can negatively affect patient care. We hope to use the information we gather from this study to jumpstart a trauma informed curriculum, in which we provide solutions to lower incidences of bias in trauma settings."

### ACS COT FIREARM PROJECT AND UNITE PROJECT

"In addition to our research on bias, I am working with several other collaborators on the ACS COT and UNITE project. Both projects are similar in that they are focused on identifying the risk factors associated with firearm violence. The ACS COT firearm project is a huge project, spread across multiple trauma centers in the US. The goal of this research is to gather additional information that will allow us to better understand and identify major risk factors for nonfatal firearm violence. The UNITE project is in collaboration with UC trauma centers across the state, and it aims to use geographic information, coupled with social determinants of health data, to identify communities that are at greater risk for non-fatal and fatal firearm injuries. Both projects are exciting in that they allow me to bring together my love of critical thinking, data analysis, and patient interviewing to paint a picture of how certain groups of people and communities are disproportionately affected by structural racism, vis-a-vis gun violence."

EDITED BY: NICOLO VILLASIS AND JAMIE HSU