Next Generation Leadership: A Conversation About Equity and Inclusion

Paul L. Petersen, MD FAAEM and Italo Brown, MPH MD

If you have thumbed through *Emergency Medicine News* on the counter of your emergency department during the last year, you cannot help but notice the eye-opening and informative articles by Italo Brown, MPH MD. Dr. Brown recently finished his Social Emergency Medicine Fellowship and is now Clinical Assistant Professor of Emergency Medicine at Stanford University Hospital. He is Co-Vice Chair of the Diversity, Equity, and Inclusion (DEI) Committee of the American Academy of Emergency Medicine (AAEM).

The son of a firefighter in Sacramento, CA, Dr. Brown (Morehouse College '06, Boston University '08, Meharry Medical College '15) completed his residency at the Jacobi/Montefiore Emergency Medicine Residency Program of the Albert Einstein College of Medicine, where he served as Chief Resident. He splashed onto the national media scene with a highly popular and entertaining GQ web series installment on *The Breakdown*, where he humorously dissected inaccurately portrayed injuries in popular movies such as *Scarface, Titanic,* and *Kill Bill 2*. It went viral. After residency, he set his sights on Social Emergency Medicine at Stanford. His work includes an innovative pipeline leveraging the cultural capital of barbershops (Trust Research Access Prevention (TRAP) Medicine) for wellness and to encourage African American teenagers to pursue medicine. Throughout his career, Dr. Brown has been at the frontlines of social medicine and health equity. He is a former board member of the Tennessee Health Care Campaign, an organization that spearheads statewide advocacy efforts in support of the *Affordable Care Act* and Medicare/Medicaid reform. In 2017, the National Minority Quality Forum named Dr. Brown among the 40 Under 40 Leaders in Minority Health. He is an avid writer and has contributed to *The Washington Post*, JAMA, ABC News medical unit and *The Root*. Dr. Brown has been named Health Equity and Social Justice Curriculum lead for the Stanford School of Medicine and is tasked with integrating diversity, equity, and inclusive content into the medical curriculum.

Recently, the DEI Committee leadership of the AAEM put together a list of questions for Dr. Brown.

QUESTION: Why did you choose medicine as a career, and what influenced that choice?

DR. BROWN: I knew from an early age that I wanted to be in medicine, to provide care to people. The major influence came at Morehouse College, where I shadowed a physician and witnessed health inequity. It created a desire in me to pursue both public health and medicine.

QUESTION: Before you went to medical school, what were your greatest challenges and how did you overcome them?

DR. BROWN: To be frank, I had confidence issues and academic hurdles after high school. I had difficulty performing well on tests, and thus had test anxiety. There were some failures and rejections, and I was quite hard on myself for those. It took time to rebuild my confidence, better understand how I learn, and forgive myself for not being perfect. Core to this rebuilding of confidence was support from others and my belief that I would be the type of physician who would resonate with patients who face health inequity.

QUESTION: You mentioned support from others. Did you have mentors along the way?

DR. BROWN: Most definitely — I had both near-peer and senior mentors, and friends, who were invaluable and to whom I am incredibly grateful. Ngina Lythcott, the Associate Dean for students at the Boston University School of Public Health, was the first person at Boston University to make a significant investment in me. She taught me how to study, set a sleep schedule and carve out sufficient time to tackle tasks effectively. Dr. Alden Landry helped me enormously throughout medical school and was instrumental in my getting a residency. Dr. Aleron Kong talked me through each step of medical school residency and my early fellowship/young attending life. In addition, friends who were pursuing medicine (such as Marcus Emebo and Michael Adams) constantly shared their knowledge, insight and experience. This helped me be a better applicant and perform better in interviews and on exams.

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QUESTION: What were the greatest challenges on your path from medical school to residency?

DR. BROWN: The path from medical school to residency is difficult for everyone, and it was difficult for me. I believe that the usual challenges were heightened because I graduated from Meharry Medical College, an HBCU. For example, many people I encountered didn't know what or where Meharry was. There was an incorrect perception that because Meharry didn't have an emergency medicine program, the school was behind the curve. So, I felt that I had to work harder to prove that I was as competent and capable as graduates of other schools.

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QUESTION: Can you talk about your podcast for GQ, which I understand went viral, amassing more than three million views in less than one week?

DR. BROWN: I did an installment for GQ's web series "*The Breakdown,"* in which I commented on the portrayal of injuries in movies, such as *Scarface* and *Titanic*, among others. GQ had other Black men in the series, but I think I was the first Black doctor. It was a lot of fun and I am blessed that it was so popular.

QUESTION: Can you describe your work at Stanford in social emergency medicine and your efforts to advance people of color in medicine?

DR. BROWN: Initially, I came to Stanford on a fellowship focusing on social emergency medicine, which examines health disparity issues in emergency departments. Stanford welcomed me with open arms, and I was able to explore social determinants of health, health equity and strategies to reduce or eliminate health inequity. My efforts to advance people of color in medicine have been amplified at Stanford, where folks think about ways to structure the work, create data, and drive results and interventions, eventually sharing those with the broader research and medical community. Collaborating in this way has been a game changer. The emergence of both COVID-19 and the current social justice climate has made these explorations and collaborations particularly vital.

QUESTION: Can you describe the hardest day of your life?

DR. BROWN: That is tough. The hardest day of my life was probably when my mother passed, a few years ago. I had been Chief Resident for less than a month at the Jacobi/Montefiore Emergency Medicine Residency Program of the Albert Einstein College of Medicine where I trained. I received a frantic phone call from my dad, who had been a firefighter for 30 years…he had taken my mom to the hospital — she had been coughing up some blood — telling me that my mom wasn't breathing and that she wasn't awake. I could hear the physician in the background trying to tell my dad that she needed to be intubated and that she needed to have CPR performed. It was as though I was two people listening to this: One was a panicked son, and the other was an emergency physician, picking up all the small things that the ER doctors are saying and doing, taking some comfort from understanding what they were doing. But it was late and, as hard as I tried, I could not book an immediate flight out of New York. I was destroyed, because I couldn't get back home…I could not use my knowledge and skills and training to talk my dad through what happened and what was going to come next. So, yes, it was a very tough day.

QUESTION: As a child, my parents and grandparents reinforced the belief that Black people had to be twice as good to receive half as much. Do you share this belief?

DR. BROWN: I do share this belief. People of color are taught it early in life. That it must be taught makes me incredibly sad. But it does have to be taught, because we can't take the risk that it isn't true.

QUESTION: Wanda Sykes called on white people to "step up" and challenge systemic racism. She stated: "White people you have to fix your problem…we [people of color] are not the problem…the only way racism will stop is when white people tell white people to stop being racist." What are your thoughts on this assessment?

DR. BROWN: There is truth in this. There must be conversations amongst white people, about equity, with and without people of color in the room. But they also must act. For example, minorities are typically burdened with extra responsibilities, without compensation, in the name of efforts to achieve diversity…the so-called "minority tax". So, yes, I agree that white people need to step up and participate in equity education.

QUESTION: How can physician allies of people of color help change the disparities in emergency medicine? What do you consider the top five actions they can take to effect change?

DR. BROWN: First, initiatives to eliminate disparities in emergency medicine must be valued through adequate funding. Training for this must be compensated at the same level as other areas of emergency medicine. Second, training (such as implicit-bias training, microaggression training, and training to understand and deconstruct privilege) must be developed and implemented at all levels of emergency medicine. Third, education curricula generally must be overhauled so that the pipeline includes equity education much earlier. Fourth, community-based programs must be implemented. Underserved community members should be involved. Fifth, the specialty must *officially recognize* racism in emergency medicine as a public health crisis.

QUESTION: Recently, some institutions have begun to cancel diversity, equity, and inclusion programs. What can we do to combat this? How can institutions make these initiatives sustainable?

DR. BROWN: We need to encourage our advocacy arm to use objective data to show that diversity, equity, and inclusion programs result in improved public health and thus are integral to the success of emergency medicine. And we need to demonstrate that offering these programs attracts today's students, who value and seek out institutions that have them. Institutions need to embrace and lead the trend in medicine towards diversity, equity, and inclusion, particularly at the level of those entering medicine. This will attract the kind of medical students we want in emergency medicine: folks who are self-starters, critical thinkers, problem-solvers, and doers; folks who focus on more than just preparing for a board exam or getting a job. We need medical students, indeed all emergency physicians, to understand the social underpinnings of medicine to ensure equitable outcomes for the patients they see. In terms of sustainability, we need to ensure that we encourage dialogue, including, for example, by pairing students and residents with mentors who have seen it, done it, and lived it. I believe that equity and social justice education in medicine aligns with the reason that people are drawn to this profession in the first place: the desire to help people. Change is not going to happen overnight, but I am hopeful that ultimately, we will make it happen and get it right. If any group of people can do it, emergency physicians can. We are built for this. ●