Objectives

Enable health sciences students and staff to engage in dialogue to:

- challenge common prejudices in a positive manner and to
- promote empathy for the patients and families they encounter.

Results

Brief Description:

- Adapting an international program, The Human Library, the library recruited ‘books’ who had experienced discrimination based on aspects of their lives such as race, sexual orientation, or disability.
- Two events were held, one in the spring, 2014 and one in the fall, 2014.
- During the day-long events ‘readers’ borrowed ‘books’ for 1:1 private half-hour conversations.
- All participants were invited to a concluding reception to discuss their experiences.
- Library staff monitored the event and gathered evaluations from books and readers.

Conclusions

Outcome:

- The spring event hosted 6 books with 20 readers and the fall event had 7 books with 25 readers.
- The response from all participants was overwhelmingly positive.
- The institution featured the event in a campus newsletter.
- Plans are underway for hosting an annual Human Library.

Methods

Setting/Participants:

- Academic Health Sciences library serving students and staff in an urban hospital and university.
- The ‘reader’ participants included students, staff, and faculty from the academic medical center.
- The ‘book’ participants included volunteers from both inside and outside the institution.

What is The Human Library?

The Human Library offers ‘readers’ the opportunity to ‘check out’ a ‘live book’—a volunteer who has agreed to spend 30 minutes in a 1:1 conversation. Each volunteer book has experienced some form of discrimination (such as, intolerance, bigotry, inequity, or prejudice) because of who they are.

The Human Library Organization (www.humanlibrary.org) has its roots in Denmark where it was started in 2000 as a way to help stem the tide of youth violence. The success of the program led to its implementation at schools and universities throughout Europe to help combat prejudice. Now it’s taking hold in the United States. Jefferson was the first health sciences university in the U.S. to participate.

Book Titles

Readers were asked: Do you feel that you have learned anything about prejudice, stigma and discrimination at the Human Library?

- “Certainly, I learned how invisible disabilities can have just as much discrimination as those more visibly present and how the stigma can prevent people from getting the help people need. Access to good care and people who are understanding can make a world’s difference.”
- “Yes, he was automatically thought to be well suited for heavy labor because of his size & stature, yet was disabled but could not disclose this. Therefore, I can see the constant social and career struggles on top of the chronic pain and emotional troubles.”
- “This profoundly changed my perspective on L.G.B.Q. community because I was able to ask social/personal questions I have always wondered. It will greatly shape my development into an educated physician.”
- “Well, it raised my awareness of how we as a society stigmatize certain groups of people, which affects their ability to get help.”
- “Yes, key is open communication and respect for differences/diversity. Shocking that some people think it is okay to refuse a kidney transplant or fire people because of sexual orientation.”
- “Learned a lot more about the patient-side of the E.R. experience, and how important it is to take care of the emotional well-being of patients during trauma call as well as the physical.”
- “You cannot judge a book by its cover, you’ll find that true at the Human Library.”

Reader Reviews

Book Reviews

Books were asked: Is there anything you would like to tell us about your experience at the Human Library today?

- “Wasn’t sure what to expect but felt that the interviewers were well prepared with questions, professional, respectful of how they approached topics. Not awkward or uncomfortable at all!”
- “I really appreciated conversation with many of the students, and I learned a lot from them.”
- “I learned how invisible disabilities can have just as much discrimination as those more visibly present and how the stigma can prevent people from getting the help people need. Access to good care and people who are understanding can make a world’s difference.”
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