Hello. This is Evan Schneider, and welcome to Let’s Talk About, produced by the Pace Center for Civic Engagement at Princeton University. In this season of Let's Talk About, we are featuring Princeton University students who are passionate about making service a part of their Princeton experience and living lives of service after they graduate.

Katie Tam is a rising senior from Northern Virginia. She's concentrating in the molecular biology department while also pursuing a certificate in journalism. Outside of the classroom, Katie is on the student board for Breakout Princeton, a program that provides immersive service learning trips over fall and spring break. Additionally, Katie volunteers for Ascend Hospice, writes for the Daily Princetonian and works for the Nassau Literary Review. Katie, how are you doing today? Thanks so much for joining us.

Katie Tam:
I'm doing well. Thanks so much for having me.

Evan Schneider:
Katie you're on the Breakout Princeton board. So I want to start with that. I want you to tell us a little bit about your work with Breakout and how did you get involved originally with Breakout and why do you choose to serve on the board?

Katie Tam:
Sure. So I guess I can start with how I got involved with Breakout in the first place. So I went on a Breakout trip the spring of my freshman year, and it was a trip to Philadelphia about mental health. So exploring different aspects of mental health, I guess I wanted to go on the trip because I'd never been on a trip like that before. I just wanted to see what it was like, and [inaudible] interesting, and I was interested in mental health, so I really enjoyed my breakout trip. I think I was expecting one thing and experience something else, but I think what I got was better than maybe what I expected. So I feel like when I heard that it was a service focused trip, I thought maybe we would be doing some direct community service, which we did.

We landscaped a garden for a church nearby, but it was different than what I thought. I thought maybe we'd directly be working with people in Philadelphia or something like that. But it was more about the learning experience. We met with a lot of different community partners that told us aspects of mental health that I didn't really think about much or expect. I feel like back in high school, my perception of it was like, "Oh, everyone gets stressed out", or something. But I knew there was more than that, and I feel like I got that out of the breakout trip, for example, we met with an organization that works with immigrants or undocumented people in Philadelphia and they had challenges that were mental health related, but also beyond that, in addition to not being able to get access to healthcare services and not having lot of job security or accessible childcare, that kind of thing, which also factored into the mental health umbrella.

So yeah, so that was how I got involved and then I just really liked the experience. So I wanted to help other students have the same experience that I did, so that's why I joined the board. Before you go on a breakout trip, usually your trip leaders and the participants will go on pre trips, which are things to get you prepared. You'll read articles or you'll watch a movie that's related to the issue. And then after the trip you have something called a post-trip, which is like an activity or an event that you do to continue reflecting upon and engaging the community about your issue. So for example, if you went on
a trip about ... a recent one was education and educational disparities in Chicago, then if you came back to campus, I think the group was planning to do something about making the creative writing workshop for students.

It could be a club or an activity, or just having a speaker on campus or having a faculty dinner, anything that just keeps interest in the issue. And I guess I was interested in that because I wanted to see how we can go beyond just a one week experience to something that you can continue to engage with throughout your time at Princeton and also beyond. And I guess that's one thing that I really liked about Breakout is that at first it seemed to me like a one time service thing, like, "Oh, one week you do service and then you're done." But actually it was more of an opening your eyes or learning more to something that will come later. In other words, there's not much you can do really in that one week, it's more about preparing you to engage with the issue or maybe prepare you to do service in the future.

Evan Schneider:
I really liked that framing of what Breakout is and what it's for and what it's not especially, because I think a lot of the students that we work with, they want to have an impact and people who do service often want to have an impact. They see an injustice in the world, they want to change it or something like that. But what the breakout program does is really, like you said, prepare you so that when you are in a position to have an impact, you have a little bit more background about a group of people or an area of concern in society. And so that training becomes really important. So Katie, what are you doing this summer?

Katie Tam:
I'm a rising senior in the mold department. So my initial plan was to do thesis research, so lab based research on campus and that was canceled. So I'm trying to do some computational thesis work and... Yeah. So I'm doing that. I'm also trying to do a journalism fellowship. I'm hoping to actually do a science story on wastewater surveillance. I don't know if you guys have heard a lot in the news. Some cities are trying to monitor their sewage to see if there's coronavirus or to predict COVID-19 before people actually get sick and is actually something that cities have been doing for many years now, especially in Europe. I think they monitor it for polio and you can also monitor sewage for a host of other diseases and illnesses. So it's pretty interesting topics. I'm hoping do some reporting there too.

Evan Schneider:
I've actually heard of that, testing sewer water to predict where to expect an outbreak soon. I think that's a really interesting area of study, especially right now. So be interested to read whatever you put together.

Katie Tam:
I hope it goes through. I'm hoping to talk to this one professor in Arizona who runs... I think he calls it the human health observatory. So he's monitoring for things beyond just viruses. He's also looking for certain markers that can maybe detect exposure to dangerous chemicals or maybe even chronic health diseases, like diabetes or something. I didn't know anything about that. So I'm hoping to get in contact with him and people like that.
Cool. When you do service, have you seen that it affects the way that you see yourself or the world around you?

Katie Tam:
I can start by maybe with the word service. I don't know. I guess beyond the Breakout board, a lot of the times, at least for me, and I think for some of my other fellow members on the board, it can be frustrating because we feel like we're not doing anything. We feel like we're not doing service at all because we don't directly work with communities. And I guess I also do other forms of service in addition, I also volunteer with hospice and I guess that's a direct connection with communities, but I think what being on the board and the larger framing of the Pace Center has taught me and probably a lot of other people is, first of all, you can't just go into community and say, "I'm going to serve you", because you really need to learn what the community needs, if anything at all, and what you can do to be most productive and efficient and helpful if you can.

I guess service can also mean just learning about things in a way. I guess the way that I can say it is a lot of different things can be service, even if you don't necessarily believe that it is. If you're a biologist researching a disease in a lab, a lot of people think that's your job and your work. And that is. You're getting money from it and you're probably really intellectually invested in the thing, but it's also helping a lot of people probably. You're going to find something that might cure a disease or solve a medical mystery or something. And that's also a form of service, a lot of different things can be service, even if you don't imagine it to be.

Evan Schneider:
I definitely agree with you. And in fact a lot of people look to us on campus to define service for them. And that has been not easy because there's just so many things that depending on the context, it could be considered service or not. You mentioned medical research, that's a really excellent example actually of something that could or could not be service. And I think it really depends on where you're doing the research, what company you're working for, what that company is going to do with the information that you're researching. If they're just going to use that medicine to make money or something like that, then maybe it doesn't quite count as service, so it becomes complicated really quickly. And it's really almost impossible to nail down for any one thing. Is it services, is it not service. It's really hard to tell.

Katie Tam:
Like you said, not all the research is beneficial. And also if you are doing research for a company that is, for example, now a lot of people are talking about how high drug prices are, and that seems not helpful or serving anybody, yet the drug itself is probably benefiting a lot of people if the healthcare system could get its act together and lower prices where people could actually afford it. But that's probably another issue altogether.

Evan Schneider:
We're kind of skirting around the issue of medicine and things like that. And I know that you're interested in going into the field of medicine. So I was just curious, how will your service experiences shape the way that you pursue medicine and do you anticipate practicing medicine differently because of your service?

Katie Tam:
I guess this is a question that I've been thinking about a lot and probably have to, because I'm applying for medical school. So it seems like a question that I'm commonly getting on application type materials. I'm interested in being a physician scientist, so doing both research and seeing patients. And one thing is just through service I've interacted with patients like I mentioned, like hospice volunteering. I definitely think that that's shaped my feeling of what doctors do for patients.

When you volunteer for hospice, you're really not providing any medical services directly. You're there to just be there for the patient, be present. We have these meetings with the Reverend, which are debriefing sessions about hospice volunteering. And she uses the phrase "ministry of presence". It's about just being there and being comforting, sort of what I was talking about just now, what is service? Many things can be serviced. And also what is patient care? Well, it's not necessarily providing medications or [inaudible] prescriptions. It can also just be listening or even just being there for the patient, being a comforting presence, which is so much more difficult now that we're in the middle of pandemic. How can you be there? Now nursing homes and residence nursing homes can't really see their families. So it's also a challenge to see how that will be going forward.

Evan Schneider:
I went to seminary, so I know a lot of chaplains and I remember in a class, it was a theology class, one of the professors got off topic a little bit and was basically like, "If you are getting into theological points in a chaplaincy visit or in a pastoral care visit, you're doing it wrong." He's like, "The most important thing that you can do is show up, one and shut up, two." That really pastoral care is all about listening. So I think you've done a great job of articulating that. And I think that lesson will be so valuable to you as you move forward in your career because I also have a daughter with special needs. We interact with doctors a lot and the "bedside manner" or whatever that they want to call it. It matters a lot in how parents are perceiving you, how the patient is perceiving you, your level of care could be the same across say three different experiences. But if one doctor is more approachable than another doctor, the patients and the parents are going to have a lot better experience with that doctor. So that's awesome. I love to hear that in future doctors because it's something that I feel very passionately about.

Katie Tam:
I'll just add on really quickly to that. I'm a pretty reserved introverted person. So I guess another thing that I've learned is that that bedside manner, it doesn't necessarily mean being super extroverted and also it's something that you can cultivate. Probably my first couple of visits with the patients, I felt very, very awkward and really didn't know what to do. But later on, I became more comfortable and I also took cues from my fellow volunteers who might've had more experience or might've felt more comfortable with being around people they didn't know. Anyway it's something that you can learn and be more comfortable with over time. It's not like everyone who's a doctor has a good bedside manner was just born with it. So I do feel like it's something you can get better at over time.

Evan Schneider:
And I think it's a skill that you can continue to develop. It's one of these things where if you feel like you've got that part figured out, probably you're missing something somewhere. So I'm going to move forward. We like to ask these questions to all of our guests, but especially given the context of what's going on in the world right now. I just want to know what are you passionate about right now?
I feel like there's a long list of things that people can be pretty passionate or passionately angry about right now. Clearly in the past couple of weeks, it's like a thing that's just bubbled up to the surface, even though it's been here for years and for centuries, the racial inequality, the injustice in this country and also around the world. We've seen the killing of George Floyd has sparked protests across the world and not just in the US, and it's because these things are everywhere. And also just being interested in medicine, this whole thing with mismanaging and bungling the COVID-19 epidemic just makes me angry every day because there's so things we could be doing that we're not. Trump is just... I guess he's driving everyone nuts, but he's just... I don't know.

He literally just checked off every single box for something that you shouldn't do and just did it, like holding these huge gatherings indoors and rejecting masks. I feel like I don't really have a right to be too angry about it though, because it's something everyone's dealing with. I guess by that I mean everyone is angry. So I guess that doesn't mean that I don't have a right to be angry about it.

Evan Schneider:
Another thing that they just decided was that they're shutting down all federally funded testing sites.

Katie Tam:
Yeah. So basically the communities that are most vulnerable to COVID can't get tested. Yay. Great. See, that's what I mean, it's just a barrage of terrible information. And I think a lot of us at this point are just like... I don't want to say numb to it because I don't think we can ever be quite numb to things, but it's just like... I don't know, what can you really do?

Evan Schneider:
It does become very discouraging.

Katie Tam:
Yeah. It is discouraging.

Evan Schneider:
That's also why we like to ask this other question, which is, what are you feeling hopeful about right now?

Katie Tam:
I've been hearing a lot about things, for example, like mutual aid networks. People just helping others in their community and not necessarily relying on outward bureaucracies or organizations to do things for them. I think I see hope in that people are still supporting each other and helping each other, despite what the government or other people might be doing wrong. I don't know. I'm pretty cynical about these things and that I always feel like there's a catch. And whenever I hear people saying things like, "Oh, I'm hopeful that this pandemic is going to [inaudible] a huge change in our society." I feel like to some degree, people are just going to go back to the way things were before. Even with the Black Lives Matter protest, coverage of them has been going down.

But then it doesn't necessarily mean that awareness around the issue is going away. I guess what gives me hope is that... I think I read something about how people feel like the abolishing the police idea has just come out of nowhere when actually it has not come out of nowhere. No, it's been here for many years and I think even decades. I don't know all about this issue, but that's what I've
heard. It's not like every single person on the street is going to dedicate themselves to that issue. That's not going to happen. And I feel like sometimes when I hear people say, "Oh, I'm hopeful that this is going to change race relations in our country forever."

That's what makes me doubtful because I feel like it's not going to have a huge sea change, but there is going to be a group of people that maybe are aware or more interested in the issue, and they're going to keep pursuing it as maybe something primary, maybe they're going to be joining an organization or they're going to find a job that actually works with this kind of thing. So I guess that's what I'm hopeful about, that even if there's not a huge change in the system or whatever that means, there's going to be a group of people that realize there's something wrong and are going to keep working to do something.

Evan Schneider:
I really like the idea of feeling hopeful about some kind of mass awareness change that you're seeing. It may or may not result in policy changes or reality changes yet. Personally, I don't know about you guys, I'm seeing people in my life saying things that I've never seen them say before, and that is a point of hope. It's a very small step in the right direction, but it is a step in the right direction. Katie, thank you so much for joining us. We really appreciate your time and your perspective. Wish you the best this summer as you work in your lab and as you do that journalism work. So thank you again for coming.

Katie Tam:
Yeah. Thanks so much for having me.

Evan Schneider:
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