

Stories of Success: Immigrants Contributing to the Promotion of Mental Health and Wellbeing of Their Fellow Refugees and Immigrants

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The Menninger Department of Psychiatry at Baylor College of medicine has been the fortunate receiver of literal and functional refugees from countries in revolutionary transition and economic disaster. Positions at various levels of professional development who fled chaos in Iran, Afghanistan, and Romania have become psychiatrists at Baylor and went on to provide outstanding service in academic and private practice settings. This chapter is a narrative medicine exposition of the stories of some of these professionals, including both what they learned in their journey and what our receiving profession and country has appreciated as valuable in their contributions as physicians and citizens. The following are narratives of Baylor senior faculty and trainees whose lives were enriched by the interactions with each other and who have made significant contributions to psychiatry and their communities, drawing from their Baylor experience.

James W. Lomax: Seeking and Enjoying Diversity as a Positive Consequence of Social Isolation

I grew up as an only child living in a lower middle-class neighborhood in Houston, Texas. My parents had left their home in San Antonio after my father returned from military service during World War II and became a draftsman for Humble Oil (later known as Exxon). Those people whose religious affiliation I knew were all Christian. I knew no Asians at all.

Houston was a completely segregated southern town. There were no African Americans in our neighborhood and only one Hispanic family. That did not change much during high school, but I did meet one Jewish girl who was the star of our girls' tennis team. Rice University did not admit African Americans until my junior year in college. Baylor College of Medicine had one African American student in the fourth-year class. Initially, there were no Jewish first-year medical students in my class even though Baylor's Jewish Research Institute had been opened only 2 years before. Somehow, at the last minute we had an additional student who was Jewish. Stuart Yudofsky and I started the Baylor summer work and study program for minority students during my sophomore year.

I think my narrow social exposure growing up in Houston primed me to be curious about and excited to explore cultures and people I knew little to nothing about. While this was present before "the phone call of hope" event described by myself (and Dr. Foster later), I was quite primed to take special interest in international graduates seeking both escape and better opportunities.

My first experience with diversity among peers was in my psychiatry residency class, which had one-third Hispanic Americans including my closest residency classmate Dr. Ignacio Gonzalez who had been a neurosurgeon in Chile before Allende was deposed and Ignacio fled Chile for Norway.

I had the great fortune to be asked by our charismatic residency director Dr. Robert Gilliland to join the faculty with a plan for me to take his place as he transitioned into private practice. Psychiatry gave me an excuse to focus on other people's life stories as a participant observer in order to promote healing. Early in my career as an educator, I worked with Dr. Pedro Ruiz to take advantage of the American Psychiatric Association's minority residence program to help underrepresented minorities develop educational and academic careers. Our first awardee was Dr. Ernest Kendrick. At one point, we had more of these distinguished residents than any other program in the United States.

Another outlet for my curiosity about other people's stories was reading resident applications. I recall with some embarrassment reading Dr. Adriana (Stroe) Foster's compelling story about her life in Romania. I was so excited by her narrative abilities that I decided to call her instead of sending her the usual letter. Unfortunately, it was early evening in Houston and nearly 2:00 a.m. in Bucharest when I made this call. Her mother did not seem to mind too much at the time and we have had many delightful exchanges through Adriana in subsequent years. A particular focus of our work began with her exposure to the empathy seminar we have held for PGY-II residents at Baylor for 35 years. Seeking to nurture a learner's natural capacity to appreciate the emotional and cognitive experience of another has led us to offer presentations and publications that seem a natural "product" of our quite different personal life experiences (Foster, Schatte & Lomax, 2015). As a footnote on mentorship, our empathy seminar at Baylor was a translation of one created by another of my mentors, Dr. Jerry M Lewis, when he was residency director at Timberlawn Hospital in Dallas (Lewis, 1998).

My series of stories with a wonderful group of bright and caring young professionals has been a highlight of my career. The opportunity to contribute to this volume occurred as I was beginning my last year as associate chairman for education after 40 years at Baylor and handing over a job I loved to one of the chapter coauthors (Dr. Czelusta) on July 1, 2018. In combination with intense national controversy over immigration and sanctuary, it seems a particularly opportune moment to capture some specific stories of how our country has been so fortunate to welcome courageous new citizens leaving loved ones behind to follow their professional callings in a new country and culture often far different from their homelands. Their presence in the residency program not only called for a thorough training in psychiatry but forged introspection and adaptive response on the part of our department. As these trainees blended into the matrix of the department as faculty over the past 25 years, we became truly diverse in our teaching, our clinical care, and our research endeavors.

With one exception (Dr. Czelusta), the stories depicted in this chapter are not those of refugees. The persons writing these stories were immigrants, rather than refugees. They were not *"forced to flee their country because of persecution, war, or violence"* (UN Refugee Agency). The UNESCO definition of migrant (*"any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country"*) however, does not fully capture stories like those we describe (UNESCO). The experiences the writers of this chapter went through, like those of refugees, include a deeply seated fear of persecution for reasons of religion and political opinion, a fear that they still work through today. Like refugees, the immigrants who wrote this chapter felt severe deprivation, felt that there was no hope, no sense of belonging and no protection for them in their own country (United Nations, 1951).

Kim-Lan Czelusta: A Refugee Daughter

I am the youngest of six daughters to Vietnamese parents who fled Vietnam in 1975. I am now my parents' age when they arrived in America to seek a safe and better life for their family. A week before the fall of Saigon in April 1975, my mother's work supervisor at an American oil company instructed her to quickly gather the family and meet at a specific address near the United States Embassy. My mother scurried home to collect belongings and sew gold into the seams of our pants. My five older sisters, ages 15 to 22, each gathered bags consisting of two "poor" outfits as well as two "nice" outfits to help us fit in into whatever new environment we were about to enter. The gold was an attempt to improve our financial beginnings after resettlement and in case bribery was needed along the way.

My parents, along with their six daughters and two infant grandchildren, hastily arrived later that same evening to the address provided by my mother's work supervisor. A bus arrived to transport my family and other families to the U.S. military area of the Vietnam International Airport. In the meantime, my mother made arrangements for smugglers to sneak my brother-in-law to the airport to meet our family. The next day, we were flown in a C-130 military transport aircraft to Guam, where we stayed for a couple weeks until we were flown to Fort Chaffee in Arkansas; Fort Chaffee was a processing center for refugees from Southeast Asia, processing over 50,000 refugees of the Vietnam War. My family moved to Texas a couple months later after my maternal aunt sponsored us to her Texas home.

My family of 11 (parents, five older sisters, brother-in-law, niece, and nephew) soon moved to Houston, Texas, after my father secured employment as a draftsman at the University of Houston, where he worked until retirement in his sixties. My mother was able to gain employment at the same American oil company where she had worked in Vietnam; similar to my father, my mother also worked for the same employer until her retirement. Refugees routinely seek security and stability, as evidenced by my parents working for a single company until their retirement. Similarly albeit less consciously, I have remained on faculty at the same institution where I received my medical degree.

My family shared a two-bedroom apartment, and most of our clothes and belongings were donations. As a child, I truly believed I could be and do anything I wanted through hard work and determination. As an adult, I know that luck helps immensely as well. I am forever grateful for the opportunities I have had and for the people I have met. Being the recipient of a US public school education gave me a significant advantage compared to others who came to the United States at an older age. Working hard seemed like the least I could do given my family's multiple struggles from finances to language and more.

I knew early on that I wanted to be a part of a profession that helped others, especially those who were less fortunate. People's stories eventually lead me to the profession of psychiatry. Everyone's story is unique, and each person's suffering is different. The longer I listen, the more I experience the storyteller's life. When working with refugees, I often wonder why their journeys have been different from mine. Then I remember that feeling less fortunate was not on our minds. Instead of feeling resentful about working two jobs to make ends meet, my parents felt lucky to even have an opportunity to earn income. They both had full-time weekday jobs as well as part-time weekend jobs. Believing in ourselves and having others share and support those beliefs mattered. Thus, as mental health providers, it is important to let our refugee patients know that we believe in them and support their efforts in making a new life in their new country. As a treatment provider, providing a safe place and listening ear for patients to tell their stories is an effective start. It is imperative to hear refugees' stories in their own words and communicate the hope we have for their health and successes.

Adriana Foster: The Phone Call of Hope

I was 25 years old when the Communist regime collapsed in Romania. Our family was torn apart by my aunt's decision to flee the country years before, when Romania's borders were sealed to those inside. As a result, my father immediately lost his job, forcedly left Bucharest, and sought employment in a remote area in the Danube Delta. I remember opening the kitchen window in the middle of winter, in freezing temperatures, and positioning a small radio on top of furniture such that its antenna can catch the very faint signal of "Radio Free Europe" and the "Voice of America," tutoring junior medical students and selling belongings to afford the ECFMG exams and seeking hope in training for psychiatry abroad, as people were admitted to psychiatric hospitals for political reasons in Communist Romania.

The call came around 2:30 a.m. My parents woke me up saying that someone wanted to talk to me in English. And there he was, the residency program director, seeking a phone interview, in the middle of the night. I cannot remember the content of the call but I will always remember the warm, overwhelming feeling of hope. After spending 3 years and all available resources taking qualifying exams and applying for the National Residency Matching Program, I could not afford to travel from Romania to the United States to interview in person. Someone understood that fact and decided to give me a chance. That feeling of hope guided my life and career thereafter.

I remember approaching Houston, and during landing, trying to understand what the glittering patches in people's back yards could be, realizing that here, people actually had pools in their back yard. I remember seeing the Downtown Houston skyline for the first time: it was the symbol of America, the symbol of hope. I remember settling in a small, efficiency apartment close to Texas Medical Center and getting ready for my first night in Houston when someone knocked at the door. It was a new colleague, whose picture I saw in the residency program correspondence, asking that I join him for dinner with the program director. At dinner, I met fellow residents from India, Colombia, and Iran and found my new family away from home. Many other people in my new country gave me chances, over and over again. Among those people were a researcher who believed that I could write my first paper, a rural hospital owner who trusted me to become one of his psychiatrists, a department chair who entrusted me with leading a community research partnership, and finally another chair who sought a senior faculty member to lead research and clinical affairs in his department. When I returned to be a faculty member at Baylor and created a longitudinal course curriculum for psychiatry, the program director edited my draft course objectives by adding three words: "instillation of hope." I later realized that instilling hope is deliberate and therapeutic. Giving hope is important in the medical profession and fundamental in psychiatry.

Those defining moments became part of the fabric of my life and allowed me to focus on giving hope to others. Mine was not a textbook experience; it was a thread of defining moments in a welcoming new country and a new family for myself and many other people who preceded and followed me, from all over the world. I am not a refugee, but as an immigrant, I understand the challenges involved in leaving behind country and culture. Having such an experience is fundamental in connecting with people who find refuge on U.S. land. In my work today, I often listen to stories of Cuban refugees who were thrown in jail, whose family members drowned on rafts, who were persecuted, threatened, sometimes tortured, and finally found a way to escape. I understand the oppression of a Communist regime. Once they find out where I am from, we express deep understanding verbally and nonverbally. It is a special language, which only people who went through such experiences understand. They, like

myself, found hope. I know that their experience made them stronger and I help them use it as a strength in their own treatment and healing.

Daniela M. White: Be Curious, Learn Your New Country

Like Adriana's story, the decision to leave Romania did not come easily to me. Prior to the 1989 revolution, people were fleeing the country's Communist regime any way they could, from attempting to swim across the Danube to crossing the border on foot illegally or finding a way to get an exit visa to anywhere in the world and not returning to the country. Back then, before 1989, people who fled the Communist regime, the "defectors," were persecuted and criminalized if caught. I never had the courage to engage in any of those experiences. I was afraid that if caught and jailed it would break my parents' hearts since they always tried to teach me to stay safe and do what was required to study, learn, work, and respect authorities. Not obeying and questioning authorities was then a conflictual state of mind.

When the revolution started I was a student in my fourth year in medical school, and after a few days of confusion and incredulity that it was happening, I fully embraced it. I had grown up in a society where learned helplessness was pervasive to the entire country. We knew that the TV propaganda was lying and the poverty and the fear of speaking about it and against it was what united us. I had not imagined that at some point enough would be enough and people would revolt. I was in the streets with fellow students and other Romanians, united in the thought that communism would be defeated, marching toward the Romanian TV building, "taking it over," expressing solidarity in the streets while bullets were flying across our heads, hoping that the change would eventually come. I never felt the feeling of "togetherness" with others as strong as I felt it back then. It was as if all of us were connected, regardless of social, educational or racial background through a common goal.

My parents advised me to leave few years later when we realized that changes were not happening as fast as they were desired and promised. Although the borders were opened, it was still a difficult process to obtain a visa to visit the United States at that time, especially for young, single physicians who did not leave a young family behind to ensure a return to Romania. Eventually, the third time around, with my U.S. citizen cousins visiting Romania coming with me to the U.S. Embassy and vouching for me, I was able to obtain a visa allowing me to come and visit Houston. At that time, in 1994, as a young physician, I had a job making on average \$40 per month and many of my peers were already in the States working toward getting their licensing exams.

Once in United States I lived through a cultural shock for the first couple of years. I tried to describe to somebody how it felt and said that it was like being naked in a room full of people who genuinely wanted to know me, and I felt raw, unsheltered and overwhelmed. I wanted to connect but we did not share a past, common experiences, or the language. I remember people asking me what was different in Houston compared to Romania. And I remember saying everything. The width of the streets, the abundance in the stores, the lights at night, the huge food portions in the restaurants, the big houses, the expensive cars, the overall sense of being taken care of and living at large, were all different from Romania. In a lot of ways that helped me to understand later, as a psychiatrist, the challenges that some of my patients experienced, not only when they came from a different country to the United States but even when confronted with a different culture within the States. It still surprises me how much in common my story has with some of my patients' stories, and that helps create an almost immediate

rapport. One day an African American woman told me that because I am a foreigner, I do not seem to her that “White,” that somehow, we belong to the same group, despite our differences in color and race. And I knew that she was referring to our common desire to integrate and to assimilate.

I was in full learning process during my first months of my stay in Houston, from the verbal language to the body language. I quickly learned that the hardest to learn in a foreign culture was the humor—and the slang. I remember when somebody told me “break a leg” before an interview. I thought, “Wait, what?” I also remember being told in a restaurant to get a doggie bag and I was thinking that I do not have a dog and taking food home from a restaurant was something I have never done before. Many times, I felt inadequate, like a child who continued to learn from grown-ups. I realized that I always had something to learn from each new person I met and, later, from each patient I saw. As Adriana described earlier, I started to own the fact that people will always ask me where I came from and that was not a symptom of micro-aggression but genuine curiosity. I also learned that the way to assimilate was to be curious as well and allow others to teach me a new word, a new meaning, a custom, a bit of history, and, like a patient of mine said, “a piece of Americana.” He was a man with an aggressive history, bitter about the women in his past, his mother, two ex-wives and a sister, who clearly did not feel comfortable with what he perceived as an unequal and unfair position in the therapeutic relationship with me. Gradually he figured out that instead of outbursts of anger in my office, he could teach me something in each session, bringing in “pieces of Americana”: lyrics from his favorite songs, cut-out cartoons from newspaper, and he would challenge me with “I bet you don’t know this, Dr. White.” Most of the time he was right, I did not know, and being curious about what he had to say allowed us to work together for several years.

Another thing that I experienced transitioning between cultures was the painful awareness of the lack of professional identity immediately after arriving in the States. I was a physician in Romania but not having a license to practice in United States meant that I had to spend 2 years studying to pass the licensure exams and not practicing. To kill the boredom, I started helping a Romanian tailor with alterations when I was not studying for my tests. I remember him introducing me to his clients as a “doctor from Romania” and the confused look on their faces when they saw me sewing. So many of my patients described to me later, in my practice, that same sense of loss and confusion in the moments when their career took a sharp turn. Only after I started working as a resident did I gradually start integrating back in the social rhythm, with a schedule and a purpose that was again aligned with my previous training and my career. Spending time sewing in a tailor shop was enjoyable, kept my mind off worries, but was not helping me grow as a physician. It felt to me that I was wasting time, similar to what my patients described when the changes in their careers took them to different pathways.

When I started my first rotation in neurology at the VA, I had never touched a computer. The whole unit and the psychiatry department were the first to implement transitioning to electronic doctors’ orders. I remember that my first thought was that if I do not get a hold of the computer thing quickly, my program director would send me back to Romania. I was never threatened with that but I distinctly remember that fear as a huge motivating factor. I remember wanting to be as good as an American graduate and not to be considered somehow deficient in training because I was a foreign graduate. I did not want my patients to feel that they were getting less than what they deserved, just because I spoke with an accent.

I believe that, like for my other colleagues with similar paths from Romania to the United States, the drive to be successful was deeply rooted in our common experience of in a culture limited in

opportunities to explore, discover, and develop our careers. I took this experience as a challenge and as a chance, and did not want to let any of them go.

Andreea Seritan: Do the Hard Thing

I was born in Romania. Growing up under the Communist regime, personal property was discouraged. We lived in a rented apartment assigned by the government, walked and rode public transportation, wore self-made clothes, and didn't own much. Books were the only luxury. My parents instilled the love of reading into me. They used to say, "Study, study, no one can take that away from you." The ceiling-high bookshelf in my parents' home, to this day brimming with books, is my standard.

As described by Daniela and Adriana, the Communist regime fell in December 1989. I had not planned to leave my country, yet things seemed to get better only slowly. In January 1997, my family and I came to the United States. I took the path of every international medical graduate (IMG), knocking on doors, trying to get an observership so I could get a glimpse of the U.S. health care system from inside, wondering if I would ever get to be a doctor again. I passed the USMLE exams. When the time came to apply for a residency, Baylor College of Medicine in Houston, Texas, offered me an interview. On my interview day, I felt (and hoped) this would be my home for the next 4 years. I met Dr. James Lomax, Dr. Linda Andrews, and others who would become my teachers and mentors. There were other women from my medical school in the program (two are coauthors of this chapter). I was thrilled to match there. For the record, Dr. Lomax's bookshelf rivals my father's.

Baylor gave me an amazing education, combining psychotherapy with neuropsychiatry. I had yearned to learn psychotherapy, which was not possible in Romania at the time. During my third year of residency, the Menninger Institute in Topeka, Kansas, merged with Baylor and Dr. Glen Gabbard joined the faculty. I have been incredibly fortunate to become one of his mentees. He patiently guided me through writing my first academic paper and encouraged me to continue to publish. When I doubted myself and complained my English was not good enough, he said, "I will always believe in you, no matter what language you speak or write." His words have stayed in my heart. I also developed an interest in neurodegenerative diseases and pursued a geriatric psychiatry fellowship at University of California (UC), Los Angeles. I am now an academic geriatric psychiatrist at UC San Francisco, working with an interdisciplinary group of movement disorder specialists, treating patients with advanced Parkinson's disease. It has been a long road.

Looking back, several defining aspects of my identity, forged through my early experiences and cultural background, have carried me forward:

- My lifelong love of learning has pushed me to become an academic, thirsty for knowledge and scientific discovery.
- Growing up in a communal culture has taught me to be collaborative, which is important for a geriatric psychiatrist, both clinically and in the research realm. Early in my career, I joined a research team co-led by a developmental pediatrician and a molecular biologist. Together, we explored the psychiatric and cognitive aspects of a new neurodegenerative disease, fragile X-associated tremor/ataxia syndrome (FXTAS).
- Finally, having witnessed the political changes in Romania, I do not easily accept the status quo and am inclined toward disruptive change. I break new ground and develop innovative programs

where I see a need. I cofounded a women's faculty development and peer mentoring group at UC Davis. I developed and led the UC Davis School of Medicine student wellness program and served as associate dean for student wellness. After moving to UCSF, I developed the Psychiatric Assessment and Brief Intervention Program to help improve primary care patients' access to mental health services.

This has not been an easy journey. Every inch was hard won. Being an immigrant, a woman, an IMG, and a geriatric psychiatrist treating patients whose diseases don't get better makes some days challenging. I don't know what easy looks like, and neither did my parents. They taught me to do the right thing, even if it's difficult. I have been extremely fortunate to have a supportive family, wonderful mentors, and outstanding colleagues. I do my best to stay focused and keep doing the hard thing.

In summary, the stories described are representative of the force of change that refugees and immigrants represent for the host country. They also depict the welcoming institution's insight into hosting and nurturing not only the new arrivals' skills, but more importantly, nurturing their boundless enthusiasm for achievement. Refugees and immigrants hold transformative power for the communities that embrace them. Baylor College of Medicine's Department of Psychiatry and Behavioral Health has welcomed and accepted such transformation.

James W. Lomax: Concluding Thoughts

The stories described speak of the force of change that refugees and immigrants represent for the host country. They also depict the welcoming institution's insight into hosting and nurturing not only the new arrivals' skills, but more importantly, nurturing their boundless enthusiasm for achievement. Refugees and immigrants hold transformative power for the communities that embrace them. Our stories show that an academic department can welcome and accept such transformation.

When Drs. Banu and Kottler asked me about contributing to this important volume, it seemed like a remarkable synchronicity. At any time of regressive nationalism and fear of engagement with diversity, this chapter will illustrate how being open to people from vastly different cultures and their gifts can enrich our lives as professionals and as members of a global community. These stories are a small sample of how my life and the lives of other members of our residency and department family have been enriched by helping and being helped by refugees and immigrants and an intimation of how much these individuals have enriched our nation as well as their individual communities by their professional and public service contributions. We hope our stories nurture your interest in pursuing the generative task of helping and learning from those looking for a better life in service to our country.

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