

"What Have We Learned, Charlie Brown"¹ - So Much, Yet Very Little. Reflections from the ICCS Diversity and Inclusion (DI) Committee.

The Diversity and Inclusion Committee was formed in 2020 to reflect ICCS' tenet that diversity is fundamental to the health, excellence, and success of every organization or community. ICCS believes that a diverse professional team provides better opportunities, innovation, and outcomes. However, barriers and roadblocks to diversity and inclusion are unquestionably real. Addressing professional obstacles is therefore beneficial to the working, learning and training experience of those involved in clinical cytometry, and ultimately improves patient care and health outcomes.

The Diversity and Inclusion Committee is committed to serving the ICCS community and those involved in clinical cytometry. We focus on the role of flow cytometry in amplifying bias, inequity, or unfair practices in medical systems and medical science, and we provide tools and resources to succeed as employees and leaders, as learners and teachers, and as mentees and mentors. Our goals are to identify and promote actionable, sustainable and meaningful solutions, and to strengthen the workforce by attracting and empowering diverse talents and role models.

Now in our third year, we have worked on several projects that hold the potential to drive meaningful change both within and beyond our professional field. Most importantly, we have been immersed in an experience of learning, exploration and active listening - yet are still just scratching the surface. We here want to share some of our experiences so far.

- 1. Diversity and inclusion are woven into our personal and professional lives.** It is important to recognize that these concepts can hold different definitions, meaning and relevance to each of us, which colors the discussions, actions and reactions surrounding and towards these terms. Yet focusing solely on diversity and inclusion is an oversimplification. There are various other closely related - yet distinctively different - terms and concepts, such as equity, fairness, accessibility, and belonging. This is captured by the fact that the "original" DEI acronym is now frequently expanded to "DEIAB" (Diversity, Equity, Inclusion, Accessibility and Belonging) or "JEDI" (Justice, Equity, Diversity, and Inclusion).
- 2. There is no single solution or approach** to overcoming the obstacles faced by individuals in various professional roles such as medical or scientific professionals, teachers, learners, or mentors. The roadblocks can be nuanced and intertwined, complex yet specific.
- 3. Everyone needs to take responsibility for their own learning and growth.** This consists of equal parts self-reflection (i.e., examining your personal beliefs, values, practices, and actions), seeking education, and holding space for "otherness". **WARNING:** this can be uncomfortable. However, discomfort often signifies growth and presents an opportunity to foster meaningful change.

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4. **We can do this!** Luckily, as scientists and medical professionals, digging deeper and finding the underlying cause comes naturally to us - as does working consciously with bias. Our curiosity and drive enable us to explore different sources, to contrast and compare, to think critically and continuously reevaluate - while not making it "about us" (*all particularly useful when addressing point 3*).
5. **It is ok to do what you can and take breaks when needed.** Being active and engaged in the DEIAB space is difficult and can easily feel overwhelming. Every small action counts and can contribute to the larger impact. The wings of a butterfly in the Amazon may not cause a Sahara dust storm, but the ripple effect is real.
6. **Some discussions, actions and reactions might reflect fundamental differences in belief and value systems.** Addressing these is beyond the scope of an ICCS committee but it is work everyone can undertake with the honesty and sincerity of good citizens (*but remember point 5 - give yourself grace*).
7. **Not every project is inherently effective.** Meaning well and "wanting to do the right thing" does not guarantee meaningful impact or necessity and falling into "tokenism" and "playing diversity" traps is always just a step away. There are easy wins (such as reviewing the society website for inclusive and non-gendered language), projects that show solidarity (promoting the use of pronouns), and projects that result in substantial and lasting change. To achieve the latter, it would be an error to presume to "know what is needed" (*see point 2*) - it is critical to speak (and listen!) to those experiencing pain points or barriers and decenter yourself.
8. **Uniting with a strategy leads to faster progress.** The good news is that we are not alone in our commitment - similar groups exist in other professional societies. We are now connected with the Society of Black Pathologists (SBP), and we are actively expanding our intersociety liaisons to the College of Pathologists (CAP), the American Hematology Association (ASH) and the International Society for Advancement of Cytometry (ISAC) with the intention to collaborate, obtain feedback, and be held accountable.

So, are we "pasting the pictures upside down", as Charlie Brown is being told by his rather unmoved sister Sally in response to his reflection on his deeply moving journey to France?¹ We acknowledge that the answer probably varies, depending on whether you are an early adopter, have not given much thought on the topic yet, or "are just not into it". And that's ok! If you are reading this, we share a passion for flow cytometry, for the clinical laboratory, for science, and ultimately for our patients. That is a great start! In addition, DEIAB topics are increasingly implemented into our professional requirements, metrics, and policies, such as grant applications, promotion criteria or education milestones. We therefore believe that everyone in our society, and those who we serve, greatly benefit from opening ourselves to these experiences and discussions.

We invite you to join us in walking the talk. Below are some resources we query regularly, or that have been formative to us:

Xueyan Chen, University of Washington, Seattle: "I found these webinars particularly helpful to understand more about two important topics - racial inequities in health, and the communication skills dealing with micro aggression".

- "Systemic Racism is the Risk Factor: Understanding and Addressing Racial Inequities in Health." Jacques Colon, Strategic Manager for the City of Tacoma. <https://www.youtube.com/watch?v=5tMeycB9so0>.
- "Teaching Communication Skills Including Bystander Response to Racial Microaggression: Evaluation of a Novel Technology for Physicians". Suzanne Dints, MD, PhD. Professor, Department of Laboratory Medicine

and Pathology, University of Washington. <https://www.youtube.com/watch?v=mj5HumB7LKE>.

Liuyan Jiang, Mayo Clinic Jacksonville: "Institutional and local websites often contain useful education, information and resources. I also like www.righttobe.org - a global team of educators, motivators, and facilitators dedicated to training people to respond to, intervene in, and heal from harassment."

Alden E. Chesney, Virginia Commonwealth University Medical Center: "I often re-read DEI articles that provide background, context or impact of DEI topics in the business world in the Harvard business review."

" **Fabienne Lucas, University of Washington, Seattle:** " <https://the-ard.com/> is a free daily newsletter that covers a wide range of DEIAB themes, provides legal and historical context, includes links to further resources, and offers concrete and actionable steps."

References:

¹What Have We Learned, Charlie Brown? (n.d.). Retrieved June 5, 2023, from https://en.wikipedia.org/wiki/What_Have_We_Learned,_Charlie_Brown%3F

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