As the COVID-19 pandemic continues in waves of terror and uncertainty, leaders in academic medicine are faced with a crisis that predates the emergence of the novel coronavirus: institutional racism.

How do leaders overcome our own complicity in healthcare systems that create worse health outcomes for men and women who are Black compared to those who are not Black? What are the specific actions we can take in our positions of power to promote equity and be anti-racist? In this issue, we hope to address some of these questions.

We present three perspectives that offer ways to move beyond statements and sympathies to action. Dr. Vanessa Grubbs writes of her own experiences in academic medicine with institutional and structural racism and presents concrete ways to overcome those forces. Anton Gunn, as a chief diversity officer and former advisor to President Obama, spells out a leadership action plan for those seeking to turn around their workplace culture. Dr. Anna Volerman summarizes the Society of General Internal Medicine position statement on the internists’ role in social determinants of health.

We hope that this issue finds you safe and with an opportunity to lead your areas to a return to better, rather than a return to normal.
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doesn’t mean it didn’t happen. Real action goes beyond, “I’m sorry that happened to you” or a one-time “diversity” training. It requires shifting to a culture that allows open dialogue and continuous learning at all levels—no one can be exempt.

It’s time for academic medical institutions to prove their statements aren’t just pretty words by acting to create diversity, equity, and inclusion that matter.


References

My pending exodus from academic medicine after 15 years is prompted by my belief that the institutional and systemic racism so obvious to me would never be fully acknowledged, much less addressed. This belief was formed after several experiences that left me—a Black woman—feeling stifled, unheard, unvalidated, unsupported, and concerned for my health.

Too often, academic medical institutions’ idea of addressing institutional and systemic racism begins and ends with naming a titular diversity-equity-inclusion chief. Every so often, they tout their racial and ethnic diversity, not mentioning that it resides primarily in janitorial and food services, while historically underrepresented groups remain largely absent on the path to full professorship and division chiefdom.

But now, we find ourselves in an unprecedented time. With COVID-19 disproportionately affecting Black, Indigenous, and Latinx communities, and after the murders of Ahmaud Arbery, Breonna Taylor, and George Floyd, academic medical institutions are issuing pretty statements declaring that Black Lives Matter and denouncing systemic racism. I hope they will take real action to address these issues within their own hallowed walls.

At the trainee level, real action is offering faculty and leadership positions to non-prototypical candidates. As the only Black member of division-chief search committees, I often heard colleagues remark that the Black candidate’s CV was thinner than the White man’s—fewer manuscripts, leadership positions, and grants—without acknowledging that the White man had been groomed, sponsored, and uplifted by people who looked like him throughout his 400-year head start. And without ascribing value to the time and energy Black candidates had dedicated to recruiting and mentoring people who look like them.

Black-CV “thickening” requires not only valuing these beneficial nonacademic endeavors but also inviting Black faculty to lecture on topics beyond racial disparities. There were no lectures by Black people when I was in medical school or residency, and the only ones during my fellowship were by me. A five-day nephrology board review course I attended last year included no Black presenters. Our absence on such platforms implies that there are no Black experts on any topic except race.

Once Black candidates have opportunities, institutions must provide support to ensure their success—including equitable financial support. According to the 2018 Medscape Physician Compensation Report, Black men make less than White men and Black women make significantly less than everyone else. Yet, institutions shouldn’t just focus on the number of prototypical minority faculty in leadership positions—the ones White people feel comfortable with because they settle for micro-incremental change rather than upset the White establishment. These prototypes lull Black junior faculty and trainees into a false belief that a leader will support them when racism issues are raised. Instead, in my experience, they tend to remain deafeningly silent or, worse, gaslight Black colleagues by agreeing that the person speaking out is the real problem. This dynamic undoubtedly contributes to the flight from academic medicine of Black physicians who decline to sit quietly smiling for everyone else’s comfort.

Finally, to retain Black faculty, institutional leadership must believe, validate, and act on Black people’s experiences of racism; the fact that someone denies that a racially biased act was intentional continued on page 2
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Your Black employees are not okay. They have not been okay for years. The killing of George Floyd, Breonna Taylor, and Ahmaud Arbery (in the backdrop of a global pandemic that is also killing Black people) has drawn a laser-like intensity on the systematic mistreatment and racism that your Black employees and the countless number of Black people in America experience every day.

As a leader, you must act now to dismantle the systemic and hostile environment that can exist in your organization. It is a moral and business imperative. These are things that you can do right now to make a difference in the dismantling of the racial and systemic injustice that many of your employees and customers are experiencing.

**Leadership Action Plan**

If you would like to fix this and make sure that your Black employees, other people of color, your customers, your partners, and friends, believe that you are committed to building a more just and equitable society where everyone can thrive, you need this leadership action plan. This is what I call a “Starter Kit.” These are things that you can do right now to make a difference in the dismantling of the racial and systemic injustice that many of your employees and customers are experiencing. You will need a much bigger plan long term, but the following is what I would advise you to do right now.

**Step 1:** You should check on your Black employees. This should be a personal phone call from you. Your goal is to ask them how they are doing in the wake of these events. This is a time for authentic listening and empathy as a leader.

**Step 2:** Your leadership team should follow Step 1. You should require that every member of your leadership team do the exact same thing you must do.

**Step 3:** Give your Black employees some time and space. You should give them two days of personal time off or create a venue/space at work for them to have time to grieve. We have needed a break from racism our whole lives. Give them some time off.

**Step 4:** Conduct an assessment of all your employees. You must get situation-al awareness of how your entire workforce might be feeling. Allow everyone to contribute some anonymous feedback. You need to hear what they think about how you as an organization have responded to this crisis. This analysis will give you a greater insight into what you can begin doing to make it right.

**Step 5:** Apologize to your Black employees. It has become fashionable for some organizations to make a statement of support for Black employees and to denounce racism; however, these same organizations have had hiring practices and employment practices that demonstrate the opposite of the most recent statements. It’s first important to acknowledge your own failures as a leader and as an organization in this area. Then publicly apologize for it.

**Step 6:** Bring in experts to help you build an inclusive, anti-racist, world-class culture. Let’s face it—if you knew how to dismantle racism and build a world-class culture where Black employees feel safe, supported, and empowered, you would have already done it. Treat this with the seriousness that you have given the COVID-19 pandemic. Most importantly, when your expert tells you to do something, do it.

**Step 7:** Don’t dump this burden on your Diversity, Equity, and Inclusion Team. We are good at what we do. We have expertise. But this problem is so much bigger than one department. This is a leadership and cultural problem. Your whole organization must be committed to building that world-class inclusive culture.

We will only stop racism and racist culture if we work together. As leaders, it’s our responsibility. You know that you cannot go back to the way things were before we saw George Floyd killed in the street, in broad daylight, on video. You must take action not only to illustrate an intolerance of racism but also to become explicitly anti-racist as an organization.
References


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instrumental to move the needle forward. Together, we can understand and address the social drivers of health and influence change for our patients, communities, and nation.
Social determinants of health (SDOH) directly impact health. Yet, the role of doctors in addressing social needs has traditionally been vague. Each internist is in a position to impact social determinants of health and leaders must support and elevate these efforts.

The Society of General Internal Medicine recently released a position statement on the internists’ role in social determinants of health (SDOH). This statement outlines actions that internists can take across their spheres of influence:

• **Clinicians:** Apply relationship-centered communication and self-reflection about biases. Develop and work in interprofessional care teams to provide whole-person care.

• **Health system leaders:** Encourage partnerships between health systems and community members/community-based organizations. Leverage economic and political power to invest in local community. Prioritize workplace diversity and family-friendly workplace policies.

• **Educators:** Include social and relationship competency for physicians. Adopt holistic admissions. Develop and implement curricula for SDOH at every stage of education. Make relevant outcomes part of accreditation processes.

• **Researchers:** Use science as a tool of inclusion through methodology and outcomes. Encourage authentic community partnerships at all levels of research. Partner with researchers outside of medicine to identify innovative and interdisciplinary solutions.

• **Advocates:** Advocate for assessment of the health impact with key policies. Advocate for alignment of community health needs assessments with communities served. Advocate for governments to optimize financial structures that share money from payer savings programs in health care with other public sectors.

No matter an internist’s specific day-to-day role, opportunities exist for each individual to positively impact SDOH and help work toward a more just world, which is especially critical as our world grapples with the impact of centuries of structural racism clearly visible in the ongoing pandemic and police brutality. In order to do so, it is imperative that leaders in academic general internal medicine support clinicians, educators, researchers, and advocates in addressing SDOH—in both words and in action. One can simply start by sharing this statement with their colleagues, clinic teams, research lab members, and health system administration. Such a statement offers opportunities for individuals and groups (e.g., divisions, clinics) to reflect on their prior actions and inactions as well as consider areas of personal and collective action today and in the future.

**Words of Wisdom**

**Leading the Charge to Impact Social Determinants of Health**

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