
side. Slowly a smile forms, revealing a wide, gapped-tooth smile. The skin around the edges of her eyes sinches as she pushes her chin out, showing the space between her teeth with a proud innocence. She removes one hand from the ball, tucks all fingers but one and points at me. Her remaining fingers uncoil and she beckons for me to join. I look at the doctor who smiles and nods in her direction. With scrubs still suctioned to my thighs, I rise and begin to walk towards the girl. She giggles and runs out the door, arms moving from side to side as she carries the baseball in front of her. The light shines on my face and the little girl turns around, throwing the ball with so little force that it lands feet away from me. I run forward, grab it, and toss the ball back, missing her entirely. She doubles over and laughs, clutching her sides as she chases after my mediocre toss.

Her smile was so big and full of life. I couldn't help but smile back. Her diagnosis was untreatable, not due to its complexity but to social and economic factors. Most people would shut down, finding every excuse to pity their situation. Yet here she was, exuberant and behaving as though life itself was trickling along like normal. As people in today's society, opportunity is not equally distributed, but love, laughter, and optimism are. They have no borders, revealing the values we've shared all along.

LOST IN THE WHITE DUST: FORGETTING 9/11 TOO SOON

CAILIN MACQUARRIE

The September 11th Victim Compensation Fund (VCF) has been providing vital funding to victims of the 9/11 terrorist attacks so that they may receive desperately needed healthcare for nearly 20 years, so why is it that all of a sudden funding is becoming an issue? The original Fund was initiated in 2001, and when in 2011 President Obama signed into effect the James Zadroga Health and Compensation Act, the VCF was also relaunched for a period of 5 years. In 2015, the then President recertified the VCF for another 5-year period.

So then, where's the problem? It's 2019, and the Fund is still in effect for nearly 2 more years before we need to worry about re-inciting the Fund, right? The fact is, the Fund isn't a bottomless fountain of money, and it reaches its limit at \$7.3 billion. With roughly \$5 billion already doled out (to 21,000 claimants), that leaves a disturbingly inadequate amount of money to cover an estimated 19,000 claimants that haven't yet been addressed, as well as whom-ever files a claim within the next 2 years.

An obvious problem is already present: there isn't enough money to take care of every claimant seeking the security provided by the Fund. However, there is another, even more grave problem which is only just beginning to rear its ugly head. When the Towers collapsed nearly 20 years ago, an innumerable amount of people, first responders and civilians alike, inhaled the infamous white dust which was an amalgam of toxic particles including lead and asbestos. While many health effects were immediately evident, the World Trade Center cough among them, an even more ominous wave of obstacles is upon us. According to John Feal, a first responder and 9/11 advocate, "more people will die from illnesses related to 9/11 than from the terrorist attack at the World Trade Center", a harsh real-

ity that we are only now beginning to face. Those toxic particles have had ample time to incubate, transforming a historical atrocity into an emerging, modern day public health dilemma.

The combination of the already dwindling source of funding and the rapidly increasing rates of 9/11-related cancer only mean one thing: innocent people are going to continue to suffer and more lives are going to be lost as a result of the events that took place on a single day two decades ago. Those who are ignorant and uninformed will falsely state that because the Fund hasn't run out yet, it isn't a pressing issue. Anyone who states this is gravely incorrect. In fact, the need to secure more funding has never been more urgent than it is right now. The clearly unsatisfactory \$2.8 billion left to be divvied up has resulted in cuts in compensation to 9/11 victims by as much as 70% in an effort to stretch the remaining balance of the fund as thin as possible. Rupa Bhattacharyya, the administrator for VCF, stated that as of October 2018, 8,000 more claims had been made with the fund. At a monetary dead end, Bhattacharyya has exhausted every option and is left with no choice but to cut the compensation given to the victims of this catastrophe.

I implore you, why should anything less than 100% compensation be acceptable, especially to those first-responders who gave their 100% on that day? Why should those who were lucky enough to narrowly cheat death have to face this reincarnated horror, and why should they have to face it without support? Just as the white plume of dust and debris billowed out across lower Manhattan, expanding and tainting everything it touched, so has 9/11-related disease. We were in a better position with the white dust, though, for it was visible and palpable, and we could col-

lect it and study it. Disease, however, is invisible and intangible, and it's had 20 years to grow and spread and get stronger. The truth is, we have no idea what health effects we're truly dealing with, and we won't know until people come seeking help. The question is, will those with the power to right this wrong allocate more money to the Victim Compensation Fund so that we can help these human beings when they do?



DAMON TWEEDY CRITICAL REVIEW

CAILIN MACQUARRIE

During Dr. Damon Tweedy's Park Street Lecture, which centered on his novel *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*, he widened the scope of the discussion to something much broader than just the issue of race and medicine: the systematic issue of ongoing racism in our society. Tweedy skillfully argued that the racially-centered issues he describes in his book, and the problematic racially-motivated instances in our society as a whole, are merely indicators of a much more deeply entrenched problem of racism in our society, one that we continue to combat half a century after the end of the Jim Crow Era.

Tweedy began the evening's conversation by not focusing on his own personal experiences with race and medicine, but by examining the larger issue at hand. Specifically, Tweedy discussed the semi-recent surfacing of Governor Ralph Northam's racist 1984 Eastern Virginia Medical School yearbook photos. The reasons that these photos are problematic were immediately evident and numerous, yet there were still those who raised the notion that, "He's a good person having a bad day." Tweedy introduced the point that when racist events surrounding an individual emerge, the debate always ensues of whether or not the person is a "bad person" because of the other seemingly "good things" the person has done. The question of whether all of the "good things" the person has done can be overshadowed by a single event arises. Tweedy correctly states that while it's imperative that we condemn these incidences for what they are, hateful, racist acts, we also can't be so focused on the individual in these situations. Rather, we must turn our attention to the larger problem which is that a number of people obviously saw these photos, didn't see anything wrong with them, and approved them to be

published. This example perfectly encapsulates Tweedy's argument that we can't just view individual instances of racism as isolated events, but that we must look at racism as a whole and the group that it stems from.

Throughout his lecture, Tweedy emphasized the power of our words, urging the audience of students, faculty, and socially conscious citizens to continue the narrative he incited with his novel and lecture, imploring us to have real conversations with real people. Undoubtedly, Tweedy came to Boston College to spark conversation, stating "For me to come here and talk and for that to be the end of it is no good." From this single conversation that was had during the Park Street Lecture, he wanted innumerable different conversations to emerge and for all of us to be more aware. He called on us to recognize how much weight our words, written or spoken, carry, citing the specific example of the inherent bias that's present in medical charting. "Your words have tremendous power", he stated, referencing how often he's come across unnecessary and racially-focused bits of information in patients' medical charts, which can skew the way the patient is perceived, potentially impact the care given, maintain "durable stereotypes", and sustain the false narrative that "being black is a risk factor for getting sick". Tweedy was correctly vehement in how critical it is that this changes. He generously shared with us some of his more awkward experiences as a doctor, in which he was made to feel like the "other" and served as "reminders of being different". One instance in particular that he described was when he was working the night shift and his patient told him that she was worried about him working the night shift and having to get up in the morning to go to basketball practice. Tweedy jokingly stated that the woman thought he was "a basketball player moonlight-