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Pandemic over meaning in bengali

This column is adapted from Dr. Eherian's speech at George Washington University's Dermatology Program to a virtual graduation ceremony on June 12.I've been reflecting on my entire residence and the last 2 weeks have stood out the most. I must admit that I was angry and so many others who look like me. However, after talking to a few important people in my life, I realized that people are cared for and are open to listening and changing if I give them a chance to see through my lens. I don't want my legacy to be one of anger, but to be one of change, one of activism, one of heroism, and one of taking a stand in the midst of adversity. So thank you to everyone who has played their part in my residence and here to celebrate as I move on to the next step in my career. But I have to stop for a moment to say: I can't breathe. I can't breathe because while I'm sitting here in a place of honor for my accomplishments, I can't forget that I'm standing in a gap for all black men and women who will never be able to experience a moment like this. I can't breathe because George Floyd, Breonna Taylor, Ahmaud Arbury, Tony McDaid, Trayvon Martin, Philando Castile, Sandra Bland, Eric Garner, Tamir Rice, Mike Brown, Emmett Till, and many others never get to experience a celebratory event like this because of their senseless execution as a likely result of racial bias. As a black person in a land free, I have to live with what my life can be taken for just walking around the park, jogging around the neighborhood, driving down the street, walking home from a store, or even sitting in my own home! As a black doctor, I must contend with the notion that my privilege as a doctor does not protect me from discrimination and bias. I admit that my race enters the room before I ever do. I know that many of my patients will question my abilities or my name - thinking I'm an administrator, a food worker, or even a part cleaner - simply because of the color of my skin. And even more troubling is that some of my colleagues will confuse me with another black woman whom I don't look like or challenge my intelligence and abilities, and how I got my position. It all comes down to racism - pure and simple. Black people in this country have no privilege to ignore this truth. We know that this world is not color blind; We know it's entrenched racism that has for generations created racial disparities in health, education, housing, employment and law enforcement. We were not born into a fragile or vulnerable state, but we were born in a system of dis-enfranchisement, dis-investment, dis-crimination, dis-advantage, and dis-respect. As doctors, we must recognize and recognize the lived experiences that go through the door with our black patients. And we need to understand that black walk with the effects of trauma and toxic stress from just being black in America. This trauma and stress manifest themselves in very real ways that contribute to black people experiencing the brunt of chronic diseases and poor health outcomes. There is no better example than the current COVID-19 pandemic. We are in the midst of a global pandemic against a virus that does not discriminate on the basis of race, but black people are almost three times more likely to be hospitalized, as are white people with COVID-19. And why is that? Because of the attendant racism that black people in this country live. It's not just a coincidence that black people are overrepresented in basic jobs and black people are more likely to work in health care than white people - all positions that increase the risk of contracting and dying from the virus. So if we call COVID-19 a pandemic, racism has certainly been a pandemic that this country has refused to recognize, treat and vaccinate for centuries. We cannot ignore the fact that both have tragically affected black people. As Pastor Reginald Sharp Jr. in Chicago recently said, we are dealing with two pandemics: one has no vaccination, and no one has an explanation; Can physiologically take your breath away because it affects the respiratory system, while the second can also take your breath away. Just ask Eric Garner and George Floyd.As doctors, we must recognize that the mechanisms that tragically led to the deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and so many other black men and women are the same mechanisms that harm and kill black people in our health care system. It is unacceptable for institutions that have built themselves on black and brown bodies to express condolences but continue to do nothing about the racism that still runs rampant inside. It is unacceptable to do nothing. It's important to note that racist systems don't perpetuate themselves - people who work in them do. Martin Luther King Jr. once said, Whoever passively accepts evil is as involved as someone who helps perpetuate it. Those who accept evil without protesting against it are really cooperating with it. It is not enough to be fragrant, kind-hearted, sad or disappointed. We cannot destroy the systems and institutions that have been the breeding ground for racism until the outrage is met with action, not only by black people and people of color, but also by the white majority. As doctors, it's time to look at how our health care facility - an institution that plays an important role in victimizing black people - affects the health and well-being of our black patients. (For example, an increase in maternal mortality among black women.) Can you see and hear them? Do they receive culturally relevant and sensitive help? Do their needs and concerns receive the same amount of time and attention as others It's time to realize that for many black blacks the health system is another place of injustice that has not established itself as credible or inclusive of black culture. As doctors, we need to affirm that the lives and health of black and brown people are important to us, that we see the racism they experience, and that we will use our platform as doctors to eradicate racism not only in hospitals but also in the world in which our patients live. So while I don't choose the body I was born into, I fully accept it and the problems that come with it. I'm not here to make people feel comfortable, I'm here to continue the work of my ancestors, to realize the dreams they fought and lost their lives, and most importantly, I'm here to continue the fight against systems that work to prevent other marginalized individuals from getting to where I am and even further away. Author James Baldwin once wrote: Not everything that collides can be changed, but nothing can be changed until it collides. So, I urge you to be loudly anti-racist in every space that you hold. I urge you to tell yourself about the racism, supremacy and privileges of whites and how they permeate our health care system. I encourage you to stand next to black people, not to them. Use your privilege to amplify overheard voices and challenge the prejudices of your peers, friends, and family members. Use your platform as doctors to advocate for a fairer and fairer health care system. So let me repeat... we, as doctors, have a responsibility to eliminate racial bias in medical practice and recognize racism as a threat to the health and well-being of black people and other people of color. How do we do that? We are out of long dialogue and Black History Month negotiations. It's time for action. The measures include: 1. Medical institutions that undertake to have a diverse and inclusive faculty. We know that it is crucial and vital for the recruitment, success and matriculation of medical students and residents of color to see the faculty, especially senior faculty level in their specialty, who look like them and can serve as mentors. Each year these institutions must set a goal that they will take additional measures to ensure that at least one third of their faculty be black and another third person of color. In addition, senior faculty positions - those that set curriculums by selecting incoming students and residents - must include at least one-third of the underrepresented population (black, Hispanic, Native American/Indigenous).2 The hospital administration should remind the communities in which the hospital operates. Unfortunately, too often we know that this is not the case, and decisions that affect the care of black and brown people often harm them because they perpetuate racism within the existing system. In order to eliminate racism in the hospital system, hospital administrations must consist of different individuals. and the encouragement of black and brown staff to provide one third of its senior management was made up of under-represented persons.3 Improving the pipeline that matriculates black and brown students in medical school and residency programs. Lack of access to mentors in the medical field, lack of funding for travel in/out interviews, and lack of knowledge about the overall application process are several barriers faced by students of color seeking to enter the medical field. In addition to the current scholarship opportunities, medical schools should allocate funds to connect underrepresented minority students with a wide range of life experiences (not only from the poor, but also from the middle class who face difficulties in obtaining recognition in medical school and accommodation programs), such as connecting them with mentors, opening up opportunities for them to shadow professionals at conferences, travel to residency interviews with most, if not all, of the costs covered by the front, and have access to local programs. These are just a few examples of the proactive steps we can take to eliminate racism and harmonize its medical consequences. So if I can borrow from other movements, time is up for silence about the existence of racism and white supremacy, and now it's time to really show that we're all in this together. Not only is it my duty, but yours too - to ensure that we should never hear another black man, woman, or child say: I can't breathe in my hands.Dr. Eleryan (@skinclusionMD) is a social justice activist and was co-chief of dermatology (2019-2020) at George Washington University, Washington, D.C., and Alpha Omega Alpha inductee (2020). She will be a micrographic surgery and dermatological oncology fellow at the University of California, Los Angeles, in July 2020. 2020.

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