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Community Heritage: A Source of Health/Medical Aspirational Capital for Black Males

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Community Heritage: A Source of Health/Medical Aspirational Capital for Black Males

by

LaFrance Clarke Jr.

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
Department of Leadership, Policy, and Lifelong Learning
College of Education
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ABSTRACT

There is a recognized need for more Black male healers in medical fields. This study's purpose was twofold: to explore historical documents to tell the histories of men of African descent who practiced healing in Florida and, from those histories, create a virtual heritage tour to support teaching about leadership through African American history/narratives of healing. The research questions were: *How does the heritage curriculum history about Black men healers of FL provide a historical counter-narrative about Black men and their leadership in connection to health/medicine? How do historical counter-narratives about Black men support teaching about leadership through African history and narratives of healing?* Critical Race Theory and Vocational Anticipatory Socialization (VAS) were paired into a conceptual framework. The findings were that (1) Black male healers from 1528-1965 were inspired by VAS messages to pursue careers as healers, (2) demonstrated leadership in their fields of study/communities;(3) navigated anti-Black racism. These findings informed the curation of a heritage tour that critiques Anti-Blackness with counter-narratives to dominant ones that diminishes Black men's capacity to heal--along with implications for curriculum leadership in building vocational aspirational capital among Black males in middle/high school needed to pursue careers in STEMM. Recommendations for continued research of Black male healers/parasocial mentors in the U.S. are provided.

CHAPTER ONE: INTRODUCTION

Researchers have long asserted that historical documents used in education tend to exclude the contributions of Black people (Lebeloane, 2017; Newsome, 1979; Woodson, 1933). Noted for promoting African American history was Dr. Carter G. Woodson, who penned his seminal work, *The Miseducation of the Negro*, in 1933. In that text, he described how African Americans were viewed and critiqued the education system for miseducating Black people. He and others have noted how textbooks and history books leave out the contributions of African Americans in particular (Newsome, 1979; Woodson, 1933). Woodson's assertions are also echoed by other scholars who espouse a decolonization framework to critique colonization as a form of liberation (Henry, 1994; Lebeloane, 2017). By simultaneously excluding and including, content can empower white supremacy and promote the inferiority narrative about other racial groups (Conrad, 2019).

A critical issue concerning the teaching of African American history is showcasing African Americans' contributions. Following the Consent Decree passage in Florida that granted equity to limited English immigrants in South Florida, Florida Legislators were motivated to enact legislation that would preserve the contributions of African Americans and champion the proliferation of their accomplishments. The Florida State 1003.42 (2) reads as follows:

(2) Members of the instructional staff of the public schools, subject to the rules of the State Board of Education and the district school board, shall teach efficiently and faithfully, using the books and materials required that meet the highest standards for professionalism and historical accuracy, following the prescribed courses of study, and employing approved methods of instruction, the following:

(2H) The history of African Americans, including the history of African peoples before the political conflicts that led to the development of slavery, the passage to America, the enslavement experience, abolition, and the contributions of African Americans to society.

Two Florida Statutes

The juxtaposition of the two statutes: 2021 Florida Statute 1003.42 (g) and 2021 Florida Statute 1003.42 (h) reveals the excluded lived experience of Blacks in America before Reconstruction. The first statute mentioned the specific twelve-year timespan of the Holocaust; however, the second statute does not include the date of enslavement of Blacks. To make it less explicit, four hundred years is mentioned in a suppressed manner. The first statute 2021 Florida Statute 1003.42 (g) is very specific in rendering the inhumane treatment of Jews, “ramifications of prejudice, racism, and stereotyping”. This statute mentions that a thorough “investigation of human behavior and understanding of the ramifications of prejudice, racism, and stereotyping” should be included in the curriculum when this topic is taught. On the other hand, the second statute, 2021 Florida Statute 1003.42 (h) mentions the “enslavement experience, and abolition”. The exclusion of one ethnoracial group’s epistemology and the centering of another ethnoracial group’s epistemology is linguistic marginalization (Davis, 2022).

This type of educational policy discourse reinforces deficit-laden and oppressive ideologies of educational policies (Davis, 2022).

The Florida State 1003.42 (2) also requires the history of enslaved Africans before the Middle Passage to be accurately taught. This statute is supported by the Saint Petersburg African American Trail, which excavates and unearths the past contributions of African Americans in Saint Petersburg, Florida. African American heritage sites in Florida have been commemorated as a contribution to the history of its counties (McCarthy, 2007). Similarly, the Saint Petersburg African American Heritage Trail (aka The Trail) in Pinellas County, FL also commemorates the history and contributions of African Americans. It is also a part of the built environment (Clowney, 2013; Shuman, 2015). Its markers are part of the landscape and its references to namesake buildings. The Trail can be understood as an educational site expressing community cultural wealth (Yosso, 2005). As such, it can also expand the emancipatory curriculum and pedagogy offered to students (Freire, 1972; Jackson, 2008; Lea, 2012). For example, sites and narratives of commemoration can be paired with counter-commemoration wherein such sites making up hegemonic architecture (i.e., namesakes) are treated as contested spaces. Counter-commemoration can support debate and reinterpretation (Brasher et al., 2017; Dwyer & Alderman, 2008; Lindstrom, 2008).

This study explored the potential of heritage health knowledge to support the teaching of African American history and contributions in Florida as an additional resource to the curriculum, one that acknowledges master narratives, counters them, and provides historical (parasocial) mentors for young Black men as a way to build their

vocational aspirations. The study merged curriculum history and curriculum policy to placed-based pedagogy through the lens of Critical Race Theory (i.e., counternarratives, community cultural wealth). Thus, this study makes a pedagogical contribution to teaching students to resist dominant narratives about people of African descent being absent in fields that are associated with science, technology, engineering, and mathematics (STEM) (Blaisdell, 2021; Hyvärinen, 2020; Liebenberg 2021), especially when it includes medicine (STEMM). People from history can potentially serve as parasocial mentors to young African American men or youth pursuing careers in medicine and health-related fields (Dibble, et al., 2016; Lea, 2012).

Historical Background of the Study

The Flexner report (1910), by Abraham Flexner (Moncrease, 2020), led to the closure of 75% of American medical schools for being sub-par and the closure of twelve out of the fourteen Black medical schools operating at the time (Butler, 2011; Yancy & Bauchner, 2021). Black medical schools were closed because of four factors: lack of funding, poor facilities, insufficient faculty, and the Flexner report (Moncrease, 2020). Flexner also discouraged philanthropists from funding any of the HBCU medical schools in his report. Black medical schools were coded as unfit for funding (Moncrease, 2020). Thus, Black medical students' access and opportunity to medical careers were more adversely impacted than white medical students (Butler, 2011; Yancy & Bauchner, 2021). Due to racial segregation, White students could choose other medical schools to attend, but Blacks had more limited choices. As a result, some were not able to pursue their medical career.

The validity of Abraham Flexner's investigation of American medical schools has been questioned. In 1910, Flexner claimed that he visited 152 medical schools in one year. The modes of transportation available to Flexner were very limited in 1910 to horses, trains, horses, and buggies. Moncrease asserted that she and her family traveled by car in the modern era but could only visit 19 medical schools. Additionally, Flexner utilized a survey to collect data for the report. His notes from the Library of Congress stated that not all surveys were returned without providing a response rate. It may be inferred that he used incomplete data to close 85% of Black medical schools in 1910. He also insisted that philanthropists refrain from providing funding to any of the Black medical schools in his report (Moncrease, 2020), thereby protecting whiteness as property. The existence of Black medical schools and their ability to train Blacks to become physicians threatened whiteness in the form of vocational property. Today, in 2022, only four Black medical schools exist (Moncrease, 2020).

Additionally, primarily white doctors became the majority of doctors practicing in the U.S. This created the perception that doctors were white: post-colonial theory (Butler, 2011). Therefore, the initial intent of the Flexner Report was to improve standards in medical schools; however, resulting was the closure of eighty-six percent of Black medical schools in 1910 amid pleas to resist funding to re-open them (Butler, 2011; Ringelheim, 2021).

1619 Project Debate

Nikole Hannah-Jones published an essay that positioned slavery as a central theme in the foundation of America and capitalism as its core. In the essay, she implied that since America benefited economically, culturally, and politically from enslaved Africans' toil, they should be considered the true founding fathers. Thus, the 1619 Project was birthed wherein she further asserted that the first enslaved Blacks entered the U.S. in 1619; therefore, 1619 should be considered the year of the nation's founding and not 1776. To that end, Hannah-Jones has curated a public-school curriculum that reframes American history and, in doing so, provides a counter-narrative with another perspective besides the popular or majoritarian narrative (Morel, 2020; Noshkin, 2021).

In an interview, Speaker of the House Mitch McConnell, stated he believes that 1619 is linked to America's unfortunate history of slavery, which Americans need to get passed and focus more on the Declaration of Independence (1776), the Constitution (1787), and the Civil War (1861-1865). For him, those dates take precedence over 1619 (Guelzo, 2020; Friedersdorf, 2020). Others argue the institution of slavery should not define Black people or the Black experience in the United States (Forman, 2020) and thus claim that The 1619 Project is a divisive insult to African Americans (Feld, 2020).

Proponents of the 1619 Project contend that it provides a historical consciousness that is situated in historical empathy. It depicts a more robust panoramic view of American history that has previously been hidden (Watkins, 2021; Riley, 2020). Other proponents of the 1619 Project are concerned that American history as taught in schools portrays Blacks as second-class citizens who have not contributed to the country (Melcher, 2021; Peterson, 2021). Instead, four hundred thousand enslaved

Africans contributed hard labor to clear land, instruct colonialists in rice agriculture, and build national monuments and plantations, including the White House (LaVeist et al., 2019). Profits accumulated from slave labor have paid off war debts and financed well-to-do universities and Wall Street (Holt, 2019; Jones, 2020). Chattel slavery was based solely on race. As property, slaves could not assert any civil rights so that Whites could oppress/brutalize them, and the enslaved did not have a recourse since property has no rights (Blanton, 2016; Feagin, 2020). Race structures American society and American history curriculum about society (Brown & Brown, 2020).

Afro-pessimism and Curriculum Policy. Afro-pessimism refers to the irreversible aftermath of colonialism that recognized Blacks as chattel (Morton et al., 2019). Afro-pessimistic view of curriculum is that it serves as an antihegemonic weapon (Baugh, 2021; Wilderson, 2019); an emancipatory tool that contends with anti-Blackness such as epistemic violence (Baugh, 2021; Wilderson, 2019). Naming anti-Blackness is a way to expose hidden and overt assumptions about Blacks within dominant narratives (Morton et al., 2019). Awareness of anti-Blackness can help researchers interrogate existing anti-Blackness policies in education and guide the formation of new policies that are liberatory and anti-hegemonic (Dumas, 2016; Wilderson, 2019).

Afro-pessimism is a tool to recognize anti-blackness (Gordon et al., 2018; Sexton, 2016; Wilderson, 2019). It is a defensive stance/posture against anti-blackness, which positions Black people as fungible relics from chattel slavery (Warren & Coles, 2020; Wilderson, 2019), in the zone of non-being (Fanon, 1970; Wilderson, 2019). Afro-pessimism opposes anti-blackness; it encourages Blacks to act against the forces of

anti-blackness to live and defy the social death of Blackness (Haley, 2020; Wilderson, 2019). Anti-Blackness is associated with Black misandry, meaning an overblown deep-seated antipathy towards Black males.

Therefore, Black men are often compelled to become hypervigilant to resist this perception (Dumas 2016). Some Black men join Black affinity STEM groups provide counter-spaces to reinforce Afro-pessimism (Alpers, 2001; Hamlet, 2015; Higgins et al., 2018; Lewis, 1999; Meador, 2018; Morton et al., 2020; Perryman, 2018; Rieggle-Crumb & King, 2010; Slaby, 2020; Swab et al., 2021; Wolfmeyer et al., 2017). Some Black males often experience physical ailments while attempting to cope with continuous stressors (Brooms, 2016). As a result, Black parents have had to resort to socializing their Black male children's schema of repertoires of how to exist in a racialized American society that treats them as inferior (Brooms, 2016).

The *Black Lives Matter* movement is a response to this Anti-blackness. Blacks are being executed in their sleep (Willingham, 2020). They are being intentionally killed for existing or while sitting in their apartment and innocently watching the television (Hayes, 2019). They are being hunted for jogging in the wrong neighborhood (Willingham, 2020). The homes of educated Black professors' homes are being devalued for hundreds of thousands of dollars because of the pigment of their skin (Gamble, 2022). To properly articulate the zone of non-being where Anti-blackness thrives, in the zone of non-being in a dark and dismal abyss (Fanon, 1970). It is a dry and arid place where Blacks are denied basic human rights. Fanon interrogated philosophy to articulate the full scope of the zone of non-being (1970). This zone dismisses the intellect of Blacks and constantly challenges their intelligence.

Brainwashed EMT healthcare workers have inflicted their skewed ideology on their patients (Wright, 2020). Black and white people have the same pain thresholds. However, EMT staff members have given white patients pain medicine that is more efficient than they have given similarly situated Black patients (Wright, 2020). This is how anti-blackness can be fatal. This ideology exoticizes Black people and views them as the other: primitive and barbaric--animal-like. Anti-blackness transforms one from a living, breathing human to a subhuman object in the zone of non-being (Fanon, 1970). In Plato's Cave, the dark shadows skewed reality (Jowett, 1888). The partial knowledge that was funneled into the minds of the cave dwellers was incomplete (Jowett, 1888). Therefore, their limited knowledge corrupted their ontology and caused them to make incorrect conclusions. Likewise, the Anti-blackness dogma that fuels white supremacy is alive and well and is still nurturing the medical field and other aspects of American society.

When Blacks are confronted by Anti-blackness, they begin to experience negativity and they begin to feel alienated (Howie, 2015). Being in the state of non-being is a feeling of negation. They experience the zone of non-being as an object and a subject (Fanon, 1970). Consequently, Black people are inclined to resist to preserve their well-being. When they psychically remove themselves from the zone of non-being it is to objectively evaluate their surroundings. As the object of this fixated glance of contempt, they backtrack and ruminate/reflect on their surroundings and those who have foisted their disdainful stares (Fanon, 1970). They exist in multiple dimensions to grasp their predicament.

They archive these moments within the zone of non-being to gain illumination

from each moment that they have cataloged (Howie, 2015). These historical experiences guide them to gain a more thorough understanding of the oppressor. The experiences of oppressed groups in the zone of non-being can be stored as moments of illumination to mitigate any similar future experiences (Howie, 2015). Also, Black men who have overcome tremendous odds associated with anti-blackness racism may serve as sources of aspirational capital for young Black men pursuing careers in healthcare/medical fields.

Rationale for the Study

The Saint Petersburg African American Trail was created to preserve/excavate lost memories of the legacy of notable African Americans in Saint Petersburg (Madgin & Lesh, 2021). It focuses on the contributions of renowned African Americans in Saint Petersburg and their contributions. This is directly connected to the intent of The Florida State 1003.42 (2) which was implemented to highlight the contributions of African Americans to society (Mataga, 2021). This statute intends to encourage teachers and school districts to supplement the current history curriculum in Florida by including field trips to heritage tours to increase awareness of the contributions of local African Americans (Mileski, 2021; Spencer-Wood, 2021). This trail contains artifacts and historical markers that chronicle local African American leaders' lived experiences and accomplishments in Saint Petersburg (G. Reese, personal communication, May 20, 2016; McDougall, 2014).

The history of African Americans in Saint Petersburg mirrors some civil rights initiatives across the United States. For example, when Dr. Martin Luther King Jr. enacted the famous sanitation strike in Alabama, Saint Petersburg's Sanitation

Department also had a similar strike (Lawson, 1991; G. Reese, personal communication, May 20, 2016). Gwendolyn Reese is the president of the African American Heritage Association of St. Petersburg and the lead docent of the Saint Petersburg's African American Heritage Trail. She was one of the key curators of Saint Petersburg's African American Heritage Trail. Presently, Saint Petersburg, Florida, has untapped resources that could provide aspirational capital for Black males pursuing careers in the healthcare/ medical field (Quinlan, 2020).

The African American Heritage Trail in Saint Petersburg is replete with the accomplishments of notable African American leaders/activists and entrepreneurs; however, 50% of the ten historical markers focus mainly on entertainers and activists (Moore, 2013). While two markers mentioned two Black male physicians, they are mentioned primarily in their capacity as activists. Their role as physicians has not been fully excavated (Wilson, 2014).

Problem Statement

U.S. History textbooks and high school history curricula exclude Blacks' contributions to medicine and science. Therefore, since they do not see themselves represented in history, they shy away from the fields of medicine and STEMM since they do not see where other Blacks have succeeded in those fields. Few have examined how excavating and interrogating local historical sites to uncover Black parasocial mentors influence the aspirational goals of Black males. Researchers in health/medicine have not researched from a historical framework: historical empathy, historical consciousness, and historical thinking (Baron et al., 2019; Endacott & Brooks, 2013; Salinas et al., 2012).

Purpose Statement

This study aims to add to the research base and curriculum that exposes, confronts, and interrogates structured racism and empowers Black men to pursue healthcare-related careers. It offers historical documents to tell the histories of men of African descent who practiced healing in Florida. In addition, from those histories, I created a virtual heritage tour to support curriculum leadership that promotes African American history and healing narratives.

In phase one I conducted historical research focused on Black men healers (i.e., those associated with health or medicine) and crafted counternarratives into a heritage tour with the potential of being incorporated into the St. Petersburg African American Heritage Trail. Phase two involved piloting the findings with a Black man who was a medical student and participant in a broader study of a program for which I served as a co-principal investigator. He graduated from the Brain Expansions Scholastic Training (B.E.S.T.) program during his secondary and post-secondary schooling. The B.E.S.T. program was founded in 2004 by Dr. Frederick with the mission to uplift underrepresented minorities (URMs) by priming the healthcare pipeline with more middle and high school students of color. B.E.S.T. provides an immersive experience in the medical field for youth aspiring to enter the medical/health fields. The program includes shadowing and mentoring experiences for middle and high school students in Hillsborough, Pinellas, and Pasco Counties during the summer in four two-week and one one-week session. For the past 13 years, B.E.S.T. has served over 500 students and has worked in partnership with USF Health and Advent Health. This graduate of B.E.S.T. was presented with examples of healers from the tour and asked about his

experiences with mentors and perspectives on what the tour offers or could offer other Black men/youth. His responses informed how I organized the findings into an audio format.

Research Questions and Significance of the Study

The guiding questions for this study were: *How does the history of Black male healers in Florida provide counternarratives about Black men's leadership in connection to health/medicine? How do historical counter-narratives about Black men support teaching about leadership through African history and narratives of healing?*

This study sought to unearth a heritage curriculum featuring historical narratives of Black men healers of FL from 1568-1965 to address the null curriculum in the formal curriculum of Florida by augmenting the local history curriculum into the new B.E.S.T. Florida civics standards (Santos, 2021). The potential outcome of this study is an expansion of curricula and pedagogy with the potential to build aspirational capital (Barnes, 2021; Yosso, 2005). The integration of this content could empower Black males to aspire to become physicians and healthcare workers in the future. Critical Race Theory was used as a methodology and coupled with other concepts pertinent to race and advancement in school or careers to guide my analysis.

Black males are disproportionately under-enrolled in medical schools compared to their white counterparts (Batra et. al., 2022; Ray & Brown, 2015; Kang, Y., & Ibrahim, 2020). The extant research has examined factors related to belongingness. Still, none have examined the impact of a community's heritage curriculum to provide transformative pedagogy that interrogates anti-blackness/Black misandry, considers historical figures as parasocial mentors, and elicit counter-narratives. Illuminating an

emancipatory pedagogy will subvert the impact of anti-blackness/Black misandry and enact a healing curriculum to ignite vocational/aspirational capital in Black males and increase the percentage of Black males in STEMM/healthcare fields.

Conceptual Framework

The conceptual framework below depicts the impact of the factors above intersecting to diminish the oppressive constraints of racism inhibiting narratives of healing in the cultural heritage of African Americans and their opportunities to pursue their vocational aspirations.

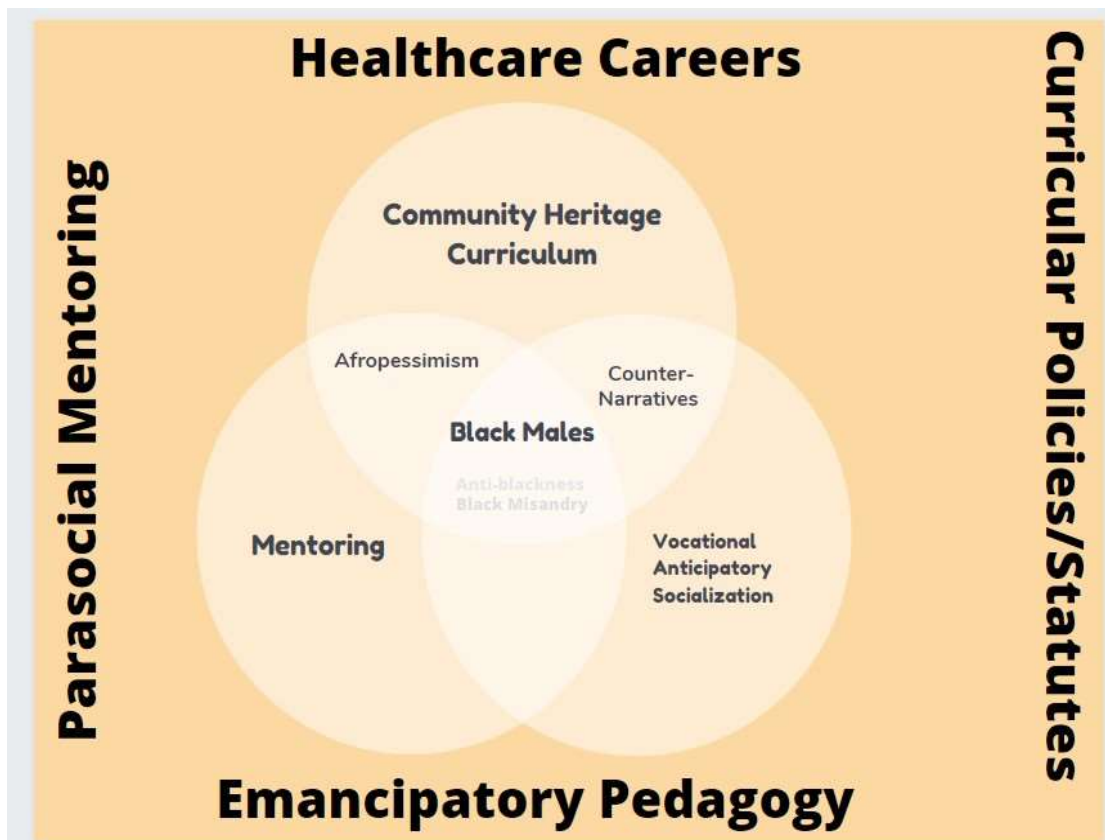


Figure 1. Conceptual Framework

The Community Heritage Curriculum can help foster a firm self-concept among Black males when supported by Critical Race Theory (CRT). CRT helps researchers to unmask the interlocking oppressive presence of racism from historical, ideological, and psychological perspectives (Denicolo et al, 2015; Macias et al, 2021; Parker et al, 2002). It is comprised of a key tenet at the core of CRT: the permanence of racism in America (Brooms, 2016; Smith et al., 2007). This tenet suggests that racism is embedded into the day-to-day cadence of everyday American life and systems (Brooms, 2016; Smith, 2007).

Counter-Narratives Opposing Oppressive Structures

CRT emphasizes community counter-narratives to counter the permanence of racism. The need for the experiences of Black communities should be at the forefront when analyzing the law and societal issues. CRT uses counterstories to confront racism as it helps researchers to:

1. Build a community between the majority society and the marginalized.
2. Critiqued the normed wisdom of society.
3. Create new venues for the marginalized to express themselves to the majority.
4. Provide a forum where the counterstory and reality can be united to provide a transformative agent to interrogate traditional beliefs (Smiley, 2016; Smith, 2007).

Solorzano, Parker, and Aragon (2002; 2002; 2018) asserted that Critical Race Theory as a methodology interrogates/challenges oppressive majoritarian research methodologies by centering its processes on the experiences of people of color CRT asserts that racism exists in every component of the research process.

CRT relies on storytelling as the primary method of critiquing racism in its numerous forms. One of the goals of CRT is to proliferate the counter-narratives of people of color to confront racism while empowering people of color simultaneously. Moreover, works of fiction and Black music are also sources of counter-narratives that showcase the experiences of people of color. The works of James Baldwin are a prime example of the lived experiences of Blacks. CRT examines the epistemological lens of people of color to unravel the interlaced tiers of discussions that emerge from counter-storytelling. Since CRT is derived from Critical Legal Studies--it is a useful tool for unpacking oppressive societal trends that hinder the progress of people of color (Denicolo et al, 2015; Macias et al, 2021; Parker et al, 2002).

Counter-Narratives Unearthing Community Cultural Wealth

Using CRT/counter-narratives are valuable tools for extracting community cultural wealth and empowering communities and educational systems (Macias et al, 2021; Mensah, 2019). Counter-narratives are a tenet of CRT as a methodology. It is utilized as a tool of empowerment to unlock community cultural wealth in marginalized communities. These humanizing stories contend with micro/macro-oppressive structures in education and in society. CRT fosters community cultural assets that may be whitewashed and glossed over by dominant ideologies. CRT can help researchers disrupt the oppressive/interlocking structures in education as it situates people of color as valuable and their counter-stories as assets.

Excavating counter-narratives triggers navigational capital, social capital, and resistant capital. The intersection of these forms of capital instigates community cohesiveness and camaraderie and has the power to transform and challenge dominant

ideologies via storytelling methodologies. The interchange between the storyteller and the listener creates a humanizing dynamic that can potentially transform the ideologies of the listener. Additionally, counter-narratives have the power to confront inequities in schools and the community. Consequently, enacting counter-stories also fuels resistance capital to counter distorted assumptions about people of color. The very act of telling counter-stories becomes an enacted oppositional behavior that critiques oppressive ideologies that support educational inequities (Macias et al, 2021; Mensah, 2019).

Vocational Anticipatory Socialization (VAS)

As students begin to anticipate entering the workforce, they collect information that informs their career decision- making process (Ashby-King & Anderson, 2021). This process is called Vocational Anticipatory Socialization (VAS). Students either accept or reject messages/cues based on the salience of their values and how these messages align with their self-concept.

Those who influence vocational anticipatory socialization (VAS) are referred to as VAS influencers (Bolden, 2021).

VAS influencers include parents, teachers/schools, peers, part-time jobs, and media (Brigner, 2021). It is interesting to note that VAS influencers sometimes convey messages as mentors (Powers & Myers, 2017). Mentoring is the most productive means of transmitting information within an organization and outside of an organization (Sousa, 2021). Therefore, a mentor needs to grasp what cultivates students' confidence, which is linked to job satisfaction. However, according to the Florida Department of Education, an immense disparity exists between Black male counselors,

teachers, and school psychologists in Florida, when compared to their white counterparts. According to the Florida Department of Education, there are 1,496 school psychologists in the state. Florida has 24 Black male school psychologists in the entire state: 1.6% (2021). Similarly, only 2.7% of 6,465 guidance counselors are Black males (2021).

In this conceptual framework, VAS intersects with Community Cultural Wealth (CCW) and CRT to tease out community cultural wealth out of communities previously viewed as having a deficit (Yosso, 2005) and view communities as places of cultural wealth that can inspire students' aspirational capital (Rios-Aguilar, 2021), and potentially posit/nurture STEM pathways through the intersections of the cultural assets of communities (Santa-Ramirez, 2021).

Preliminary research

In my preliminary research, I have found evidence that Saint Petersburg, Florida, has a heritage of Black male healers going back to the 1500s with the early explorers. Juan Garrido, the first free Black man to step foot into the United States, landed in 1513; and in 1522, he accompanied Ponce de Leon (Gerhard, 1978; Herrick, 2018). He was a Christian who converted of his own volition in Portugal. Another example is Esteban de Dorantes who landed in Saint Petersburg, Florida as a personal assistant/slave to Panfilo de Narvaez at Jungle Prada in 1528 (Francis, 2019).

Background of the Researcher

I am an Afro-Jamaican American high school English teacher. I am the only Black English teacher in my school's 46-year history. I have a bachelor's degree in English from FSU; two master's degrees from USF: one in English Education and one in

Educational Leadership. I was the co-principal investigator for B.E.S.T. Brain Expansions Scholastic Training Research Grant at USF Tampa: this study examined the contributing factors that support the retention of middle/secondary students who are Black men/young adults who have completed the B.E.S.T. program in medical professions; some of the factors that were examined included mentoring and how mentoring has contributed to their aspirations to pursue careers in the healthcare field.

I am the founder of an award-winning STEM club at a Pinellas County high school. My STEM club was entered into the Congressional Record for winning three Congressional App Challenges; only 200 winners are selected from 10,000 applicants yearly; in 2020 I was asked to mentor incoming first-year students through USF's Black Leadership Network (BLN); in 2021, I was invited to become a board member of BLN's advisory board; in 2016 I was invited to become a STEM advisor for FLASTEM; in 2016 my club was awarded a grant by Exxon-Mobil.

My STEM club has competed in FTC robotics competitions since 2019; I was recruited by Raytheon Technologies to facilitate/start the first FTC robotics team at my high school; I have been a guest panelist at Nielsen Robofest since 2018 in partnership with Lawrence Technical University; in 2018, I co-facilitated Black Student Success research study focus groups at USF under Dr. Tonisha Lane; in Spring 2020 my STEM club won phase I of the SOFIC--United States Special Operations Command (SOCOM) we were slated to receive \$5,000 until COVID emerged; I have also been an emcee/judge at Nielsen's Robofest ever since 2019; in 2021, I was asked to organize/host an FTC robotics competition at my high school; this was the first time that this was done at my school.

In the summer of 2016 I represented Pinellas County Schools at the African American Heritage Task Force at F.A.M.U; I presented on the initiatives of Pinellas Multicultural Advisory Committee; I presented at the Association for the Study of Higher Education (ASHE) conference in 2020, “Who Am I . . . in Engineering? How Undergraduate Women of Color in Engineering Make-meaning of their Identities.” I presented a poster on the Saint Petersburg, Florida’s African American Heritage Trail at the Annual Association for the Study of African American Life and History (ASALH) in 2018, and at the Curriculum and Pedagogy Conference, (Virtual, 2020) on “Leading Language: The Tampa Bay International School. In Turn (Back) Around: Curriculum Leadership and Pedagogy of Place. The themes of history, STEM, curriculum, and racism that are included above as part of my experience are evident in this dissertation.

Delimitations

This study is bound in Florida. The focus of this study is on health/medical healers. Although Florida's community heritage limits the focus by ethnicity/gender, I use African American and Black, meaning people of African descent.

CHAPTER 2: REVIEW OF LITERATURE

Family Habitus Influences Aspirational Outcomes: Parental Expectations

Family habitus influences play a role in equipping URM youth to enter healthcare fields like medicine (Rosenbloom et al, 2020). Parents exert a systematic and progressive influence on their science aspirations (Halim et al., 2018; Sheldrake, 2018). Parents advise their students on which science stream to pursue. If necessary, tutoring is provided. Parents prime students with science-related activities that scaffold their child's science aspirations. This parental guidance is continuous and profound. Intervening in their child's future trajectory can carefully inform their child's science pathway (Halim et al., 2018; Sheldrake, 2018). A family's concerted cultivation of the perception that science is desirable, solidified the link between the family and science.

Families who intentionally weave science throughout family activities nurture science as a staple in the family's microclimate (Archer et al., 2012). Family's concerted cultivation manifests in students' psyche by stimulating children's psychological and social development. As students are socialized to develop a science habitus, they develop a more positive outlook towards science. This outlook sustains STEM

aspirations (Archer et al., 2012). A Bourdieuan framework on family habitus was utilized to conduct the above study to determine how family habitus' cultural capital impacts science aspirations for URMs (Archer et al., 2012). Archer et al. 2013 contend that when family habitus, capital, and science aspirations are all aligned, URMs have a higher probability of STEM persistence in college (2018).

Mentoring: Empowerment for Social Change

Some scholars contend that mentors play a significant role in determining successful outcomes for youth (Berry & Jennings, 2016; Dickerson & Agosto, 2015; Norrell, 2004; Schulkin, 2005; Stanciu, 2021; Vaughan, 2013). Students sometimes develop a transformative mentor-mentee relationship with extra-familial adults who are considered to possess wisdom that includes navigational capital (Barkham, 2005; Opengart & Bierema, 2015; Boveda & Bhattacharya, 2019; Collins et al., 2020; Gardiner, 1998; Harvey et al., 2017; Ibidunni et al., 2020; Inzer & Crawford, 2005; Kim et al., 2021; Meltzer et al., 2020; Moensted et al., 2020; Pryce et al., 2021; Weinberg, 2019; Williamson & Hood, 2015; Zanchetta et al., 2017). Mentor-mentee relationships were most successful when mentors/mentees had similar interests and the mentor attended continuous training (Dubois et al, 2002; Hite et al., 2021; Nebhinani et al., 2021). Marginalized youth are resilient in the following scenarios: they are socially responsive and in a socially cohesive and supportive family environment. Students who grow up in challenging neighborhoods usually find support from at least one supportive adult. Extra-familial mentoring adults act as parental surrogates (Andes & Mabrouk, 2018; Dang & Miller, 2013; Maldonado, 2014; Rokenes et al., 2015).

Black males generally experience a sense of exclusion or being misguided (Curry, 2021). Some curricula taught them that they are inferior to whites (Evans, 2021; Harper, 2009; Harper & Davis, 2012; Jenkins, 2006). Other curriculum pathways are focused on functionalism, accommodationism, liberal education, Black Nationalism, Afrocentrism, and Social Reconstructionism (Beilke, 1997; Dickerson & Agosto, 2015; Hendry & Winfield, 2013; Vaughan, 2018; Watkins, 1993; Watkins, 2001; Reed, 1982). A structured emancipatory/social justice/culturally responsive pedagogy has been found to be an effective means of empowering/nurturing Black males (Blunt, 2021; Grossman & Tierney, 1998; Grossman & Rhodes, 2002; Herrera et al., 2007; Jeong, 2013; Jeong, 2021; Langenmayr, 2021; McKinney de Royston et al., 2016; Moses & Cobb, 2001; Nasir & Cobb, 2002; Nasir & Vakil, 2017; Robinson & Searcy, 2017; Rhodes, 2005; S Rhodes, 2009; Scott et al., 2015; Sánchez et al., 2018; Stelter et al., 2021; Watson et al., 2016; Yun, 2021; Vakil, 2016; van Wart et al., 2014; Walsh, 2018; Zainol & Salam, 2021). Conversely, some mentoring programs have centered around deficit-laden terminology like at-risk (Amir, 2021; Brown, 2021; Ellington et al., 2021; Stinson, 2006).

Mentoring Relationships/Parasocial Mentoring

Parasocial mentoring/interaction became more profound during social distancing that resulted from COVID 19. The greater the social distance, the more intense the mediated relationships. Parasocial interaction (PSI) can impact viewers in just one occurrence. Face-to-face contact with friends/family began to resemble the mediated relationships that participants routinely experienced with fictional characters/celebrities. Race played a significant role in terms of how participants related to mediated characters.

Non-whites found relatability to be a key factor that impacted how strong their PSI/PSR was regarding the influencer/celebrity/fictional character they interacted with. PSR/PSI formed with YouTube influencers fosters a profound bond with their followers with similar interests. Followers were more likely to engage with the influencer's content if enjoyment was elicited. Their connection creates empathy with the influencer, enabling them to sympathize with them and empathize with their thoughts and actions. These findings may be useful in my study as it relies on the perceived familiarity between parasocial mentors and Black males who aspire to pursue medicine/healthcare (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

Mediated mentoring has the potential to provide a liberating counter-space for academics who seek out mentors but are unable to locate them at their predominantly White (populated) institution (PWI). Mediated mentors fill a gap that regular relationships are not meeting emotional, cognitive, and psychological (Hamlet, 2015). PSI/PSR are proportional to the length of the mentee's interaction with the mediated mentor. Parasocial relationships are reinforced when the mentor and the mentee engage/interact with a digital artifact simultaneously (Schramm & Wirth, 2010). Mediated personas influence the viewer's identity/autonomy development, physiological behavior, thoughts, facial expressions, and or unilateral conversations with the personae (Giles, 2002; Gleason et al., 2017; Wilson, 2018). Mentees rely on homophily: shared belief systems and backgrounds to select their parasocial mentor. They live vicariously through the personae (Giles, 2002; Gleason et al., 2017; Wilson, 2018).

Parasocial Interaction in Virtual Environments: Tours and Movies

George Washington Carver and Madam C.J. Walker were STEM innovators who can serve as historical parasocial mentors. Le and colleagues (2016) used a heritage and psychological capital framework with historical methods to tease out findings about their lives. The George Washington Carver historical site was developed around five themes: connecting with one's heritage; emotional involvement; bequeathing for children; learning, leisure pursuit and the authentic life experiences of people who lived during the era of George Washington Carver (Le et al., 2016). Participants were from various ethnic groups: African American, Latino, Latina, and Asian Americans. Heritage tourism's goal is to preserve and recognize the legacy of underrepresented populations. This heritage tourism site showcased George Washington Carver life as a scientist, artist, professional inventor and humanitarian (Le et al., 2016; Sanders & Hwang, 2014).

Heritage tourism provides greater awareness of cultural heritage and identity (Le et al., 2016; Sanders & Hwang, 2014). This monument entertains over 30K visitors annually. Additionally, Carver Days are hosted to depict his legacy via storytelling, wagon rides and other demonstrations. African Americans were more likely to know of Carver and his contributions than Asian Americans and Latinos. Despite being of a different race than Dr. Carver, some Asian participants found other elements of Carver's life that they identified with--an Asian pastor identified with Carver as a Christian man.

Likewise, another Asian participant could relate to not being treated as a full human being because of her ethnicity (Le et al., 2016; Sanders & Hwang, 2014). This entire heritage tourism experience was meaningful to all participants; however, some participants were concerned about fully understanding the experience because of a language barrier. Docents engage tourists in interpretive conversations throughout the tour (Cook, 2016; Weiler & Walker, 2014). Another notable African American inventor will be analyzed now: Madam C.J. Walker.

STEM Innovator and Parasocial Mentor: Madam C. J. Walker

Unlike Carver, Madam C.J. Walker leveraged her expertise to amass a fortune and leverage it for social justice (Le, Urioste-Stone & Holmes, 2016; Sanders & Hwang, 2014). Walker's diplomatic flare was showcased in an advertisement that promoted her vision to distribute her hair products throughout the globe with imagery that includes Asian symbols of the sun juxtaposed with her hair products sprawled over the globe while promoting her business model of mobile agents. She employs invention to purport the notion that beauty transcends racial and ethnic differences. It was used to foster a feeling of community between groups that were once seen as separate and distinct entities (Sheehan, 2016).

She brokered her trust within her community and leveraged it to become a social/entrepreneurial activist. The historical method was employed to conduct a document analysis of 380 of her personal/business letters between herself and her lawyer to tease out trends. The psychological capital framework (Psycap) framework was utilized to categorize and theme these documents. This framework consists of hope, self-efficacy, optimism, and resiliency (Hasan et al., 2020; Mullins & Jones, 2010).

She donated to socially conscious organizations that promoted the empowerment of African Americans (Hasan et al., 2020; Mullins & Jones, 2010). She utilized the storytelling process to convey a message that influences the social identity process. Political skill was employed as the means to convey her message. Moreover, the term social entrepreneurs are sometimes used interchangeably with activist entrepreneurs. Social entrepreneurs create value and leverage that value to influence legislation through various channels and methods: boycotts, lobbying, and advertisements. Social entrepreneurs' ideology thrives with their abilities to create proteges who espouse their similar views and ideologies. Social entrepreneurs employ and increase hope, optimism, resilience via psychological capital (Blain, 2016; Hasan et al., 2020). Thus far it has been argued that African Americans brought technological expertise with them as they traversed the Middle Passage (James, 2004; Carney, 1996; Opala, 1987). In summary, Madame CJ Walker's life has been analyzed to show her contributions to the STEM industry in the United States.

Career Experience: Vicarious Hands-On Learning to Build Aspirational Capital

In a study of 845 students from 27 college campuses, 25% of the students planned to pursue a STEM career after participating in a STEM outreach program (Kitchen et al., 2018). Also, 40% of the 25% of the Black participants aspired to pursue a career in engineering (Houser, Garcia, & Torres, 2015; Kitchen et al., 2018). In short, the VAS theoretical model boosted Black students' STEM aspirations since it provided them with authentic, real-world STEM-related experiences (Salto et al., 2014).

Vocational Anticipatory Socialization is an integral component of gaining STEM career experience for students who are in STEM outreach programs (Jahn & Myers, 2014;

Kitchen et al., 2018; Salto et al., 2014). It exposes them to the vocational aspect of STEM careers. Students interact with university STEM experts (Kitchen et al., 2018; Salto et al., 2014). The Vocational Anticipatory Socialization framework will explain participants' outcomes (Kitchen et al., 2018; Salto et al., 2014).

Students who participated are 1.4 times more likely to pursue a STEM career and experience relevant, real-world experiences from STEM programs. Moreover, URM high school participants in this STEM program were 1.8 times more likely to aspire to STEM careers (Cutucache et al., 2016; Kitchen et al., 2018; Shahbazi, 2019). Under-represented students who participated in The Loma Linda University Summer Health Disparities Research Program had higher aspirations of pursuing a career in the health field: The Research Apprenticeship for Minorities Program (RAMP)--than those who did not participate in this outreach program (Ross et al., 2018; Salto et al., 2014). There were 132 participants between 1997-2006. Twenty-eight of the participants enrolled and completed the program more than once. Sixteen participants matriculated to Loma Linda University's college program.

Participants became more confident in their research skills and self-efficacy at the end of the program. Students completed a survey that attributed their science and research skills to ethnically similar mentors in RAMP. Vicarious experiences with ethnically similar program leaders, presenters, and other successful STEM professionals positively impacted them in developing scientific efficacy (Ross et al., 2018; Salto et al., 2014). 67% of participants graduated from college with a STEM degree (Salto et al., 2014). Furthermore, according to Salto, the results of the RAMP study show that 58% of participants reported that RAMP provided affirmation for them

aspiring to pursue a STEM career: 14% reported an increase in science ability; 74% reported that mastery experiences were the most influential part of their success in the RAMP program. Also, 8% reported increased motivation to pursue a STEM career. 22% of Participants reported that the modeling of same-race STEM staff was the 5th most valuable aspect of their RAMP experience. It is also interesting to note that 48% of the RAMP participants went to medical school, while 13% went on to study to earn a Ph.D. in basic science (2014).

Prior experience and social background also inform students' career choices (Fuhs et al., 2012). One's ego network informs one's career choices. An ego network is the social network of one person. The ego is at the center of the network (Aley & Levine, 2020). Alters revolved around the ego. They are all linked in a spoke-and-hub relationship (Levine & Aley, 2020). Students often search for career information within their ego network. The length of participants' relationship with the alters in their ego network was correlated with their career choice (Christensen & Knezek, 2017).

A participant's knowledge of which alter in their network to contact for career information was directly correlated to their career choice (Aley & Levine, 2020). The quality of the information in ego networks was more significant than the quantity (Zhu, 2013). Once participants are sure of their career path, they require less contact with their mentors/alters. The participant's perception of the quality of their career message increases their self-confidence in their career choice (Aley & Levine, 2020).

According to a Harris Interactive survey, almost eighty percent of college STEM majors decided to pursue a career in STEM during high or before high school. The VAS framework is rooted in social cognitive theory (SCCT) (Levine et al., 2021). It posits that

one has the agency to impact their career path. VAS theorists assert that students' work-related values and future career aspirations are outcomes of the sum of their exposure/communication/interaction with work environments and messages from that environment (Carver, 2010; Cavalcanti & Mohr-Schroeder, 2019; Cooke-Jackson & Rubinsky, 2018; Gunn, 2020; Kramer, 2010; Maiorca et al., 2021; Koomen et al., 2021; Jackson et al., 2021; Way, 2020; Price et al., 2021). Parents also impact students' career trajectory; however, some parents socialize their children into gender-normed career choices that make them more susceptible to stereotype threats (Shumate et al., 2014).

African American males' willingness to persist in STEM is complex (Collins, 2018). Expectancy Value Theory (EVT) was used as a framework to assess African American males' STEM aspirations. In this study, 244 high school students were surveyed and monitored in a 4-6-year longitudinal study. If Black males found STEM to have a utility value aligned with their future career goals, they would participate in STEM activities. Participation in STEM opportunities would be seen as a means of developing their STEM Scholar Identity (Collins, 2018).

Black males often embrace imposter syndrome, characterized as a mild depression that manifests from identity confusion by achieving people who doubt their capacity (Simon, 2020). Some Black males may have the talent to excel in school, but they equate academic success with acting White (Fordham, 2008; Seeberg, 2021). Similarly, some Black males live in environments where their Black male role models may not espouse academics. So, being academically focused is not only seen as White but not masculine (Yasayan, 2021). Instead, they are more interested in pursuing

careers that they perceive are more congruent with their perceptions of Black masculinity, such as sports careers as athletes, hip hop artists, or drug dealers (Francis & Darity, 2021; Gates, 2014; Ogbu, 2004).

Some Black males also see local drug dealers with fast cars and quick cash. So Black males are more focused on obtaining money--embourgeoisement (Mocombe, 2018; Rishard, 2021). So, they opt to hide their intelligence by assuming the cool pose to avoid being seen as intelligent/White/non-masculine (Collins, 2018; Mocombe, 2018). The cool pose allows them to feel a sense of belonging among their Black peers (Collins, 2018; Majors & Billson, 1993). Therefore, Black males perceive that being academically talented will compromise their masculinity/cultural identity; their cultural identity will always win over their STEM Scholar Identity (Unnever, 2021). Family habitus, social justice/culturally relevant pedagogy, and social justice/culturally relevant professional development all form STEM aspirations for URM students (Ortiz-Revilla et al., 2021). Having looked at factors that impact students' willingness to persist in STEM, I will examine how cultural heritage and STEM identity can also impact STEM persistence.

In a study by Burt and Johnson, 30 Black engineering graduate students were interviewed regarding their STEM experiences at a PWI (2018). A community cultural wealth (CCW) framework was utilized in this study. It was discovered that students who engaged in out-of-school arts and science activities: and museum trips cultivated an interest in STEM (Wright et al., 2016). Researchers assert that CCW is composed of aspirational, navigational, social, linguistic, familial, and resistant capital. Engineering students relied on only four of the above: aspirational, familial, navigational, and

resistant capital (George, 2015; Harper, 2010; Rendón et al., 2014; Yosso, 2005). Aspirational-- having a positive outlook regarding future career endeavors; familial-family as a motivational force that also includes tight-knit community bonds with a sturdy moral compass surrounded by educational and vocational ambition; navigational having the wisdom to maneuver in and through institutional racially oppressive systems while maintaining above-average academic achievement; resistance capital--responding to microaggressions as an overcoming trigger to confront injustice while succeeding and disrupting/transforming oppressive structures (Mishra, 2020). Individual agency and one's availing of social networks mitigate navigation through hegemonic structures. Let us now turn to the effects of PWI's climate on STEM persistence and a sense of belonging for URM STEM majors.

John Henryism: A Coping Mechanism for Anti-Blackness

Members of the STEM workforce often experience PEERs. (Persons Excluded from Science because of Ethnicity and Race) they confront microaggressions and other stressors over a lengthy period (Robinson et al., 2021; Rolle et al., 2021). They espouse a coping mechanism to overcome these experiences: John Henryism--overworking to prove to the naysayers that you have the tools to be successful; this determined mindset may empower one to become successful at the detriment of one's physical health and mental well-being. John Henryism is a coping device used to exist in hegemonic environments where there is a firm belief that other demographic groups are inherently superior to the one with which one is affiliated (Rolle et al., 2021; Strayhorn, 1980).

When members of the STEM workforce endure these stressors over an extended period, they accumulate and engender mental fatigue. Adopting John Henryism can result in high-stress levels and trigger the same physiological side effects of one in the midst of a fight or flight response state (Robinson et al., 2021; Rolle et al., 2021). Other auxiliary effects include digestive conditions and reproductive challenges (Robinson et al., 2021; Rolle et al., 2021; Strayhorn, 1980). One's immunity is also at-risk when the body is tricked into believing that they are in a constant state of emergency when they the body's emergency response systems are triggered (Robinson et al., 2021; Rolle et al., 2021; Strayhorn, 1980). John Henryism describes over-performance to prove one is intelligent (Robinson et al., 2021; Rolle et al., 2021). John Henryism has its setbacks (Robinson et al., 2021; Rolle et al., 2021), as the body is not designed to operate in flight or fight mode, which can trigger organ failure and lead to high blood pressure. Despite being exposed to high levels of stress related to microaggressions and systemic racism, Black Americans have few psychiatric disorders (Acheampong et al., 2019; Strayhorn, 1980). While some research posits that John Henryism is detrimental to one's health, there is a new study that contradicts that claim. Instead, the researchers found that those who were espousing John Henryism engaged in countermeasures to mitigate the health risks that are associated with John Henryism: exercise, a proper diet, a reduction in unhealthy substances: alcohol and smoking. Moreover, one who has opted to follow the ideals of John Henryism is much more likely to have a strong will and more apt to persevere through obstacles. John Henryism may also increase one's allostatic load; AL is an indicator of the prevalence of cumulative trauma; it is also a measure of physiological dysregulation (Robinson et al, 2021; Strayhorn, 1980).

Black men have to mitigate stressors that their white counterparts do not. In a study of 16 Black men who graduated from medical school, a survey was given that evaluated their perceived stress levels related to their academic environment and coping mechanisms that enabled them to persist (Acheampong et al, 2019; Strayhorn, 1980). CRT was used as a sensemaking framework/tool to explain the outcomes of their experiences. These Black men believed that the medical school had two curricula: one for Black students and one for white students. One was hidden and one was open and conspicuous.

Black males bonded together to form study groups to fill in the gaps to cope with this inequity (Acheampong et al., 2019; Strayhorn, 1980). Another aspect of medical school is the socialization of becoming a doctor. This is achieved through conversations/interactions with senior physicians/visiting physicians. Ninety-nine percent of the visiting physicians were white and condescending/rude; this created another layer of stress. This also engendered being left out of discussions which also compounded more stress. This type of racialized stress was compounded with the already stressful medical school curriculum. This stress is a product of the environment and the individual and the tensions that are created from the interactions of the two (Acheampong et al., 2019; Strayhorn, 1980).

Fostering Healthcare Aspirations: Nurturing Care Framework

Three studies have established that the nurturing care framework is an essential component of Early Childhood Development (ECD). Nurturing care espouses continuous and responsive caregiving for infants from birth to eighteen year of age (Hall et al., 2001; Uchitel et al, 2019; Venancio, et al., 2022). Children within the age range

above should also have access to medical care/treatment; the World Health Organization posits that a Nurturing Care Framework is necessary to establish the well-being of children that will serve them through their adult lives (Hall et al., 2001; Uchitel et al., 2019; Venancio, et al., 2022). The Nurturing Care Framework espouses security and safety: trust. The doctor-patient relationship is a core component of the level of trust that a patient experiences with their doctor. Trust is a key aspect of the doctor-patient relationship and the therapeutic effect of that relationship.

An exhaustive meta-analysis of over 400 publications and 50 studies contends that there is a link between a patient's trust in their physician and their health outcomes (Birkhäuer et al., 2017; Brennan et al., 2013; Hall et al, 2001; Gilligan et al., 2018; Rolfe et al., 2014). If the patient finds the physician trustworthy, they are more likely to be vulnerable with their physician regarding sensitive details regarding their health (Hall et al., 2001; Rolfe et al, 2014). Patients are more apt to divulge sensitive aspects of their medical challenges if they perceive that the doctor has established trust (Hall et al., 2001; Gilligan et al., 2018; Rolfe et al, 2014). Additionally, a firm degree of confidence will increase the likelihood that the patient will follow the doctor's treatment regimen that they prescribe to the patient; therefore, the doctor's bedside manner may impact clinical outcomes related to the patient's health. Consequently, a caring physician who is less skilled may probably have a higher degree of trust from their patient than a more qualified physician who has not gained their patient's trust.

A study of 704 outpatients has confirmed that physician-patient trust is critical for patient care and therapeutic outcomes (Chegini et al., 2022). A patient's confidence in their physician is not related to the number of visits; rather, it is related to the patient's belief

in the physician's trust; so, despite the notion that patients are quick to evaluate physician's trust related to the quality of their bedside-manner, it is also possible to a patient to develop trust in their physician over a lengthy period where trust has been established; the physician's communication style is one of the most salient factors in the trust factor between the patient-physician. The physician's interpersonal communication style: bedside manner--is extremely valuable in gaining their patient's trust. Patients size up their physician relatively quickly and make judgments about their comfort level with their physician and to what extent they will divulge confidential information regarding their health that could impact their health outcomes (Birkhäuser et al, 2017; Brennan et al., 2013; Hall et al., 2001; Chegini et al., 2022; Gilligan et al, 2018; Rolfe et al., 2014).

Social Capital and Navigational Empowerment

Scholars contend that PWI's climate and the sense of belonging are essential components of STEM persistence for URMs (Samuelson & Litzler, 2016; Stachl & Baranger, 2020). The climate of undergraduate engineering programs was examined under Project's oversight to Assess Climate in Engineering (PACE). The PACE study mentioned above critiques oppression but desires social justice at the same time. Another component of transformational resistance is resilience resistance--students are motivated to prove oppressors wrong (Solorzano & Bernal, 2001). Microaggressions are leveraged as motivational triggers to disrupt the oppressor's biased perceptions. The onset of racial microaggressions can have a negative impact on the educational achievement of Black males (De Coster & Thompson, 2017;

Dominguez & Embricik, 2020; Smith et al., 2012; Smith et al., 2020). Moreover, navigational capital is dependent on the individual's agency to work within a system to maneuver and mitigate its oppressive systems via social networks and alliances (Samuelson, & Litzler, 2016; Stachl & Baranger 2020).

Transformational resistance and a sense of belonging will impact URM's academic achievement, self-efficacy, and one's propensity to become attracted to the impostor phenomenon (Stachl & Baranger, 2020). URM's ability to navigate oppressive hegemonic structures depends on how adept they are at utilizing various forms of social capital (Harper, 2010; Samuelson & Litzler, 2016). Aspirational and navigational capital worked together to allow students to maneuver through barriers successfully. One African American participant mentioned that her earning potential and the prospect of increasing her cash flow in the future allowed her to persist through obstacles (Peralta et al., 2013).

Brown et al., (2017; 2019), claim that situating a school in an Afro-centric/culturally responsive curriculum fosters a transformative force within students (2019; 2017; 1994; Vallera & Bodzin, 2020). Students begin to feel more confident in their own abilities. Learning about their ancestors and accomplishments creates a sense of empowerment for students (Langenmayr, 2021). In a study conducted by Brown, a school was named 100 Black Men School (2019). The school displayed various culturally significant texts. A collage was displayed in the African continent's shape with a montage of influential Black leaders and or historical events with their significance (Bowers, 2021). The school's curriculum is African-Centered/Nationalist education essential to students' success. The school's mission statement in its

representations " I am/shall be . . . confident/capable/empowered (Agency) STEM literate scholar/professional (Academic). A year-long study of the school design and implementation was conducted (Penuel & Potvin,2021).

Additionally, a one-shot study design: school board members, teachers, staff members, lawyers, physicians, educators, and politicians--was utilized. A document analysis of the school's written texts, posters, and shared documents used a domain specific content analysis approach (Moreroa & Rapanyane, 2021). School bulletin boards on display in the hallways, artwork, written affirmation phrases, college pennants, including HBCU pennants, and text that displayed cultural events or a cultural aspect of curricula were also analyzed (Brown et al., 2017; Wiggan et al., 2019).

This study shows that STEM has been a part of African American culture/heritage since slaves first arrived in the United States (Hintz, 2021). To that end, studying the past contributions of African American inventors/scientists will foster a cultural appreciation, awareness, and cohesion among African American students and non-African American students (Nkrumah, 2021). Moreover, having the above knowledge will allow students to persist and overcome challenges when enrolled as STEM majors at colleges and universities (Pietri et al., 2020). In sum, when students are made aware of their cultural heritage, like the students at the 100 Black Men School mentioned above, they become motivated and confident to excel academically. They also aspired to become STEM majors like the namesake buildings that surrounded them at their school (Brown et al., 2017; Wiggan et al., 2019).

Black Males in Medicine: A Growing Need for Diversity

One in five African Americans aspire to become physicians; relatively few realize their goals (Le et al., 2018). More diversity/medical enrichment programs must be in place to expose and encourage disadvantaged students to consider medicine (Harris et al., 2020; Le et al., 2018). There is a growing body of literature on providing medical students with broader cultural understanding to enhance their level of care for racially and ethnocultural diverse populations based on empathy rather than resentment towards cultural differences (Dalsania, 2021). One of the primary concerns is the under-representation of Black males in medical/health-related fields (Le et al, 2018; Harris et al, 2020). The Black Lives Matter Movement and scholarship on anti-Blackness increase the sense of urgency to increase educational opportunities that reduce the disparities in the healthcare/medical fields pipeline related to race, ethnicity, and culture under-representation of Black men who are physicians (Ray & Brown, 2015).

Networks and Vocational Anticipatory Socialization Messages

A VAS study studied two hundred and fifty-four participants from a midwestern university. They were surveyed. The average age of the participants was 20.33 years old (Aley & Levine, 2020). Fifty-eight percent were female; Seventy-one percent were white; ten percent were African American, and ten percent were Asian. Vocational Anticipatory Socialization (VAS) is the process of learning about careers through stories (Jablin, 1985). This occurs before the student begins working. These stories inform students about the proper decorum required/expected of them as potential employees (Hoffner et al., 2008).

The VAS socialization process is ongoing from childhood through adulthood (Feij, 1998; Gabor, 2013). VAS career cues establish students' self-concepts and career skills and influence students' career trajectories. This study is centered around the outcome of participants who actively seek out VAS messages. In this study, the influence of students' social networks and the career-related messages conveyed via their social networks (Levine & Aley, 2019). An ego network analysis will determine the path of passive and active career messages transmitted to students (Myers et al., 2011; Passarella et al., 2012).

Similarly, VAS influencers (mentors/medical/healthcare staff) can inspire students to pursue their future career pathways. The confluence of VAS influencers intersecting with CCW has the potential to foster students' existing CCW and funds of knowledge as they relate to STEMM career pathways (Aley & Levine, 2021; Burt & Johnson, 2018; Murillo et al., 2017; Yosso, 2005; Yosso & García, 2007). Self-confidence is interconnected to one's emotions, attitudes, and perceptions regarding one's skill level (Lent et al., 1994; Newman et al., 2019).

Prior experience and social background also inform students' career choices (Fuhs et al., 2012). In studies about VAS, it was determined that messages related to the meaningfulness/enjoyment of work experiences were instrumental in cultivating aspirational career mindsets towards work; young adults' community of adults (parents/teachers, counselors) were encouraged to prepare students for vocations by encouraging students to consider types of managerial communication styles that they prefer; it was also determined that STEM-related coursework often gave conflicting expectations about the authentic expectations of actual STEM careers (Jahn & Myers,

2014; Jahn & Myers, 2015; Powers & Myers, 2017; Scarduzio et al., 2018; Omilion-Hodges, & Ptacek, 2019; Omilion-Hodges et al., 2019).

Parents also impact students' career trajectory; however, some parents socialize their children into gender-normed career choices that make them more susceptible to stereotype threats (Shumate et al., 2014). VAS also asserts that participants' career perception is colored by their experiences and personal factors: race/culture and socio-economic status. Individual elements are interconnected with participants' self-efficacy beliefs and beliefs about enjoyment and resilience (Omilion-Hodges et al., 2019). VAS messages have the power to disrupt students' ontologies. Some students believe that their academic ability is fixed instead of dynamic (Lucas, 2011). When students interacted with career insiders, their career interests changed. This occurred when they interacted with the STEM insider in a STEM environment.

Hands-on career environments further enhanced career interests (Jahn & Myers, 2014). These experiences allowed students to make broader connections between their STEM classwork and their future STEM careers (Levine & Hoffner, 2006; Lubinski & Benbow, 2007). All participants stated that their schools had job shadowing opportunities; however, it was the students' responsibility to broker their connections to obtain job shadowing internships (Kitchen et al., 2018). Students' exposure to career-related frameworks can unlock an enjoyment framework that can inform students' future career decisions (Jahn & Myers, 2014). Goal frameworks also form simultaneously with enjoyment frameworks to foster aspirational capital (Gunderson et al., 2013).

Students develop VAS messages in career-related contexts to experience practical STEM applications; these experiences allow students to see their mathematics

and STEM coursework relevance (Myers et al., 2010). Additionally, parents rarely have career insider knowledge unless they are STEM professionals (Myers et al., 2011). Students also formed ability frameworks when they began to connect their STEM skills and careers that required them to apply their STEM skill sets (Powers & Myers, 2017). Once students had acquired these frameworks, they became more focused on VAS messages; consequently, students' VAS perspectives became keener, and they began to seek out more VAS experiences that aligned with their career aspirations (Jahn & Myers, 2014).

STEM Identity

African American males' willingness to persist in STEM is very complex (Collins, 2018).. Expectancy Value Theory (EVT) was used as a framework to assess African American males' STEM aspirations. If Black males found STEM to have a utility value aligned with their future career goals, they would participate in STEM activities. Participation in STEM opportunities would be seen as a means of developing their STEM Scholar Identity (Collins, 2018). A STEM Scholar Identity consists of the intersection of STEM contextual/environmental, cultural factors, salience and psychological/individual factors (Abes et al., 2007; Collins, 2018; Fordham, 2008; Mocombe, 2018; Seeberg, 2021). The imposter syndrome/cool pose/embourgeoisement opposes the formation of the STEM Scholar Identity (Majors & Billson, 1993; Mocombe, 2018; Rishard, 2021; Simon, 2020; Unnever, 2021).

Historical STEM Contributions: Enslaved Africans

Enslaved Africans carried technological expertise that benefited plantation owners (Carney, 1996; James, 2004; Opala, 1987). South Carolina's expert knowledge

of rice cultivation came from West Africa--the Rice Coast of Africa (Carney, 2021). Enslaved Africans developed tools/techniques that increased cotton/whaling industry productivity. Their owners acquired their inventions and took out patents in their names (Carney, 1996; Fields-Black, 2015; James, 2004; Opala, 1987). Since they were property, they could not obtain patents/wealth (Chien, 2021).

Linking Blacks to technology is an essential component that dispels the notion that Blacks are inferior. Franz asserts that the one capable of producing inventors cannot be classified as inferior (2004). At the Paris Exposition of 1900, a renowned African American photographer was commissioned to capture/archive photographs of African Americans in engineering labs (Zheng, 2021). He depicted Blacks on construction sites and science classrooms to proliferate the idea that African Americans have occupied STEM spaces and excelled (Branch, 2005; Franz, 2004; Sinclair, 2004). CCW was also used as an anti-deficit perspective: aspirational capital--the ability to maintain a positive outlook despite apparent hindrances.

Familial capital is the ability to apply culturally acquired intergenerational knowledge that has been bequeathed in the community and history (Jaimes, 2021; Rincon & Rodriguez, 2021). Also, social capital--the ability to leverage community networks is a key aspect of CCW (Jaimes, 2021; Rincon & Rodriguez, 2021). Lastly, navigational capital--the ability to broker survival skills to overcome hegemonic historical systems; resistance capital-- the ability to apply behavior that resists inequality and social injustice are all other aspects of CCW (Jaimes, 2021; Rincon & Rodriguez, 2021).

Local History and its Repository of Local Heritage

Scholars contend that local history is considered heritage (Guldi & Armitage, 2014; Jackson, 2008). In a study by Jackson, Ashworth's 1994 Conceptual Framework was used. It focuses on the chronological development of public planning of heritage in the European context. Micro-history is mined to assess its intellectual vitality (Guldi & Armitage, 2014; Jackson, 2008). Local history is history. It is bounded by time, context, community, theme, and place. Local history is focused on monuments in the built landscape. Local historians are inextricably linked to local government as it is connected to place and heritage preservation. The work of local history is very similar to the preservation entities that preserve and archive museum artifacts. Activities that are connected with the preservation of local history are indirectly celebrating local heritage and place. Reviewing and unearthing relics of local heritage engender a regional identity that is nuanced and unique to that locale and context (Guldi & Armitage, 2014; Jackson, 2008).

History extends beyond the classroom. Local history analyzes case studies and individuals. It illuminates gaps in historical knowledge. It recovers overlooked aspects of microhistory (Guldi & Armitage, 2014; Jackson, 2008). Micro- history/heritage contains community cultural wealth that can be supplemental curriculum (Jackson, 2008; Salinas et al., 2012; Stoddard et al, 2018). Museums, monuments, and other historical sites have created a public pedagogy. Public sites influence a community's historical knowledge/education (Baron et al., 2019). These sites attract informal learning, such as field trips (Baron, 2013). As such, teacher training and museum staff education are potential contributors to the historical education of students, teachers, docents, and others in

communities (Baron, 2012).

Museum staff's personal conceptions and thoughts about pedagogy influence how students learn (Jackson, 2008; Salinas et al., 2012; Stoddard et al., 2018). Museum staff members need to be more cognizant of complex learning theories than those that dominate most museums. Museums are considered to be one of the three technologies of power. They educate the public, and proliferate colonialism's power structures (Jackson, 2008; Salinas et al., 2012; Stoddard et al., 2018). Text, arena, and performance are metaphors that are used to describe historical landscapes (Dwyer & Alderman, 2008).

The Student as Historian project allows students to apply critical thinking (Salinas et al., 2012; Stoddard et al., 2018). Students are shown how to collect history in a present-day context. Schools are often mute in certain aspects of history. The majority group generally has the impetus and leverage to curate and create historical narratives in their fashion. K-12 schools generally promote a close view of history that is void of social issues. Teaching history through a critical consciousness lens invites students to critique/reflect on the school curriculum's dominant/oppressive thinking (Baron et al., 2019).

Historically conscious classrooms instruct teachers and students to make sense of how school is taught in the community, home, and school (Salinas et al., 2012; Stoddard et al., 2018). Historical debates reconcile historical inequities. The Student a Historian project has enhanced PD for in-service and pre-service teachers. Journey boxes--boxes with select artifacts, contextual photographs, literature, non-fiction, journal entries and maps are interrogated to uncover an authentic representation of history:

time, place, and more. Traditional narratives about Rosa Parks being fatigued and aged are debunked using historical thinking. Authentic historical teaching involves collaboration with teachers and students, so history is socially mediated via dialog (Salinas et al., 2012; Stoddard et al., 2018). The collective memory is undergoing revalorization of individual and collective memory. This reinterpretation is counteracting the historical amnesia (Rose-Redwood et al., 2008).

The South African government tried to cover up the apartheid conflicts in the wounded city of Robben Island (Dwyer, 2008; Hoelscher & Alderman, 2004). The city planners decided to focus on flora and fauna of this context of city-text by concentrating on the wildlife to distract tourists from the contested space. It symbolized the inhumane imprisoning of famous human rights activists like Nelson Mandela. It has been a symbol of atrocities for over 400 years. Commemoration involves revealing and concealing of history simultaneously. Memory is a dynamic social activity; it is a congealing force that combines a group's identity. Refashioned memory can forge a coherent and collective memory. Colonized spaces like South African have the memories of domination and oppression whitewashed to downplay the horrors of domination and oppression (Dwyer, 2008; Hoelscher & Alderman, 2004). This is also evident in ancient history; there are palimpsests—a concealing of hidden truth—a whitewashing.

Early Egyptian physicians influenced Hippocrates. Some modern-day historians acknowledge the contributions of Imhotep, but do not acknowledge that he was Black (Newsome, 1979). Key historical contributions of Blacks have been excluded from history texts (Conrad, 2019; Woodson, 1933). Students are seldom taught that Blacks possessed scientific knowledge of chemistry to create military defense weapons:

poisonous arrowheads (Woodson, 1933). For instance, in North Africa the embalming process involved intricate knowledge of chemistry (Woodson, 1933). Early Egyptians realized the benefits of integrating the arts into their way of life; it was necessary for them to advance.

Historical Thinking: A Framework for Analysis

Historical thinking was used to calibrate the historical thinking using the Wineburg framework that utilized five key elements of historical thinking: Origination--historians analyzing a myriad of choices of various parties and the originally intended function of a building when it was first constructed; intersectionality- to understand what is nuanced and unique about a building, historians analyze other buildings that were constructed and designed with the similar architecture of a given building; stratification- to determine what the original purpose of the building was at the time period when it was constructed. Historians consider buildings to have numerous layers of purpose. They reviewed events and built features to determine the various strata of time the building has endured. People were also interviewed in order to obtain a well-rounded perspective of the building through the years of its existence. Buildings are sometimes a palimpsest---where element of the present and the past are interwoven. Accordingly, to truly grasp a building's history, each aspect of the past related to the building needs to be unpacked (Baron et al., 2019). Supposition is the process of meaning-making based on a body of evidence and the observers' worldview. It explains features of a building using empathetic insight. Teachers learn from PD that incorporates historical thinking. They become more immersed in the PD experience.

Instructors begin to enact sense-making and meaning-making of their

environment. Interacting with the tour staff and other teachers, they forge profound emotional links with the surrounding community, events, and the locals within the tour context (Black, 2018). Informal tour settings allow participants to roam freely and experience the tour. Docents and tour staff on these informal tours endeavor to provide a rich environment for teachers (Baron, 2013; Black, 2018). Teaching American History (TAH) grant program (lasted from 2001 to 2012) TAH in partnership with historical sites and museums (Baron, 2012). The TAH program was modeled after the PISA Program for International Student Assessment. It facilitates collaboration among history teachers as well as integrating historic sites with school curriculum; teachers engaged in historical analysis (Baron, 2013). Staff members at historical sites provide all participants with pre/post PD materials. This is one of the key components of fostering historical thinking among PD participants. Teachers participated in a think-aloud on historic site tours.

Inquiry-based historical thinking was used to analyze historical content in a PD forum. History teachers integrated discoveries from historical sites into their curriculum (Baron et al., 2019). Teacher's historical utterances were extracted/themed to determine whether their understanding of historical-thinking capacity had increased. Teachers' ability to apply, the five historical thinking elements had improved significantly at the end of the tour. This indicates that this type of PD is effective in terms of making history teachers who participate in this form of PD more aware of historical thinking (Baron, 2013).

Chimborazo Hospital is another PD initiative. It was designed using the pavilion principle; wartime hospital experts contended that the pavilion principle was the most

effective design philosophy for reducing patient mortality. Chimborazo boasted of having one of the lowest mortality rates of any other Civil War hospital from 1861-1863 (Campbell, 2017; Cook, 2002; Wang, 2019). The pavilion design focused on:

- ventilation/warming, the health of house--air, water and drainage systems;
- management and control of noise;
- a cheerful environment, proper food/nutrition, proper bedding, sufficient lighting, cleanliness, hopeful bedside-manner, and careful observance of the premises.

Historical thinking is essential to understanding the zeitgeist and or an accurate historical consciousness of a given place and or historical event (Seixas, 2017; Baron, 2013; Salinas et al, 2013). As historians memorialize past narratives, they enact activities and events that can trigger empowerment within the surrounding communities. Memory work generates intellectual, political, and social capital transcending time and context (Till et al., 2015).

The National Library of Medicine and the National Institutes of Health (NIH) produced the Chimborazo Hospital exhibit (Green, 1999). It includes Black surgeons from the 1860s, African American freedom fighters, and Black nurses. A website accompanies this exhibition and contains primary sources/ stories of African American men and women who were surgeons and nurses during the Civil War. This six-banner traveling exhibit enables educators and students to interrogate and solidify their historic thinking/understanding. Its historical images, brief discussions, and quotes. It interrogates incorrect ideologies of the roles of African Americans during the Civil War time period. Educators are invited to engage in corroboration, sourcing, and contextualization (Baron, 2012). In-depth lesson plans are included on the website.

These lesson plans are interactive, reflective, and collaborative. Educators are given additional reading materials to enhance their knowledge. The convergence of the exhibition and the website spurs/compels educators to conduct more research regarding the context of African American medicine during the Civil War (Mailing, 2014).

The exhibition's website and the mobile exhibit curriculum allow smooth integration into the classroom (Baron, 2012; Baron, 2013). It is also interesting to note that the content embodied in historical thinking and inquiry battlefields is included (Baron, 2012; Baron, 2013). Instructors created specific and measurable student learning outcomes (Baron, 2012; Baron, 2013). Museum-school learning allows students to interact with experts in the history field for an expert-novice interaction. Teachers are encouraged to revisit the exhibit after leaving the tour. Social studies curriculum is influenced by state legislation (Clay & Broege, 2021; Moreland, 1962).

Policies: State and Local and Their Influence on Social Studies Curriculum

Numerous entities wield power over the trajectory of social studies curriculum: special interest groups, college admissions requirements, state legislation, and forty-nine states have statutes that are designed to impact social studies curriculum (Clay & Broege, 2021; Moreland, 1962). Twenty-seven of the fifty states have laws focused on local and state history. Thirty-seven states have legislation that are dedicated to American History. In some instances, some states have laws that appear to spotlight the contributions of under-represented people (Clay & Broege, 2021; Stanton & Morrison, 2018). Nebraska mentions that the social studies curriculum should make students aware of those who endured conflicts for the betterment of others to acquire opportunities (Moreland, 1962). Illinois specifies that the history of the Black race should

be taught in public institutions that are supported by public money. Despite the above legislation, teachers possess autonomy within their classrooms, and they ultimately determine the fidelity by which curriculum is disseminated or ignored (Baptiste, 2010; Moreland, 1962; Stanton & Morrison, 2018).

Policymakers have enacted measures to disrupt settler-colonialism and the hegemonic relics. The impact of settler-colonialism is ubiquitous in various power structures (Baptiste, 2010; Moreland, 1962; Stanton & Morrison, 2018). Montana Indian Education for All (IEFA) is a policy that intends to disrupt the Eurocentric ideologies found in U.S. social studies curriculum (Stanton & Morrison, 2018). This policy endeavors to infuse indigenous ontologies and epistemologies from pre-K to 12th grade and beyond. IEFA utilizes decolonizing frameworks that rely on indigenous counter-narratives (Stanton & Morrison, 2018). Although the IEFA's policy is robust and comprehensive, the implementation of its initiatives rests in the hands of educators.

American settler-colonialism operates at the behest of treaties that dispossess/exclude indigenous Americans from their property (Clay & Broege, 2021; Stanton & Morrison, 2018). Educational assimilation policies were also passed to relocate/re-educate school age children and acculturate them into American culture. Subsequently, critical indigenous scholars have designed policies that embed indigenous counter-narratives to dismantle the white stream--mainstream white master narrative: the belief that Black are inferior to whites (Clay & Broege, 2021; Stanton & Morrison, 2018).

New Jersey legislators have enacted the Amistad legislation to infuse Black History Education (BHE) into New Jersey public schools (Baptiste, 2010; Clay &

Broege, 2021). Much like the story of the Amistad, where slaves successfully overthrew slaveholders, this legislation has the oversight of a task force to ensure that the statute is enforced. This legislation's objective is to transform the New Jersey educational system via a decolonizing framework (Baptiste, 2010; Clay & Broege, 2021) . Although the intent of this legislation is decisive, the outcomes of two districts that have adopted it have varying outcomes. The language of this legislation is largely symbolic. Moreover, the oversight commission does not wield any authority to confront districts that may object/reject this legislation. Additionally, the Amistad legislation did not provide adequate funding to provide a reasonable allotment of funds to ensure the proper implementation of this law (Baptiste, 2010).

The Amistad oversight commission enforced the legislation via recognition and monetary rewards. Teachers who implemented an Afrocentric curriculum and incorporated the accomplishments of African Americans were recognized as being exemplary and were given a \$5K cash prize. Three themes emerged from the study of a group of teachers in New Jersey: they became more aware of their positionality, sensitivity to context, and more comprehensive and robust knowledge (Baptiste, 2010). Researchers in this study anticipates that informing pre-service teachers in New Jersey about the Amistad legislature could provide new teachers with a more culturally responsive pedagogy. All in all, some states are endeavoring to enact legislation that is intended to disrupt settler-colonialism ideologies in the American public school system. IEFA and Amistad are aimed at dismantling/disrupting settler colonialism influences in the social studies curriculum (Clay & Broege, 2021; Stanton & Morrison, 2018).

Curating a Digital Tour

Digital curating provides a unique perspective of archiving digital artifacts for multiple disciplines. It allows scholars to categorize various themes (Deschaine et al., 2015; Ungerer,2016; Tsybulsky,2020). It is achieved through thoughtful theming and intentional coupling. This framework allows scholars to showcase their work to diverse populations. This form of curating offers a cross pollination of diverse, and interdisciplinary subjects. Professors who engage in this praxis are invited to consciously examine their positionality and how their epistemology colors their worldview. Their worldview impacts their selection in their curation process (Deschaine et al., 2015; Ungerer,2016; Tsybulsky,2020).

Digital curation is the intersection of various media/technology to orchestrate meaning-making. Efficient curation consists of five steps that dovetail each other: collection, categorization, critiquing, conceptualization, and circulation. Each of the five steps is sequential and dove-tale upon the other: they are inextricably linked. Each step filters content through a more incremental refining phase—step 1: collection: the accumulation of items to be preserved. Next, cataloging/comparing collected items are an integral part of the collection process. Curation may serve as a means of addressing social justice issues. Designing digital archives can serve as educational materials. Curators are meticulous in their selection of artifacts (Deschaine et al., 2015; Ungerer,2016; Tsybulsky,2020)..

Collecting and curating archives of hidden histories serves as a means to challenge/transform. The gathering and archiving of artifacts is a political process (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky,2020). This process critiques marginalization while empowering under-represented populations. The

interaction of the individual with the past and the dominant narrative intersects to provide tension; archiving and preserving the histories of various ethnicities and cultures empowers marginalized populations. This is mental decolonization. Historical performances and imagined worlds all contribute to establishing communities and the community's collective memory (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky,2020). Unearthing hidden histories can have an empowering impact on those who live in those local contexts. Local historical archives seek to disrupt the silences of marginalized people whilealso creating a space for the exploration of imagined worlds. Blacks in England experienced attempts to silence and exclude their history. The voices of under-represented people possess the ability to empower (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky,2020).

The past contributions and accomplishments of the under-represented are a source of pride, but they are also sources of debate and spaces of educational dialogue (Baker et al., 2022; Tong, 2022). The act of collecting artifacts is a component of developing a cohesive community. Knowledge curation opposes mainstream history. These hidden/silenced stories undergird the notion that marginalized populations' voices are powerful (Baker et al., 2022; Tong, 2022).

Negro Hospitals in the Civil War: Black Male Surgeons Bound Wounds while Grappling with Oppressive Systems and Forces

War by definition denotes and connotes tension and turmoil (Gamble, 2019; Wang, 2019). Black physicians during the Civil War contended for wounded soldiers' lives while vying for their own freedom. The Chimborazo Hospital is one of the most notable Civil War hospitals that treated Blacks from the 55th Massachusetts Infantry

Regiment. It promoted a routine method of treating the wounded during that time involving three steps: find the source; stop the bleeding, and suture the wound. This process was a concise and efficient method for quickly mending soldiers' wounds. This hospital had one of the lowest mortality rates of other Black hospitals during the Civil War: nine percent from 1861 to 1863 (Wang, 2019).

Black surgeons and physicians' expertise during the Civil War supplied the intellectual capital for them to establish medical schools and hospitals after the Civil War (Wang, 2019). Chimborazo's physicians served Blacks from the Union Army. Even though there were Black soldiers in the Confederate hospitals, no records substantiate Black physicians' presence in Confederate hospitals (Wang, 2019). Black physicians/surgeons acquired their expertise as medical apprentices. Most Black physicians during the Civil War acquired their medical degrees overseas in Canada or Europe. In 1860, only nine of the sixty-nine medical schools in the U.S. had policies that allowed them to admit Black physicians (Wang, 2019). Just as the Black male physicians in the Antebellum period experienced challenges, current Black male physicians have also experienced challenges.

Gaps in the Extant Literature

Previous studies of URM persistence in STEMM have not addressed the intersection of historical heritage and how parasocial mentors may or may not influence STEMM aspirations in Black males. Most of the studies in this field have focused on Belongingness and self-efficacy (Strayhorn, 2015). Despite this approach, mixed methods and qualitative studies, Black males are still lagging behind their white counterparts in graduation rates and STEMM persistence and resilience. Some studies

focus on different aspects of STEMM (Museus et al., 2010). In some cases, a barrier is mathematics anxiety related to solving mathematics problems (Grothérus, 2019).

Contextual factors exerted a significant influence on Black males' STEMM Scholar Identity. Their perception of what it means to be masculine played a key role in their STEMM identity development. If the successful Black males in their neighborhood were Hip Hop artists, athletes, and gangstas, they equated success in embourgeoisement (Mocombe, 2018). Immediate STEMM professionals who mirrored their racial identity were absent. Other students masked their intelligence and opted to earn mediocre grades in school (Collins, 2018; Mocombe, 2018).

CHAPTER 3 METHODOLOGY

This study excavated historical narratives and experiences of Black men healers by combining a historical approach with a phenomenological methodology. Once the historical information was organized virtually, I took critical friends/community archivists on a virtual tour of *Florida's Black Male Healers: Uncovering a Path of Hope 1528-1965*. Various tourists piloted this tour: one Black male who graduated from the B.E.S.T. medical enrichment program in Florida, one white male high social studies teacher, one black administrator, and one library archivist. The research questions were as follows:

Research Question and Significance of the Study

How does the history of Black male healers in Florida, between 1568 to 1965, provide counternarratives about Black men in connection to health/medicine?

How do historical counter-narratives about Black men support teaching about leadership through African history and narratives of healing?

Creation of the Tour

A retired researcher/ archivist and previous Director of the Library at the Poynter Institute for Media Studies for over 25 years. He has recently compiled a digital archive of *The Weekly Challenger* and has been helping to guide the design and creation of the virtual tour of the Trail. He has also provided me with resources related to the Trail and Esteban. He has a wealth of knowledge about the African American community in Saint

Petersburg and the Trail.

Conducting the Study

5.1 This mixed-methods case study was designed to conduct a partnership with the B.E.S.T. program. I : 1) analyzed data housed in the database included demographic information, programmatic information and results of an exit survey provided by the B.E.S.T. program and 2) I conducted a pilot study with one of the B.E.S.T. students where he experienced a virtual tour about the contributions of Black male healers in Florida from 1528-1965; I then asked him a series of questions related to the tour. .

5.3 NA

5.4 To lessen the probability or magnitude of risks associated with the survey methods, we will assign number identifiers to the survey and ask them to provide an email address if they are willing to be interviewed. We will transcribe audio from the virtual interview recordings.

5.5 If accessing or collecting existing data, describe:

We will seek the participation of former B.E.S.T. critical friends/community archivists who met the stated criteria (completed the B.E.S.T. program, self-identified Black males at the time they completed the B.E.S.T program, are 18 years or older). I conducted 1 interview with one of the B.E.S.T. graduates where I exposed him to the virtual tour about Black male healers in Florida from 1528-1965; I emailed this virtual tour to three other critical friends/community archivists who answered the same questions as the B.E.S.T graduate; the tour lasted lasting approximately 17 minutes; I to garnered in-depth information about their virtual educational experience and those that could

support Black men in deciding whether to major in medicine/health and enter the medical/health or some other field.

5.6 NA

5.7 NA

1.0 Data and Specimen Storage for Future Research

6.1 NA

6.2 NA

6.3 NA.

2.0 Sharing of Results with Critical Friends/Community Archivists

7.1 Aggregate results of the survey, qualitative findings, and analyses of pre-existing data will not be shared with subjects. These results and findings will be shared with the B.E.S.T. program director who may or may not make them available to the critical friends/community archivists.

3.0 Study Timelines

8.1 Critical friends/community archivists will be asked to participate between May through August of 2021. Up to two interviews will be conducted estimated a total time investment between 1-3 hours.

4.0 Inclusion and Exclusion Criteria

9.1. Critical friends/community archivists were included along with one student who completed the B.E.S.T. program, who self-identified as a Black male at the time he completed the B.E.S.T. Program and he is 18 years or older.

9.2 All Critical friends/community archivists were able to recall their experiences from the virtual tour and communicate intelligibly (logically, consistently) via email.

5.0 Vulnerable Populations

5.1 NA

6.0 Local Number of Subjects

11.150-75

<input checked="" type="checkbox"/> Email {B.E.S.T. mailing list}	<input type="checkbox"/> Online/Social Media Advertisement
<input type="checkbox"/> Flyer	<input checked="" type="checkbox"/> Record Review {B.E.S.T data}
<input type="checkbox"/> Letter	<input type="checkbox"/> SONA
<input type="checkbox"/> News Advertisement	<input type="checkbox"/> Other

Onto-Epistemological Perspective

Dialogic engagement has the potential to transfer the lives of its critical friends/community archivists into a dialogic space (Freire, 1972; Rule, 2011). Dialog has an ontological component that impacts humans' way of being--it is transformative but also ethical (Gursel-Bilgin, 2020). Change happens through the dialectic collision of the opposing views of the elite and the oppressed (Young et al., 2021). Amid contraction, true and authentic transformation occurs between opposed sides (Shih, 2018). In this dialogic space, ideas are contested, developed, and reimagined, and sometimes synthesized.

The linchpin of the dialogic process rests on the notion that humans are finite and incomplete beings (Yıldırım & Uzun, 2021). Thus, each word that they utter contains the potential to be re-formed in the mouth of another who may have a different worldview. It is via the utterance of authentic words that true transformation occurs. It causes a ripple effect of action, reflection, and transformation (Freire, 1972; Rule, 2011). One of the central beliefs of an emancipatory pedagogy is the belief that human beings are inextricably linked. They are constantly becoming. They continue to develop through interacting with others: "being-with-others" and dialog. Critical reflection via dialog uncovers truth and stalemates oppression (Hardman, 2021).

Dialectics is a belief that all things are from processes and in a state of constant movements as things are advanced via the constant tension of opposites (Au, 2007; Shor, 1987). Although opposite, these two forces exist in a symbiotic relationship where they depend on each other to survive. A liberatory pedagogy posits that humankind is aware of being aware: conscious of consciousness. Additionally, since humans are

constantly changing/developing--their knowledge is constantly expanding. Dwelling in this state requires action/praxis (Govender, 2020). Problem-posing through coding and decoding is a core belief of Freire's pedagogy where teacher/student dialogue enacts and transforms necrophilic teaching methods into a dynamic, living/breathing, relevant, and engaging (Sta, 2021).

A liberatory pedagogy is designed to control how knowledge is produced in an institution, community, and school. It intends to produce transformative students who are intuitive intellectuals (Emdin, 2009; Moje, et al, 2004; Nouri & Sajjadi, 2014; Shor, 1987). A liberatory curriculum empowers students to champion an anti-oppressive mindset that confronts societal inequities through conscientization: awareness of political, social and economic contradictions (Freire, 1972). Conscientization is a pedagogy that questions societal contradictions and critically designs methods to enact change using dialog (Freire, 1972). It is authentic and practical. It explores how historical patterns have impacted various cultures. In a democratic space, assumptions are interrogated through dialog with funds of knowledge (Nouri & Sajjadi, 2014).

Additionally, one can mine funds of knowledge that intersect with local spaces (Curry, 2007). Funds of knowledge can be evident in one's awareness or observation of time and in what they preserve as artifacts (Maniotes, 2005). People can have multiple funds of knowledge (Gutiérrez et al., 1999; González et al., 2006). Like educators, researchers are an integral component of showing connections between over time and space (Schuck et al., 2017). According to some scholars, funds of knowledge bridge a gap between underrepresented minoritized people and the community (Emdin, 2009; Moje et al., 2004).

Historical Research

CRT embraces the lived experiences of people of color as a reservoir of knowledge (Donnor, 2018; Morris & Parker, 2018). It allows researchers to align current trends with past events. Mississippi has been a hotbed of racial inequality in public education. It codified white supremacy in its laws in the Mississippi Sovereignty Commission. CRT's tenet of historical context elucidates the MSC's intent to stymie the advancement of civil rights initiatives. The end goal of the MSC is foregrounding Blacks as second class citizens and white citizens as superior. This was reinforced by decreasing public school funding and maintaining an obsequious Black populous; segregation was also included to maintain white superiority and dominance (Donnor, 2018). White Mississippi residents foresaw the implications of racial integration in schools. They believed that it would lead to racial mixing in employment, housing, and social stations: even marriage and dating. Their apprehension to mix with Blacks is grounded in Negrophobia. This fear established a flawed ontology that is commingled with pseudo-science that has been proclaimed as scientifically sound. It was disseminated with racial stereotypes that created a correlation between race and intelligence. Negrophobia is nurtured by media propaganda that criminalizes Blacks. This skewed perspective justifies Whites to have a manufactured fear of Blacks. Therefore, a fear of Blacks becomes a priority and provides a need for racism in order for white to survive (Donnor, 2018).

Community Docents/Activists/Historians: Keepers of Community Legacies

The community archivists/activists/historians who will be helping me to build a virtual tour Black Male Health professional in Saint Petersburg, Florida, have various experiences related to building/curating cultural heritage exhibits/tours. I invited other archivists, but only the ones mentioned below participated in the virtual tour. The staff members of the USFSP, Nelson Poynter Memorial Library, served as community historians/archivists. The first archivist is the assistant librarian who oversees special collections and university archives. He holds an MA in History, an MA in Library and Information Science, and a BA in Mass Communications and History.

Virtual Tour: Description Florida's Black Male Healers: Uncovering a Path of Hope 1528-1965

The tour begins with Table 1, Table 2, and Chart 1 with an overview: introduction to the Florida Statute 1003.42 (2) (H); B.E.S.T. Social Studies Standards; Educational Policies; Contributions/Counter-Narratives of Florida's of Black Male Healers from 1528-1965. Slide two shows how the tour is aligned with the B.E.S.T. Standards and the Hill-Burton Act. A timeline is also included of this slide that shows how *Brown* was used to subvert the along with other Florida case law that resulted from Hill-Burton being challenged by *Simkins* on the basis of *the* Equal Protection clause.

The next slide shows a timeline of the five Black male healers on Figures 1-5: Esteban de Dorantes, Dr. Orion Ayers, Dr. Alpha Omega Campbell, Dr. George Starke, and Dr. John O. Brown. After that slide, I showed Chart 3: Vocational Anticipatory Socialization (VAS) Intersections: Black Male STEM Scholar Identity, Teacher Quality, and STEMM Experiences. The influence of teacher's VAS messages was shown on the next slide. The medical school pipeline from 1869-1963 was shown on the next slide. It

depicted how the Peabody Fund in Florida in 1869 and the National Scholarship Service Fund for Negro Students from 1948 to the present all contributed to increasing the percentage of qualified Black students who were able to gain admission to universities and then to medical school. The right portion of this chart, Chart 5, included current medical enrichment programs at PWIs.

Esteban de Dorantes' counter-narrative is mentioned next; it chronicles his contributions and involvement in the Narvaez Expedition as a healer/scout/interpreter in Figures 6-11. This expedition landed in Jungle Prada, which is located in Saint Petersburg, Florida. Dorantes interacted with the Tocabagan Indians in Florida at Jungle Prada. A mound on site serves as a landmark: Figure 13. Mound Park Hospital is featured next in the virtual tour in Figure 12.

Mound Park Hospital also has a mound that the Tocabagan Indians created. Dr. Orion Ayer practiced at Mound Park after leaving Gainesville, Florida. He is featured in the next slide as another counter-narrative. A picture of a poster that was gifted to me with his story is included as Figure 14; he is also featured in Figures 16; in Figure 17 he is inoculating a patient.

The Flexner Report of 1910 is shown on Figures 18 and Chart 6. Chart 6 shows how the Flexner Report closed 85% of Black medical schools in 1910--leaving Meharry and Howard Medical Schools as the only remaining Black medical schools. Chart 7 shows the Black physician-patient ratio versus the white physician-patient ratio in 1931. Dr. Alpha Omega Campbell and his contributions as a counter-narrative are featured in Figures 19-25. Figure 19 shows a newspaper clipping, "The Rise and Fall of Alpha Omega Campbell" and Figure 20 features one of his quotes. Figure 21 shows the Laura

Bell Hospital and Clinic he founded and financed; Figure 22 shows his mansion and blue Cadillac. Figure 23 includes a picture of Dr. Campbell and his staff. Figure 24 shows the streets in Tallahassee that bear his and his family member's names. Figure 25 shows a picture of he and his wife, Maggie.

Dr. George Starke is featured in Figures 26-30. Figure 26 shows a picture of Dr. Starke that is adjacent to his biography/counter-narrative. Figure 27 features a picture and a narrative about Harriette Moore and Harry T. Moore. Moore was the leader of the Florida branch of the NCAAP; He and his wife's home was bombed on Christmas Eve in 1951; Harriette survived a few days after her husband because of the heroism of Dr. Starke. Figure 28 shows another newspaper clipping of Dr. Starke receiving an award from Chase: The Senior Citizen Award. Figure 29 is a newspaper clipping that portrays a banner that the city of Sanford displayed in a prominent location in the city, "Sanford Salutes Dr. G. H. Starke Sept." Figure 30 is a newspaper clipping that honors Dr. Starke for fifty years of medical service.

Dr. John O. Brown is featured in Figures 31-39. Figure 32 is a picture of Dr. John O. Brown as a civilian. A Brief biography/counter-narrative of his life is between Figure 31 and 32; Figure 32 is a picture of an envelope with his official military records. Figure 33 depicts Dr. Brown in his military uniform; Figure 34 features his purple heart; Figure 35 shows a picture of his military medical history; Figure 36 shows him in his graduation regalia from Meharry Medical School; Figure 37 shows his childhood home in Colbert, Oklahoma. Figure 38 shows the heading from a Miami Herald newspaper clipping, "Ex Doctor Changed Adopted City for the Better"; Figure 39 is a picture of another excerpt from the same article that mentions his life contributions: a counter-narrative.

Procedures

Phase I: Data generation via archival work 1) documents and 2) community historians

Part I The historical data was identified by community historians who can assisted in identifying healers who lived during the time-period that is Florida's Black Male Healers:

Uncovering a Path of Hope 1528-1965

Part II: I piloted the tour with Black men (narrative elicitation with images and stories).

The informant was a Black male who is currently in the healthcare field who has been mentored and is able to narrate the role of mentoring and mentoring relationships in their preparation to enter and navigate a career in healthcare/medical fields

CHAPTER 4: FINDINGS

Esteban de Dorantes: Biography

Esteban de Dorantes was born in Azemmour, Morocco in 1500. He had several aliases such as Estevanico the Negro and his name at birth, Mostafa Al-Azemmouri. Esteban was taken from Morocco by the Portuguese and then sold to Spain (Simour, 2013; Terrell, 1968). He was a Christianized Arabic-speaking Black Moroccan slave (Armillas-Tiseyra, 2021). Esteban spoke numerous languages and was a noted Amerindian healer (Duncan, 1942; Gordon, 2006; Logan, 1940). He was a well-respected healer among the indigenous population of Florida. Additionally, he was assumed to be more intelligent than the Spaniards in his company since he learned several indigenous Native American languages that endeared him to many Native Americans. Thus, he was an asset to the Spanish explorers of his generation (Duncan, 1942; Gordon, 2006; Logan, 1940; Pizzo, 1993).

The presence of Esteban has not been recognized in the built environment. He was an enslaved Moroccan on the Narvaez Expedition, the first expedition to the North American continent (MacDougald, 2018). Jungle Prada in Saint Petersburg, Florida was where they docked. He traveled over 3,000 miles over eight years with three other crew members (MacDougald, 2018). As the group's scout/interpreter/ambassador, he

traveled up to 300 miles ahead of his team to meet the Natives and inform them of the expedition's intentions to colonize/Christianize them and search for gold (MacDougald, 2018).

Subsequently, he discovered the Kingdom of the Seven Cities of Cibola; however, some historians are reluctant to credit him with this discovery because he was supposedly a slave when he discovered it. On the other hand, other historians contend that he was not simply enslaved by obeying orders but was acting of his own accord in direct defiance to the other team members (Terrell, 1968). Furthermore, by the time he had reached the Seven Cities of Cibola, he was already famous as a healer and his social status had changed; he was elevated from a slave to an equal. Initially, he was not granted permission to heal the natives like the rest of the crew members. The natives believed Esteban and other expedition members had healing powers. The natives believed that they were children of the sun. They believed that since he was born a Muslim that a Christian God would not grant him the ability to heal like the rest of them. The need for healers became very great, so they decided to convert Esteban to Christianity.

Esteban was now healing in the same manner as the rest of the expedition members. By this time, only four of the three hundred remained. The rest of them died from various diseases. Once Esteban had established himself as a healer, his status was elevated. He was no longer considered a slave. He followed the same ritual of the others. They would pray a Christian based prayer and perform the sign of the cross. He would receive various gifts as payment: venison, gourds, and other valuable artifacts.

He also accessorized his attire with bells and feathers (Porter, 1933). Additionally, he would be escorted to other tribes with a welcoming procession (MacDougald, 2018).

The ailments that he cured were diverse. He cured digestive issues and skin ailments: cysts and boils. The crippled were also healed. He also performed the surgery. By the time he reached Mexico, a parade was given in his honor. He then made alliances with Mexican rulers and continued to acquire fame. He was killed because he sent his gourd rattle ahead to notify one of the tribes, the Zuni, of his arrival (Logan, 1940; McDonald, 1998). In some tribes, it depicted rejuvenation and tribal identity, and for others, it represented a warrior culture (Ellis, 1990). In some cases, the gourd rattles embodied healing and may have been symbolically given to Esteban since he was a healer. The gourd identified him as a healer and someone who has been endorsed by other tribes (Assagioli, 1991).

The gourd was a negative relic to the tribe that he sent it to, and they revolted and executed him with a barrage of arrows. Oddly enough, the Zuni have a doll that depicts a black male flute player that symbolizes fertility, and some scholars posit that the Kokopelli represents Esteban de Dorantes. This also adds more mystery to his death. Other sources contend that he was captured by the Zuni and constrained to prevent him from walking. Subsequently, he was worshipped and revered by them until his death at a ripe old age. This would dovetail nicely with the Kokopelli doll that is also revered and considered to be a representation of Esteban (Simour, 2013). Others contend that he may have escaped (Simour, 2013).

Moreover, historians also posit that he may be a victim of epistemicide (Grosfoguel, 2013). His memory is muddled since his accomplishments may have over-

shadowed the notion that Blacks are entrenched in the zone of non-being and if the Europeans wrote a clear account of Esteban so that his place in history would be diminished. He was executed because of his lack of tact towards Zuni religious rituals and his affairs with Zuni women (Fanon, 1970; Simour, 2013).

Esteban was tall and muscular and said to be intelligent and brave like a lion. Therefore, Friar Marcos allowed him to upcoming scout trails from 130 to 160 miles ahead of his entourage. He was also renowned among the native Americans for developing unprecedented miracle cures. It was also noted that the natives had an affinity towards Esteban because of the color of his skin; as he entered various towns in Mexico, throngs of Mexicans welcomed him into their various villages. Although he was the servant of Friar Marcos while in Mexico, it is believed that Marcos may have disdained the pomp and fanfare that Esteban attracted--he may have been jealous and or may also have believed that Esteban threatened his position of authority.

Friar Marcos endeavored to find gold in the Seven Cities. Marcos eventually determined that his success rested heavily on the shoulders of Esteban. As the principal ambassador to the indigenous Mexicans, he negotiated a safe passage for Marcos along with food and accommodations (Herrick, 2018). There are also unsubstantiated claims about Esteban that may be attributed to misinformation, prejudice, assumptions, Eurocentric mindsets. He is considered a hero by Moroccans and they referred to him as Mostafa al-Azemmour--his Muslim name (Herrick, 2018).

However, he wore the finest clothing of his day and was said to be fond of the Native Americans women; likewise, they were fond of him. He went everywhere with a gourd rattle; everyone could hear him approaching; this artifact contributed to his

mystique as a healer; he also exclusively ate food out of a green gourd. He also traveled with two dogs that were a similar breed to ones that were from Morocco. Even though he was a healer, his primary responsibility was as a scout/interpreter. He sometimes traveled 300 miles ahead of the group to evaluate the terrain and do the work of an ambassador to acculturate the Amerindian tribes as part of the expedition's mission to Christianize the natives while acquiring gold and other imperialistic endeavors to colonize Florida (Logan, 1940; McDonald, 1998).

Epistemicide and Critical Race Theory

Esteban de Dorantes experienced anti-blackness. At first, he was limited to being an enslaved African, and his primary role was as an interpreter/scout. Moreover, his name, de Dorantes, was given to him by his owner. Some historians debate whether Esteban discovered the Kingdom of the Seven Cities. By not giving him credit for this discovery, they are wiping out his contributions to history: epistemicide (Grosfoguel, 2013). They exclude his contributions and attribute his discovery to Fray Marcos, a white man of Nice (Harris, 1993). Where Esteban receives credit for his contribution, the narrative becomes a counter-narrative in that it confronts and contradicts the master narrative that would place Esteban at a lower social status: the zone of non-being (Clay & Broege, 2021; Fanon, 1970; Stanton & Morrison, 2018).

Settler-Colonialism/Anti-Blackness

Settler colonialism is obsessed with acquiring possession/property (Abrica et al., 2020). It is an ideology that privileges whiteness while debasing and oppressing other races. The Italian friar, Marcos, fabricated the narrative and said that he was the first non-Native to set foot in the Kingdom of Seven Cities--thus claiming any accolades

attached to achieving such a feat (Bandelier, 1980; Terrell, 1948; Undreiner, 1947). When Fray Marcos is given credit for the above discovery, his country, Italy, will obtain the land and all of the rights associated with being the first to colonize the land, even though others had already occupied and developed the land. However, if a Black man is given credit, then the entire imperialistic/hegemonic narrative is compromised. However, the Black man cannot truly occupy/discover property and occupy the zone of non-being simultaneously--since he is property.

Labeling Dorantes as solely an enslaved person distorts/diminishes his intelligence and ability to mitigate challenges that could have derailed his effectiveness as an interpreter/scout and ambassador/explorer. Furthermore, settler colonialism undergirds the belief that Black males' intellect does not exist, so Esteban, a Black male, did not possess the intelligence to traverse the land and become the first non-Native American to enter an undiscovered kingdom (Abrica et al., 2020).

VAS and the Native Americans Influence

Vocational Anticipatory Socialization deposits messages in the minds of students/adults that will motivate them to make confident career choices and or discourage them from making certain career choices (Aley & Levine, 2020; Bolden, 2021). Students/adults accept/reject those messages based on their self-concept. If they believe those messages are consistent with their self-concept, they are more apt to listen to the VAS influencers and follow their advice (Levine et al., 2021). But for the persistence of the natives, neither Esteban nor the rest of his contingent would have possessed the confidence to believe that they were children of the sun with healing powers. The Native Americans' continuous requests for healing empowered Esteban

and the rest of his colleagues to begin to practice healing. They were successful and continued to practice medicine. They were given venison, prickly pears, and animal hides as well as turquoise and other valuable commodities.

Dr. Orion Ayer Biography

Background

Dr. Orion Ayer's father, Dr. Robert Ayer, was also a physician. Growing up, he idolized his father and dreamt of becoming a physician. He graduated from Meharry Medical College 40 years after his father in 1940; his first medical practice was in Gainesville, Florida, in 1945-- just like his father. He completed his residency but continued to get additional training in internal medicine in Saint Louis, Missouri at Homer G. Phillips Hospital (Vihlen, 1994; Basse, 1998).

Growing up in Gainesville, Florida, Dr. Ayer was groomed to become the city's next physician. His father, Dr. Robert B. Ayer, was a prominent physician. He and his colleague, Dr. Julius Parker, were two Black physicians in Gainesville, Florida, when Dr. Orion was a boy. His father primed/encouraged him to pursue a physician career. After serving for three years in World War II, he returned to Gainesville; he lived in his father's shadow. So he moved to St. Petersburg, Florida; he was elected chief of the Division of General Practice of Mound Park Hospital and Mercy Hospital in 1964 by his white colleagues; one year after the Simkins case (Basse, 1998; Vihlen, 1994). His family was considered among the most wealthy blacks in Gainesville when he was a child. His father owned a car and a home; Orion attended one of the city's most prestigious schools for Blacks, Union Academy (Basse, 1998; Talbot, 2020; Vihlen, 1994).

This school was constructed during Reconstruction. It is interesting to note that slaves were forbidden by law to learn how to read. Former slaves, Union Academy constructed the first Black school. At first it was a very rustic building with very limited furnishings and it had a minimalist design: no windows and no doors. The first teachers were white women from the North who were assigned to the school via The National Freedman's Relief Association of New York. The local white community did not accept these women. Moreover, their classes were interrupted by white boys who threw projectiles at them during their lessons. A new structure was constructed and furnishings for the building were sent from Jacksonville, Florida. The new architect, Calvert Vaux believed that a school should be aesthetically inviting--more than the other buildings in the town. It was the second largest Black school building in Florida. It trained teachers to teach students in the rural community in Alachua County. The cost for the building was paid in part by the Peabody Fund (Luarie, 1986).

His father also owned a drugstore in addition to having his own practice. It was equipped with some of the more fashionable luxuries. He had a Victor machine which is equivalent to a stereo system that was connected to a radio station. He also had an electric lamp that was also connected to his drugstore. It was said to be the most elegant lamp in Gainesville. It was very ornate. He divorced his first wife and married Dr. Orion Ayer's mother. While working at Homer G. Phillips Hospital, Dr. Orion Ayer Sr met his wife. He was also encouraged to pursue a medical career; however, his brother Vernon broke tradition and attended Harvard Medical School (Basse, 1998; Talbot, 2020; Vihlen, 1994).

Vernon, his elder brother, also became a physician. He was twenty-two years older than Dr. Orion T. Ayers, Sr. Instead of attending Meharry, Dr. Vernon Ayer, attended Harvard Medical School. He did his residency at Old General Hospital in Kansas City, Missouri. After medical school, he moved to New York City to practice medicine. He was also a leader in the medical community. Before he retired, he became the director of Central Harlem District Health Center (Basse, 1998; Talbot, 2020; Vihlen, 1994).

Analysis: Dr. Orion T. Ayers, Sr.:VAS and Family Influence

Dr. Orion T. Ayer's career decisions were based on the influence of his family members. VAS is the process by which students collect information about career choices. Those individuals who wield the most power over the career-decision-making processes of students are none as VAS influencers: parents, teachers, and counselors. VAS influencers deposit messages in the minds of students. These seed messages may be positive or negative. These messages inform students about narratives reflecting the VAS influencers' work-life experiences. If the narratives are aligned with those of the mentee, then the mentee is more likely to follow messages that are being communicated to them via their VAS influencers.

Dr. Robert Ayer, Dr. Orion T. Ayer's father, was a successful physician in Gainesville, Florida. He graduated from Meharry medical school. Likewise, Dr. Orion T. Ayers followed his father's footsteps and graduated from Meharry Medical School 40 years after his father. Not only did he graduate from the same medical school as his father, but he returned to Gainesville and practice medicine in the same town where his father had his medical practice. Dr. Robert Ayer, shared VAS messages with his son,

Dr. Orion regarding the trajectory of his medical career. It is also interesting to note that Dr. Orion's brother, Vernon, also became a doctor (Basse, 1998; Talbot, 2020; Vihlen, 1994). So, it may also be inferred that Dr. Robert instilled similar messages in the mind of Vernon to pursue a career in medicine. Unlike his elder brother Vernon, Dr. Orion's career path was almost identical to his father's pathway (Basse, 1998; Talbot, 2020; Vihlen, 1994). Therefore, it is safe to say that the messages of his father may have been more precise in terms of where to study medicine and where to practice medicine since he basically followed the identical path of his father except for continuing his medical journey in internal medicine. Otherwise, they both had a nearly identical career pathway (Basse, 1998; Talbot, 2020; Vihlen, 1994).

Dr. Orion's leadership in the community may also be attributed to the influence of his father and his older brother. His white colleagues elected Dr. Orion as the chief of the Division of General Practice of Mound Park Hospital and Mercy Hospital in Saint Petersburg, Florida. Notably, his father also held a key leadership role within his Gainesville community. He was the chairman of the Board of Union Academy in Gainesville, Florida. Union Academy was a very elite institution. This is also the school that Dr. Orion attended. Furthermore, his father also had a drugstore on the same property as his practice. This was a common practice at that time. The drugstore was a social hub in the Black community. Blacks would also congregate at Black-owned drug stores as a counter-space for recreation: listening to the Victor phonograph and or enjoy a soda (Hamlet, 2015). Additionally, patients who purchased drugs from Dr. Ayer's drugstore developed a rapport with the doctor, which also benefited the doctor-patient relationship. Dr. Orion may have seen his father's leadership ability as a youth, and this

may have also given him insight into learning his leadership skills by observing his father's expertise as a physician/druggist/chairman.

Similarly, Dr. Vernon, his brother, also had a key leadership role within his community. Dr. Vernon practiced medicine in New York City. It is also noteworthy that although Dr. Vernon attended Harvard Medical School, he completed his residency in Kansas City, Missouri. Likewise, Dr. Orion also completed his residency in Missouri. Additionally, he became the director of the Central Harlem District Health Center. This position oversees the daily operations of the health center. Likewise, Dr. Orion held a similar position as a physician. He found a way to garner the respect of his white colleagues, who elected him to run the two hospitals in Saint Petersburg, Florida. Unlike his brother, he oversaw two hospitals: one black and the other white. Parents have the ability to guide their children's career paths.

Biography: Dr. Alpha Campbell

Dr. Alpha Omega Campbell was born in 1889 in Quincy, Florida. Dr. Campbell graduated from Colleges of Physicians and Surgeons of Boston in 1913 (Beckford, 2013). His first medical practice was in Tallahassee, Florida; he was born in Quincy, Florida; the wealthy white members of the Quincy community paid his way to medical school. He built the Laura Bell Hospital in 1947; it was a two-story, 20 room hospital and clinic that served Black and white patients at the cost of \$300K; it was built adjacent to his roomy home; this was out of convenience and safety; it was not uncommon for patients to call on doctors at their homes with emergencies very early in the morning; some turned their kitchens into operating rooms (Ward, 2003). Dr. Campbell insisted in the hospital's bylaws that the hospital/sanitarium would serve all people regardless of

their race, religion or social status. It was the only privately Black owned facility in 1911 in the Tallahassee area; the only similar hospital was the Florida A & M hospital (Ensley, 2009; Thomas, 1994). Dr. Campbell opened this hospital to provide a place for other Black physicians to practice medicine. He also viewed it as a financial investment that would augment his wealth. He was also very business savvy. He posted advertisements for vacancies in his hospital on medical school bulletin boards.

He and his wife moved in the elite circles of their day (Thomas, 1994). They also owned at least 150 pieces of property in Tallahassee, Florida. Dr. Alpha Omega Campbell was born in Quincy, Florida. Growing up, he wanted to become a physician. His grandmother was a domestic, but the town of Quincy, the wealthy white citizens, and the mayor pooled together and sent Dr. Campbell to medical school. After graduating from medical school, he became very wealthy and owned up to 150 pieces of property. One of them was 33 acres. He had a nice car. He was chauffeur-driven in his blue Cadillac. He could go to the rural parts of Tallahassee or Quincy, and most of the time, when he went to the rural parts, people did not have enough funds to pay him. At some point, they would bring him produce or meat from their farm. He treated Black and white patients (Thomas, 1994).

He was known for being very kind to the community and his patients. He had a warm and inviting bedside manner. His demeanor allowed him to traverse the colorlines of Jim Crow Laws. Dr. Campbell also allegedly circumvented state laws. Abortions were illegal in Florida until 1973 (Thomas, 1994). However, it was known around town that he may have covertly performed them. Supposedly, he was paid well by wealthy white families to maintain his silence after performing abortions for them. He lived in the lap of

luxury until he performed two illegal abortions on two white women. One supposedly died on his operating table (Ensley, 2009; Thomas, 1994). Dr. Campbell denied that he performed an abortion on the woman who died. He contended that a white physician in Havana, Florida performed it (Ensley, 2009; Thomas, 1994). Unfortunately, on her deathbed, the now deceased woman claimed that he performed the abortion. He was sentenced to four years of hard labor in the state penitentiary. All of his possessions were sold; he moved to South Florida impoverished and in poor health (Ensley, 2009; Thomas, 1994).

Dr. Alpha Campbell: Analysis

Counterstories/Counter Spaces/Transformation

Counter-spaces create new venues for the marginalized to express themselves to the majority; they provide a forum where the counterstory and reality coexist/transformational agent to challenge traditional beliefs (Smiley, 2016; Smith, 2007). First of all, the mission of his hospital was to admit everyone regardless of race, religion, or social status. His mission, on its face, challenged Jim Crow segregation. This mission pushed back against the normed wisdom that segregating hospitals/society was the best stance for the community. By admitting all races, he created a counter-space (Hamlet, 2015). He created a space where Black doctors could treat white patients; his hospital was a space for different races to interact as physicians/patients. Moreover, Dr. Campbell epitomized the counterstory (Ensley, 2009; Thomas, 1994).

Anti-Blackness/Black Misandry/Whiteness as Property

In 1918, he married Maggie Lou Ferrell, who was mixed: Cherokee and Scottish. In 1964, *McLaughlin v. Florida* overturned anti-miscegenation laws in Florida (Dubler,

2006; Thomas, 1994). However, Dr. Campbell, married his wife 46 years prior to *McLaughlin v. Florida*. He lived his life on his own terms. He was not deterred from making choices that suited his own pursuits (Ensley, 2009; Thomas, 1994). Dr. Campbell refused to be categorized in the zone of non-being (Fanon, 1970). He would not be limited by whiteness as property and its norms (Harris, 1993). He challenged anti-Blackness that perceived him as a fungible commodity that should not be permitted to own property (Abrica et al., 2020). Dr. Campbell seemed insulated from anti-Blackness/Black misandry (Blacksher & Valles, 2021; Smith, 2007). He owned 150 parcels of land; one of them was a 33-acre tract of land (Thomas, 1994). Owning land as a Black man also critiqued settler-colonialism. He was not excluded from owning land. He circumvented anti-Blackness, and settler-colonialism until his conviction (Abrica et al., 2020). Once convicted, he lost his hospital, land, furniture, and license to practice medicine (Ensley, 2009; Thomas, 1994). His conviction primed the anti-blackness narrative that Black males are criminals. He went from being celebrated to being ostracized and disdained (Ensley, 2009; Thomas, 1994).

He was convicted of manslaughter when a white woman died under his care. He was rumored to have performed abortions which were illegal in Florida until 1973. Thirty women testified that he performed abortions on them. Dr. Campbell contended that he did not perform an abortion on the woman who died under his care. Instead, he asserted that a white physician in Gadsden County performed the abortion poorly (Ensley, 2009; Thomas, 1994). Consequently, the woman came to Dr. Campbell to remedy the botched procedure. In this case, whiteness as property allowed the court system to ignore Dr. Campbell's testimony regarding his claim.

Whiteness is a highly valuable commodity in a racially tiered society (Harris, 1993). It is woven into society, and it is invisible. It is a shield under cover of legitimate laws. It has conferred an expectation of deference concerning the law (Harris, 1993). Therefore, when Dr. Campbell continued to assert that a white physician actually performed the abortion; if Dr. Campbell were white, his claim would have been investigated. However, once he was accused of wrongdoing, he moved into the zone of non-being and assumed the role as a criminalized Black man.

His facility to mingle with the elite upper-class members made him a target. His lavish lifestyle elevated his social status; this status defied the majority narrative that Black males are ignorant; he was a counter-story and thus challenged/interrogated the normed beliefs of whiteness as property which ordinarily would have denied him the ability to obtain a medical degree, a spacious house, a chauffeur-driven Cadillac and a two-story 20 room hospital (\$300 K). He transgressed the anti-Blackness/Black misandry narratives of his day (Ensley, 2009; Smiley, 2016; Smith, 2007; Thomas, 1994). Dr. Campbell achieved/acquired accolades uncommon for the Blacks of his era. Lastly, he defied the anti-miscegenation laws by marrying a mixed woman. His facility to move into prohibited spaces clearly threatened whiteness as property: the power to exclude Blacks from becoming wealthy and acquiring property and power (Harris, 1993).

VAS and Community Messages

“There weren’t too many things a black boy could be. Then he would say to patients. next to a preacher and lawyer, being a doctor was a big thing. That’s what I want to be” (Campbell as cited by Thomas, 1994).

VAS deposits career messages to students via social/ego networks. VAS messages trigger career anticipation messages within students that spur them to make career decisions that are aligned with their self-concept. Dr. Campbell was fortunate to have an efficient ego/social network. It was intentional in cultivating/nurturing/transmitting VAS messages to him. These messages motivated him to persevere towards his career goals amid anti-Blackness/deficit laden messages that may have derailed his aspirations but for his social network (Myers et al., 2011; Passarella et al., 2012).

Growing up in Quincy, Florida, Dr. Campbell's perception of which careers were possible to him were limited. In the excerpt above, he mentioned that becoming a doctor was a big deal (Thomas, 1994). He also mentioned that his choices were limited. He felt as if society had already decided the path of his career trajectory. Dr. Campbell felt the confines of being placed in the zone of non-being (Fanon, 1970). He noted his gender and his race: “a Black boy” (Thomas, 1994). He discerned further limitations that were projected on him as a Black male: Black misandry. However, the above statements are ironic since he mentioned them to his patients.

Although he perceived racism, he connected with his community and leveraged the community's cultural wealth (Acevedo & Solorzano, 2021; Aley & Levine, 2021; Burt & Johnson, 2018; Murillo et al., 2017; Yosso, 2005; Yosso & García, 2007). He and his

grandmother were also friends of the mayor of Quincy, Florida. His grandmother was a savvy domestic in Quincy. Somehow, she managed to leverage the community's cultural wealth and challenge societal norms (Acevedo & Solorzano, 2021; Aley & Levine, 2021; Burt & Johnson, 2018; Murillo et al., 2017; Yosso, 2005; Yosso & García, 2007). The wealthy white community rallied around young Alpha Omega Campbell and convinced him that he could persist through medical school. The wealthy white community paid his way through medical school (Thomas, 1994).

Dr. George Starke: Biography

Background

Growing up in Melrose, Florida, Dr. Starke, fell from a tree into his calling. He graduated from Meharry Medical School in 1927 after being rejected by the University of Florida and other medical schools because of his race. He opened his practice in Sanford, Florida on September 15, 1927 (Beckford, 2013; Casselberry, 1977; Vihlen, 1994). He was so impressed with how skillfully and quickly the attending physician, Dr. Montgomery, mended his wounds and quelled his pain that he vowed to pursue a career as a physician.

His father was a cotton farmer, so he worked alongside him (Blanton, 1978; Davidson, 1977). He would see the local doctor riding past him and his father as they cultivated cotton. Seeing this doctor ride by daily fueled his desire to pursue a career in medicine. His father encouraged George to become a railway mail clerk in Alaska. George decided that he did not want to pursue that career (Blanton, 1978; Davidson, 1977) He was one of the first physicians in Sanford to prescribe sulfa drugs. This was one of the new medical breakthroughs of his day. He learned about them during his

post-graduate work at Harvard Medical School in 1937. Starke was one of four Black doctors to be admitted to Harvard Medical School residency in 1947. He suggested sulfa drugs to one of his patients who was being treated at the local white hospital for pneumonia; the white doctors saw no hope for this patient; the white doctor agreed; the patient was cured and Dr. Starke was given full privileges to practice at the white hospital and he was given a membership at the white medical association (Casselberry, 1977; Neyland, 1970). He was admitted to practice in Fernald Laughton Hospital.

Practice and Contributions

His first practice was located in the same building as Jerry's Drugstore. This was a common practice in the Black community. The drugstore provided a safe space for patients to get their prescriptions; some drug stores also offered refreshments and music via a phonograph. In some cases, physicians would run the drug store along with their practice. This arrangement also allowed patients to avoid any challenges of obtaining their medicine from the white drug stores (Ward, 2003).

Dr. Starke also made house calls. Each call could include a variety of scenarios: car accidents, emergencies, and or delivering babies. Although his speciality was gynecology/obstetrics, he worked as a general practitioner. He worked non-stop. He would average four hours of sleep per night. He cared for Black as well as White patients during this Jim Crow Era. He never turned away patients because of a lack of finances. Patients would pay him with produce, meat, or a few cents per week. It was estimated that in one year he would provide \$27K worth of service, but only receive \$2K (Neyland, 1970). Despite not being paid on a regular basis, he secured a \$125K loan to

build Starke's Professional Building where he constructed Memorial Clinic. It was a 32,000-square-foot two-story structure (Ward, 2003).

Since he practiced during the Jim Crow Era, he was denied credentials to practice in white hospitals, even though he had many white patients. One day a patient had an extreme case of pneumonia, and the other doctors gave up hope. Dr. Starke convinced the white doctors to allow him to administer the sulfa drugs. The woman was cured. The white doctors were so impressed that they admitted him to practicing medicine at Fernald Laughton Hospital. He then became the first Black doctor to practice at Seminole Medical Association. Furthermore, he was the first Black member of the Florida Medical Association and the second Black doctor admitted to the American Medical Association. Back then, white hospitals would not allow Black doctors to practice in white hospitals without being members of certain medical societies, even if they had graduated from an accredited medical school (Casselberry, 1977; Neyland, 1970).

Special Recognition: Fame

Dr. Starke was recognized for his medical skills after making brilliant diagnoses and working courageously under duress. One day one of his patients was ill, but he did not have the facilities to treat her; when the ambulance arrived, he diagnosed her with a ruptured ectopic pregnancy--the nurse told him that as a Negro he could not provide diagnoses; after the operation, the white doctor confirmed his diagnosis; the same nurse then said that he was the first Negro that she has ever seen that was able to give a diagnosis (Davidson, 1977; Neyland, 1970). Moreover, he received international acclaim when he attempted to save the life of Harriet Moore, the wife of Harry T. Moore,

the NCAAP leader for Florida, in 1951 (Davidson, 1977). Their home was bombed on Christmas Eve; Harry was pronounced dead at the hospital, but Harriet lived for a few more days with the skillful prowess of Dr. Starke; he administered anti-coagulants; however, his quick-witted skills were not sufficient to mend the effects of the bombing (Davidson, 1977; Neyland, 1970). He became world-famous for his courageous attempt to save her life.

Bedside Manner

It has been debated whether Dr. Starke's bedside manner was more efficacious than the medicine that he prescribed. Some argued that his bedside manner was much more therapeutic than his medicine. He was said to have a disarming demeanor that really put his patients at ease. Patients felt at-ease in his presence. He was adept at actively listening to his patients. He conveyed his sincere desire to alleviate their ailments. This philosophy was passed on to him from his training at Meharry Medical School. He was taught that as a physician his life was dedicated to the patient's well-being. Secondly, he was taught to alleviate his patient's pain by any available means (Casselberry, 1977).

Dr. George Starke Counternarratives

Initially, Dr. George Starke was excluded from practicing medicine in Fernald Laughton Hospital, the local white hospital. He, along with other Black physicians, was excluded based on federal laws like Hill-Burton Act of 1946 that reflected the majoritarian narrative and Black misandry (Abbe & Baney, 1958). The majority narrative asserted that Blacks were inferior to whites. Black misandry concluded that Black males were insolent and ignorant (Abrica et al., 2020; Brooms, 2016; Harper, 2009; Smith,

2007). This federal law upheld hospital segregation laws that excluded Black physicians from practicing in white hospitals. Black males were stereotyped/profiled as being streetwise thugs and anti-intellectuals (House, 2005). White staff members typically perceived Black male physicians to be less intelligent and less skilled than their white counterparts.

Consequently, although Dr. Starke was credentialed by Meharry Medical School and Harvard Medical School, his medical expertise was still questioned. On one occasion, one of his patients was ill. He called an ambulance. Upon his patient's arrival at the hospital, he told the attending nurse his diagnosis. He diagnosed his patient with ruptured ectopic pregnancy. The white attending nurse became irritated with Dr. Starke. She did not believe that Black physicians could give diagnoses. When the white physician concurred with Dr. Starke's diagnosis in the operation room, she reluctantly acknowledged that he was correct. She was astounded that a Black male physician could give an accurate diagnosis (Abrica et al., 2020; Brooms, 2016; Harper, 2009; Smith, 2007).

In the above scenario, there is tension between the majority narrative and the counter-narrative of Dr. Starke. Dr. Starke's swift diagnosis was accurate. Even though he was the patient's physician, he was not permitted to operate on her because she was admitted to a white hospital. Despite the existing Jim Crow Law, the white physician allowed him to observe the surgery. She was so astounded that she was prompted to acknowledge that his diagnosis was accurate. Dr. Starke's correct diagnosis served as a counter-narrative to the white nurse's perception, mirroring the majoritarian narrative, that Black males are inferior to white males and should remain in

the zone of non-being. Dr. Starke's patient benefited from his presence in the ambulance and the operating room. This historical counter-narrative undermines the majority narrative that continues today.

Counter-narratives have several purposes (Brooms, 2016; Harper, 2009; Smith, 2007). They are useful in building a sense of community among marginalized groups and between politically dominant and marginalized racial groups, they assist in interrogating the normed wisdom of the majority, and they create new spaces for the marginalized to express themselves to another and the majority. When counter-stories collide with the majority narrative, they serve as a transformative mechanism to interrogate traditional/majority beliefs.

The above counter-narrative established a sense of community between Dr. Starke and the white hospital staff. When the white nurse discovered that Dr. Starke rendered an accurate diagnosis, she was more amenable to him and his expertise (Abrica et al., 2020; Brooms, 2016; Harper, 2009; Smith, 2007). Likewise, the white surgeon who operated on Dr. Starke's patient was also less confrontational than the white nurse, and he allowed Dr. Starke to observe the white physician. At the same time, he performed surgery on Dr. Starke's patient. Additionally, the previous tension between Dr. Starke and the white nurse was dispelled once she determined that he was a skilled surgeon/physician. Subsequently, this counter-narrative evolved into a transformative space (Smiley, 2016; Smith, 2007). Moreover, this scenario also demonstrated the existence of Black misandry. It is interesting to note that nurses are usually the subordinates of physicians. However, in the scene above, the white nurse

attempted to subjugate the Black male physician who was Harvard-trained. This is a clear example of Black misandry (Brooms, 2016; Harper, 2009; Smith, 2007).

VAS and Career Pathways

VAS messages are career messages that are communicated to adolescents by adults with their community/social networks (Myers et al., 2011; Aley & Levine, 2020). . These messages have the potential to impact their future career aspirations. The VAS process continues after adolescence through adulthood. Adolescents will accept or reject VAS cues based on whether the VAS messages intersect with their self-concepts. VAS influencers include school staff, mentors, and other members of the student's social network (Aley & Levine, 2020). A student's ego network--their social network is composed of alters who surround the student who is located at the center of the network. It was determined that the quality of the information the student received from the alters in their network was more significant than the quantity of information they received from other alters within their network. Once the information they receive triggers a certainty in their career path, the student requires less contact with the alter/mentor who supplied them with this information. Subsequently, the student's perception of the quality of their mentor/VAS influencer's message nurtures their self-confidence regarding their career choice (Myers et al, 2011; Aley & Levine, 2020).

Dr. Starke was influenced by Dr. Montgomery from Melrose, Florida. As a child, he fell out of a tree and became injured. Dr. Montgomery mended his wounds swiftly and efficiently. George was so impressed that he vowed to become a physician from this experience. He then asked Dr. Montgomery how he could complete the task so efficiently. Dr. Montgomery said that a good education, lots of experience, and practice

were the three reasons he mended George so quickly while alleviating his pain/discomfort (Neyland, 1970). Dr. Montgomery's words of wisdom resonated with Dr. Starke. It is also interesting to note that George only met Dr. Montgomery once. However, according to the literature review, the quality of the information provided by the VAS influencer, Dr. Montgomery, is much more impactful than the quantity of other VAS influencers if their messages are not aligned with the mentee's self-concept (Myers et al, 2011;Aley & Levine, 2020).

Dr. Starke received other career related messages as well. He grew up helping his father on his cotton-patch. His father wanted George to become a railway mail clerk examiner. George took the exam for this occupation and passed it; however, he was not keen on learning to ski and or working in Alaska. Every day while George worked with his father on the cotton-patch, a doctor would ride by in his horse and buggy. This reminded George of his desire to pursue a career in medicine. So despite his father's VAS messages which were much more than Dr. Montgomery's one message, George persevered and went on to Meharry Medical School and then on to Harvard Medical School for his post-doc residency (Casselberry, 1977; Davidson, 1977).

Nurturing Career Framework: Bedside Manner

A comprehensive meta-analysis established that a patient-physician relationship is an essential component of a patient's health outcome (Birkhäuser et al., 2017; Brennan et al., 2013; Hall et al., 2001; Chegini et al., 2022; Gilligan et al, 2018; Rolfe et al., 2014). Once the patient trusts the physician, they are much more vulnerable and willing to disclose intimate details of their medical challenges that they would generally not disclose to a physician with whom they had not developed trust. Also, patients are

much more likely to follow a physician's treatment plan if they perceive that trust exists between the patient and the physician. Consequently, the physician's bedside manner is a critical aspect of the patient's the treatment/therapeutic outcome (Birkhäuer et al., 2017; Brennan et al., 2013; Hall et al., 2001; Chegini et al., 2022; Gilligan et al., 2018; Rolfe et al., 2014).

Dr. Starke's bedside manner epitomized the Nurturing Care Framework (Birkhäuer et al., 2017; Brennan et al., 2013; Hall et al., 2001; Chegini et al., 2022; Gilligan et al., 2018; Rolfe et al., 2014). Patients would comment that his demeanor was more therapeutic than the medicine he prescribed (Casselberry, 1977; Davidson, 1977:Neyland, 1970). He was known for being disarmingly calm. He was also noted for keenly listening to his patient's needs. He demonstrated continuous and responsive caregiving. He cultivated a sense of trust among all of his patients. Eventually, his courageous bedside manner became known all over the world. When Harriet T. Moore survived domestic terrorism a few days after the bombing of her home, he was her attending physician (Casselberry, 1977; Davidson, 1977:Neyland, 1970). Media outlets worldwide acknowledged how he fought to keep her alive. Although she only lived for a few days after the bombing, observers were impressed with his medical skills (Casselberry, 1977; Davidson, 1977:Neyland, 1970).

Dr. John O. Brown: Biography

Background

He was born in Colbert, Oklahoma on October 23, 1922. He enrolled at University of Wisconsin at Madison to study pre-med. At the onset of World War II, he was drafted. He graduated from Meharry Medical School in 1950 after the war. He moved to Miami, Florida, because the weather would be better for his health (Brannon, 2022). He became the first Black ophthalmologist in Florida. He was severely wounded during WWII but persevered and enrolled in Meharry Medical School (Brannon, 2022). Since he was enrolled at the university, he was sent to an officer training school in Georgia. As a lieutenant in the 92nd Division, the Buffalo Soldiers, a segregated unit, he fought in Europe. He earned a Purple Heart with Oak Leaf Clusters for a series of severe injuries that he sustained in the war theater (Brannon, 2022; Suarez, 2002). He spent 19 months recovering in a military hospital. He sustained a concussion from a mortar shell and head, shoulder, chest, arms and neck wounds. He also injured one of his kidneys in a Jeep collision amid German artillery fire. Shrapnel still remained in his head after being released from the hospital (Brannon, 2022; Suarez, 2002).

He grew up next to a Black physician, Dr. Gray. Dr. Gray dialogued with Dr. Brown about the importance of Black physicians in American society. He encouraged Brown to pursue a career as a physician while Brown was an adolescent. Gray's messages left an indelible mark on Dr. Brown. These messages resonated deeply within Brown's mind and ushered him onto the healthcare pathway. The war forced him

to leave the University of Wisconsin; he had to place his career aspirations on hold.

After the war, he enrolled in Meharry Medical School.

War Wounds and Perseverance

I am including details about the near fatal wounds that Dr. Brown sustained because they are related to his persistence to become a physician. When he was a child, he was given VAS messages about why it was important for him as a Black male to become a physician. Despite confronting racism while practicing medicine, he persevered. He healed his community as a physician and as a physician-activist. He confronted the permanence of racism--one of the tenets of CRT. VAS messages gave him resilience to heal in an overseas military hospital where he recovered for 19 months. Although he had to change his initial desire to become a surgeon because of gunshot wounds to his wrist, he became an ophthalmologist. The nerve damage in his wrist was too significant for him to be able to perform as a surgeon.

VAS messages kept his hopes, dreams, and medical aspirations alive, while he fought for his life in a military hospital. He endeavored to become a surgeon at first. However, his injuries in the war caused him to have less energy than he previously had. Dr. Brown was a twenty-five year old platoon leader at the time of his hospitalization. Consequently, he felt that general surgery would be too physically taxing on his body. He was diagnosed with palsy, partial, motor and sensory radial and median nerves; shell fragments penetrated his right forearm--these injuries resulted from artillery fire in Italy in February 1945 (University of Miami Special Collections, Dr. John O. Brown & Marie Falkner Brown Papers 1950-2000). Radial nerve palsy is generally caused by the fracture of the humerus bone from a gunshot which can result in pain, loss of strength in

wrist, hand and fingers (Bumbasirevic et al., 2016). Therefore, these injuries would limit the fine motor skills required by a general surgeon to perform efficient surgery. The shock wave-like impact from the bullet and or projectile determines the extent of the nerve damage (Bumbasirevic et al., 2016).

Dr. Brown also experienced a limited range of motion in his extremities (University of Miami Special Collections, Dr. John O. Brown & Marie Falkner Brown Papers 1950-2000), Additionally, his lower right lung was lodged in metallic fragments 4/10 in diameter. This was the result of a mortar shell penetrating his left chest and the left tibia which also resulted in a compound fracture; the right shoulder was also penetrated. He was placed in the Specialized Neurosurgical Treatment ward (University of Miami Special Collections, Dr. John O. Brown & Marie Falkner Brown Papers 1950-2000). While under medical care, he hemorrhaged often and required frequent aspirations. Dr. Brown also received a skin graft to aid in his recovery/healing. All of the above injuries/wounds were so significant that he had to be hospitalized for 19 months.

Leadership/Contributions

Dr. Brown was elected as the president of the National Medical Association (NMA) in 1984. This post gave oversight to the well-being of Black doctors and Black patients. Like the American Medical Association, the NMA and its president represented the voice of Black patients/physicians. As president of the NMA he gave keynote addresses. In one of his speeches he expressed his concern with the challenges of Black physicians to have private practices. He mentioned how federal laws and Medicare were limiting Black physician's ability to make a profit because of the stifling reach of federal laws. He also rallied his audience to petition Congress regarding his

concerns. He also pointed out that insurance companies were causing physicians to be short changed; he contended that the insurance companies were requiring high payments and leaving the physicians with less profit than they were entitled to earn (Brannon, 2022). In another speech he focused on the social determinants of health for Black Americans. Social determinants were toxic to the health of Black communities. He expressed concerns about the lack of Black physicians in the U.S., and he expressed a concern that medical schools were admitting more foreigners to medical schools than Blacks.

Dr. John Brown: Analysis

Whiteness as Property Cultivates Anti-Blackness

Dr. Brown decided to build an in-ground pool in his backyard in Liberty City, Miami, Florida (Brannon, 2022; Suarez, 2002). The white inspector refused to grant him a permit. Immediately, he mentioned that no other Negro in Miami had a pool. By this time, Dr. Brown had established himself as an activist physician within his community (Brannon, 2022; Suarez, 2002). Dr. Brown called the city and complained about the inspector's comments. He made sure to tell them about his activism in the city. The city officials granted Dr. Brown his permit since they did not want to upset him. They were concerned that he would protest just like he did in previous scenarios within the city. He fought tirelessly to ensure that Blacks could have access to beaches, hotels, and clubs (Brannon, 2022; Suarez, 2002). He was excluded from restaurants and department stores. None of this sat well with him.

He had earned a Purple Heart for bravery in battle and near-fatal injuries. Yet, when he returned to his native land, he was denied his fundamental civil rights

(Brannon, 2022; Suarez, 2002). He then deployed the leadership training that he had acquired as a lieutenant/platoon leader to organize lunch counter-sit-ins and other venues throughout Miami. Dr. Brown occupied many roles: he was a decorated veteran, a man of wealth, and an ophthalmologist (Brannon, 2022; Suarez, 2002). He owned a spacious home and had an expensive car parked on his property. Despite all of his accomplishments, a white property inspector summarily refused to grant him a permit, solely based on his race. He was very forthright and frank in telling Dr. Brown that no Blacks in Miami own pools (Brannon, 2022; Suarez, 2002).

Whiteness as property is a resource that simultaneously empowers whites, oppresses Blacks, and treats them as chattel (anti-Blackness) (Harris, 1993; Morton et al., 2020; Perryman, 2018). Whiteness as property is linked to one of the tenets of Critical Race Theory: the permanence of racism. Consequently, Blacks must adopt/employ resistive counter-measures by asserting their human rights as U.S. citizens. Whiteness as property also dovetails with settler colonialism which dispossessed Black and other under-represented populations by excluding them of their property rights (Abrica et al., 2020; Harris, 1993; Morton et al., 2020; Perryman, 2018). Whiteness allows one to navigate within society without the threat of racial domination. The continuous pattern of enacted whiteness has conditioned whites to expect certain entitlements that confer privileges that buoy them above Blacks to situate them in the zone of non-being/inferior (Fanon, 1970).

Property rights and whiteness are inextricably linked and act as a means of subjugating Blacks in a caste system where anti-Blackness sentiments tether Blacks by whiteness in a systemic/hegemonic manner (Harris, 1993; Morton et al., 2020;

Perryman, 2018). The right to exclude is at the core of whiteness/property rights. The right to exclude also orbits within this constellation of whiteness (Harris, 1993; Morton et al., 2020; Perryman, 2018). The right to exclude is connected to conquest/acquisition of property:dispossession/possession (Abrica et al., 2020;Harris, 1993). The power to exclude whiteness positions whiteness to be a gatekeeper, and thus as the gatekeeper, it enables whites to subjugate Blacks and acquire their property. Anti-Blackness/whiteness position Blacks as chattel slaves where they are caste as human/chattel in a complicated existence (Harris, 1993;Morton et al., 2020; Perryman, 2018).They are seen as fungible objects/resources of commerce and not as human beings. This tension allows whites to feel empowered and Blacks to feel dominated/oppressed.

Enjoyment and the right to use are two other property aspects connected to property ownership (Harris, 1993; Morton et al., 2020; Perryman, 2018). The property owner is at liberty to transform their property as they will within the guise of the law. Subsequently, whiteness could potentially disrupt one's ability to use/enjoy one's property if the white person deemed it appropriate to deny one the right to enjoy/use their property(Harris, 1993; Morton et al., 2020; Perryman, 2018). Disrupting one's ability to use/enjoy one's property could eventually metastasize into the Black person being removed/dispossessed from their property in some manner (Harris, 1993; Morton et al., 2020; Perryman, 2018)..¹

Clearly, the inspector, whose salary was paid by taxpayers like Dr. Brown, felt empowered to frankly deny Dr. Brown a permit to build a pool simply because of his race (Brannon, 2022; Harris, 1993; Morton et al., 2020; Perryman, 2018; Suarez, 2002). Dr. Brown was considered wealthy and an activist/physician, yet this white inspector must have just viewed him through an anti-Blackness lens (Harris, 1993; Morton et al., 2020; Perryman, 2018).

Although Dr. Brown was an accomplished ophthalmologist, a white city employee felt empowered/entitled to quickly attempt to deny Dr. Brown the use/enjoyment of his property (Brannon, 2022; Harris, 1993; Morton et al., 2020; Perryman, 2018; Suarez, 2002). This is also an example of settler colonialism, where European settlers dispossessed Native Americans of their property (Harris, 1993; Morton et al., 2020; Perryman, 2018). Similarly, the inspector attempted to exclude The Browns from constructing a pool to use/enjoy (Harris, 1993; Morton et al., 2020; Perryman, 2018).. The inspector mentioned clearly that no other Negro in Miami owned a pool. Therefore, it may be inferred that some white citizens in Miami owned pools. So by denying access to a permit, he prevented Dr. Brown from leaving the zone of non-being and occupying space reserved for whites (Fanon, 1970).

VAS Messages and Perseverance

Brown, 79, grew up in Colbert, Okla., where he often heard his neighbor, Dr. George T Thomas Gray, talk about the medical profession's importance to blacks. The conversations pointed Brown to a career in medicine. He enrolled at the University of Wisconsin at Madison in 1938 for a pre-med program. Before he could graduate, however, World War II intervened and he was drafted in 1943. Upon completing officer training in Georgia as an infantry lieutenant, he was sent to Europe (Suarez, 2002).

VAS messages are transmitted to teens through their community. These messages have the potential to shape their career aspirations. When students receive VAS messages that conflate with their self-concept, students are more likely to pursue a career based on those messages. Additionally, if students also have career experiences that relate to their VAS messages, the sum of these two may accentuate students' ambitions to pursue careers that are aligned with those messages and their experiential learning activities. Job shadowing is an experience that can expose students to more hands-on experiences. This may nurture their VAS messages and spur them to continue in the same pathway of their VAS messages (Aley & Levine, 2020).

At an early age Dr. Brown was fortunate enough to live next door to a Black physician, Dr. George Thomas Gray. He instilled in Dr. Brown the importance of Black physicians to the Black community. Those VAS messages became embedded within the psyche of Dr. Brown. Although he experienced severe physical trauma, that landed

him in a military hospital for 19 months. He still kept those VAS messages close to his heart. He never wavered. The seriousness of his injuries made him re-evaluate his initial desire to become a general surgeon. He determined that generally surgery would be too taxing on his wounded body. His fine motor skills were impacted by mortar shells that punctured his nerves/sinews in his forearm, causing a limited range of motion in his arm. He became an ophthalmologist instead of a surgeon. Dr. Brown was also a revered activist physician in Miami until he died of kidney failure. Another injury that lingered from combat in the war.

Critical Race Theory: Counter-Narratives Confront/Dismantle Oppressive Systems

Dr. Brown enacted his agency as the embodiment of a counter-narrative: the first Black ophthalmologist in Florida; he was also the first Black person to build a swimming pool in Miami (Brannon, 2022; Suarez, 2002). He confronted the majority/anti-Blackness narrative that promotes the belief that Blacks are subordinate, inferior, and unintelligent (Brown & Brown, 2020). Likewise, he empowered the Black community in Miami by confronting Jim Crow laws that excluded Blacks from restaurants, luxury hotels, department stores, pools, and the nicer beaches in Miami (Brannon, 2022; Suarez, 2002).

By asserting his right as a citizen to interrogate community inequities, he empowered the Black community and interrogated the hegemonic white community (Denicolo et al, 2015; Macias et al., 2021; Parker et al., 2002). Moreover, he leveraged community cultural wealth to organize and orchestrate acts of civil disobedience: sit-ins and other events that utilized the resistance capital within his community (Brannon,

2022; Suarez, 2002). Relied on his status as a living example of a counter-story/asset to navigate barriers. He rallied the community to participate in his resistance: resistance capital (Wright et al., 2021). Together, he and the community applied resistance capital to dismantle the white stream: the master narrative (Clay & Broege, 2021; Stanton & Morrison, 2018). Next, I will examine the findings from an interview with a current medical student, RJ.

Black Male Medical Resident and the Tour: An Anti-blackness Environment Yields a John Henryism Response

Ballad of John Henry

“ A man is nothing but a man,
But before I let your steam drill beat me down,
I’d die with a hammer in my hand, Lord, Lord” (Tale, 2020, p. 405)

Excerpts from Transcript 2

Interviewer: All right. Thank you. Okay. Can you tell us this? Have there been any individuals in history or characters in the media that have influenced how you think about careers and medical health fields or in your particular field as well?

Interviewer: Okay. What messages or images have you received or encountered over the years regarding black men pursuing health and medical fields of study or profession?

Interviewee: Messages. Images. Very challenging I would say. It's never been easy. It's always that the black man has to do more than his non-black counterparts to pursue the same career. I believe the challenges also come from the family household, of not getting enough support and having to juggle between work and school. The challenges are just a lot. For a black man to go through this medical journey, I see that coming out of it is amazing. It's like you did the work 10 times more than a non-black person. I just hope they inspire other black people to do that because I've seen other people give up along the way. I've seen a few black students in my school that quit for whatever reasons. That image is just that blacks always are in a position, they are pushed in a position where they have to prove themselves that they are with equal or more than their non-black counterparts. That has been the image.

Next, I will discuss findings excavated from an interview with a current Black male medical student, RJ who experienced the virtual tour about Black male healers in Florida and his responses after experiencing the tour. He is also a graduate of the B.E.S.T. medical bridge program that provided mentoring for medical school and enrichment. His responses demonstrated how his VAS influencers shared VAS messages with him during his childhood that resonated with him and ushered him into the medical school pipeline (Acevedo & Solorzano, 2021; Aley & Levine, 2021; Burt & Johnson, 2018; Murillo et al., 2017; Yosso, 2005; Yosso & García, 2007). VAS

messages also continue from childhood throughout adulthood (Feij, 1998; Gabor, 2013). He was an older non-traditional student that benefited from being mentored through the B.E.S.T. medical enrichment program. The B.E.S.T. medical program provided him with the support that positioned him to become accepted into medical school. This program reinforced the VAS messages he received as a child in Ghana. The convergence of the VAS messages and the support/training he received from the B.E.S.T. program helped bolster his navigational capital to persist through the medical school pipeline (George, 2015; Harper, 2010; Rendón et al., 2014; Yosso, 2005).

RJ (a pseudonym), a Black male medical student from Ghana, who moved to the U.S. responded after viewing my virtual tour by mentioning how parasocial mentors empowered/inspired him to pursue/persevere towards his goal of enrolling in medical school. He also participated in the B.E.S.T. medical bridge program that provides enrichment, mentoring for undergraduate students interested in medical school. He mentioned that anti-Blackness was very prevalent. RJ mentioned that he felt as though he had to work ten times harder than his white counterparts in medical school. The environment of medical school is known to be extremely competitive, but for Black males, they have to contend with being overlooked and having to constantly over-work themselves to excel: John Henryism. It is a coping mechanism. John Henry is a mythical character in Black folklore who challenged the efficiency of new technology: the steam drill. This mechanism was engineered to out-perform men in drilling. This is also a paradox of culture. He represents a Black man defeating the system. He seems like an exemplar for a parasocial mentor/hero. On the other hand, although he out-

works the machine, he immediately dies of exhaustion—this is a negative (Holston, 2021).

So, above RJ is alluding to having to compete against a well engineered structural system that is designed to make him fail. This coping that RJ employed required him to work to academic exhaustion just to remain competitive with his white colleagues. The overexertion that accompanies John Henryism can potentially result in cumulative stress or allostatic load, which can result in high blood pressure and mental inefficiency (Holston, 2021). Allostatic load is the incremental accumulation of chronic stress in one's body that reflects one's continuous experience with stressful circumstances. Although some students like RJ, have leveraged John Henryism to catapult themselves through medical school, the long-term effects of this type of cumulative trauma can have detrimental health outcomes. Some of these outcomes are not evident until years later.

Parasocial Mentors and Aspirational Capital

The next series of questions focused on RJ's VAS messages that influenced his medical career pursuits. One of the questions asked about whether any historical figures or mediated characters may have influenced his thought process regarding his medical aspirations. This question jogged his memory and he was able to recall specific events and individuals who impacted his decision to pursue a career in the medical field as a physician. He went on to mention some of the attributes of one of his uncles who motivated him to pursue medicine partly because of his uncle's altruism in RJ's community. His uncle was well-respected within RJ's community.

Interviewee: Yes. Actually, quite a few, from both back in Ghana where I was born. I had an uncle who was a physician who played a huge role. He was sort of a role model, but it was more of a distant role model, how I saw him live his life. He was able to solve issues, deal with people, and be a helping hand in different ways, even non-medical, just family wise. That was one and then, later on when I came to the United States, I had a chance to watch, I think a movie about Dr. Ben Carson, which was very interesting. I think his story was very amazing to just follow his background and how he got to where he is or where he was then and then me that figure in an American medical history and all over the world. I believe those two people. . .

RJ also mentioned that his uncle and *Gifted Hands: The Ben Carson Story* inspired him to pursue a career in medicine. His uncle was a successful medical doctor in Ghana, his native country. However, he did not live in the same region as his uncle. Even though his uncle lived a significant distance from RJ and other family members, he was empathetic to their needs and still managed to provide for them. He stated that he was impressed with how his uncle would take care of family members and his uncle's altruism was a motivating factor that empowered him to pursue medicine. Reading *Gifted Hands* was a source of aspiration capital for RJ.

Watching a movie about the life of the renowned surgeon, *Gifted Hands: The Ben Carson*, was also a source of inspiration for RJ. Dr. Carson successfully performed several surgeries that were extremely high risk: conjoined twins who were attached at the head. Despite the acclaim that he received after medical school, he chronicles instances of contending with anti-black racism while in medical school. He had to

contend with hospital staff who mistakenly believed he was an orderly instead of a resident surgeon at Johns Hopkins (Carson, 1992).

It is interesting to note that the bond between the parasocial mentor is fortified in relation to the distance of the parasocial mentor and the mentee (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020). The greater the distance, the stronger the bond. In the case of RJ, he grew up in Ghana. On the other hand, Dr. Carson grew up in the U.S. Homophily also played a key role in the mentee's affinity towards the parasocial mentor. As the interview progressed, RJ expressed that Dr. Carson's life experiences positively impacted his decision to pursue a career in medicine.

Another key component of parasocial mentoring is the reliability of the parasocial mentor (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

As RJ watched the biopic, of Dr. Carson's life as a surgeon, his parasocial interactions/parasocial relationship PSI/PSR became strengthened by the verisimilitude of the movie. This movie documents numerous surgeries that Dr. Carson performed that made him an international celebrity/hero in the medical community. His fame and skill as a gifted surgeon may have been RJ's motivation for watching the movie and ultimately one of the reasons that he decided to pursue a career in medicine. Moreover, parasocial relationships frequently fill in gaps that face-to-face mentors are unable to fill. They develop a profound sense of connectedness/belonging with their parasocial mentor (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

In RJ's case, his uncle was a physician who lived far away from him in Ghana. Nevertheless, RJ was able to see his uncle's empathy and philanthropy within his community. Witnessing the generosity of his uncle inspired him to pursue a career in medicine. Since his uncle's town was a considerable distance from his, RJ sought more information regarding the life of a physician/surgeon and Gifted Hands: The Ben Carson Story filled in the gaps and answered questions that he may have had regarding the life of a Black male physician. It is also interesting to note that the depth of the parasocial relationship is directly proportional to the mentee's interaction/exposure to the parasocial mentor. So the more RJ watched/interacted with the movie, the stronger his bond with Dr. Carson became.

Anti-Blackness Racism/ Critical Race Theory

Interviewee: I see we live in a different era, but I still see the same problems. because looking at Dr. Alpha Campbell's story where he had to build a hospital where most schools were shut down and then there was a shortage of black doctors. I'm in the Caribbean now doing medical school and so I can relate to that. It is a different era but it's still the same problem. I see. I realized that the challenges that black people face doesn't give them a level playing field to compete with the nonblack students. students are intelligent. The things you have to go through to succeed and to compete at that high level. I was a non-traditional student. I went to USF. I applied to USF and a few schools, actually Meharry was one of them.

RJ was shown a power point slide that encapsulates the life experiences of five Black male healers. Additionally, in Figure 18 and Chart 6. I showed him a graphic of the Flexner Report of 1910 (Butler, 2011; Ringelheim, 2021). I then mentioned that this

report had a neutral intent but a discriminatory impact (Zafar et al., 2017). The original intent of the Flexner Report was to create more efficient medical schools by raising the standards. However, in chart 6, I pointed out that the Flexner Report closed 85% of Black medical schools. Although some white medical schools were closed as well, white students could simply just apply to the other white schools that remained open (Butler, 2011; Ringelheim, 2021).

I see we live in a different era, but I still see the same problems because looking at Dr. Alpha Campbell's story where he had to build a hospital where most schools were shut down and then there was a shortage of black doctors.

So, according to RJ, he still sees the same problems that existed in 1910 in 2022 regarding medical school and the challenge for Black males getting accepted. Above RJ references the Flexner Report by stating that most of the Black medical schools were closed. He also mentioned that Dr. Alpha Campbell had to build his own hospital while there was a shortage of Black physicians in the U.S. Moreover, Dr. Campbell more than likely would not have had to build his own hospital with the intent of serving the Black community but for Jim Crow Laws which forbade him from practicing in the local white hospital. He built Laura Bell Hospital by obtaining funds independently (Thomas, 1994). Jim Crow Law reinforced anti-blackness: the belief that Blacks occupied the zone of non-being where they needed to be treated in a separate hospital (Abrica et al., 2020; Fanon, 1970). They were believed to be subhuman (Abrica et al., 2020; Fanon, 1970). I realized that the challenges black people face don't give them a level playing field to compete with non-black students. students are intelligent.

CRT foregrounds that racism is permanent (Ender, 2021; Ma & Green, 2021; Walters et al., 2020). Racism is systemic and ubiquitous. Sometimes it is impossible to pinpoint it, and almost invisible (Clay & Broege, 2021; Stanton & Morrison, 2018). The power to exclude/include is also intertwined with settler colonialism. Therefore, by excluding Blacks from PWI medical schools, white are securing their property interest of medical knowledge. On the other hand, they were simultaneously admitting whites-- including them in medical school. They occupied a space in medical school: settler colonialism. Settler colonialism is centered around the acquisition of property physical/intellectual property. Subsequently, Jim Crow Laws forbid Blacks from enrolling in PWI medical schools and the Flexner Report closed down 85% of Black medical schools; consequently, Blacks would not occupy a slot in the 85% of the closed medical schools. They became dispossessed and were excluded from obtaining intellectual property/medical knowledge (Abrica et al., 2020; Clay & Broege, 2021; Stanton & Morrison, 2018).

Interviewee: I see potential if some actions are followed. There are some actions auditory because like I can relate to some of what they went through and I think there was another one for Esteban, what he went through was almost the same as what Dr Carson went through where he performed surgery but even though he wasn't a normal white physician. He wasn't accepted. He had to go through Morgan's state and all that for Johns Hopkins to accept him. I feel like he went through the same situation. It's a good lesson to teach them but what measures are being taken to change that narrative, that situation. They can learn the history if the system is in such a way that it's not going to change things. I question why, for as long as medical schools have been in

existence, why the number of intakes hasn't increased, even though the population has increased. I just feel like there's a problem there.

In the excerpt above, RJ references Figure 11 of the virtual tour that I presented. I mentioned on slide 13 in a paragraph that was adjacent to Figure 11 that Esteban and his three colleagues were encouraged by the Native Americans to pursue careers as healers: they were believed to be children of the sun. The three were reluctant to give Esteban their blessing so that he could join them as healers. The demand for healers by the Native Americans was became so intense that they had no choice but to convert him to Christianity and allow him to heal in the same manner that they healed: saying a prayer; commending the patient to God; making the sign of the cross on the patient and then waiting for the manifestation of the healing. Esteban's status was then elevated from being enslaved to becoming equal. He did perform surgery along with the others. RJ synthesized the anti-blackness racism that Esteban and Dr. Ben Carson experienced. He and Esteban both experienced rejection by white colleagues.

I feel like he went through the same situation. It's a good lesson to teach them but what mergers are being taken to change that narrative, that situation because they can learn the history.

RJ alludes to historical empathy in his statement above. He mentions that medical students can learn from the experiences of Esteban and Dr. Ben Carson since both of their socio-economic status were elevated after they began to work as healers. RJ also mentions that lives of Esteban and Dr. Carson are great historical mentors that

medical students can learn from today (Baron et al., 2019; Endacott & Brooks, 2013; Salinas et al., 2012).

This is an example of historical empathy. This required RJ to grasp a profound understanding of the social and cultural contexts/norms of era that Dr. Carson and Esteban lived in as healers. He also had to apply perspective taking to empathize with the lived experiences of both healers. RJ then makes an affective connection above when he stated:

I can relate to some of what they went through and I think there was another one for Esteban, what he went through was almost the same as what Dr Carson went through where he performed surgery but even though he wasn't a normal white physician. He wasn't accepted.

RJ connected his own personal experience to Esteban's and Dr. Carson's experiences of being rejected as Black male healers even though they possessed the proper credentials to heal, they were not accepted by their white counterparts at first. RJ also had to be very self-aware in order to draw the above conclusion. Furthermore, he also had to fully comprehend the lived experiences of Esteban and Dr. Carson to connect his present day challenges with the challenges of the parasocial mentors/historical figures (Baron et al., 2019; Endacott & Brooks, 2013; Salinas et al., 2012).

Critical Race Theory

The statement above is very consistent with another tenet of CRT: counter-narratives--narratives that subvert the majority narrative that reinforces anti-blackness (Aragon, 2018). RJ is very passionate about his belief that the narrative must change. By showing the contributions/accomplishments/counter-narratives of successful Black male parasocial mentors, the majority narrative is being interrogated (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020). Additionally, Black males are being transformed/empowered by learning about parasocial mentors in the healthcare field. Again, when RJ made his comparison between Esteban and Dr. Carson's challenges, he points out that the majority narrative is flawed and needs to be transformed.

Nurturing Care Framework

Interviewee: I would start from the home. I'll start from home but I believe I have seen someone caring for you, naturally teaches you how to care for others. If they grew up in their surroundings, they don't see much care being given to them or being shown around them, I don't think you can naturally get that caring nature in them. I will start from home. Not all homes are equal. There are a lot of single-family homes. There are a lot of not so good homes but charity begins at home as I was told. If those trainings start from the home, it's easy for the child to flow with everything. Well, that's the first, a child's first encounter in the world. Whatever is instilled in them from the home, it makes everything else easy. If you miss the opportunity from home, then it takes God to change their heart. I would start from the home setting up programs.

Interviewee: Okay. I know we spoke a little bit last week about my journey from back home. Ghana, from my mom inspiring me to pursue medicine. She didn't say to me but it was as a result of just living around her and care and everything else what I saw her go through and personally I used to be very sick. I used to get sick every month. I didn't know why. I got a lot of care in the hospital that time. I felt like I'll go very sick and in three days I'll leave help. That also helped me to pursue this career and to say there are people that make a difference. There are people that have been in that sick bed where I thought I was dying and someone made a difference and I'm alive. Those things motivate you.

Null Curriculum and Absences in Curriculum

Joe/Interviewer: All right. I have three more questions. Did you learn about such men in your cases through K-20 curriculum or through the B.E.S.T. program?

Interviewee: No. Actually, this is the first time I am hearing about these physicians that you spoke about.

Joe/Interviewer: Well.

Interviewee: Yeah. Just I did my primary to high school education in Ghana and then came to the United States for my college then advanced studies but there's always a gap in between. As much as I was involved in the community, I lived in the Tampa Bay Area, I worked in some pier a few times. I was not directly involved in areas where you will hear more by these people. Yeah.

Joe/Interviewer: All right. I plan to offer this information to K through 12 as a part of their

curriculum. Do you see potential benefits, limitations, areas for improvement gaps or absences?

RJ mentioned above that he had not learned about the five healers in his K-20 curriculum. It is interesting to note that he participated in a medical bridge enrichment program to prepare him for medical school. He also attended a PWI. This is another example of the null curriculum (Cahapay, 2021;Eisner, 1985; Flinders, 2021 et. al., 2021). Studying about the contributions of indigenous populations and marginalized populations can be instrumental in creating an equitable curriculum (Cahapay, 2021;Eisner, 1985;Flinders, 2021 et. al., 2021).

Designing the Virtual Tour

A Virtual Tour Template (VTT) framework was utilized to design/build the tour (Kennedy & Chen, 2006). This framework built on pre-service teachers' prior knowledge and experience with digital platforms and media. Information and communication technologies (ICTs) is a pedagogical approach that is utilized to enhance pre-service teacher education (PST) through immersive/web-based environments that are student centered (Argyriou et al., 2020). Some notable software includes: Dreamweaver, Flash(online interactive question creation) and Hot Potatoes-- another platform that generates questions. VTT is designed to allow students to implement/synthesize theory. The template cultivates hands-on/interactive learning. Additionally, VTT fosters collaboration while integrating theory. This framework is malleable to the overall objective of the tour designer (Fox & Le Dantec, 2014) VTT contains five frames: a banner, a zoomable image/map/panorama; an interactive menu; and a text area and a video hub.

Virtual Tour: *Florida's Black Male Healers: Uncovering a Path of Hope 1528-1965*

I sent my virtual tour to five critical friends/community archivists : a high school administrator,an archivist from a local university, a high school social studies specialist for a school district, a former equity specialist for a local district/Ph.d student in Curriculum and Instruction at a local university and a high school social studies teacher. Only three of the five watched the virtual tour and answered the five questions below. Four out of the five were male. Two were African American. One was female. One Black male watched the video and answered the questions. Two white males watched the video and responded to the five questions. The following table includes the role of each critical friend, the questions and their responses respectively.

Table 1

Role	Questions	Responses
High School Administrator	1. What does the history of these Black male healers communicate to you?	Historical awareness can potentially spark or inspire persons to pursue career fields that will have a major impact on communities.
	2. What resonates with you or helps you?	It is vitally important to preserve history.
	3. What are you reflecting on after viewing the tour?	Leaving a legacy is extremely important.
	4. Did you learn about such men in your K-20 curriculum?	Not at all.

	<p>5. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum. Do you see potential benefits? limitations/areas for improvement? gaps/absences?</p> <p>6. If you were to design a program to help prepare young black men to entertain the idea of becoming professionals in health or medicine, what would you include?</p>	<p>Once children see themselves in the learning process, typically it inspires them to carry the torch and blaze new trails.</p> <p>Historical examples of persons that have gone before them, coupled with data to show the impact that they left on society.</p>
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(Continued)

Role	Questions	Responses
High School Social Studies Teacher	1.What does the history of these Black male healers communicate to you?	The tour conveys the rich history of African-American figures in U.S. History.
	2.What resonates with you or helps you? 3. What are you reflecting on after viewing the tour?	The presentation also assists in reminding me as a U.S. History teacher to focus on presenting a survey that includes contributions by all people groups that make-up the narrative of U.S. History.
	4. Did you learn about such men in your K-20 curriculum?	All of the content presented was information that I had to discover on my own, after my K-12 and Undergraduate studies.
	5. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum.Do you see potential benefits? limitations/areas for improvement? gaps/absences?	I see a tremendous benefit to including the tour as a key resource in teaching students in general that U.S.

		<p>History is multi-cultural and multi-faceted. I also see the benefit of the tour in teaching students Florida History, and the rich history for Florida that is little known by students. By including the tour in my course's curriculum, I feel strongly that student interest in the content would increase and assist in motivating students to attend classes more regularly.</p>
	<p>6. If you were to design a program to help prepare young black men to entertain the idea of becoming professionals in health or medicine, what would you include or address?</p>	<p>A correlating curriculum that assists students in interacting with the tour so as to direct students to consider becoming professionals in health or medicine would be helpful. The curriculum could include a hook activity that leads students to brainstorm about African-American/minority leaders in health and medicine. The hook activity could be followed with a primer for the tour that presents major African-American/minority leaders in health and medicine in U.S. History. (i.e.: Cloze Note-styled activity consisting of an annotated timeline) To conclude the lesson, students could write a research-based paper that either examined a figure from the tour, or</p>

		of another African-American/minority figure of interest.
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Role	Questions	Responses
Community Archivist	1. What does the history of these Black male healers communicate to you?	I agree that students can be inspired by the past contributions of Black physicians. It was great to learn about physicians from other parts of Florida.
	2. What resonates with you or helps you? 3. What are you reflecting on after viewing the tour?	The people you profiled also make me wonder about the many other gifted professionals from across the country whose stories have been forgotten or lost to history.
	4. Did you learn about such men in your K-20 curriculum?	No Answer
	5. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum. Do you see potential benefits? limitations/areas for improvement? gaps/absences?	No Answer
	6. If you were to design a program to help prepare young black men to entertain the idea of becoming professionals in health or medicine, what would you include or address?	No Answer

	<p>3. Can you tell us this? Have there been any individuals in history or characters in the media that have influenced how you think about careers and medical health fields or in your particular field as well?</p>	<p>r students, who fortunately are in a better family situation where there's more hope for them . There's more help for them. It is a different era but I still think we still face the same situations now.</p> <p>No. Actually, this is the first time I am hearing about these physicians that you spoke about.</p> <p>Yes. Actually, quite a few, from both back in Ghana where I was born. I had an uncle who was a physician who played a huge role. He was sort of a role model, but it was more of a distant role model, how I saw him live his life. He was able to solve issues, deal with people, and be a helping hand in different ways, even non-medical, just family wise. That was one and then, later on when I came to the United States, I had a chance to watch, I think a movie about Dr. Ben Carson, which was very interesting. I think his story was very amazing to just follow his background and how he got to where he is or where he was then and then me that figure in American medical history and all</p>
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		<p>over the world. I believe those two people. . . I see we live in a different era, but I still see the sam problems. because looking at Dr. Alpha Campbell's story where he had to build a hospital where most schools were shut down and then there was a shortage of black doctors. I'm in the Caribbean now doing medical school and so I can relate to that. It is a different era but it's still the same problem. I see. I realized that the challenges that black people face doesn't give them a level playing field to compete with the nonblack students. students are intelligent. The things you have to go through to succeed and to compete at that high level. I was a non-traditional student. I went to USF. I applied to USF and a few schools, actually Meharry was one of them.</p>
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	<p>2. Did you learn about such men in your classes K through 20curriculum or through the B.E.S.T. program?</p> <p>3. Can you tell us this? Have there been any individuals in history or characters in the media that have influenced how you think about careers and medical health fields or in your particular field as well?</p> <p>4. What messages or images have you received or encountered</p>	<p>I see potential if some actions are followed. There are some actions auditory because like I can relate to some of what they went through and I think there was another one for Esteban, what he went through was almost the same as what Dr Carson went through where he performed surgery but even though he wasn't a normal white physician. He wasn't accepted. He had to go through Morgan's state and all that for Johns Hopkins to accept him. I feel like he went through the same situation. It's a good lesson to teach them but what measures are being taken to change that narrative, that situation. They can learn the history if the system is in such a way that it's not going to change things. I question why, for as long as medical schools have been in existence, why the number of intakes hasn't increased, even though the population has increased. I just feel like there's a problem there.</p> <p>No. Actually, this is the first time I am hearing about these physicians that you spoke about.</p> <p>Yes. Actually, quite a few, from both back in Ghana where I was born. I had an uncle of mine who was a physician who really played a huge role. He was sort of a role model, but it was more of a distant role model, how I saw him live his life. He was able to solve issues, deal with people, and be a helping</p>
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	<p>over the years regarding black men pursuing health and medical fields of study or profession?</p> <p>5.. I plan to offer this information to K through 12 as a part of their curriculum. Do you see potential benefits, limitations, areas for improvement gaps or absences?</p>	<p>hand in different ways, even non-medical, just family wise. That was one and then, later on when I came to the United States, I had a chance to watch, I think a movie about Dr. Ben Carson, which was very interesting. I think his story was very amazing to just follow his background and how he got to where he is or where he was then and then me that figure in an American medical history and all over the world. I believe those two people.</p> <p>Messages. Images. Very challenging I would say. It's never been easy. It's always that the black man has to do more than his non-black counterparts to pursue the same career. I believe the challenges also comes from the family household, of not getting enough support and having to juggle between work and school. The challenges are just a lot. For a black man to go through this medical journey, I see that coming out of it is amazing. It's like you did the work 10 times more than a non-black person. I just hope they inspire other black people to do that because I've seen other people give up along the way. I've seen a few black students in my school that quit for whatever reasons. That image is just that blacks always are in a position, they are pushed in a position where they have to prove themselves that they are with equal or more than their non-black counterparts. That has been the image.</p> <p>I see potential if some actions are followed. There are some actions auditory because like I can relate to some of what they went through and I think there was another one for Esteban, what he went through was almost the same as what Dr Carson went through where he performed surgery but even though he wasn't a normal white physician. He wasn't accepted. He had to go through Morgan's state and all that for Johns Hopkins to accept him. I feel like he went through the same situation. It's a good lesson to teach them but what measures are being taken to change that narrative, that situation. They can learn the history if the system is in such a way that it's not going to</p>
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	<p>6. If you were to design a program to help prepare a young black man to entertain the idea of becoming professionals in health or medicine, what would you include or address?</p>	<p>change things. I question why, for as long as medical schools have been in existence, why the number of intakes hasn't increased, even though the population has increased. I just feel like there's a problem there.</p> <p>I would start from the home. I'll start from home but I believe I have seen someone caring for you, naturally teaches you how to care for others. If they grew up in their surroundings, they don't see much care being given to them or being shown around them, I don't think you can naturally get that caring nature in them. I will start from the homes. Not all homes are equal. There are a lot of single-family homes. There are a lot of not so good homes but charity begins at home as I was told. If those trainings start from the home, it's easy for the child to flow with everything. Well, that's the first, a child's first encounter in the world. Whatever is instilled in them from the home, it makes everything else easy. If you miss the opportunity from home, then it takes God to change their heart. I would start from the home setting up programs. I know there's a big brother big sister programs that they do. I feel like it has to be more than a big brother and big sister has to be like a fatherhood because when you're a big brother or big sister, there are certain things you don't want to correct. You want to be a cool big brother, but I feel there is a place you know where you are a father to your child and a friend to your child. It is a very critical way. It doesn't have to be your child. You can actually be a father to other kids in the environment and that will actually make a difference because the teachers would not do much if there is no interest from home. I believe it is fundamental just getting it down from home and then you just guide them. Yeah. They are God giving gifts. Most of us have that gift to naturally pursue medicine, but there are natural obstacles that take us away from it. If we start from the home, it's easy for them to just follow that path and</p>
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		<p>everything else will follow easily. That's what happened.</p> <p>Okay. I know we spoke a little bit last week about my journey from back home. Ghana, from my mom inspiring me to pursue medicine. She didn't say to me but it was as a result of just living around her and care and everything else what I saw her go through and personally I used to be very sick. I used to get sick every month. I didn't know why. I got a lot of care in the hospital that time. I felt like I'll go very sick and in three days I'll leave help. That also helped me to pursue this career and to say there are people that make a difference. There are people that have been in that sick bed where I thought I was dying and someone made a difference and I'm alive. Those things motivate you.</p> <p>As far as the challenges, I took a class in college, I think it was, I forgot the name of the class but there was one of the most important classes I took. It was a non-science class but very important where it helps us set goals. Our final project was to set long and short-term goals and list obstacles. Swing those goals. It helped me set long-term goals, but also set short term goals and understand that there will be obstacles in those short-term goals. I went through those obstacles and some I never anticipated. Thankfully I made it through. I'm still fighting them, but I believe I'm almost at the end and just focus. Just stay in focus. I've been in the US for 21 years. This year I came to the US, I believe August 2021. My goal was to go to medical school. That was my purpose to go to school, go to college and go to medical school. It took almost 18 years. I would say.</p>
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Administrator's Responses

1. What does the history of these Black male healers communicate to you?

Historical awareness can potentially spark or inspire persons to pursue career fields that will have a major impact on communities.

2. What resonates with you or helps you?

It is vitally important to preserve history.

3. What are you reflecting on after viewing the tour?

Leaving a legacy is extremely important.

4. Did you learn about such men in your K-20 curriculum?

Not at all.

5. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum. Do you see potential benefits? limitations/areas for improvement? gaps/absences?

Once children see themselves in the learning process, typically it inspires them to carry the torch and blaze new trails.

6. If you were to design a program to help prepare young black men to entertain the idea of becoming professionals in health or medicine, what would you include?

Historical examples of persons that have gone before them, coupled with data to show the impact that they left on society.

The administrator's response to question 1 demonstrates that historical empathy and VAS experiences have the potential to inspire students to pursue healthcare careers:

7. What does the history of these Black male healers communicate to you?

Historical awareness can potentially spark or inspire persons to pursue career fields that will have a major impact on communities.

This virtual tour caused the administrator to view the tour as a triggering mechanism that can inspire Black males to pursue careers in the health care field. This tour is a STEM-related experience that has the potential to boost Black students' STEM aspirations (Collins, 2018; Jahn & Myers, 2014). This tour exposes students to the vocational aspect of STEM careers. Additionally, the administrator alludes to a STEM Scholar Identity. If a student believes that they have a STEM Scholar Identity, they will be more inclined to pursue a STEM related career. This is reinforced by contextual/environmental factors, cultural factors, and psychological/individual factors (Collins, 2018; Jahn & Myers, 2014).

The administrator's comment about historical awareness is akin to historical inquiry. If students are able to learn about the contributions of Black male parasocial mentors, in the virtual tour they will be able to see that all of these Black male parasocial mentors lived within their state and healed people in Florida. Another aspect of historical inquiry is perspective taking. This requires students to connect with the lived experiences of the parasocial mentors within the tour. If students make connection through perspective taking, this is lead to them making an affective connection.

Additionally, students may be able to relate to some of the parasocial mentor's lived experiences that mirror their own. If that occurs, it may trigger the cultivation of their STEM Scholar Identity which would increase the possibility of them majoring in a STEM related field.

8. What does the history of these Black male healers communicate to you?

Historical awareness can potentially spark or inspire persons to pursue career fields that will have a major impact on communities.

The responses of the administrator/critical friend mentioned in the second part of question is as follows:

2. What resonates with you or helps you?

It is vitally important to preserve history.

It is interesting to note the use of his words: preserve history. Is aligned to the archival work. The archival preservation that is enacted in local communities around local heritage and place is very similar to the preservation that occurs in museums. Excavating the parasocial mentors from Saint Petersburg, Florida is excavating local heritage/history (Guldi & Armitage, 2014; Jackson, 2008).

His response reflects a desire to keep it in its original form. Preserving something requires that it remains authentic. Keeping something preserved requires one to be meticulous with a close eye towards the nuanced detail of a detective reviewing a crime scene. Historical inquiry is required. This is the integration/intersection of historical context, perspective taking and affective connection (Baron et al., 2019; Berlin, 1960:

Salinas et al., 2012). This also requires drawing accurate conclusions while using an investigative lens that views evidence/facts from a vantage point that espouses historical empathy (Baron et al., 2019; Berlin, 1960; Salinas et al., 2012).. This requires one to view the lives of historical figures/parasocial mentors that were from a given time period, but not reflected in history textbooks (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020 . This perspective invites the historian to examine the cultural background of the historical figure.

VAS Analysis

1. *What does the history of Black male healers communicate to you?*

Historical awareness can potentially spark or inspire persons to pursue career fields that will have a major impact on communities.

VAS messages that align with students' career aspirations, academic interests, and experiential learning may influence students' career trajectories. As mentioned in the literature review, teenagers are sent career messages from various sources; these messages have the potential to influence their career pathways (Jahn & Myers, 2014; Jahn & Myers, 2015; Powers & Myers ,2017; Scarduzio et al., 2018; Omilion-Hodges, & Ptacek, 2019; Omilion-Hodges et al., 2019). Furthermore, it was also noted above that VAS messages can impact students' career paths and their local communities cultural wealth (Acevedo & Solorzano, 2021; Aley & Levine, 2021; Burt & Johnson, 2018; Murillo et al., 2017; Yosso, 2005; Yosso & García, 2007).

This study set out to determine whether parasocial mentors from history could serve as counter-narratives to empower Black men and amplify their aspirational capital to pursue healthcare careers. Moreover, the participant also mentioned the impact that “historical awareness” can have on students when combined with VAS messages. With respect to the significance of this study, the above response to question one, supports the initial theory that parasocial mentors may motivate students to pursue careers in the healthcare field (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

1. What resonates with you or helps you?

It is vitally important to preserve history.

Another important finding, based on the critical friend/community archivists' response to question two indicates that it is important to preserve history. The preservation of history as a resource showcases the contributions of Black male healers within the state of Florida as well as the contributions of local/historical Black healers essential for illuminating community cultural wealth as a career aspirational resource to motivate Black males to pursue careers in the healthcare field (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

1. What are you reflecting on after viewing the tour?

Leaving a legacy is extremely important.

The critical friends/community archivist's response to question 3 is consistent with his previous response to question 2. He was concerned with preserving history in question 2. In question 3, he stresses the importance of "leaving a legacy". Again, this response spotlights the importance of preserving community cultural wealth as a potential resource for career aspirational capital that can be mined to excavate parasocial mentors/counter-narratives to motivate Black males to pursue careers in the healthcare field (Acevedo & Solorzano, 2021; Aley & Levine, 2021; Bond, 2021; Burt & Johnson, 2018; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Murillo et al., 2017; Perez, 2021; Spanjaard, 2020; Yosso, 2005; Yosso & García, 2007).

1. Did you learn about such men in your K-20 curriculum?

Not at all.

Several reports have shown evidence of the null curriculum in K-20 curriculum. There is a clear absence of the contributions of Black male physicians/marginalized populations within social studies curriculum among other things (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky, 2020). Local historical archives can provide a supplemental curriculum to fill in gaps that may have been missing with the K-20 curriculum. Blacks in the United Kingdom have likewise experienced exclusions/silences about their historical contributions to society. The amplified voices of marginalized populations have the potential to empower students (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky, 2020).

1. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum. Do you see potential benefits? limitations/areas for improvement? gaps/absences?

Once children see themselves in the learning process, typically it inspires them to carry the torch and blaze new trails.

This response is consistent with the null curriculum mentioned above in his response to question 4. He mentioned “once children see themselves in the learning process”. Therefore, it may be inferred from that statement that they do not see themselves in the K-20 curriculum, and consequently they are not inspired because of their lack of representation within the K-20 curriculum (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky, 2020).

As mentioned in the literature review, parasocial mentors from history may inform students about the historical contributions of Black male healers. Learning about these parasocial mentors will allow students to see the contributions of other Blacks. Students will “see themselves” making contributions to society within the medical community. The participant also alluded to perseverance and career aspirations when he mentioned, “. . . it inspires them to carry the torch and blaze new trails”. If they are inspired via the contributions of parasocial mentors then they will aspire to “blaze new trails” in the medical field and become contributors/counter-narratives to the community’s cultural wealth (Bond, 2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

1. If you were to design a program to help prepare young black men to entertain the idea of becoming professionals in health or medicine, what would you include?

Historical examples of persons that have gone before them, coupled with data to show the impact that they left on society.

In question 6, the critical friends/community archivist references the need for Black males to more historical examples of Black male healers who have made contributions to society (Bond, 2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020). As students study historical parasocial mentors, they begin to understand the historical context of the parasocial mentors' life and day-to-day experiences. More importantly, the participant also believes that the impact of each parasocial mentor is also an essential component of the student's historical understanding of the contributions of the parasocial mentor. Students will gain more insight into historical empathy, and historical thinking as they relate to the parasocial mentors that they encounter (Baron et al., 2019; Berlin, 1960; Salinas et al., 2012).

Social Studies Teacher

1. What does the history of these Black male healers communicate to you? resonate with you. help you reflect on?

The tour conveys the rich history of African-American figures in U.S. History. The presentation also assists in reminding me as a U.S. History teacher to focus on

presenting a survey that includes contributions by all people groups that make-up the narrative of U.S. History.

The social studies teacher's response alludes to the master narrative and the need for a counter-story (Smiley, 2016; Smith, 2007). He mentions that he wants to conduct a survey that "includes the contributions of all people groups that makeup the narrative". This statement indirectly asserts that the contributions of some people groups, African Americans, have not been included in the curriculum. Excavating hidden narratives/counter-narratives can have a liberating/empowering impact on under-represented populations (Deschaine et al., 2015; Evanset al., 2015; Flinn, 2011; Tsybulsky,2020). Unearthing the hidden contributions of marginalized groups will expose students to a more authentic and balanced representation of U.S. history. Moreover, this presentation serves as a reminder to history teachers to become more intentional in presenting U.S. history from a more inclusive vantage point to include all people groups and not just the contributions of the majority (Ender, 2021; Ma & Green, 2021; Walters et al., 2020).

Additionally, he mentions "he rich history of African-American figures in U.S. History". This statement aligns with the notion that historical parasocial figures/historical/mediated mentors have the ability to spark/trigger aspirational capital in Black male students in the Black community (Bond,2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020).

2. Did you learn about such men in your K-20 curriculum? through the B.E.S.T. program?

All of the content presented was information that I had to discover on my own, after my K-12 and Undergraduate studies.

The social studies teacher's response to question 2 demonstrates the need for teachers to have more opportunities to discover more supplemental resources to supplement their knowledge gap regarding the contributions of Black male healers. Resources such as the virtual tour allowed this social studies teacher to view it as his leisure. Digital tours provide teachers with a less formal method of expanding their curriculum. Other curriculum professional development opportunities may be website-based and or mobile. Some may be interactive and website-based but self-directed (Baron, 2012; Baron, 2013). Moreover, inquiry-based professional development analyzes historical content that can be easily infused into mainstream curriculum; additionally, some digital historical tours provide opportunities for social studies teachers to provide feedback to demonstrate their understanding of the new material that they learned at the end of the tour (Baron et al., 2019).Curating/collecting counter-narratives challenges/transforms mainstream ideologies. Gathering/archiving artifacts is a political process that critiques the mainstream population and empowers marginalized populations (Deschaine et al., 2015; Evans et al., 2015; Flinn, 2011; Tsybulsky,2020).

3. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum? Do you see potential benefits? limitations/areas for improvement? gaps/absences?

I see a tremendous benefit to including the tour as a key resource in teaching students in general that U.S. History is muti-cultural and muti-faceted. I also see the

benefit of the tour in teaching students Florida History, and the rich history for Florida that is little known by students. By including the tour in my course's curriculum, I feel strongly that student interest in the content would increase and assist in motivating students to attend classes more regularly.

Above, he mentioned that the tour could supplement Florida History. He also stated that some of the Florida history is “little known”. Therefore, the virtual tour would introduce students to the historical contributions of Black male parasocial mentors in the healthcare field. Students would learn about their lived experiences. This pedagogy will augment their textbook learning and cultivate their STEM Scholar Identity and eventually increase the percentage of Black male healthcare majors (Collins, 2018). This virtual tour will potentially cultivate historical thinking/empathy in students who experience this tour (Acevedo & Solorzano, 2021; Aley & Levine, 2021; Bond, 2021; Burt & Johnson, 2018; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Murillo et al., 2017; Perez, 2021; Spanjaard, 2020; Yosso, 2005; Yosso & García, 2007).

The social studies teacher’s response to question 3 demonstrates a need for a more engaging curriculum. He noted that students would be more inclined to attend classes regularly if they learned about nuanced Florida history that is absent from their textbooks. Also, teaching counter-narratives about the contributions of Black males from their community/state would empower them and inspire them to attend social studies class more regularly (Macias et al, 2021; Mensah, 2019). These real-life stories/counter-narratives will interrogate micro/macro-oppressive structures of the dominant society yet empower marginalized populations. The inclusion of a digital tour with counter-narratives can invite dialogue/debate within the social studies classroom. This also has

the potential to create more student engagement within the classroom. Digital/virtual tours are student centered and they tend to generate more student inquiries (Fox & Le Dantec, 2014). Virtual tours are immersive/interactive, and they allow students to collaborate/synthesize information for a more robust learning environment (Argyriou et al., 2020).

4. If you were to design a program to help prepare young black men to entertain the idea of becoming professionals in health or medicine, what would you include or address?

A correlating curriculum that assists students in interacting with the tour so as to direct students to consider becoming professionals in health or medicine would be helpful. The curriculum could include a hook activity that leads students to brainstorm about African American/minority leaders in health and medicine. The hook activity could be followed with a primer for the tour that presents major African American/minority leaders in health and medicine in U.S. History. (i.e.: Cloze Note-styled activity consisting of an annotated timeline) To conclude the lesson, students could write a research-based paper that either examined a figure from the tour, or of another African American/minority figure of interest.

The social studies instructor asserts that a correlation between the U.S. history curriculum and a healthcare-based curriculum could be useful to guide students toward a healthcare career. Virtual tours are flexible and allow students/instructors to tailor them to their curriculum needs. Digital tours have a host of delivery methods. However, an instructor has the flexibility to infuse/integrate historical thinking within an inquiry-

based pedagogy that fits their classroom needs (Baron, 2012; Baron, 2013). These inquiry-based lessons are malleable. Instructors can tweak lessons based on their desired outcomes while conforming them to state standards (Baron, 2012; Baron, 2013; Clay & Broege, 2021; Moreland, 1962).

Community Archivist's Response

The community archivist only responded to question 1.

1. What does the history of these Black male healers communicate to you?
resonate with you. help you reflect on?

I agree that students can be inspired by the past contributions of Black physicians. It was great to learn about physicians from other parts of Florida.

The community archivist's response to question 1 demonstrates that he asserts that the contributions of Black male healers have the potential to inspire students' careers within the healthcare field (Bond, 2021; Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956; Perez, 2021; Spanjaard, 2020). Students' parasocial interactions are essential to their identity formation and independence (Gleason et al., 2017; Wilson, 2018).

The people you profiled also make me wonder about the many other gifted professionals from across the country whose stories have been forgotten or lost to history.

The second part of the community archivist's response mentions that some history may have been forgotten. When the knowledge of a race has been "lost" or

“forgotten” it is known as epistemicide (Grosfoguel, 2013). In some cases, this eradication of knowledge from under-represented groups may have been intentional and systematic (Grosfoguel, 2013).

Limitations

The medical student, RJ, volunteered for the interview, and he self-selected to be interviewed for this study. He may have been motivated by his desire to make the director of the B.E.S.T. program aware of his participation in this study. He may have had a profound sense of mentorship from the B.E.S.T. program; other B.E.S.T. students may not have had a similar experience as R.J. and may not have a similar appreciation and axiological belief systems about similar medical enrichment programs like B.E.S.T. Individuals who value mentorship may be more responsive to a curriculum that is situated around parasocial mentors.

CHAPTER 5:

Discussion of Findings

Overview of Findings

The findings were that (1) Black male healers from 1528-1965 were inspired by VAS messages to pursue careers as healers, (2) demonstrated leadership in their fields of study and communities, and (3) navigated various expressions of anti-Black racism. These findings and their contributions informed the curation of a heritage tour that critiques Anti-Blackness and offers counter-narratives to dominant ones that diminish Black men and their capacity to heal. These findings are discussed along with implications for curriculum leadership in building vocational aspirational capital among Black males in middle/high school needed to pursue careers in STEMM. It is noteworthy that STEAM/STEMM does not support humanities. More specifically, the Arts in STEAM do not usually co-exist; therefore, I am proposing a new integrated curriculum: STEAHM. In so doing, historical empathy could also be included as part of an integrated curriculum. So, historical empathy, as I contend, would be a robust addition to STEAM/STEMM; Recommendations for continued research of Black male healers/parasocial mentors are provided.

VAS Messages and Florida Black Male Physicians from 1528-1965

VAS messages of parasocial mentors undergird the strength of counter-narratives. VAS messages are career messages transmitted to adolescents by adults in their social network/community. They trigger career aspirations. They continue after adolescence. If they

intersect with students' self-concept, then they have more influence over the child's career pathway. Four of the five healers received VAS messages as children that empowered/motivated them to become healers.

Esteban de Dorantes was the first healer who was influenced by VAS messages. Unlike the other four healers, he received VAS messages from Native Americans who believed in his ability to heal before he knew that he had this ability. His entry into medicine was triggered by focusing events. Two Hundred and ninety-six of Esteban's crew members died from various ailments encountered in Florida. The Native Americans were in desperate need of healers, but Esteban was not supported by his colleagues--they believed the blood quantum rule which positioned him as inferior since he was a Muslim and considered subhuman--in the zone of none being; since he was a Moroccan this also placed him in the subhuman category. Therefore, his colleagues communicated negative VAS messages to him and did not believe that a Christian God could authorize someone without pure blood would empower him to heal Native Americans. However, the public outcry of the Native Americans, and the high demand for healers convinced Esteban's colleague to convert him to Christianity to become a healer. Next, I will examine how each of the four healers below had aspects of the STEM Scholar Identity and VAS messages that converged with CCW to allow them to transcend Anti-blackness/Black Misandry/oppressive forces.

Drs. John Brown and Campbell were influenced by VAS messages in their childhood and they both had to overcome significant odds to become physicians. Dr. Brown's neighbor, Dr. Gray communicated VAS messages to Dr. Brown on the importance of Black physicians to their community. Although Dr. Brown sustained numerous injuries, some of which permanently impacted his dexterity, he persevered after WWII, enrolled in Meharry Medical School, and eventually graduated. The following excerpt asserts that Dr. Brown was nurtured by VAS messages as a child:

Brown, 79, grew up in Colbert, Okla., where he often heard his neighbor, Dr. George T Thomas Gray, talked about the medical profession's importance to blacks. The conversations pointed Brown to a career in medicine. He enrolled at the University of Wisconsin at Madison in 1938 for a pre-med program. Before he could graduate, however, World War II intervened and he was drafted in 1943. Upon completing officer training in Georgia as an infantry lieutenant, he was sent to Europe (Suarez, 2002, p. 4).

The excerpt above exemplifies the transformative impact that Dr. Brown's mentor/VAS influencer had on the trajectory of his life. His mentor, Dr. Gray developed a transformative mentor-mentee relationship with Dr. Brown. He deposited his wisdom/VAS messages into Dr. Brown. These VAS messages helped to forge Dr. Brown's STEM Scholar Identity. It consists of the intersection of STEM contextual/environmental, cultural factors, and psychological/individual factors. His neighbor, Dr. Gray kept instilling in Dr. Brown the importance of becoming a Black physician. The intersection of culture and career left an indelible mark on Dr. Brown. It is also very evident that Dr. Brown benefited from living next door to a physician. His STEM Scholar Identity was cultivated through his interactions with his neighbor. He must have accepted the VAS messages that his mentor shared with him. Students either accept or reject VAS messages/cues based on their values and whether these messages align with their self-concept. It may be significant that Dr. Gray was a Black physician. If a mentee can establish a reflective identity with a STEM professional that mirrors their racial background, this may intensify that student's/mentee's STEM engagement. However, this may differ from student to student. The student's engagement will differ relative to their identity salience. Since Dr. Brown was a pre-med major, it is very clear that he took Dr. Gray's advice to pursue a career in medicine. The counter-stories above demonstrate richness found in communities.

Communities are places of cultural wealth that inspire students' aspirational capital (Rios-Aguilar, 2021). These settings can potentially nurture STEM pathways (Santa-Ramirez, 2021).

Dr. Campbell's community inspired his aspirational capital to pursue a career in medicine. As he stated, he desired to become a physician, but he had doubts about his dreams becoming a reality. He mentioned that from his vantage point, a Black boy was limited/excluded from pursuing certain careers. He saw Black boys becoming lawyers and preachers. Even though he saw the reality of anti-Blackness/Black misandry as limiting forces, he still desired to become a physician. He and his grandmother leveraged their ego networks. They convinced the wealthy white community members to finance his medical education. They were also aligned with the mayor of Quincy, Florida.

Like Dr. Brown, Dr. Campbell had a support system. Dr. Campbell's grandmother worked as a domestic servant, but she was able to rally the wealthy white community members and the mayor to finance Dr. Campbell's medical school expenses. The wisdom to know which alter of the network to contact is also a skill that is essential for mentees. Dr. Campbell's grandmother raised him. She provided for him by working as a housekeeper. It may be inferred that she was very business savvy since all of the wealthy white citizens and politicians of Quincy rallied around Dr. Campbell and decided to pay for his medical education.

He had to overcome significant odds to become a physician. Dr. Brown was raised by his grandmother. There is no mention of his parents in the literature. His prospects for employment were limited. He asserted, " ' There weren't too many things a black boy could be back then . . . ' "(Campbell as cited by Thomas, 1994, p. 4C). Clearly, he believed that his vocational choices were few. He was primed to believe that his occupational prospects were limited. He felt confined by his race and gender. The quote above alludes to Black misandry. He was very specific in mentioning that his race and his gender confined him to certain careers. Therefore, it is safe to assume that he echoed the zeitgeist of his era that may have been situated in anti-Blackness/Black misandry. These two ideologies considered Black males to be insolent, hyper-sexualized, criminals, streetwise thugs, and athletes/anti-intellectuals.

Consequently, as a Black male, one believed they were restricted to pursuing certain occupations. According to Dr. Campbell, “Next to a preacher and lawyer, being a doctor was a big thing. That’s what I wanted to be” (Campbell as cited by Thomas, 1994, p. 4C). He was clearly toggling back and forth between his career aspirations and the aspirations that society had conferred upon him. He wrestled with his cultural identity and his STEM Scholar Identity. His contextual environment dictated that as a Black boy he could become a lawyer or a preacher. His comments above indicate that he may have felt excluded from other careers, besides those careers that he mentioned above. Although he mentioned wanting to become a doctor, he asserted his desire above with reticence. Dr. Campbell did not believe that becoming a doctor was impossible, but he believed that his opportunities were few and far between. Despite his misgivings about becoming a doctor, he remained resolute in his aspirations to become a physician. He possessed a firm desire to become a physician despite the odds. Dr. John Brown also experienced challenges that could have deterred him from pursuing a career as a physician. His individual determination and his psychological resolve sustained him to overcome the above barriers.

Dr. John Brown had to leave the University of Madison after being drafted for WWII. He sustained life threatening/altering wounds/injuries while in the war theater. At twenty-five, he was hospitalized and diagnosed with palsy, partial, motor and sensory radial and median nerves. While he was in combat in Italy, shell fragments penetrated his right forearm. Radial nerve palsy ensued from a gunshot; this resulted from a fractured humerus bone (University of Miami Special Collections, Dr. John O. Brown & Marie Falkner Brown Papers 1950-2000). The wrist and fingers then become weak and painful (Bumbasirevic et al., 2016). Movements requiring fine motor skills become more difficult (Bumbasirevic et al., 2016). Several other injuries resulted from combat. He experienced a limited range of motion in his extremities (University of Miami Special Collections, Dr. John O. Brown & Marie Falkner Brown Papers

1950-2000). Metallic fragments 4/10 in diameter lodged in his right lung; a mortar shell penetrated his left chest and the left tibia; this caused a compound fracture; foreign objects penetrated his right shoulder. He was placed in the Specialized Neurosurgical Treatment ward (University of Miami Special Collections, Dr. John O. Brown & Marie Falkner Brown Papers 1950-2000). He was hospitalized for 19 months; he hemorrhaged often and required frequent aspirations. All of the above injuries required him to obtain a skin graft to aid in his recovery/healing. Just as Dr. Brown's path was influenced by VAS messages, it is evident that Dr. Starke and Dr. Ayer were both impacted by VAS messages as well. Dr. Starke fell from a tree as a child. He was treated by the very efficient Dr. Montgomery. George vowed to become a physician based on Dr. Montgomery's medical skill. The following excerpt asserts this point: Dr. Montgomery snipped off the extra pieces of bandage and said, 'There you are, George. You'll be as good as new in a few days. And you stay out of trees for a while.' . . . How did you do that you fast?' ' Practice, George, a good education and plenty of experience ' " it doesn't even hurt, very much. Dr. Montgomery, when I grow up, I want to be a doctor and do the things you do' (Dr. Starke as cited by Neyland, p. 61).

Dr. Montgomery gave young George the blueprint for becoming a successful physician. George's motivation in his STEM identity was heightened by psychological factors: his values, his self-efficacy beliefs and his expectations relative to his values and beliefs. His STEM identity is also based on his personal beliefs related to his perception on whether he possessed the ability to apply/utilize his STEM ability to become a STEM professional. As a Black student, his societal experiences steered him towards a STEMM career exploration while forging his identity/expectations. After George observed how efficiently Dr. Montgomery applied his medical skill to mend George's wounds, his motivation was triggered and his STEM identity started to form. He was confident in his ability to become a doctor/STEM professional. He articulated his future intentions to mimic everything that he experienced the day that he first met Dr.

Montgomery. Dr. Montgomery succinctly outlined the blueprint that George would need to become a STEM professional/physician. He needed to obtain a good education and lots of experience. This singular encounter was sufficient to set George on his career path.

On the other hand, Dr. Ayer grew up in the home of a physician, his father, Dr. Robert Ayer. Dr. Orion was expected to follow in his father's footsteps and he did. His interaction with his dad reinforced his STEM identity. Dr. Orion was motivated/convinced that he had a sturdy STEM identity. He possessed the psychological attributes that included his values; he had a firm belief in his self-efficacy: his beliefs and expectations were aligned with his values and beliefs. His STEM identity was based on his environment; his father forged his personal beliefs; he had a firm perception of his STEM identity/talent; he grew up with an inner belief that he possessed the ability to apply/utilize his STEM ability; he was very confident that he would become a STEM professional. His father instilled a robust set of STEM beliefs that motivated him to pursue a career as a physician like his father. They both went to Meharry Medical School and practiced in Gainesville, Florida.

Black students' societal experiences steer or misguide them through career exploration while forging their identity/expectations. Since he was able to establish a reflective identity with a STEM professional, his father, that mirrored his racial background, his STEM engagement was intensified. He also had an elder brother, Vernon, who also became a physician. They were 21 years apart. Vernon attended Harvard Medical School and practiced medicine in New York. He was also the director of the Central Harlem District Health Center. Likewise, his father, Dr. Robert Ayer, was the chairman of the board of Union Academy. Additionally, his father owned a drugstore. It may be inferred that Dr. Orion gleaned some of his leadership ability from observing his father and older brother.

Policy, Pandemic, and K-20 Education/Medical School

Education as a whole has suffered because of the pandemic. In K-12 schools, URMs were already lagging behind their white counterparts. The pandemic has intensified this issue. Moreover, STEMM enrichment programs have also been affected. Consequently, medical schools have discovered record lulls in minority enrollment. Face-to-face instruction has been impaired. Educators and policymakers can view this situation as a detriment or an opportunity: a focusing problem that has yielded a policy window. The policy window has three streams: heritage curriculum, K-12/medical enrichment programs, and medical schools.

Despite the onset of the pandemic, educators and policy-makers have also discovered that online platforms have been on the rise and they also have the potential to save universities, medical schools and K-12 schools money. At this moment policy-makers are scrambling to find pedagogical content that will engage students. Likewise, the medical enrichment programs that are designed to feed medical school pipelines are searching for solutions. A

liberatory/transformational history curriculum may enhance student engagement. One of the best places to begin is at the state legislator. The Florida Legislature has passed and enacted the Florida African American Heritage Statute that has an oversight committee. It is interesting to note that some of the fifty states have Black history statutes, but not all of them have oversight committees. Since this statute already states that Black history should be infused into Florida's K-12 curriculum, the infrastructure is already in place to operationalize initiatives that will support a more robust Black history curriculum. The statute clearly articulates that Black history should be taught accurately and it should encompass Black History before the middle passage and the contributions of Blacks after the Middle Passage and slavery. Therefore, it seems logical to begin with teaching a heritage curriculum that begins with the ancient African Kingdoms and their successes.

Demonstrated Community Leadership: Architecture and Medicine

Dr. Campbell and Dr. Starke were both gifted in imaging/pattern recognition/formation and observation. These are also some of the thirteen integrated tools that STEAM/STEMM have in common. They both built and financed their own hospitals. Building a hospital requires one to have a vision of a design. Designing requires pattern formation/recognition, modeling, observation. Hospitals should be configured to have integrated systems that provide proper air flow, lighting, food/nutrition, waste disposal/drainage systems, cleanliness, and a welcoming atmosphere.

Both of these physicians treated Black as well as white patients during the Jim Crow era. Dr. Campbell made it very clear in the bylaws of his hospital that all were welcome regardless of their race, religion or socio-economic status. In order for all of the above functions of their hospitals to mesh and operate smoothly, they also had to hire and manage the proper staff to orchestrate all of the functions of their hospitals. Since technology during their era was not as advanced as it is today, they also had to apply kinesthetic thinking to imagine various abstract medical models to diagnose their patients' ailments. It is also interesting to note that Dr. Campbell and Dr. Starke were physicians/builders/leaders like Imhotep.

Imhotep would be one of the focal points. He is believed to have been the father of medicine prior to Hippocrates. His contributions could be infused in K-12, medical enrichment programs, and medical school curriculum. He embodies all of the attributes of a STEM Scholar Identity involves the intersection of STEM contextual/environmental, cultural factors, and psychological/individual elements. All of the above elements converged in Imhotep since he was the chief physician/architect of his region. As the chief architect/physician, he had to utilize some aspects of the 13 STEMM tools: designing structures, pattern formation/recognition, modeling, and observation; he also supervised the building of pyramids and other Egyptian landmarks. As a physician, he cataloged ailments and specific treatments for each injury. Since

he monitored his workers, he was also known to determine the extent of injuries based on the type of lifting that the given worker performed. This allowed him to properly diagnose and treat his patients. He also embodied leadership since he had oversight of the construction of various temples, pyramids, and other structures. Like Imhotep, Dr. Campbell and Starke also supervised the construction of structures and also worked simultaneously as healers.

Navigation of Anti-Blackness with John Henryism

All of the five healers were among the most intelligent men of their day. Three of them attended Meharry Medical School. They all worked at least twice as hard as their white counterparts and most of them died prematurely. John Henryism is a result of cumulative trauma. Those who adopt JH are generally strong-willed and possess an inherent drive to persevere. It also promotes physiological disorder. It is documented that Esteban was a scout/healer/interpreter. He had three duties. All of the other healers were just healers. He had an endearing demeanor that allowed him to navigate anti-blackness. He was known to be fearless yet kind. He was murdered. Like Esteban, he was known for his affable demeanor. Dr. Starke would average four hours of sleep per night. He confronted anti-Blackness from white subordinates; he circumvented anti-blackness through John Henryism. He was more educated than his white peers and found cures of ailments when they saw no answer. He also outworked all of his white colleagues. He was found dead by his housekeeper; he died of a heart attack. It seems peculiar that a trained physician would possibly have gone to sleep with symptoms of an impending heart attack. Still, cumulative trauma may not be readily apparent, but it is ever-present. Even though we worked around the clock, he sometimes worked for free. It was estimated that in one year he was owed over \$20,000. He was also considered to be poor. So, JH and the onset of pre-existing challenges may have conspired to converge unexpectedly to put him into cardiac arrest.

Dr. Brown also died prematurely because of kidney failure, which caused him to become

progressively weaker and weaker. He had eleven hours of dialysis every week. As a physician-activist worked well beyond his regular office hours; he confronted anti-blackness racism by integrating lunch counters, movie theaters and beaches in Miami, Florida. As the president of the NMA, he also had extra responsibilities that his white colleagues did not have. He and his family moved into a small apartment since he was unable to keep up with the maintenance of his mansion. He was found unconscious by his daughter in his garage; he was stuck between his car and a wall; this also seems as though it could have been the manifestation of JH; a trained physician, should be cognizant of physiological events that were culminating to render one to be unresponsive. This may also be indicative of the manifestation of cumulative trauma: JH.

Dr. Campbell had failing health that became progressively worse when he was convicted of manslaughter. It was said by one of his staff members that the upkeep of his hospital may have already been exacting a toll on his health. This would be indicative of cumulative trauma exacerbated as he was convicted of manslaughter; others believed that members of his community may have been jealous of his financial success and sprawling real estate. He lost all of his assets during his legal battle over his conviction. Like Dr. Starke, he never turned away the indigent. Upon his release from prison, he moved to Miami, Florida. He applied to get his medical license reinstated, but his appeal was denied. He died at 88.

Unlike the rest of the healers, Dr. Ayer lived a more sheltered life. He was elected as the chief of General Practice at Mound Park Hospital and Mercy Hospital--the local Black hospital. The fact that he managed two hospitals indicates that he worked twice as hard as his white colleagues. He is the only one of the five healers who supervised two hospitals in tandem. There is no indication that he experienced any Anti-blackness, besides having to attend segregated schools in Gainesville, Florida. His family home was spacious, and his father also owned a pharmacy. He died at 84 in Saint Petersburg, Florida. He grew up under less oppressive conditions than the other healers; however, that is not to say that he never experienced any of the effects of JH. After all, he supervised Mercy Hospital which was known as the pest house with inferior medical equipment like faulty baby incubators that caused injuries to some Black infants. These types of inequities may have cultivated cumulative trauma.

Curriculum Leadership in Districts and Professional Development from Findings: History Teacher

Professional development for history instructors will be persuasive in convincing history teachers to improve their pedagogy while learning about the contributions of marginalized populations. Florida already has enacted the Florida State 1003.42 (2). Therefore, districts have the support of the state legislature to offer more professional development that includes the

contributions of indigenous populations to American history. Professional development is more meaningful when it is interactive and allows history teachers to collaborate. The history teacher who participated in this study was very willing to include/infuse Black history into his curriculum. Additionally, he mentioned that he acquired all of his current Black history knowledge after undergraduate school. It is also interesting to note that he is a white male who attended a predominantly Black namesake high school in Pinellas County.

Implications for Curriculum Leadership in Medical School/Medical Enrichment Programs

RJ, the medical student who experienced my virtual tour mentioned that he had not heard of any of the physicians in the virtual tour; he connected with their experiences of confronting anti-Blackness racism. He also mentioned that he was motivated from learning about the five healers/parasocial mentors. The extant literature on STEMM enrichment programs is silent regarding the impact that the inclusion of parasocial mentors could have on Black male physicians' resilience/persistence in medical school. It is also significant that RJ's mother nurtured a STEM-laded microclimate/familial capital at his home in Ghana. His microclimate at home along with the VAS messages of his uncle, helped to nurture his aspirational capital which allowed him to develop his STEM Scholar Identity to pursue a career in medicine thousands of miles from Ghana. He was undeterred by the potential of encountering Anti-Blackness in the U.S. that he may not have encountered in Ghana since Jim Crow and the separate but equal doctrine was absent in Ghana. Like the five physicians, he traveled to an unfamiliar location to study/practice medicine. His involvement in the B.E.S.T. bridge program augmented his social/navigational capital since he was mentored physicians who communicated VAS messages that reinforced his STEM Scholar Identity that was cultivated by the microclimate that his mother curated at his home in Ghana. His navigational capital and resistance capital may have been fueled by the Family Habitus/familial capital that may not have grown up under the steely gaze of Anti-Blackness oppression, so like Dr. Ayer, his microclimate

and and the convergence of his aspirational capital/VAS messages may have shielded him from the hyper-surveillance/oppression of Black Misandry that he may have experienced, but was not accustomed to it and therefore, he was oblivious to the to it and or was immune from it for a period of time until he became acculturated to the Anti-Blackness of the U.S. Subsequently, his resistance capital, may have been more profound than other Black male medical students who may have grown up without the same microclimate/Family Habitus and or VAS messages.

Emergent Themes from Findings of Critical Friends Experiencing the Tour

All critical friends/community archivists believed (1) that learning about the Black male healers would empower students (2) All found the tour to be motivational for students to pursue healthcare fields and or become more engaged in school (3) All critical friends believed that if students were given access to the tour to learn about the five parasocial mentors' contributions, their exposure would have positive outcomes on their career aspirations to pursue careers in the healthcare field. (4) Moreover, none of them learned about any of these Black male healers prior to experiencing the virtual tour.

Community Cultural Wealth, VAS Messages and Family Habitus

Family Habitus and aspirational capital/VAS messages both sustain possibility thinking; all of the five healers possessed some form of CCW; they all practiced medicine away from their hometowns. One cultivates a STEM microclimate while the other connects to influences outside of the home like mentors/parasocial mentors. Dr. Ayer's Family Habitus was so advanced that it subverted Anti-Blackness oppression. Even though he had a nurturing microclimate, he also

received VAS messages as an adult that convinced him to agree to become the chief administrator of two hospitals simultaneously. He was enriched by a STEMM microclimate and outside aspirational capital. His mother and father both nurtured his STEMM abilities and curated a STEMM-laded microclimate that convinced him that he had a STEMM Scholar Identity. He exceeded their expectations by continuing to do a post-doctorate in internal medicine; it may also be inferred that he also possessed the familial capital of medicine; his elder brother of 21 years was a Harvard-trained physician. Unlike Dr. Ayer, Esteban possessed less familial capital/Family Habitus, but his navigational capital and social capital far surpassed all of the other healers. There was a direct correlation between the VAS messages that he received from Native Americans and his social/navigational capital; and his discovery of his ability to heal; but for the convergence of all of the above, he would still be just an interpreter/scout. He navigated foreign soil and taught himself newly-encountered Native American languages; he forged networks at-will and his wealth appreciated; as his wealth went, so did his fame; his networking acumen worked hand-in-glove with the other genres of capital that he possessed.

Dr. Campbell was supported by familial capital/family habitus and VAS messages. His grandmother cultivated a microclimate that sustained his aspirational capital, while his community communicated VAS messages; these two developed his STEMM Scholar Identity; his microclimate also included familial capital that engendered social capital that followed him as an adult that triggered navigational capital that enabled him to thrive in a new city and subvert oppressive systems so skillfully that he was envied. Since he subverted hegemony so well, he was not developed in his resistance capital and that may have ultimately led to his indifference to warnings by his fellow physicians; he possessed a transcendence that made him separate but equal from his vantage point; he felt immune from Jim Crow's oppression. Afropessimism may have prevented him from agreeing to secretly perform abortions. The fact that he was so

aloof from Anti-blackness until his conviction may further substantiate the necessity of Afropessimism as a defense mechanism to interrogate Anti-blackness; it may also be inferred that his fellow Black physicians were not as successful and were more cautious in what type of medical procedures they agreed to perform; they must have experienced hyper-surveillance of Black Misandry when Dr. Campbell's savvy navigational maneuvering shielded him from the scrutinizing gaze of Anti-Blackness.

Dr. Starke's enactment of praxis became his resistance capital. He applied his medical knowledge in the face of Anti-Blackness; his superior acumen nurtured social capital; he overcame being excluded from professional medical associations because he became a community asset; the white physicians needed to glean from his medical knowledge; this established his social capital and gave him entry into previously closed networks; simultaneously, he garnered navigational capital that allowed him to treat his patients at all local hospitals whenever the need arose. His father was a cotton farmer, so he did not have the privilege of a curated STEM microclimate at home. On the other hand, his VAS messages were sufficient to overcome not having a STEM microclimate at home. He did, however, have a "parasocial mentor". Everyday while he was working on his father's farm, a physician would pass by on his horse and buggy. Young George would gaze and gasp with the possibility of becoming a physician. There is no indication that he ever had the opportunity to speak to this physician. However, the PSI was strong enough to connect with the VAS messages that he received once from a physician.

Recommendations Based on Findings

Therefore, including this tour will interrogate gaps created by the null curriculum. If students learn about parasocial mentors, from 1528-1965, their aspirational capital to pursue careers in the healthcare field will potentially increase. Students will also have a more equitable

learning experience if they learn about the parasocial mentors mentioned in this tour, as it addresses the null curriculum that is currently present in high school history courses, as evidenced by my findings. This tour also contends with low student engagement that has been amplified since the pandemic. It is especially profound in URM students and current medical school enrollment. Additionally, during the pandemic students became more involved in watching influencers on social media as a means of socialization. This can be leveraged via the implementation of my tour and it is undergirded by extant literature on PSI/mentoring. After one PSI, viewers can be impacted. This is especially critical in medical school where there are a few Black male faculty/role models at PWIs. The verisimilitude of their interaction creates a vicarious lived experience. This experience is transformative/transcendent. It triggers an intense sense of historical thinking/empathy/consciousness. This deeply meaningful experience can heighten one's optimism and engender possibility thinking. URMs who experience STEM-related experiences are 1.8 times more likely to aspire to STEMM careers. These parasocial/mediated mentors ultimately become VAS influencers. They can potentially inspire aspirational capital/resistance capital which will allow them to confront/critique/over Anti-blackness. Transformational resistance (John Henryism)--resilience resistance--is a mindset where mentees overwork to prove their oppressor wrong. This can be subverted since all of the healers eventually overcame an aspect of Anti-Blackness by excelling and making themselves invaluable to the oppressor; this led to some form of promotion and personal satisfaction.

BEST History/Civics Curriculum and the Virtual Tour: *Florida's Black Male Healers: Uncovering a Path of Hope*

The counter-stories of the five healers may be easily infused into a civics curriculum. The Florida BEST standards include a standard where the states challenged the federal government: federalism. Standard SS.912.C.32 states that students will: evaluate the roles, rights, and responsibilities of United States citizens and determine methods of active participation in society, government, and the political system. *Brown versus the Board of Education*, challenged the separate but equal doctrine using the equal protection clause. This ruling motivated Black physicians in the U.S. to contend that the Hill Burton Act was unconstitutional in *Simkins versus Cone*. Since civics courses already include *Brown* and *Plessy*, the addition of *Simkins* would augment the curriculum and fulfill the intent of the Florida African American Heritage Statute. Unearthing the ruling of *Simkins* will elucidate the presence of Anti-Blackness as it existed in 1963. In the same way, the cases above intersect with standard SS.912.C.2.8; it explains how civil rights of Blacks were expanded when they challenged oppressive federal laws. Students could enact historical empathy/historical thinking through role playing, podcasts, letters, dialogs, debates, and re-enactments. This democratic classroom environment invites teachers and students to co-create knowledge that subverts hegemony.

Federal Law and the Flexner Report

Moreover, since the Flexner Report had such a devastating impact on the disparities in percentage of Black physicians within the U.S. A federal law should be enacted to interrogate the systemic inequities that have resulted from one report. This act or policy should dovetail with the social studies standards mentioned above and the Florida African American Statute. Borrowing from the language of the Florida Statute 1003.42 (g) it is very specific in rendering the inhumane treatment of Jews, “ramifications of prejudice, racism, and stereotyping”. This language could very easily also say “ramifications of prejudice, racism, and stereotyping” Black people and the inhumane treatment of Black people. It is also interesting to note that at this time, the Florida African American Heritage Statute is relatively mute regarding explicitly interrogating the Anti-Blackness that is still prevalent in the medical field. Florida Statute 1003.42 (g) also stipulates that a” thorough “investigation of human behavior and understanding of the ramifications of prejudice, racism, and stereotyping” should be a focal point of the statute. Furthermore, in order to place the counter-narratives of these five healers and their contribution to medicine, a historical empathy framework should be utilized. It should be paired with a STEM curriculum. History and science should be combined into an interdisciplinary curriculum that allows students to make connections to history and science that is situated around the counter-narratives of the five male healers. My virtual tour *Florida’s Black Male Healers: Uncovering a Path of Hope* has the content to supplement a history-infused STEMM curriculum from elementary through college. It may also be used as a career exploration tool.

Recommendations for Future Curriculum Research

This curriculum could include community VAS mentors/ influencers in the community, parents, teachers/schools, peers, part-time jobs, and media to supplement other career initiatives with schools and communities. These mentors/VAS influencers will leverage their Community Cultural Wealth to excavate aspirational capital that will enable students to develop navigational capital that will cultivate resilience to confront Anti-blackness in their K-12 schools, universities, and medical schools. VAS mentors may also include teacher/coaches; in some instances, football or baseball coaches may teach physics. In that case, they may show students the connection between physics and baseball or football. This could also be expanded to include famous Black baseball players as mediated mentors; a history component may also be included to mention baseball players who transcended Anti-Blackness while also working with the laws of physics to break baseball records; this is also possible in football. Additionally, some universities utilize GPS monitors to keep track of players' vital signs to mitigate dehydration and monitor their performance; this could be leveraged to broker a partnership between high school football university football programs; sports medicine will be illuminated through this partnership; high school students would have access to advanced medical metrics that could improve their performance and they could also see the connection between sports/medicine and STEMM. Football teams and basketball teams have over 80% participation from Black males. This may also help to increase the percentage of Black males pursuing careers in medicine.

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1APPENDIX A

Interview Protocol

Questions: B.E.S.T. Graduates

1. What does the history of this Black male physical therapist, etc. communicate to you? resonate with you. help you reflect on?
2. Did you learn about such men in your K-20 curriculum? through the B.E.S.T. program?
3. I plan to offer some of this to the heritage tour for students in K-12 as part of their curriculum? Do you see potential benefits? limitations/areas for improvement? gaps/absences?
4. If you were to design a program to help prepare young Black men to entertain the idea of becoming professionals in health or medicine, what would you include or address?
5. What if any barriers do you suspect they (black men wanting to enter a health or medical profession) will face in the next 10-20 years?
6. What does the history of this Black male dental surgeon communicate to you?
7. What does the history of Black male doctors/civil rights activists communicate to you?
8. What did you like best about the heritage tour?
9. If you were inviting a colleague to participate in learning about the trail, what would you say about the trail?
10. Of all of the topics that we have discussed, which one is the most important to you?
11. Suppose that you were in charge of curating this tour and could make one change to improve it. What would you do?

12. What can each one of us do to make the heritage tour better?

13. Looking back over your tour, what went well?

14. What is your favorite aspect of the tour?

15. How did you feel about the trail?

1. What did you do after the program related to health or medicine?

2. Who and what helped you to continue your education after B.E.S.T.?

3. Why do you think you took the (educational, career) path you took?

4. In which, if any, organizations associated with health/medicine did you participate while in college?

5. How have your experiences navigating career/medical professions been affected by others' reactions to your race and gender?

6. Since completing BEST, how have you coped with challenges to your advancement toward a health/medical career?

Interview Protocol for Docents/Community Historians

1. What are the most important aspects of a historical tour for Black male physicians?
2. What stories of the Black male physicians do you believe will inspire youth pursuing careers in medicine?
3. What is your favorite story about the Black male physicians?
4. If you could add one thing to this tour what would it be?
5. How do you feel about expanding the tour to include more information about Black male physicians?
6. What character traits were most important to the success of the Black male physicians?

APPENDIX B

IRB Certificate



The screenshot shows the CITI Program website interface. At the top left is the CITI PROGRAM logo. The navigation menu includes "My Courses", "My Records", "My CE/CMEs", and "Support". A search icon is present, and a user dropdown menu shows "LaFrance Clarke" with ID "7627053". A blue banner with the word "Profiles" in gold text is centered. Below this is the "Member Profile" section, which includes a descriptive paragraph and a list of profile details. An "Edit Profile" button is located to the right of the details.

CITI PROGRAM My Courses My Records My CE/CMEs Support  LaFrance Clarke ID 7627053

Profiles

Member Profile

Your member profile for the CITI Program includes additional fields and preferences not shown here. For more information, please [view or edit](#) your member profile.

Member ID	7627053	Edit Profile
Username	laclarke@mail.usf.edu	
Password	
First Name	LaFrance	
Last Name	Clarke	
Preferred Email	laclarke@mail.usf.edu	
Secondary Email	lafrancejunior@yahoo.com	

APPENDIX C

Virtual Tour: *Florida's Black Male Healers: Uncovering a Path of Hope 1528-*

1965

Story Maps Virtual Tour: <https://arcg.is/4K100>

MP4 link: C:\Users\clarke\Downloads\Florida's Pioneers Black Male Physicians Blazing a Path of Hope.mp4

Canva Link to pdf for Virtual Tour: *Florida's Black Male Healers: Uncovering a Path of Hope 1528-1965*

[https://www.canva.com/design/DAE7hf-](https://www.canva.com/design/DAE7hf-Bt7E/JGgBm3mCIRvKsy2X_brqNw/view?utm_content=DAE7hf-Bt7E&utm_campaign=designshare&utm_medium=link&utm_source=publishpresent)

[Bt7E/JGgBm3mCIRvKsy2X_brqNw/view?utm_content=DAE7hf-](https://www.canva.com/design/DAE7hf-Bt7E/JGgBm3mCIRvKsy2X_brqNw/view?utm_content=DAE7hf-Bt7E&utm_campaign=designshare&utm_medium=link&utm_source=publishpresent)

[Bt7E&utm_campaign=designshare&utm_medium=link&utm_source=publishpresent](https://www.canva.com/design/DAE7hf-Bt7E/JGgBm3mCIRvKsy2X_brqNw/view?utm_content=DAE7hf-Bt7E&utm_campaign=designshare&utm_medium=link&utm_source=publishpresent)