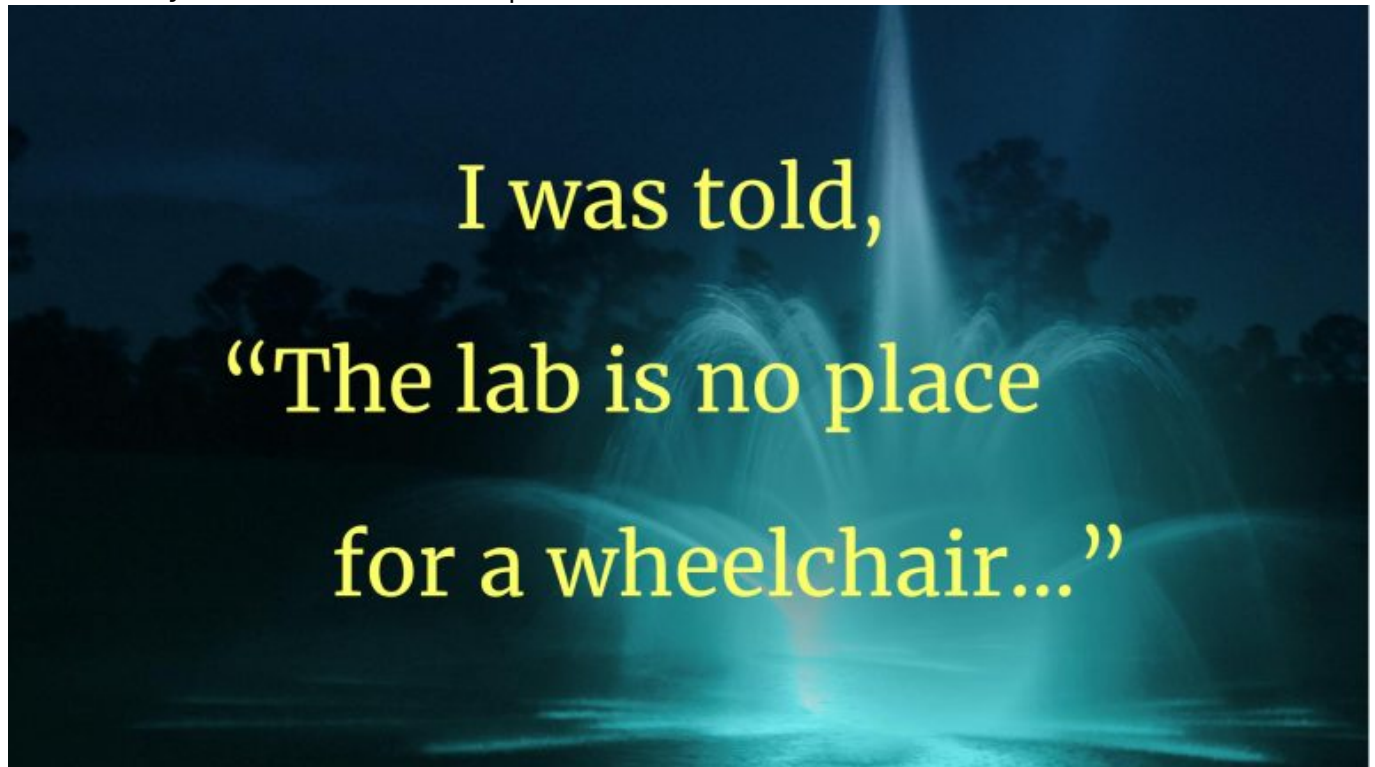


The Sounds of Inclusion

Category: New Voices

written by Samantha Schroth | March 5, 2024



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The whir of a drill. Loud smacks from a hammer. Tools scrape and scratch the floor as they're shuffled across it.

To you, these may seem like the sounds of nondescript carpentry work; maybe a remodel happening in a neighboring apartment. But as I sit at my desk in my medical school's laboratory, listening to that carpentry symphony two lab benches away, I hear the sounds of inclusion.

Inclusion (noun): "the action or state of including, or of being included, within a group or structure"

As a relatively social individual, I feel a desire to be included in the conversations and experiences taking place around me. Yet, as a paraplegic and wheelchair user since my spinal-cord injury in 2013 at age twenty-one, I often find myself on the outside looking in.

Medical-school lectures in "stair-stepped seating" auditoriums trap me in the front row; when it comes to socializing during breaks, I'm at the mercy of the classmates who choose to come to talk to me. Invitations to social gatherings in old apartment buildings often lead to elaborate excuses about being "busy," to avoid shaming the host for their building's broken elevator or three flights of stairs.

A saw hums loudly, and wood splinters as the process of removing an old lab bench begins.

In my MD-PhD training program, I'm a nontraditional trainee in more ways than one. Medicine, or at least *human* medicine, was never on my radar. As an undergrad, I was a loud and proud pre-veterinary student—spending my springs wrangling sheep and my summers climbing in and out of cowpens, and graduating with my veterinary-school acceptance in hand.

A freak accident changed all that.

On a beautiful summer day, one week after graduation, a dead tree fell on me while I stood in the front yard of a friend's lake home, leaving my lower body paralyzed, my entire world disrupted. I went from walking to wheeling, from being an unnoticed member of the majority to being an outlier in almost every setting.

Yet here I sit, just over ten years later: a scientist and medical student, supported by my wheelchair's black metal frame and faithful Schwalbe tires. "Being different" is both the expectation and my reality.

I've stood, and sat, on both sides of the fence—majority/minority, blend in/stand out; and that transition was, well, not much of a transition at all. There was no fading from one scene to the next, no gentle shifting of life's seasons. It was an abrupt and complete switch in the way I experience all parts of this world and this life.

The saw is shut off and set on the floor; a door opens and closes as new tools are brought in.

My three months as a patient in a rehabilitation hospital, struggling to relearn how to perform the most basic tasks and waiting for the day when I would be able to breathe without a ventilator, gave me insight into the human side of medicine that I had never before considered, let alone experienced.

I saw the resilience of the human spirit as I looked around the rehabilitation gym; each of us learning how to face the challenge of moving through this world on wheels instead of legs. We didn't intimately know each other's unique situations, but we recognized the immensity and heaviness of it all.

When I was applying for MD-PhD programs, I was told, "The lab is no place for a wheelchair." No mention of the individual actually seated in said wheelchair.

Right now, as a medical student, I spend the majority of my time in the lab, but I also see patients at a primary-care clinic. During those visits, the understanding and awareness that I developed in rehab wells up inside me.

I give a subtle nod to the patients who sit in a wheelchair, or in the exam-room chair, resting their hand on a walker or cane. They nod back.

It's an unspoken signal that says, *I get it. I know what it's like to be*

stared at, and for assumptions to be made. I see you, and I know the challenges most people don't realize that you face on a daily, if not hourly, basis. I profoundly respect you and your strength to keep on keeping on. We'll navigate this visit together.

Wood creaks as a screw is removed from the lab bench.

The old bench sits much higher than my wheelchair, making it difficult to see what I'm doing during experiments. I'm forced to keep my arms raised and reaching, putting excessive strain on my shoulders. Not to mention its built-in cupboards that block me from rolling my chair, knees and feet underneath the bench and approaching my work straight on.

The stubborn screw falls to the floor.

At the clinic, I always find myself relating more easily to the patient than to the attending physician or the other medical student in the room. I often wonder: *Is this because I'm at an early stage of training? Or is this because of my frequent encounters with doctors, especially in the early days after my injury?* I remember feeling that I was at their mercy, lacking the needed knowledge, waiting for what came next and for someone to translate what it meant.

Perhaps it's this sense of rapport, emphasized by my obvious status as a Disabled woman, that encourages patients to be candid and open with me about their own situations and struggles.

Sure, I wear a white coat—a visual representation of status and power that often seems to separate, and “other,” physician from patient. But my “accessories”—a tracheostomy scar between my collarbones and a wheelchair that confers freedom and independence—are a proud reminder to my patients that we can journey together as peers down this winding road of medicine.

A loud crack cuts through the air as the old lab bench finally lets go of the wall.

I peek around the corner to watch the carpenters carry off that outdated bench, smiling as I see a barrier to my productivity so simply and easily removed. A few hours from now, it will be replaced by a bench of an appropriate height, with plenty of room to roll my wheelchair under—a minor adjustment to the lab's design, spontaneously initiated by the lab's principal investigator.

An adjustment that says, *I see you. I see that you're different, and I want you here. Let's figure this out.*

In the lab, in the clinic and in medicine, the value of being different cannot be underestimated. We should want “different,” and celebrate it, in our trainees, our medical-school faculty and our patients.

Unique perspectives, creative solutions, the sharing of different experiences: *These* are the sounds of inclusion.