

Oral history interview with Sean Wharton conducted by Ruth Belay

10 March 2020

00:01 **Ruth**

Hello and thank you so much for sitting down with us. If you could state your name and the year that you graduated from U of T

00:08 **Sean**

Sean Wharton. "S, E, A, N, W, H, A, R, T, O, N" - and I graduated from U of T a couple of times. The first time was 1992. The second time was 1997. And the third was 2001.

00:24 **Ruth**

Can you tell us a little bit about your life before coming to U of T?

00:28 **Sean**

Okay. So, I was born in London, England. My parents are from British Guyana. So, we went back home to British Guyana when I was two years old until I was six. And then we moved to Canada when I was six. Lived in Windsor, Ontario for a little bit, and while in Windsor, we actually lived in government housing. So, we were on government assistance or the welfare program for five years. And during that time my mother went to the university of Windsor and graduated with a BSC in psych and soc [sociology] and also got a teacher's degree. So, when she finished school, and she was a single mom at the time when she finished school, we got off of government assistance and she started to work and then we moved to Sudbury. She found a teaching job at Cambrian, in Cambrian College in Sudbury. And then we -- I spent my high school years there and they were terrific, absolutely terrific. And then I went to the University of Toronto for pharmacy in 1988. And then I graduated from pharmacy in '92 here at the University of Toronto.

01:59 **Ruth**

What were some of your impressions of U of T? Your initial impressions of U of T as a first-year student in your undergrad?

02:08 **Sean**

Yeah. So, it was interesting because I initially thought I was moving from Sudbury, which was a predominantly white population. There wasn't a lot of diversity in my city of Sudbury, although I loved growing up there. So, the lack of diversity didn't pose any significant problems for me. And just that there were not similar faces around that I -- that were similar to mine and to my family. So, I thought that arriving in Toronto I would see a lot of diversity at the University. And it would be so interesting. But when I arrived, there wasn't a lot of diversity in my class. I was the only Black student in my class - we had 170 students in pharmacy. And I stayed in residence at New College and out of the entire population, I think there were about four or five Black people living in residence. And I imagine there was like 2000 or something, people living there. So, around the city, which, you know, we didn't go around the city that much, we'd spend most of our time on campus, in

my fields, the professional field of pharmacy and then moving into the doctorate of pharmacy, and then medicine, I did not see a lot of Black faces. You had to -- or faces of diversity really. You had to go to specific classes or specific events or specific functions to actually see that. So...so, right, but it was still a warm environment and a terrific school. And, you know, being from Sudbury, U of T felt just similar to my wonderful experience that I had in Sudbury where I had great friends. And so, the lack of diversity didn't cause a problem in terms of my social life, but it did keep me still wanting to look for that diversity. I still had to try to find, it just didn't land itself on my lap when I arrived at the University of Toronto.

04:49 **Ruth**

And I guess, what was the process of finding, like other Black students on campus or other initiatives that you could participate in?

05:00 **Sean**

Yeah. So, for me, because I didn't really come from an urban background, I didn't really know how to do that, so I didn't do much of it in, during my undergrad, I was busy with my friends and pharmacy and my residents at New College where I had a lot of friends as well. So, I would have intermittent Black friends at the university who weren't in my programs. And that was about it, mainly. And then when I got to medical school, that was when it really dawned on me, how many years I'd spent in programs where there were very few Blacks. And as I was starting to get more connected with the plight and the difficulty of people from racialized backgrounds, it felt important to me to start to look to groups that could help. So, and I started actually - I started even before medicine - I started when I was doing my doctorate of pharmacy. And that started in 1995. And then I graduated in '97. And that's when I found, and when I connected with the association called AABHS - A, A, B, H, S - The Association for the Advancement of Blacks in the Health Sciences. And they were a U of T organization including many disciplines - pharmacy, nursing, physiotherapy, medicine - who were interested in advancing the cause of increasing the number of racialized - and particularly Black - students in health professional fields. So that's when I first started to really connect with it. And that was absolutely wonderful.

07:11 **Ruth**

So, through making that connection, what were some of the initiatives that you guys were able to participate in?

07:18 **Sean**

All right. Yeah, there were a lot of great ones! And so, the first one was the Summer Mentorship Program which celebrated its 25th year, just last year. And that's an initiative to help high school students who are having some challenges with school and, or who are interested in the health sciences and going to university, to expose them during the summer and to mentors and to projects that will help them to be interested in going to university. That's a summer mentorship program - absolutely wonderful program. And then the Visions of Science was a science fair where people, sometimes from the mentorship program, and others in the community, high school again, would participate in science projects and their

mentors would be people at the university, oftentimes people of color, sometimes not, but it was directed towards people from a minority and a racialized group. And then another one was Camp Jumoke, which is still going on. So, Camp Jumoke was a - and is - a sickle cell anemia camp that is run for children suffering with sickle cell and it allows them to go to this camp free and to have the provision of medical supervision if they're running into any difficulties. So those were just three of the projects, there are more. And but those were all, those were wonderful projects.

09:06 **Ruth**

And what did participating in this organization mean for building solidarity amongst Black students and other organizations?

9:16 **Sean**

Yeah, I think this association showed that that we could do it. It was a little bit of a "for us by us". So, a number of Black students started the organization with the help of allies, of course. So, it wasn't just an initiative by the University of Toronto, but an initiative by a group of people who felt marginalized and wanted to make a difference and then found the allyship that the University of Toronto was willing to help them to actually do this. And that was amazing in itself. That allyship I think is a very important thing. Because there are other schools that I've heard about that are not as willing to assist with that type of - those type of initiatives - to help raise awareness of the lack of diversity and then to help to increase the amount of diversity within the different faculties.

10:22 **Ruth**

So, through your experience at AABHS, how were you able to carry that forward into what the work that's being done in your, I guess, in your degree in medical school?

10:34 **Sean**

Alright, so yeah. So AABHS then, once I got into medical school, I was still part of AABHS. And I very much recognize that within our own class, there were three Black students out of 270, so that's 1% of the population in the class. Whereas Toronto at that time had about 9% Blacks in the population. So, I felt that it was significantly underrepresented to only have three Black students. And the year above my year had also had three and the year below me had one. So, at that point, I felt that since AABHS was able to start this terrific organization, I could also start an organization called the Black Medical Students Association, that focused primarily on the medicine aspects, helping young Blacks get into medical school. So, because the hurdles to get into medical school are so significant, including getting that GPA to where it needs to be, writing the MCAT, doing the interviews, and the application process to all the different schools. So, the feeling was that these hurdles could be overcome with mentorship. And so AABHS helped me to know that we can start a BMSA and that it could work out really well. And we started the Black Medical Student Association, BMSA, in May of 2000.

12:24 **Ruth**

So, like, who are key figures in, I guess, designing the program and determining what your first initiatives would be?

12:32 **Sean**

Yeah, so some of the key architects, I believe, we looked at the programs that AABHS had started. So, Dr. Dominick Shelton was the first president of ABBHS and he significantly helped us in terms of the direction as to where the BMSA could actually go. Dr. Trevor Bon was the next president and he also was a significant help. And the primary drivers were - was - Dr. Miriam Rossi. And as the Associate Dean of the Medical Faculty, she gave us the vision, the permission, and we were able to look up to her as a mentor, as someone who had made it - we could do it also. And she helped to guide an entire team. Particularly Ms. Diana Alli. Now Diana Alli is not Black. She is from East Indian descent and she was an ally, a real ally for us. She helped us to establish ourselves as an organization within the U of T groups so that we could be a U of T organization as opposed to just within the medical school. We had official status and Diana Alli helped to organize that. She helped to get a space at the council meetings. And just organized most events that we did throughout the years. I think this idea of allyship is really important. Try to think sometimes, so... Oh, and Dr. David Naylor. David Naylor was our Dean of Medicine at the time. And I can't speak highly enough about how much work Dr. Naylor did to help make everything happen. So, I think this idea of allyship really is the fact that these allies must have some compassion for the struggles that a racialized community is going through. And that recognition really helps us. And then we also had allies that were in our class that actually helped us. I mean, there's only three Black students in the class, how were we going to organize all of these events? We have multiple people from different ethnic backgrounds that would come and help us out. I sometimes wonder why they would do it, and I was reminded of a song by the Police actually. It's called "message in a bottle", and that the purpose of the song is that this guy's a castaway and he's on his own. So, he sends a message in a bottle to see if anybody will respond to him. And he doesn't think anybody's going to. And he's then, the next morning, wakes up and there's a hundred million bottles washed up on the shores and he says, "I guess I'm not alone." There's a hundred million other castaways looking for a home. So, I believe that a lot of these allies in some way felt our pain, our pain of at times feeling that we are castaways and that they, in their own way, are looking for a home and looking for a connection also. So, whatever background they're from there, there was something that made them have to struggle to get to where they had to get to. And that recognition of the struggle I think was a really something that we connected with. So, I mean the fact that we were able to - the fact the three Black students in my class were able to connect and organize. We had so many other people as well that helped us to get it done. And without that, I don't think that's possible. So, I think a community is absolutely necessary.

17:34 **Ruth**

Acknowledging the hard work that really goes into making an organization long-term, how through the years were you guys able to carry forward the investment

and the different relationships that were present in the initial formation of the organization, to make sure that it was strong not only in the beginning, but as it grew, continuously?

18:03 **Sean**

Yeah. So, keeping an organization strong is really challenging. Initial enthusiasms are great. And, but then people move on. They go to graduate studies, they got married, they have kids, they move out of town. So how do you keep an organization going? Fortunately, I was able to stick around in this area and one of the other from BMSA's from the initial class did also, so I think that we gave a lot of initial support to the groups that were behind us, and immediately behind us, in terms of those years, and those years continued to give support to the years after them. I think everyone saw the overwhelming need. There should not be one... There should be very few individuals that would come in and not think that this was a problem. So, if you're one Black student in the class, you're going to look around and say, "this is a problem. I've made it here. I should be able to help others. Oh, there's a Black Medical Student Association. I'm going to keep that going." So, I believe the underlying need for the organization was so strong that everybody gravitated towards it every year and kept it going. I don't think if it was just an interesting idea for a couple of years, then it would fizzle. But that continual need for it, and that longing and that searching, leads every class to have a Black Medical Student Association that's relatively strong. The numbers make it stronger. When you have more numbers you can do more. But even the classes with one -- there's some classes where there was just one and that year was stronger than some of the other years, cause that one individual is ready to go and do, and did a great job.

20:11 **Ruth**

And you had indicated before the mentorship could support like the difficulties, of the systemic barriers that existed to accessing postsecondary, or not only postsecondary, but medical school specifically. How have you seen mentorship really support that process?

20:32 **Sean**

Yeah, so I think that the - so we started our mentorship by helping at the undergrad level. So, trying to get students who are studying biology and chemistry and organic chemistry, the right type of tutoring, mentoring; right type of study skills so they could get their GPA up. But if their GPA wasn't competitive, then we had little to work with. And I think just showing them that Blacks could make it into medical school gave them that drive to study and to find other resources when they believe that they could get the marks that were needed also. And, we also then worked on coaching them for their interviews, because the interview makes a big difference. If you go in confident and you know what you're saying, then your meeting can definitely go better. I think that the real big change has been like, Ike Okafor setting up the Community of Support, and the Community of Support was very much designed to help young Blacks from high school to the undergrad program to navigate the system to be able to know how to best access medical school. And so, Ike's Community of Support has been able to do what

the BMSA was designed to actually do in terms of that, increasing the number of Blacks within medical school, but we just did not have the manpower and, to do it year after year after year. And Ike Okafor's Community of Support offers stability and a consistent ability for us to access the students who need help.

23:04 **Ruth**

So, I guess, was Ike's position created in response to the work that you guys were doing or some sort of institutional recognition or push to kind of have dedicated staff to looking at access to medical school?

23:23 **Sean**

Yeah, and I think it was all coming up at the same time. I think the recognition of the lack of diversity at the University of Toronto and many of the other universities was being recognized with the increasing diversity within Canada and within the City of Toronto. So, I think at that time the University was itself looking to determine how best can we reflect the community that we have here in Canada and within the city. And then Ike's undergrad programs that he was running, which helped - which was also helping - to increase the amount of diversity just within undergrad, combined with the medical school looking at these challenges because the BMSA had talked about them, brought together a nice connection where Ike was able to use his skill sets. And those that are around him, to be able to form an organization that focused on medical students, get undergrad students getting into medical school, but also encouraging high school students and other undergrads to achieve goals that they may not have achieved if they didn't have that Community of Support.

24:55 **Ruth**

I think, in a lot of ways, the work that you guys have done has been a real model in other professional programs for how do we increase diversity. As an urban planner and as a student who's currently in the planning program, planning is a heavily white and male dominated industry. And when we think of the ways in which we get diverse perspectives and lived experiences into these programs, what would you say to other student groups or other professional programs that are really thinking critically about how this work needs to be done?

25:35 **Sean**

Right. And so, I think one, they have to have that initial drive to say that, "this is wrong. We need to, there needs to be a different makeup, that the face of our organization needs to have diversity for fairness and for equal rights." So, I think that that's the first step, is being angered by the current status quo. Then I think the next step would be to then to form the allies and to start working with people who also feel the same way, even if they're not from that racialized group, and then forming a plan to be able to see how can we start anything, even if it's- it doesn't always need to be in-person and big lectures. It can be, in the world of the internet now, it can be connected over the internet and have groups that start to discuss it and start to have the conversation. I think that that needs to start. So, I think these groups have the capacity now if- I believe that there- I feel that there are more people that recognize it and recognize that allies are

needed. With International Women's Day just being two days ago, I think the world is recognizing more that diversity is needed in every sphere of our existence, our structure. In that we have to start at a certain level, to- at the bottom level to eventually start to get people from different diverse backgrounds into the management levels and then to be able to create real [emphasis] change that shows that the equality that is actually necessary.

28:01 **Ruth**

Thank you for that. It really, like we always- even when I was doing a research project, looking at planning with a group of other students and we really look to the work that you guys were doing in the medical school and it really gave us hope, like even the idea of a community of support is something that we, like integrated into our own recommendations to be like, 'this is something that's already been done at U of T' and it's been very successful in its model.

28:29 **Sean**

Great. Yeah, I'm really glad that others can look to the BMSA and the Community of Support as models that they can follow. So, I think there's obviously a number of different either ethnic backgrounds and a lot of different faculties that need to actually look at it. So, from law, to engineering, to the PhD programs in multiple fields. We'd like to see diversity in all of those areas.

29:04 **Ruth**

And just to go back to the work that you guys were doing in the organization, are there key events, key moments, that you'd like to highlight?

29:14 **Sean**

Yeah. I think that the success has been very interesting. Some of the key highlights is that even when some of these students left the University of Toronto and went to medical school elsewhere, either at McMaster, University of Ottawa, University of Calgary, they still hung on to the lessons that were learned when they were coming through U of T and part of the BMSA to get into medical school, to the point that they ended up starting some chapters of the BMSA at these other schools. These chapters have now turned into a national BMSA. So, we just had our first big meeting of the NBMSA, the national BMSA connection, so that if you're the lone Black medical student at the University of British Columbia, you have some connections to the rest across the country and the use of technology and the internet and social media has made this a lot more possible than it would have been 20 years ago. So, I think that is a highlight, the highlight of the fact that people found it so important that they brought it to other areas and then came back and connected. And other highlight is really the recognition that we need to take this to the next step, which is not just more Black medical students, but more Black professors and administrators and deans sitting at the table who are able to make decisions, and to be able to make the point clear as to why the underrepresentation is the way it actually is and who gets the opportunities from early on and why things are skewed in a manner that allows more non-ethnic groups into these fields. And how can we stop the skewing of the entry into medical school. And I think that without that -without a clear voice

- at the administrative levels, it makes it very difficult. And Lisa Robinson has been very pinnacle in having a very clear voice as to racism within university hierarchical structures.

32:22 **Ruth**

I guess, in thinking of the ways in which the program has expanded have you... What are the ways in which different chapters have been organizing and connecting? And part two to that question would also be, how does your organization also connect to local communities?

32:50 **Sean**

Right. So, the organizations across the country have been connecting through Facebook and through internet and social media to be able to say that, you know, "I'm a lone voice over here in Saskatchewan. Can I get some assistance as of connection? I'd like to see what other people are actually doing." So, and then getting together in different cities to have conferences and this ability to get together is actually encouraged, promoted and supported by the various deans and faculty of many of the universities. But not all. There are some voices out there, or some universities that feel that it's not necessary and have not supported their students. And this is what we need to fight against - the recognition that people from a marginalized community should be able to assist each other in this struggle. So, if you're a from a First Nations, Aboriginal, Indigenous community, that's a struggle. And connecting with other Indigenous people and people who are allies to the Indigenous cause and increasing the number of people within the professional schools will help the population, that's needed. And it's also needed in the other racialized communities such as the Filipinos, Portuguese, and the Blacks. So, that's what they've been doing nationally. Reaching out to the community and now that's the really important thing cause that is the pipeline. And so, I created this activity book and the activity booklet is directed towards people in grade school in the high school areas to help them to see that there are faces that with a similar color to them in medical school and they can do a fun activity while they're recognizing that they can do it. They can actually end up getting there and achieving this goal. So, we go out to schools, hand out these books, when you're handing them over, we're having talks, we're having discussions, we're doing small lectures, we're doing mentoring. So, exposure is absolutely necessary. And so, we try to connect with the school boards, the Toronto District School Board and others to get the word out.

36:07 **Ruth**

And what is it like being in schools and speaking to youth and having those experiences?

36:14 **Sean**

Yeah, it's really great. It's terrific. It's encouraging to see how many people are hungry for it. They're really hungry for this information and they're, sometimes, they knew it was out there, but they didn't know who or were and so going there to speak to them reinforces to them that they can do it! And we're also focused on some of the barriers that that make it difficult for people to even consider it,

getting into professional school. And one of those is gun violence. If you have a fear of gun violence in your community and gun violence is taking lives, then we have to push against that. We have to advocate against gun violence. So, that's something that the BMSA has taken up as a cause and also poverty, which is a big one. How does, you know a small medical association take up the cause of poverty? It's daunting, but it needs to be on our radar that without the resources, without trying to level the playing field, it makes it difficult to take the- to pay for the exams that are necessary to get into medical school, to get into law school, to get into graduate school. So, poverty is a real barrier. And, by us recognizing that it is a very good first step to thinking of some solutions for it.

38:01 **Ruth**

Have there been initiatives that kind of support students through the financial burden of applying to medical school or making those connections to other services or support like financial or...

38:15 **Sean**

Yes, absolutely! So again, Ike Okafor's Community of Support has done a terrific job. Wherein they have an MCAT prep course that is free. Normally these courses are thousands of dollars. And so that's been a major positive aspect. I started, I have just come up with a scholarship. So, I donated \$25,000 to the University of Toronto BMSA Scholarship. So, this is to help Black students in medical school who are having financial difficulty, because if they're having financial difficulty, it's going to make it that much harder for them to get into the residency if they wanted to be part of this hierarchy that I was initially talking about. So yeah, so those are the small things that have been done. I think we then need to advocate on a bigger level to government organizations, to the university as a whole, to try to ensure that people from ethnic backgrounds with financial difficulty have some degree of a level playing field. And I don't know what that, what those programs or those initiatives look like, but the discussion needs to start.

39:53 **Ruth**

Yeah. I know that tuition has also been a thing that's been heavily discussed with medical school, law school, being very inaccessible because of the ways in which like the funding model has been changed from, it was like the eighties or nineties, in which it was shifted over to, you know, being very affordable to now being thousands of dollars. How has the organization also been in conversation with the student-fee conversation or protests as well?

40:30 **Sean**

Right. So, yeah, so the deregulation of professional school's tuition started in 1995 and that's was my first year of medical school. Our tuition at that time was about \$4,000 per year, affordable and reasonable. And it's now \$25,000 every year. So clearly increasing the tuition affects the communities who are most at risk [emphasis], affects the community and the communities that are most at risk are the ones that struggle with poverty, and those are the racialized groups, those are the new Canadians. So, making it that much more difficult for them to get into medical school and to stay in medical school. So that's where our scholarship

helps, the BMSA Scholarship and we have to continue to advocate for either changes or not raising that bar any higher, or initiatives that help to, again, as I said, level the playing field. I don't know what those initiatives are specifically. I don't, but the fact that we have to raise the conversation is actually needed.

42:09 **Ruth**

You've talked about the ways in which U of T's been supportive of the organization. In what ways have you had challenges as a result of institutional response to different things?

42:25 **Sean**

Yeah, you know, the institutional responses have been very good. I would have to say I'm very pleased with it. Some of the barriers have been the actual numbers, the number of Black professors that are available to get into these faculty positions because people have different goals in life. And some need to go into the community and just work at a community hospital, not an academic institution and they have family commitments, and that they have to head back home to their home countries and do certain things there. So, the inability to get into those positions is multi-factorial. One is the sheer number of people, and two is the lack of mentorship of people at those higher levels. So, I think if we try, if we continue to work with our allies and recognize that they can support us, we can start to see more people of colour get into those academic positions: one, telling them that they can make it, they can do it, and that they have support, even if they have a family and they have other commitments, we can still try to see how much they can achieve by getting into these positions.

44:22 **Ruth**

Is there anything else that you'd like to add?

44:29 **Sean**

Yeah, I don't know, those questions were great! I think that they worked out really well. I'm glad that we spoke about the allies and the castaways -- I should have put that in my speech at the BMSA, 20th but otherwise I think we got through quite a number of really good points... Okay, great.

44:50 **Ruth**

Thank you so much!