# Finding Community and Purpose: Dr. Michael Williams on Resilience, Representation, and the Power of Conversation

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**Becca Battisfore:**

Welcome to the latest edition of the College of American Pathologists' CAPcast. I'm Becca Battisfore, content strategist with the CAP. In this episode, Dr. Juanita Evans and Dr. Michael Williams join the show to talk about Dr. Williams' podcast, "Diversifying in Pathology." He'll share some stories he's heard from past guests and the importance of diversity within medicine. Thank you both for joining and to kick things off, Dr. Evans, tell us a little about yourself.

**Dr. Juanita Evans:**

Hi everyone. I'm Juanita Evans. I am a practicing pathologist in the metro Detroit area where I do general surgical pathology and heme path. I also volunteer with the CAP Diversity, Equity, and Inclusion Committee, and today I'm here to talk with Dr. Michael Williams.

**Dr. Michael Williams:**

My name is Dr. Michael Williams. I am currently a forensic pathologist and also practice neuropathology as well in a forensic setting. I'm from New York City, originally did my training in Syracuse, New York. Residency, went to Birmingham, Alabama for fellowship and currently in Oklahoma for my first job.

**Dr. Juanita Evans:**

Yeah, so originally from the New York area. How did you get into medicine?

**Dr. Michael Williams:**

Yeah, so born and raised in the Bronx, New York. So you hear the New York accent in the back, but I say y'all now because of Birmingham, but I grew up in New York, so I was in the Bronx and so I wanted to do medicine since I was younger. I went to pediatrician and seeing how much of an influence that was, how they were able to talk to families and treat people and practice medicine, I thought that was very inspirational growing up. And so I said I wanted to do medicine and basically wanted to make my path through that thinking it'll be a straight path from point A to point B, but as life goes on, it really is never that straightforward along the way. I went to community college At first I started out that way because I thought I was going to go to a big four year school, have that experience and then realized that the expense for that was way too much.

And so community college was basically the best thing for me at that time to allow me to grow. And so I eventually measured into engineering sciences, still pre-med and then went to University of Buffalo for chemical engineering. So I did a chemical engineering degree in Buffalo, New York, University of Buffalo, graduated I think 2008. And so I applied to med school the first time from what the website say and everything else says go four years. I did five years of undergraduate. I did three years a community college. I switched from biology to engineering and then you're supposed to apply, get in your junior year and continue on. But that didn't happen for me. So when I got the initial rejection letter, it was kind of devastating because I was like, this is not part of the plan I life was supposed to be one way or another and I didn't get in.

So I did a graduate degree, a master's degree instead. Worked for a year, applied, got into med school. Eventually found that pathology was what I wanted to do. Did my pathology residency in Syracuse, New York and residency or med school. I realized that I do like the anatomical part of pathology. There's a lot of service path or surgical pathology for those who are listening, but also that anatomy aspect as well. So I was looking to do forensics and I think at that time too, people were just like, Hey, you should do two fellowships instead of one. So I was originally going to do forensics and search path, so I did forensics and narrow path and went to University of Alabama Birmingham to do that fellowship and then afterwards decided to go and do my first big person job here in Oklahoma as a forensic pathologist.

**Dr. Juanita Evans:**

Do you feel like any of that chemical engineering background is playing a role in your decision to get into pathology? And in particular what you're doing today in your big person job?

**Dr. Michael Williams:**

It was in a way classes where you can model what you're seeing as a physical process to basically scale from point A to point B. Of course, I'm just basically giving a really broad overview about chemical engineering for sure. But I think in terms of pathology, it helped me understand patterns for the most part. It was just you have these unknowns on one point of the equation, these unknowns to another part of the equation and it's always solving for x. I always thought going through undergraduate degree, but it helped me kind of understand patterns and actually at this point in forensic systems as well. And what I mean by that. So for those forensic pathology, for those who are listening, there's many different people that we talk to outside in forensic pathology. I think the misnomer of forensic pathology is that you just deal with death and dead people, and that's all you deal with.

And that's far from the truth. That's part of our job to understand the cause of matter of death. But we also talk to law enforcement, we talk to lawyers by times families, and what we do for cause and manner actually goes into public health. So when you're looking at CDC and looking at the other aspects about what's driving or what kind of institutes or what kind of disease processes are getting attention for public health initiatives, forensic pathologists are helping with that because assigning cause of matter of death basically. And so I think back then, even though it was just like here I go something complicated, integral differential equation. So that way I have a model to say if I put factor A, this is the kind of factor B I'm understanding it more from a systems perspective, knowing that one thing I do at point A basically affects point B and maybe point C. And I may not necessarily see it at the time, but it does.

**Dr. Juanita Evans:**

Very neat. So the reason why I wanted to talk to you today is because known for a podcast called Diversifying in Path and a lot of people know you for this. So where'd you get that idea for this podcast?

**Dr. Michael Williams:**

The podcast itself, it started fourth year of residency. It was like board studying season. It was back in 2021. And I remember that we were still under the pandemic where we had to really socially isolate from friends, from family, from loved ones and just anybody in general. And so I remember podcasting was a way for me to feel connected still with the world. And so there was also a lot of strength that was going on. Other than that, well too, I mean we don't really talk about it too much, but the pandemic of racism and what was happening and being shown on the news about individuals of color and interactions in the world. And so I just felt like I didn't want to feel isolated and scared and what was going with everything that was happening. And what was pivotal for me is I remember with George Floyd with the death of George Floyd, but I had friends, white friends who came up to me and they were just like, Hey, so this happened, and I read this on our website, I heard this on some podcast or YouTube video about this feeling of isolation.

People of color may have or they said black people in general. How do you feel? And it was very interesting for me. I wasn't expecting that. I wasn't expecting that sort of question. I felt like when anything happens where you feel like unsafe, you don't know who to talk to, you don't know if everybody's going to talk to you, so you try to go through the day as best as you can, knowing there's a lot of internal strife and possible external strife as well too, and you just act differently. We talked and they were just saying, I don't know how to talk to you about this because I didn't want to say anything wrong. And it was just interesting because I was just like, I don't know what would be wrong in terms of having a discussion. And so fast forward back to 2021 and I just said, you know what?

Podcasting, and I would love to have discussion with friends that would basically be vulnerable in a way about questions that I would ask them if it's one-on-one, but having a broader audience talk about it. And so I'll reach out to a couple of friends on Twitter. Would you mind being one of the first people who were doing it? I got a lot of positive responses and so I just went on from there, took some time during board studying of all times to learn how to podcasts. And then when I got to Alabama, did my first episode with Dr. Nicole Jackson, and then it went on from there.

**Dr. Juanita Evans:**

Yeah, so it sounds like early on you found people who were already willing to talk about uncomfortable topics or hard topics, but what kind of insights can you share on getting other people to be more comfortable talking about things that are sometimes hard to talk about and maybe just shared with close friends, but instead of sharing it with close friends, you're sharing it with the entire internet?

**Dr. Michael Williams:**

I would say it is listening. I mean, I know I talked and asked people, but a lot of my way of discussing things was kind of listening for people listening to their perspectives and not interrupting them when they're saying stuff. I think at times when we have uncomfortable situations, it's kind of like how do we navigate through that? And I'm not an expert at it whatsoever, but I think being open about the different kind of questions and topics and actually being, I don't want to say brave, but I guess brave is the word of saying, Hey, by the way, there's this issue I may not identify or be of this race or color or religion, gender, but it's affecting people and how does it affect you? The first thing people are not going to say like, oh yeah, sure, let me tell you about these things. But I realized having that approach kind of navigate how people interact with you and what you can learn from them and what they can learn from you.

**Dr. Juanita Evans:**

Yeah, I will say my commentary from having listened to you of course talking right now, but in some of these podcasts is you come across incredibly genuine and I would say even more so curious. So someone wants to tell you because you are curious and you're invested, and I mean I appreciate that and just in my own life, when we are having, especially the beginning parts of Black Lives Matter, there were a lot of people who would come up to you on the dl, they're like, Hey, can we talk? I need to learn something. And knowing that they were coming from curiosity was disarming like, oh, okay, let's talk. I am happy to talk when everyone gets to learn something about somebody else. So you mentioned you decided to learn this during board studying.

**Dr. Michael Williams:**

I know, right out of all times.

**Dr. Juanita Evans:**

Yeah. Did you just hook up on YouTube and watch a lot of videos or did you know someone who was already podcasting? How in the world did you figure this out?

**Dr. Michael Williams:**

Yeah, yeah, so interestingly, the very first podcast I was a part of, I have to Shut out. She's a student to urologist that focuses on female reproductive health, like sexual health and other aspects of female reproductive systems. And so she has this podcast called the Banner Cry podcast. And so that was the first podcast I've ever been on, and what I've learned was, I remember there was one, I was listening to the podcast to learn rhythm and questioning and how people go through with just a podcast in general. At that point, there were people who've had podcasts for years and there was one guy I was listening to and he said, you could think and just something in general life, you could think and learn and write all the notes you can for as long as you can, but if you don't do it, it never happens. And so I said, you know what? I may not have done this perfectly. It may not be perfect, but I'm just going to jump into it and see what happens. And I learned a lot more from doing it and studying it.

**Dr. Bharti Jhaveri:**

Hi, everyone. This is Dr. Bharti Jhaveri. I'm President of the CAP Foundation.

**Maya Ogden:**

And I'm Maya Ogden, the executive director of the Foundation.

**Dr. Bharti Jhaveri:**

Well, tis the season of giving and Maya and I want to tell you about how your support of the CAP Foundation can help improve health outcomes and ensure the future of pathology.

**Maya Ogden:**

Though the Foundation receives an operational grant from the CAP 100% of our programs are funded by donations donations from individuals like you.

**Dr. Bharti Jhaveri:**

And now Maya will tell you what your donation can help support.

**Maya Ogden:**

Pathology residents who might want to attend a four-week training to conduct research on the delivery of novel biomarker essays for use in clinical studies or a four-week training rotation at a medical examiner's office. You could help to support a global pathologist in developing sustainable pathology technology like a 3D printed microscope or support a medical student, travel to a CAP annual meeting or the Pathologist Leadership Summit. Can you tell everyone about the wonderful donors like yourself who have decided to leave a lasting legacy through their donations?

**Dr. Bharti Jhaveri:**

Yes, of course. Maya. Well, there's my own fund, the Doctors Bharti and Suketu Jhaveri Scientific Education and Research Fund which supports budding pathologists and laboratories. Then there is the Gerald R Hanson Global Pathology Fund which supports international pathology programs and projects that are impactful and sustainable. We also have the Alvin M Ring Future Leaders Fund which fosters strong leaders for our field through scholarships to pathology, residents, fellows, and medical students. And then of course, there's the Gene Herbek Fund which helps institutions host See, Test & Treat programs to provide pre-cancer screenings

and health education to underserved and underinsured patients across the USA. Selecting any of these funds for your online donation will channel your contributions towards the specific cause.

**Maya Ogden:**

Go to foundation.cap.org and click the donate button. You can also find the link to donate in the episode description and make sure you're following the foundation on social media and reading our newsletters so you can hear from awardees who you've had a direct impact on

**Dr. Bharti Jhaveri:**

Your generosity is what enables us to run all of our Foundation programs. And we thank you for your support back to the episode.

**Dr. Juanita Evans:**

What have been some of your big wins over the time that this podcast has been out?

**Dr. Michael Williams:**

Yeah, I think and professionally I was able to go, and this is just an idea I had and it was a creative aspect and I never really thought would go over, so just to give people more aspect about the podcast in general. I honestly thought this was going to be a 10 episode thing, just 10 episodes going from there, identify as black and queer, and so I thought it was going to be just about black and queer stories and I was like, well, why do I limit it? This I have more stories. And throughout the time I've learned about talking to physicians and actually understanding where they're coming from as attendings versus a trainee. I feel like at times you go through training and you feel like, oh, okay, they live a totally separate and different life and they know everything and I'm still training, but it was just so fascinating and beautiful to see how people are still processing. I've learned things about from the perspective of females and for example, children and the choice of having children, and one of the questions I had one of my guests, season one episode 12, Dr. Mary Gomez about she was a co-resident, so about having a child during a pandemic and what she felt like coming back from the maternity leave that she had.

I think the question is there ever a perfect time to have children or a family or sort of family during any part of your training? And there's there's no perfect time. There's no perfect time with that, but also other people who came and discussed, and I'm going into it because I'm just like it's all coming back to me, but I've had people just discuss about how their viewpoint have changed just from living life and it just felt like at times we have medicine as this platform. We have medicine as a way of helping people. That's what we're supposed to do, but at the same time, it kind of feels like we are just looking straight vocally at the science of it, and the health aspect varies depending on how you grew up and how you see the world and how that affects other people.

**Dr. Juanita Evans:**

We kind of talked about this, how did you handle the training fatigue but still having this creative spark in you that wanted to keep moving only one person, the energy can't be infinite.

**Dr. Michael Williams:**

It was right? Yeah, and that's why I think it was the adrenaline, okay, boards are done. I'm a fellow, I'm a different part of my life. So much stuff has happened and I just feel like I need to find a way to deal with that. It was kind of a healing journey for me as well too. And so when I originally set up to do it again, this was going to be 10 episodes even at that, but it was just, I don't know, it became this curiosity for me where I was just like, okay, let's set up on a weekend sometime and I spent an hour or whatsoever we're talking to whoever the guest was and then spend two or three hours throughout the week split up to edit the episode and send it out. I'm like, Hey, what do you think about this? And then kind of just do that on a weekly or biweekly schedule. And so it was really interesting doing that, but now, yeah, realistically, can you go on and do this forever? I stopped in my forensics fellowship because I wanted to focus on the forensics aspect as well.

**Dr. Juanita Evans:**

You're like, Hey, it's Dr. Williams on editing. Dr. Williams on the line.

**Dr. Michael Williams:**

I didn't have a team. I didn't have anybody. It was me writing the questions, me sending out scheduling, doing the recordings, editing of recordings, sending out to people, making sure it's okay. A lot of the stuff that I was just like, oh, wow, literally, I can see why this could be a full-time job for somebody, but I was just so, so curious and not curious, oh, to sad, a curiosity, but more of learning what the world is like and why when people are saying things like, wow, I never really thought about it from that perspective, and here I am with these identities and I just never really understood how other people's identities affect their lives here and there. And so just for those two mean four seasons, four seasons for those two years, I said, you know what? I'm just going to go through it. And then when I stopped it, I thought, I'm going to stopped it when I put it on pause at first, and I'll be honest, I thought it was a personal failure. I was like, wow, I was on this track and journey and it stopped and I was like, is that a failure for me because I didn't have enough time to put into this podcast along with training or do I just stop and then come back to it? It was for a bit, it was kind of a mental struggle for me about doing it.

**Dr. Juanita Evans:**

The amount of weight that comes off of your shoulders starts to leave room for these not little, these cool ideas like you had with this podcast. I wonder if that hump going from a resident to fellow where there was maybe a minute of breath is what will allow this idea to germinate, and I don't know what the future really holds for this, but perhaps you'll get into another period where the clouds open up and new opportunities, new ideas, new ventures, become something that can fit into your life. Again, I think I shared with you, I really felt like this podcast really showcased who pathologists are and some of the ancillary people who are also connected to pathology and just generally a humanized our profession, and I wonder what are your thoughts on its impact and making people think about pathology as actually a profession willing to go through all that we went through to get here and be part of this group?

**Dr. Michael Williams:**

Yeah, no, I mean, so I'll use an episode of the podcast, Tay Harris. She is a pathology assistant, so I use this as a story and then I'll get to the question, and so she came on and she talked about being black. She talked about having her black care just coming out naturally because that's who she is, but also being able to be comfortable with being a pathology assistant where she works at her husband who was also working at UAB at the time too. Her husband came up to me and was like, I have to tell you, this student heard her episode and reached out to her and wants to be a pathologist assistant because she didn't know people who looked like her could do that, and she didn't even know it existed. And so I think hearing these stories, hearing what people do and how they serve medicine in a different way outside of what we're traditionally taught, go into different careers or different fields, not that it's a bad thing at all, but with exposed to something that you could potentially get so much out of. I think you don't know about it, but I also think it helps us think about what else we can do besides just diagnosing at the slides or diagnosing and going from there. I think people impression of pathology gets is, oh, so you just deal with dead bodies

As the first thing, pathology dead bodies, and there's no medicine or nothing in between. It's just like that dead bodies and that's it, and we do so much more and we could do so much more. Especially for example with CAP, they have the advocacy as where they go on the Hill and they're talking, they have CAP has leadership engagement for residents. I think there's a lot of things that we can do and grow as leaders and grow as physicians, and I think pathology is such a great way to get introduced to that. Even though you go through residency, you're like, oh, okay, what am I going to do? And I had all these grand goals, but do wow. You kind of figure out things you can do and open avenues you just never knew existed.

**Dr. Juanita Evans:**

Right? I mean, honestly, that is a wonderful story about this woman who thought she could be a path. I mean, that is a wonderful story and I think a testament to what I feel a lot of us feel when we listen to this podcast from you.

**Dr. Michael Williams:**

I had an episode with Dr. Carlos Parra-Herran, he's at BGH and he talked about neurodivergence, he talked about the different he had with OCD and what he would do and how that affected him when he was signing up reports. I'll say he's went to different conferences and basically has used that as a platform to talk about neurodivergence. I think in general that was one thing that we talk about differences, but we don't talk about the differences of thought or differences of thinking. I think we come in thinking that we all have this one way, but we have to follow this one way, but the creativity and the different aspects somebody thinks about or looks at a problem, it's just so valuable I feel like, and I would love to explore more of that space. I think neurodivergence was one of the things that one I would love to have talked more about with different guests. For those who are open to talk about that, I feel like at times it's still one of those things that people don't discuss. Another story, multiple stories, actually, Dr. Nicole Riddle, and so we talked about disability. I had two guests who came on talk about disability. She was one of them. She talked about or discussed about, okay, if I'm going out with friends and people have to be mindful of the fact that if it's the second story and it's only stares to get up there, it's not something that's accessible for me.

We were at a conference at USCAP and I came up to her and she was sitting on her in her wheelchair and I was like, oh, hey, and I'm like, wait, I'm this tall guy, just whole person hovering over her, and she got up and she stood up and we hugged and I said, Hey, I just want to let you know. I didn't know. How did you feel that in that interaction? I felt like I was hovering over you and taking over a space and feeling discomfort. I felt like I was making you uncomfortable. She's like, no, I was all right, and we just gave each other a hug, and so it made me kind of really think about, wow, here I am, I'm like, okay, whatever. The people who are able to walk and stuff and here I am just still hovering, but I was glad I had that conversation and discussion. She educated me about people with different abilities and how that works, especially when in real life, how does that work? How does that affect them and being friends and allies, how do you help them feel part of the group as well?

**Dr. Juanita Evans:**

Yeah. I think what I've liked about your podcast is it does talk about the things that make us unique and not all of them are visual things by any means, and so I think that's a really good set of points that you made about the neurodivergence and anyway, like I said earlier, I was like, yeah, even your training background makes you think in a totally different way than someone like me who's purely science or someone else. You may have come from an art major, you know what I mean?

**Dr. Michael Williams:**

It was one of those things that I was hoping that kind of gets to the point of I'm talking to this one person about that experience. They don't represent everybody. They're talking about their experiences and I really hope that message made its way out to the world, but I'm glad that people, and I was so happy and just felt very, very honored is a word that people really were able to share stories because they're like, yeah, sure, no problem. I'm like, no, you have no idea. Years ago people were talking about diversity and it felt like if you talked about something like diversity or how I felt this way or stuff that had nothing to do with any institution organizations, they were part of it kind of felt like we know there, but we try not to talk about it in public too much. It feels like you're othered and what are repercussions are you're going to have, because you said something on a platform, it was really great that they shared their experiences and how they use those experiences to make them the pathologist and even medicine physicians that they are, and the other pathology staff that came on the interview, the podcast as well.

**Dr. Juanita Evans:**

Absolutely. It's a wonderful tool and thank you for putting it out there.

**Dr. Michael Williams:**

Thank you. Thank you for the kind words. I appreciate it.

**Dr. Juanita Evans:**

If you liked this conversation that we had today with Dr. Williams, maybe consider joining the CAP's Diversity, Equity, and Inclusion Committee. We're a group of like-minded but very unique individuals who want to make progress in the DEI kind of space, really focusing on that inclusivity. You can be a resident or you can be a practicing fellow. Either way you like to go join us cap.org and we can get you an application.

**Becca Battisfore:**

Thank you, Dr. Evans, Dr. Williams for this lively conversation. And we'll have a link to Dr. Williams podcast in our show notes. And I want to thank you all for listening to this CAPcast. For more information about the CAP, visit cap.org.