

Rochester

MEDICINE



What will it take?

Fulfilling the promise of diversity in medicine

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As the University of Rochester embarks on the most visible diversity movement in its history, we explore what it takes to attract and nurture a diverse physician workforce, the barriers to culture change in academic medicine, and why diversity matters.



The first class of students admitted to the University of Rochester School of Medicine and Dentistry in 1925 consisted of twenty men and two women, all white, and all hand-selected by dean George Whipple, MD. Notorious for his anti-Semitism and unabashed bigotry toward African-Americans, Whipple systematically excluded students based on race and religion until 1940, when the New York State Legislative Commission threatened to take away the school's tax exemption status if it did not open its doors to all. For years later, only one African-American male was admitted per class, until more conscious efforts to diversify the student body began in the 1970s.

While the URSMD was not unlike many other predominantly white medical schools in its discriminatory practices, it bears

the burden of a tarnished legacy of racism nonetheless. For decades, URM's Strong Memorial Hospital, which had separate white and black nurseries until they were abolished in the 1960s, was perceived as the "white hospital" serving predominantly white, wealthy residents, while Rochester General (formerly known as Northside) Hospital, tended more to the city's poorer, black communities.

By many accounts, an imbedded culture of bias and discrimination—whether intentional or unintentional—still lingers across the Medical Center, so much so that it has stimulated a top-down, reinvigorated emphasis on inclusion and diversity as top strategic priorities. The renewed focus is fueling candid, often-uncomfortable—yet vital—conversations about past and present failures, and the big and small ways the Medical Center must change in order to "walk the talk" and truly improve diversity in medicine.

"The University and the Medical Center are made up of people who come from the Rochester community," says assistant professor of Clinical Medicine **Gina Cuyler** (MD '92, Res '95), co-founder and president of the Black Physicians Network of Greater Rochester, Inc. "Students and residents come and go, but the faculty and staff who work here, are from here.

There is a lot of racial and socioeconomic divide that exists in Rochester, and a lot of the sentiment that you find in the community can poison the heart and soul of an organization unless you set a different tone. To this day, I still hear members of the community refer to Strong as the ‘white hospital.’ I think things are changing now, but having come up through the system as a medical student, I felt it. It was palpable.”

Linda Chaudron (92 MD), associate vice president and senior associate dean for URMCI Inclusion and Culture Development, acknowledges that the Medical Center “definitely has a lot of work to do,” but is ahead of the curve in many ways, and is embarking on its most visible and ambitious effort yet to evaluate and improve its climate of diversity as part of an unprecedented UR campus-wide movement formally initiated by UR president Joel Seligman in 2015. Through numerous town halls, focus groups, and surveys, the Presidential Commission on Race and Diversity has now collected substantial data from students, residents, faculty and staff during the past year, and will issue a report and subsequent recommendations this fall.

Chaudron’s Office for Inclusion and Culture Development, created in 2015 by SMD dean and URMCI CEO Mark Taubman, MD, is unique within academic medical centers. It is responsible for assessing the culture, integrating multiple diversity efforts across



Linda Chaudron, MD, and Gina Cuyler, MD

URMCI, and advocating at leadership tables. The office also develops collaborative models that nurture a more affirming cultural climate for faculty, students, residents, staff, and patients.

“Today we are tackling problems that we just haven’t historically put the time and energy into solving,” says Chaudron. “Was it purposeful, or was it because we just didn’t know? I don’t believe the majority of people are intentionally discriminatory. I think for a long time there was a sense of complacency. We didn’t know because we didn’t ask, and we definitely didn’t ask the right questions of the right people. Now that we’re asking, we’d better listen and respond. If medical centers don’t listen and act, they’re going to lose excellent faculty and students—not just those from underrepresented groups—but anyone who wants to go someplace that really supports diversity. And of course, we’ll lose excellence in patient care. Diversity is an institutional imperative now, but it’s not a comfortable thing to talk about. You feel guilty, you feel responsible. But we have to experience these feelings to make meaningful change.”

Building an inclusive environment for everyone, says Chaudron, means bravely peeling back the pages of history, acknowledging the blemishes, and taking a fresh, unfiltered look at the needs and challenges of every group. In medicine, underrepresented groups have traditionally identified as Black or African-American, Hispanic or Latino, Native American or Alaska Native, Native Hawaiian or other Pacific Islander. The national conversation has also broadened to include individuals with disabilities, those from the LGBT community, and people from varied religious, ethnic, and international communities.

“Every group has issues unique to them, as well as commonalities they share,” says Chaudron. “One of the challenges we have is developing broad solutions, even as we work hard to remedy the concerns of one specific group. Nothing is ever one size fits all, but what we’re finding is that you can learn from one another. Understanding the mentorship models, networks or educational pipeline programs that work for one group, can only help other groups. The beauty of diversity efforts—if you’re doing them right—is that everything can be viewed as an ‘and’ not an ‘or.’ If we do this, it will help this group and this group. It’s not exclusion, it’s inclusion.”

Of all underrepresented groups in medicine, U.S.-born African-American males still face the toughest climb to become physicians, not only in Rochester but across the country. Over the last 25 years, their numbers have plummeted in medical schools nationwide, more than any other demographic. There were 542 black male enrollees in 1979 and a mere 515 in 2015, according to a report by the American Association of Medical Colleges released last summer.

Today we are tackling problems that we just haven’t historically put the time and energy into solving.... Building an inclusive environment for everyone means bravely peeling back the pages of history, acknowledging the blemishes, and taking a fresh, unfiltered look at the needs and challenges of every group.

Steve Morgan (MD '16) cares for Hector Gonzales through the student-run Street Outreach program, which serves Rochester's homeless community.

To see a video of Steve's story, go to:
<https://vimeo.com/174682589>





Steve Morgan (MD '16)

Emergency Medicine Intern, Case Western Reserve Hospital

It's impossible to tell Steve Morgan's story without mentioning the 'mudbugs.' In March, when his 74 year-old grandmother Mary was in Rochester for Match Day, she happened to hear that the URM public relations writer working on her grandson's story had never tasted the Louisiana delicacy.

A little over a month later, in Rochester once more to see her grandson accept his medical degree, she greeted the writer with a warm hug and 10 pounds of home-cooked crawdads—complete with corn and potatoes—that she had singlehandedly carried in a cooler on the plane.

It's the kind of gesture that typifies the selfless generosity of a close-knit family from the Louisiana bayou who faithfully carried each other through the devastation of Hurricane Katrina, and never stops seeing the bright side of life.

"You don't get any further south of New Orleans than Gray, Louisiana," says Morgan, raised primarily by his grandmother, grandfather and mother, while his dad, Steve Sr., worked the oil rigs in the Gulf Coast, and later, off the coast of Nigeria. "You don't even think there's land where we are, but that's where we are."

Morgan was only 15 when Hurricane Katrina hit in 2005, and remembers seeing the walls and windows of his grandparents' home bend and break, and later slept in tents with his family in 100-degree heat and total darkness. He often kept a gun by his side to protect against people trying to steal the family's generator—vital to pumping water out of the basement and keeping their food cold.

"In our family, the grandparents make the decisions, and they wanted to stay with the house, so we all stayed," recalls Morgan. "But it was rough, it was chaos, and it took a long time for any help to come. Bourbon Street and the tourist areas were rebuilt quickly, but most of the African-American communities never recovered and some are still deserted. It was a tragedy I didn't think could happen in the United States."

Always interested in science, Morgan's high school science project explored planting mangroves to help strengthen the Louisiana levee system. He later expanded on the internationally-recognized project at Xavier University of Louisiana, growing hundreds of plants in a greenhouse and planting them with other students by boat.

"I love science, but I also want to find ways to help people," says Morgan, who was nicknamed "Weepee" by his grandmother for his tendency to cry easily as a child. "I have a soft heart, and when I see people struggling it affects me very deeply. In my community it was just a way of life that you give whatever you can spare, and whatever ability you have, to help your neighbor."

Both he and his younger sister were encouraged to get a college education.

"My family members were not rich people and didn't have college degrees, but they were hard-working, had a very strong faith, and really supported education," says Morgan, whose mother worked as a school custodian, cafeteria worker, and substitute teacher to keep tabs on him and his sister in school.

Morgan's high school performance and accomplishments were so good that he earned acceptance to the Air Force Academy, but when he failed a last-minute medical exam, he had to change plans. The academy wrote recommendation letters so he could squeeze into Xavier University's pre-medical program at the last minute.

"Xavier turned out to be the best thing that ever happened to me," says Morgan, who took advantage of UR's Early Assurance Program, and spent time volunteering and doing research with various physicians to prepare for medical school. "I met my wife at Xavier, got my degree, and got into medical school in Rochester."

But on the day after he and his wife, Chante, graduated from Xavier, they learned the surprising news that Chante was pregnant.

"Here we were, excited to start medical school in Rochester, and we didn't know how we were going to do it now with a baby on the way," he recalls. "I thought we would have to wait and re-apply. But the admissions people put together a package that enabled Chante to work a paid fellowship for the first year until the baby came, and start school a year later. They really cared about us, and that's when I knew we were in the right place."

Morgan also joined the U.S. Army Reserves to help support his family and get health care benefits. In addition to attending regular required training, he spent one weekend a month at Fort Drum, N.Y. After completing residency, he'll serve a four-year commitment, with 90 days of active duty every two years.

"It wasn't easy, but the reserves helped provide for my family and I also gained incredible military EMT experience," says Morgan, whose goal is to blend his emergency medicine knowledge and military background so that he can one day direct emergency medical services (paramedic, firefighter, SWAT) in his hometown.

But beyond being an army reservist in medical school, and a husband and father to Jeremiah (now 4), during his time in Rochester, Morgan also transformed the SMD's Street Outreach program into a broad-reaching mobile unit, and along the way, earned a master's degree from the Simon School of Business. Over four years, he also initiated, and completed, volunteer medical experiences in Ethiopia (with Richard Hodes, MD ('82M), in Costa Rica, and most recently in the Bahamas.

"I'm one of those people who sets his sights on something and won't give up until I see it through," says Morgan, whose exemplary leadership of the Street Outreach program, serving Rochester's homeless community, helped earn him a national award for humanitarianism and an MD with Distinction in Community Health. "I don't take 'no' very easily. I have a lot of courage, and if there's a way to do something, I'm going to find it."

At Case Western University Hospital, Morgan hopes to oversee a mobile unit to serve Cleveland's homeless community, similar to what he ran in Rochester, but it will respond to emergency calls and include more primary care, house-checks and vaccinations. The program, and the opportunity to do an EMS fellowship, were key reasons he chose Case Western for his residency. He says the school "went above and beyond" to recruit him and Chante, who will finish her medical degree there.

"With the homeless unit, I'll be going to even rougher neighborhoods in Cleveland than in Rochester," he says. "But it's easier for me to do because of my experience. Working with underserved populations is about building trust and making connections, and I think I've been called to do that."



A Model That Works

Of the 7,756 graduates in the UR School of Medicine and Dentistry's history, only 83 are U.S.-born African-American males—a little more than one percent. However, the tide has been changing. In academic 2015–16, the school boasted the largest number of black male students in its history—22 including four 2016 graduates—the fourth-highest in the country among non-Historically Black Colleges and Universities (HBCUs).

What's attracting black male students here?

"The School of Medicine and Dentistry has a model that's working," says Chaudron. "The school is drawing students of all races, cultures, ethnicities, and backgrounds to Rochester, giving them an affirming environment, supporting and encouraging their success, and providing them with a world-class education. Faculty and staff are also deeply invested in educating and inspiring underrepresented minority youth in the community toward careers in health care, which not only develops a pipeline of future students, but attracts students looking to give back to the communities they came from. It's a model I believe the Medical Center can learn from, so that we can keep more of these exceptional physicians in Rochester after they graduate."

The School of Medicine and Dentistry has a model that's working. The school is drawing students of all races, cultures, ethnicities, and backgrounds to Rochester, giving them an affirming environment, supporting and encouraging their success, and providing them with a world-class education.

Adrienne Morgan, PhD, who directs the URSMD Center for Advocacy, Community Health, Education and Diversity, wrote her dissertation on the experiences of U.S.-born black males in medical schools, and the factors that help them succeed academically. She now oversees several community-based "pipeline" programs aimed at sparking the interest of local minority elementary and high school students toward the sciences and health care careers. She also advises affinity groups, serves on the admissions committee, and helps recruit potential students.

Morgan credits **John T. Hansen, PhD**, associate dean for Admissions since 1996, with leading a sustained and concerted effort to build classes of men and women from all backgrounds, races and ethnicities that are both representative of the community and responsive to its needs.

"John has been a true champion of bringing in students who are committed to bettering the community, committed to diversity, and who are unafraid to leave their comfort zone and work with marginalized populations to resolve health care disparities," says Morgan. "That strikes a powerful chord with minority students. They want to be a part of that."

Across the country, federally-funded, minority-focused pipeline programs—partnerships between academic medical centers and selected K-12 schools initiated in the 1990s—have helped to steer promising students toward the profession by offering tailored educational programs, shadowing and mentoring.

"Nationally, these programs are making a difference and we are doing a much better job of identifying and helping promising young men of color realize at a very early age that they can do this—they can work in medicine," says Morgan. "The problem now becomes that we're all vying for this very small, talented group of students. It's all the more reason why you have to have a great program and set yourself apart."

In addition to looking for good financial aid packages, scholarship, strong curriculum and a culturally diverse location, minority students are very interested in contributing to the same type of programs that helped guide them along the challenging path to medical school.

"The opportunities we offer, particularly in terms of local and international outreach and research, are very attractive to them," says Morgan. "For example, our black male students are eager to take part in our partnership programs with the city schools, mentoring or tutoring students, because every one of these young men had someone reaching out to them along the way. And, I think we do it better than most schools because we have a coordinated, dedicated office to sustain our programs and give structure to them."

Neurosurgery intern David Paul (MD '16), right, on the Neuromedicine Intensive Care Unit (8-1200).







URMC Neurosurgery intern David Paul (MD '16) spent many hours in the Rochester Center for Brain Imaging as a medical student working on his pilot research study which verified a new way to measure myelin changes in the brain.

David Paul (MD '16)

Intern, URM Department of Neurosurgery

When David Paul returned to his undergraduate alma mater, Hope College, earlier this year to deliver the college's Martin Luther King Day, Jr. keynote speech, it occurred to him that he was the same age—27—as Martin Luther King, Jr., when he led the historic five-day, 54-mile march from Selma, Ala., to the capitol steps of Montgomery in 1965.

"Not only did Dr. King pass up prestigious career opportunities that he could have easily enjoyed, but he put his life, and his family's life, in danger to transform Montgomery, Alabama—a citadel for despair in racial relations—into a tower of hope," Paul told the mostly white audience of faculty and students. "Think about the courage that took."

The youngest person to ever give the keynote address, Paul challenged the audience to think about racism as little more than "unchecked vulnerability" and to explore pre-conceived notions of race and identity. His powerful talk is characteristic of how Paul challenges himself to stretch the boundaries of his own courage, abilities and influence.

In elementary school, his high energy and tendency to get bored easily, got him labeled as a special education student until his mother fought the Kentwood, Mich., Board of Education to have him rightfully placed in a gifted program. From fourth grade on, Paul then had to adjust to being one of only two black students in the gifted class. "For me, it was beneficial because it allowed me to develop friendships across many cultures and races, and I had to focus more on relationships than the color of someone's skin," he says.

He honed his abilities to switch between social groups by taking part in a spectrum of activities, including basketball, the business club, and playing saxophone in the band. Within the business club, he created his own marketing consulting firm, developing business plans for companies and designing trade show booths for national conventions.

It's a work ethic inspired by his parents, but even more by his maternal grandfather, Robert Brown, a successful business owner of Brown Weld and Steel, who later became a pastor.

"He set the tone for my family and showed me what the bar for success was," says Paul. "He built his house with his own hands, grew his business from the ground up. Even before I was of age to have a job, he was asking me, 'What are you going to do with your life?'"

As a pastor, his grandfather would take Paul along with him to the nearby hospital when he visited patients. "That left a big impression on me as I could see what a difference he made with people," says Paul. "A lightbulb went off about being a doctor and what an impact you could have."

His mother, a marketing copywriter with a bachelor's degree in Engineering from the University of Michigan, and his father, a packaging specialist, made college an expectation.

Paul chose to attend Hope College, a predominantly white, Christian-based school of only 4,000 students, after learning that 93 percent of its pre-medical students got into medical school.

"I knew it would be challenging, but that's what I was looking for," he says, adding that there were only four other African-American men in his graduating class.

"There was discrimination," he says. "There were times when people would say, 'I don't know why you're here because black students are academically inferior.' But on the whole, I learned to block out racial stuff, to find ways to get along with everyone, and really try to understand where people were coming from. I had very strong coping mechanisms by that point."

Still, he grappled with his identity while trying to shift between white and black worlds.

"Let's just say you can't wear khaki pants and a polo shirt when you're going to hang out in your hometown barber shop with your black friends," he laughs. "I did a lot of changing clothes back then, until my senior year, when I finally became comfortable with my own blended style that is just me."

Paul chose the UR for medical school because of the welcoming impression it made. "Meeting second-year Neurosurgery resident Clifford Pierre (MD '14) when I visited really sealed the deal for me, and I felt like everyone in the school was genuine. No one was haughty or prideful here," he says.

In time, Paul forged connections with his current mentor, associate professor of Neurosurgery G. Edward Vates, MD, and others, which fueled his passion for research and set his sights on becoming an academic neurosurgeon. In 2015, his pilot study of a new way to measure myelin changes within the brain's visual system was published in *Science* magazine, and paved the way for further funded research.

The desire to continue his research was a major reason he selected URM as his top choice for residency, and was ecstatic to learn on Match Day that the feeling was mutual. He and his wife, who recently earned her MBA from the Simon School of Business and is starting her career at Wegmans, are eager to remain in Rochester.

"We have an extended family within our church, a circle of friends, and a sense of belonging here," says Paul. "Everything hasn't been perfect in terms of acceptance and diversity, but as a black man I have felt generally supported. Still, my story is only my story. Here and elsewhere, we all need to continue to evolve in the way we understand and relate to one another."

For example, **Steve Morgan** (MD '16), (no relation to Adrienne) took the reins of SMD's student-run Street Outreach program, and over the course of two years transformed it into a full-service mobile unit that helps address physical, social and psychological needs of Rochester's large homeless community. Morgan created a business plan and galvanized community support to retrofit a van with exam tables, lighting, telemedicine capabilities and medical equipment. Today, the van makes rounds in the city three nights a-week, and students and faculty advisors are able to give vaccines, and diagnose and treat issues like diabetes, high blood pressure, infected cuts and wounds, colds and flu, and frostbite.

"I have a passion for helping the underserved," says Morgan, a native of Gray, La., a tiny predominantly-black town on the bayou, hit hard by Hurricane Katrina in 2005. "The medical school really saw that desire in me, and nurtured it. I'm very proud of what I was able to accomplish here in Rochester."

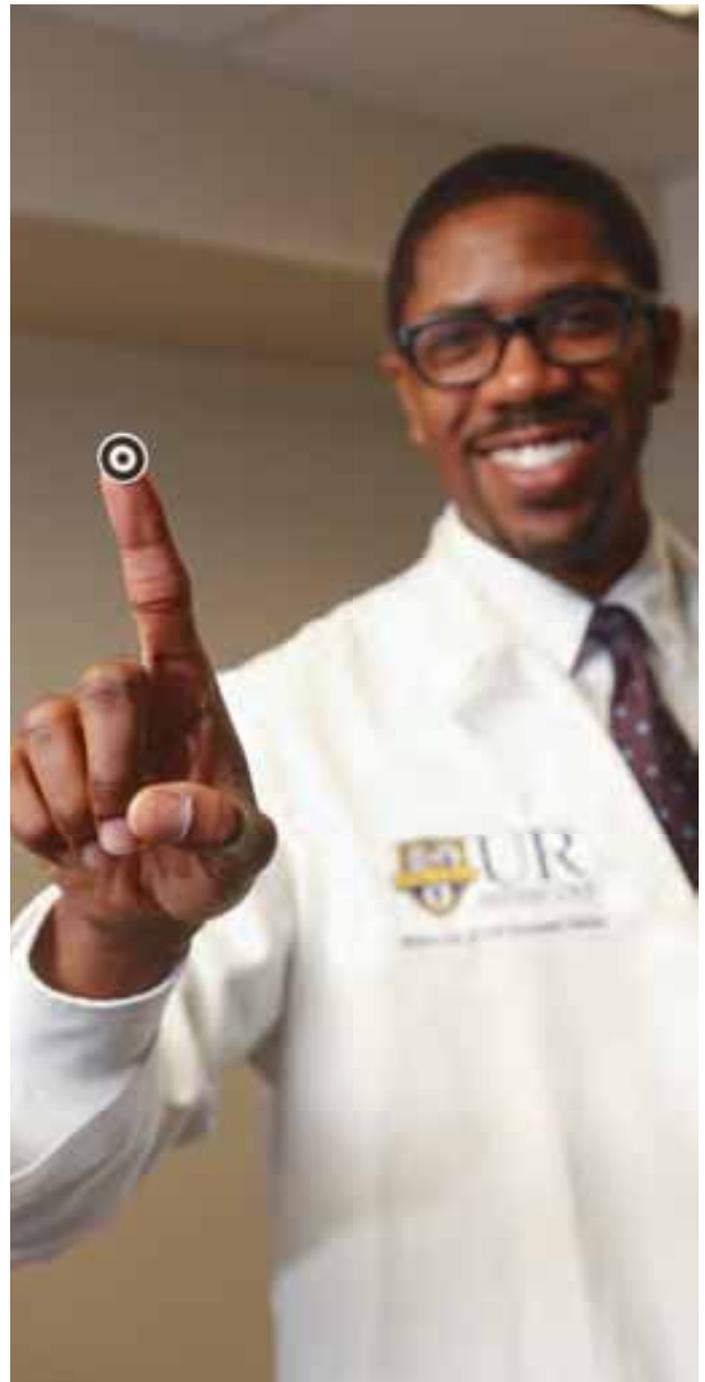
As a medical student, **David Paul** (MD '16), now a first-year Neurosurgery resident at URMC, was hungry to do research. He was able to lead a pilot research study that verified an effective way to view and measure changes in myelin within the brain's visual system following pituitary tumor removal. Published in Science Magazine, the path-breaking study offers new insight into how the brain fixes itself, and helped Paul earn a place in AAMC's Future Leaders of Academic Medicine. He credits the support he received from his mentors, associate professor of Neurosurgery G. Edward Vates, MD, and assistant professor Bradford Mahon, PhD, with the Rochester Center for Brain Imaging.

"They gave me guidance and direction, but also the space and independence to take ownership of the project," says Paul, who took two years off medical school to focus exclusively on his research. "I knew they believed in my abilities, and that gave me confidence to overcome every hurdle I encountered."

Affinity Groups

The presence of strong and active affinity groups such as the UR chapter Student National Medical Association (SNMA) and Minority Male Leadership Association (MMLA) also plays a crucial role in attracting minority students and keeping them here.

Established in 1964, SNMA is the oldest and largest student-run organization in the country committed to supporting current and future underrepresented minority medical students. Students can join the group as undergraduates and form lasting relationships that continue through their medical careers. One of the local chapter's crowning achievements was the 2010 creation of an annual pre-medical student conference that exposes



Clifford Pierre (MD '14) leads the discussion with MMLA members as they mentor students at Dr. Charles T. Lunsford School No. 19 in Rochester.



hundreds of minority high school and college students to health care careers and features a national speaker, hands-on learning and networking opportunities.

The MMLA, founded in 2013, is a group unique to the UR and open to graduate and undergraduate students, faculty and staff from across the University. Its more than 50 members aim to improve the Rochester City School District's alarming nine percent graduation rate for young men of color by providing them with role models and mentorship, workshops and presentations. High school students also learn key employment skills, how to interact and interview confidently, and how to network across varied social circles. There is also an annual symposium and awards ceremony. By mentoring to younger students, MMLA members are also mentoring to one other, says the group's co-founder **Clifford Pierre** (MD '14), a third-year Neurosurgery resident at URMC, who is also a leader of SNMA.

"These groups are not just about building a brotherhood bond and supporting one another through the challenges of medical school," says Pierre, a native of Brooklyn, N.Y., and graduate of New York University. "They are about taking those brotherhood bonds and doing something with them, reaching back to help those behind you. And when you do that, you develop leadership skills that will serve you the rest of your life."

Pierre realized quickly that UR undergrads were essential to MMLA's sustainability.

"So I challenged the undergrads to be on executive boards, be a treasurer, reach out to faculty members, run meetings, coordinate fundraisers, speak in public ... things most of them had never done before," says Pierre. "For many, it was daunting, and they were hesitant in their abilities. But I could see the promise in them, and watching them grow as leaders was incredible. And I know they will pass the torch on."

A New Resource

With nearly 90 affiliated providers, the independently-run, nonprofit Black Physicians Network of Greater Rochester Inc., formed in 2015 by Cuyler and two physician colleagues, is the newest resource available to UR students of color, youth of all ages, and physicians across the community. Cuyler partnered with URMC clinical instructor of Dermatology Nananamibia Duffy, MD (Res '10), and local Occupational Medicine physician Linda Clark, MD, on the endeavor.

A primary care physician with Pulsifer Medical Associates, Cuyler says she wasn't looking to make a change in her life, but change came looking for her.

Clifford Pierre (MD '14)

Third-Year Neurosurgery Resident, URM

Walking through the rough streets of his hometown of Flatbush in Brooklyn, N.Y. in the late '90s, Clifford Pierre (MD '14), was easy to spot. "My senior year, I decided to wear a shirt, tie, and slacks to school every day," recalls Pierre, the son of Haitian immigrants who moved to Brooklyn for a piece of the American dream.

"Everyone would ask me, 'Why are you dressed this way?'" he says. "In the inner city, everything is about the latest fashion and best pair of sneakers. But to me the first impression always counts, and I wanted to dress in what, to me, success looked like. No one hassled me because it was my identity and I was confident about it. One thing I've never been afraid of is being a leader."

It was a character trait instilled by his hard-working father, a school bus driver, and his mother, an in-home aide. His father had finished high school in Haiti and completed some college courses. His mother, one of nine children, never attended school, but taught herself English in the U.S. so she could earn money for her family.

"My parents' message was, 'Work hard in whatever you do and that will lead to success,'" he says. "They were grounded in the church, and instilled in us core values of discipline, structure, doing what's right, and being positive members of the community. They encouraged reading and getting an education, and never put a ceiling on our goals."

Although violence and crime were common in his neighborhood—made up of first-generation Caribbean and African-American families—he resisted joining a gang like many of his peers, and instead found his sense of belonging in school and on the varsity basketball team.

"My father taught me about being a leader by example," says Pierre. "How he led his life is what I watched and observed. For example, he told me what to do if you are ever stopped by the police in terms of cooperating, and how important it is to not be resistant about why they're stopping you, especially in Brooklyn. He constantly reminded me about giving back to others, and that positive things lead to more positive things."

An avid reader at a young age, Pierre was funneled into gifted programs in school, but they were mostly self-taught. In his high school of more than 5,000 students, he and other students often had to stand in overcrowded classrooms without enough seats.

"But I kept at it, I liked learning, and along the way I was fortunate that there was a teacher or member of my church who would take time to make a phone call for me, or sit down for coffee, or challenge me to be part of a science competition," he says. "That's why I stay true to giving back today, because I stand on the shoulders of so many who helped me."

Still, some would say Pierre's desire to give back began early on. Just ask his high school basketball teammates.

"Our coach was not pleased because some of the players would be ineligible due to their grades," says Pierre.

"So I began encouraging them to come to study hall with me, and we built a brotherhood like that. It ended up that they all made it to college. I was so proud of that."

Pierre did the same as a student at New York University, starting a group called Gentlemen of Quality—dedicated to leadership, service and scholarship—that is still going strong now 13 years later.

"I loved that NYU is a private university in a public city, with no quad, no university walls," says Pierre. "To succeed there



you have to have a go-getter mentality, pull yourself up by your bootstraps, keep asking questions, and be flexible to multiple situations. But it was a mostly white student body there, so it was great to bring together men of color, and mobilize our bonds of friendship to help the community."

Along the way, Pierre learned the value of feeling comfortable in one's own skin, and in any type of clothing. "It's very important for young men of color to be solid in their identity," says Pierre, who shares this message with members of UR's Minority Male Leadership Association that he co-founded in 2013. "But also to be able to code-switch between social circles of various backgrounds and ethnicities without losing your identity. It's a skill that isn't taught in any textbook but can only be learned by interacting with different types of people over time. College offers that to black men."

With all of his experiences and hard work, getting into medical school still wasn't easy, Pierre admits. To gear up for the MCAT, he did two years of post-baccalaureate medical school preparation at Southern Illinois University. "Ultimately, I chose Rochester because it's a place that's very supportive," he says.

A perfect example of this is when Pierre's beloved father suffered a cerebral aneurysm while he was in medical school.

"It was such a difficult time and it was also so profound to me, because I already had an interest in the field of Neurosurgery," says Pierre. "I connected with my mentor, Dr. (G. Edward) Vates, and he was there for my family, offering incredible support and connected me with wonderful neurosurgeons at Columbia University who could help my father. Dr. Vates is an amazing man, an amazing mentor, and the whole experience really solidified my decision to study Neurosurgery."

Sadly, a year later, his father passed away from the effects of a heart attack, never getting to see his son graduate from medical school.

"I came back to Rochester after he had his aneurysm, instead of taking a break, because it was my dad's dream that I finish medical school," he says. "Knowing that he was getting sicker made me really want to finish for him. So that was very hard, but I know he did see me from above. Every time I talk to a younger student, and encourage them to make better decisions, and think about college, and not be afraid to be the voice of reason among their peers, I always see and hear a little of my father, and that makes me smile."

Clifford Pierre (MD '14) evaluates a patient on the Neurosurgery Unit (5-3600).







“Since coming back to the University of Rochester in 2005—to become the only black URM primary care physician out of about 100 at the time—I had resolved in my mind I was just going to work, do my time, stay in my bubble, and retire at some point,” says Cuyler, who remembers a painful and difficult road as a UR medical student and resident in the early ’90s. “Frankly, I did not think anyone in the Medical Center cared a lick about diversity, outside of the good things the medical school has been doing. But I was invited to a UR Board of Trustees diversity gathering, and I realized there was something different going on. People were voicing the same issues and the same problems, but for the first time, someone was asking about them. I really got the sense that (UR president) Joel Seligman cared, and it was something very important to him.”

Cuyler’s husband is a police captain for the City of Rochester Goodman Street section, so she knows all too well the desperate plight of many urban black youth.

“‘Cuffs or coffins’ is what I once heard a kid say as he was being led away in handcuffs at a courtroom sentencing,” she recalls. “I sat there and cried, thinking that in this day and age, in this community, there was a black child who believed those were his only two options. That’s a monumental failure on the part of every single person in this community. When these kids somewhere along the way lost their hope of becoming doctors, or lawyers, or politicians ... where were we?”

So Cuyler left her bubble. “You keep waiting for someone to implement change, and at some point you realize that someone is you,” she says.

Together with Duffy and Clark, she tackled the arduous task of building a database of all physicians, and other health care providers, of color in the Rochester area, and then worked to identify ways the organization could help youth at all stages of the educational journey through mentoring, shadowing, networking, educational stipends and scholarships.

“Within five years I would like the network to be a living, breathing resource for every person, teacher or parent who knows of a young person of color interested in health care,” says Cuyler. “I want it to be very easy to access, where they can learn about the infinite kinds of jobs they can pursue in the field, and get in touch with the people and resources that will help them learn what it takes to get there. So all kids can feel these doors are open to them, instead of hopelessness. Hope is having opportunities presented to you.”

On her journey, Cuyler reached out to her fellow URSMD ’92 alumna, Chaudron, in URM’s Office for Inclusion and Culture Development. Although they only spoke occasionally in medical school, they became fast friends and collaborators, quickly finding

common ground in their goals, and helping each other advance them. They expanded the network’s vision so that it offers another valuable resource to medical students and residents.

“For students and residents of color, the network is a place they can come to find mentorship and guidance, and share problems or issues they’re having with impunity,” says Cuyler, adding that there was no such resource available to her as a medical student. “We are a freestanding entity unaffiliated with any organization, with no membership dues, so we offer total impartiality. It’s just a place where you are welcome. And when there are issues of bias and discrimination happening, I can take them anonymously to Linda, who can take them to the leaders who make the policies ... and together we can bring about change.”

A Tradition of Friendship

While affinity groups play an important part in building a welcoming environment for black students—and any student—in medical school, nothing replaces simply having a friend who shares common life experiences. Nearly every black male student currently enrolled at SMD can say the friendships they enjoy today all started with Clifford Pierre.

“I guess we can all blame Cliff now,” says **Allan Augillard** (MD ’16) with a laugh, recalling Pierre’s enthusiastic greeting in the school’s admissions area when he was a visiting undergrad. “He had a lot of confidence that I would get in, and that gave me confidence, and he just kept saying, ‘It’s great here, you really have to come to Rochester.’”

2016 graduate Paul also recalls Pierre hanging out near the SMD lobby’s coffee pot on his interview day.

“He was a year above me, and he came over with this big smile and introduced himself and shook my hand,” says Paul. “I immediately breathed a sigh of relief. I knew I could make it here. Then on second-look weekend, I saw him and other guys playing basketball right in the med school gym. And it was good basketball, too. So I liked that.”

Later that year, Pierre started a tradition with Paul and his three other first-year black male classmates.

“He sat us down in a classroom, and said ‘Alright, this is the lowdown if you want to be successful here,’” recalls Paul. “He showed us which books we needed for which classes, and talked with us about how we needed to study, take notes, how to interact with our classmates, how to socialize at week-end events, all of the codes of being a medical student. He said, ‘Don’t ever buy a book ... if there’s a book to buy, ask me first,’ and ‘If you’re interested in a certain competitive specialty, don’t tell your classmates right away. Wait.’ It made such a difference

‘Cuffs or coffins’ is what I once heard a kid say as he was being led away in handcuffs at a courtroom sentencing. I sat there and cried, thinking that in this day and age, in this community, there was a black child who believed those were his only two options. That’s a monumental failure on the part of every single person in this community.

Allan Augillard (MD '16)

Intern, Emergency Medicine, University Hospital,
Louisiana State University

On one of the first few days after Hurricane Katrina hit in 2005, Allan Augillard was driving his Acura Integra back to his family's home on a predominantly white street in the town of Destrehan, La., when five police cars flashed their lights and pulled him over.

"I was following behind my mom, my grandmother and my brother in their car, going back to our home," he says. "When the police pulled me over, I took out my license and registration, and held it out the window for them. The next thing I knew, they pulled me out of the car, put me on all fours, and put the cold steel barrel of a gun against my head. They thought I had been looting or stealing. The police officer was scared, I could feel his hand trembling through the barrel of the gun, and I knew he was going to shoot me. It was weird, that this calm came over me thinking, 'I'm going to die right now.'"

As his mother and grandmother began running hysterically toward him against his urging to stay back, Augillard could feel the situation turning from bad to worse, until he heard one of the police officers speak.

"Wait, wait, wait ... that's a good kid, that's a good kid," said one officer who was the father of a high school classmate of Augillard's, he recalls. "And they realized their mistake, and let me up, and left like nothing ever happened. No apology, no nothing."

For Augillard, the incident was an unforgettable bookend to a childhood shaped by many challenges and inequities. He spent much of his youth in the rural, predominantly black, working class town of St. Rose, La., wedged between "the swamp and the French Quarter."

His father, a shift worker in the nearby chemical refineries, left the family when he was three.

"I haven't seen him much since, and don't remember at all what he looks like," says Augillard. "All I remember is that when it was his visitation weekend, my brother and I used to put on nice clothes, fix our hair, and sit on the front steps waiting, but he never showed up."

He was raised by his mother, Shelia, a kindergarten teacher who earned her master's degree at Southeastern University, and his grandmother, Anna-mae, who owned a house nearby that had been built by his maternal grandfather. "Those two women mean everything to me," says Augillard.

In the absence of a father, he sometimes looked to TV for male role models. "Like Uncle Phil from *The Fresh Prince of Bel Air*, and Heathcliff Huxtable on *The Cosby Show*," he says. "But not having a real-life father also gave me the opportunity to be my own man, and figure out what manhood was for myself."

Even though he grew up in a home with bars on the windows and drug deals taking place on the street, Augillard's mother made it clear that college was non-negotiable.

"My mother's influence was a game-changer for me," he says. "My reality was, you go to elementary school until you become a big kid and then you go to high school and then you go to college and get a job. That was what was taught to me. But for most of my friends, that wasn't the reality at all."

As a bright and hard-working minority student in a large public school district, Augillard found himself often having to prove he belonged among the mostly white, privileged students in the accelerated classes.

"When I walked through the doors of the honors classes, all of the white kids would walk through, but they would constantly stop me to make sure I was on the roster," recalls

Augillard. "When I took a test and did well, they would often make me re-take it. Or, they would make me re-write a paper in front of them if they didn't think I really wrote it."

In Destrehan High School, he was routinely excluded from study groups, and forced to work all that much harder to stay on top of the material.

"I would be up studying many nights until early in the morning, especially working on key concepts in math," he says. "On the bus the next day, one of my white classmates would ask for my math homework to copy from and I would always give it to him. He would scribble it down on the 10-minute ride while the bus is bumping along. The amazing thing was, he would end up getting on A on his, while I would get a C or a D on mine. That was when I really began to understand what racism meant. But what stuck with me more, fortunately, was learning how to make the sacrifices."

On his last day of high school, Augillard remembers a white teacher telling him not to be disappointed if he didn't make it through medical school, "because I could always be a nurse or a technician or something. That summed up my experience in high school."

Augillard was courted by Yale, Howard and Emory Universities, but chose Xavier for Biology/Pre-Med because it was the best at placing African-Americans in medical school. Poignantly, his own father had started as a pre-medical student at Xavier but never finished.

There, he formed a friendship with future SMD colleague Steve Morgan (MD '16) during his junior year. When they weren't working in the tutoring center together, they fished for trout and redfish in the nearby marshes and bayous, frying up whatever they caught.

"His friendship helped me a lot," says Augillard, who utilized the Early Assurance Program (EAP) and committed to Rochester in his sophomore year.

"It was nerve-wracking because EAP is risky, and I didn't have a back-up plan if I didn't get in to Rochester," he says. "I wanted to go there because it ranked so highly, and I had heard UR students at Xavier pre-med meetings talking about how great it was."

At the UR, Augillard was dismayed to experience instances of racism that reminded him of his upbringing. Once, a fellow student spoke out in class about how she felt Xavier students were not as smart, and had an easier route to medical school because of the EAP.

"I don't think she realized I was from Xavier when she said it," says Augillard. "And then, my professor (professor of Pediatrics Jeffrey Rubenstein, MD) pointed out that, 'No, in fact Xavier students are very intelligent, and it's an asset to have them here. For instance, Allan.' At that point, she just got up and walked out."

Now with his medical degree in hand, Augillard is eager to apply his education to his residency in Emergency Medicine closer to home at LSU's University Hospital.

"I've learned that when I feel injustice is happening, and there's an opportunity to educate the person that's committing it, I can't live with being quiet," he says.

"My silence affirms whatever injustice they're doing. It's therapeutic for me to educate someone and make sure it doesn't happen again. If that means I have to raise my hand and say something, or talk to an instructor about a racially-energized joke, that's just what I have to do. And, if you fail me because of that, then I just failed. I can't just shut up and let it happen, because nothing's going to be different for the next person."



to us, because this was all of the hidden stuff that no one else was going to tell us.”

Paul remembers the sobering words Pierre shared with them that day, and has since passed them on to other incoming students.

“He said, ‘I want to make sure you succeed,’ says Paul. “Because if one of you doesn’t succeed, it’s on all of us. If you don’t succeed, the school might say we can’t cut it, and we can’t accept any more black men because they’re dropping out. So you are here not just for yourselves, but your classmates, and all of the black students working hard behind you and dreaming one day of being a doctor.”

Today more than 20 black male students across all four years of medical school benefit from this informal support system, getting together three or four times a year just to talk.

“It’s amazing how that support keeps you going through hard times,” says Steve Morgan. “Cliff was the role model who started it all, and now we just keep passing the torch so no one ever feels alone in what they might be facing. I think that’s something we can say we have above other medical schools, this great support system, and it’s a strong foothold. The lack of diversity in hospitals and the medical field is something being faced nationwide, not just in Rochester. But the medical school is ahead of many others now because of the good things we’ve started here.”

Achieving the Vision

Today’s emphasis on diversity within the SMD is one late professor emeritus of Medicine (Cardiology) Jules Cohen (’53, MD ’57, Res ’59, Flw ’60) would have approved of. As then-senior associate dean for Medical education, Cohen recruited **Brenda D. Lee, MEd**, as assistant dean for Medical Education and Student Affairs in 1987 to improve the academic and cultural experiences of students of color.

“Dr. Cohen saw the character of a person, not their skin color, and he believed passionately in diversity and how it elevates and enriches medical education, research, and patient care,” says Lee, who retired in the spring after nearly 30 years with the University. “He had a vision of seeing more black medical students here and believed it would happen. But he cautioned me to be patient. ‘Change in Rochester doesn’t happen by revolution, but by evolution,’ he told me. He was a wise man.”

During her tenure, Lee developed a tutoring program and an early warning system to identify students who were struggling academically. She helped prepare African-American students for residency interviews, edited their personal statements, and advised them on how to dress and present themselves. She also coached minority males on how to diffuse any fears and discom-

fort expressed by white faculty and staff.

“I would tell them to watch the dynamics of their interactions with white people, and in particular, to be careful about seeming to loom over them,” Lee recalled in 2007, in a paper written by Adrienne Morgan. “Many people experience fear in the presence of these young men; they can’t help it. I always encouraged them to put the professor and staffer at ease.”

Little by little, Lee says, progress has been made, particularly in the maturation of the school’s recruitment philosophy which looks beyond academics to consider all of the strengths and talents medical school candidates—especially minority men—need to be successful.

“Male medical students of color need to have a very strong sense of their identity,” says Adrienne Morgan. “They need to understand what it means to be a black man in America and the stereotypes surrounding that, but they can’t buy into those stereotypes. They need to be able to move within any social circle with grace. And they need academic resilience. They can’t let problems deter them in any way. They can’t listen when people say ‘you can’t do it.’ They have to figure out ways to get past any barrier in front of them.”

Every medical student needs these abilities, she says, “but black males need them to an even higher degree because of the negative narrative that exists today, and how people perceive them.”

Another positive move by the medical school’s administrative team was the development of a formal process to respond to discriminatory incidents impacting students.

“All of the advisory deans work together, and everybody is on the same page about accountability,” says Morgan. “We have a safe place for them to come to voice their concerns, and a process to deal with bias or discrimination, whether it’s due to race, disability, religious beliefs, or something else. It makes a huge difference for students to know where they can go and who they can talk to. There’s very much a culture at the school that we don’t let incidents slide, and we help students work through them.”

Understanding the Challenges

Yet with all the strides the school has made, keeping black male graduates at URMCM for their residencies remains a challenge. Only one graduate of the 2016 class chose to stay in Rochester, and he was one of only two to stay in the last ten years.

“For as far as we’ve come, it’s a sad reality that there are still major issues we need to work on collectively across the medical center if we want to be a place where students of all cultures and backgrounds want to grow as faculty and establish their careers,” says Lee. “This is the most visible University-wide

Male medical students of color need to have a very strong sense of their identity. They need to understand what it means to be a black man in America and the stereotypes surrounding that, but they can’t buy into those stereotypes. They need to be able to move within any social circle with grace. And they need academic resilience.



Brenda D. Lee, MEd, left, at her retirement party in May, served as assistant dean for Medical Education and Student Affairs since 1987.

Kendrick Law (MD '16) with his mentors, Emergency Department attending physicians Eric Rueckmann, MD, and Flavia Nobay, MD.



effort I've seen since I've been here. But if we're going to be serious about making this a place where everybody feels welcomed, affirmed and comfortable learning and working, we need to first and foremost understand the experiences of the people who are facing the challenges here."

Kendrick Law (MD '16), a native of Pasadena, Ca., who is now an Emergency Medicine intern at Philadelphia's Thomas Jefferson University Hospital, says the medical school does a good job of supporting students of color, but remains a sheltered environment.

"Once you venture outside the cocoon of the school and get to the floors of the Medical Center, you can't control the type of interactions you may have, the biases you may encounter," he says. "And I definitely encountered them."

Law says the lack of black physicians was a frustration.

"I had trouble finding mentors, black or white, and there weren't any black faculty coming to lecture to us," he says. "The majority of black people I saw work in Environmental Services."

In fact, Paul recalls stepping into a hospital elevator on a busy morning earlier this year—while still in his surgical scrubs—when a University executive turned to ask how his job in Environmental Services was going.

"I said, 'Excuse me sir, I'm a fourth-year medical student just coming from a neurosurgical case in the OR, it's a pleasure to meet you,'" he recalls. "He looked at my scrubs and my skin color and just assumed I worked in Environmental Services. Another time, I went to evaluate a patient in emergency in my white coat, shirt and tie, and the patient thought I was from transport to take them for a CT. I guess it's somewhat forgivable because around here you're as hard-pressed to find a white person in green Environmental Services scrubs as you are to find a black person in a white coat. But those little slights can eat away at a person."

Augillard, who learned hard lessons about racism at an early age in his hometown of St. Rose, La., said he never expected to experience it in Rochester.

"I felt I'm coming to the north, a place of higher education, surrounded by great minds, some of the most beautiful and intelligent minds in the world," he says. "The admissions committee and school itself is extremely welcoming and supportive. I'm coming in with the expectation that I'm not going to experience racism here to the level I did growing up. So, it did surprise me, and initially I re-set myself and said 'It's not real, that didn't happen, maybe it's me. I'm not going to believe that's the environment I'm in, that people are truly this ignorant.' But after my freshman year I realized that racism and bias and micro-aggression are really something I'm going to have to deal with while I'm here."

It's hard to describe it, but it's a feeling of always being late to the party, or trying to enter a secret society. Sons and daughters of doctors naturally have more of a roadmap than we do. They know what books to use, what's important, what's not. We have to figure everything out the hard way like solving a mystery.

Hidden Curriculum

All of the most recent black male graduates speak of a "hidden curriculum," a pervasive feeling that their white counterparts—especially those hailing from families of physicians—had a distinct edge on them in terms of navigating the rigors of medical school.

"It's hard to describe it, but it's a feeling of always being late to the party, or trying to enter a secret society," says Augillard, who was raised by a single mom and grandmother, and was the first male to finish college in his family. "Sons and daughters of doctors naturally have more of a roadmap than we do. They know what books to use, what's important, what's not. We have to figure everything out the hard way like solving a mystery."

Law recounts many moments during clinical rotations where he felt he was "just expected to know things without any prior explanation. Like there were unwritten rules to follow that only the other students were aware of. Many times I would see white students getting special instruction from a resident off to the side that I wouldn't be included in. And when I would come over, they would stop talking."

Steve Morgan recalls asking questions of doctors on rotations, and having them say, "I can't believe you don't know that. I'm not going to teach you, if you don't know.' I'm thinking, but that's why I'm here is to learn the things I don't know. But of course, I don't say that."

Paul describes an instance on a hospital floor when he tried to study during down-time. He was told by the supervising resident it was inappropriate.

"But then I'm with that same resident, and we came across a group of white students studying, and he says, 'Oh that's a great idea, why don't we all study?'"

Invisibility

Another recurring issue for the men is feeling invisible. "You might be talking about a case with your peers and a physician, and so many times you speak, and say your opinion, but no one says anything," says Augillard. "It's just silence, like you didn't say anything, your voice is ignored. And five minutes later, somebody else says the exact same thing and everyone will say, 'Wow, what a great idea.' I also felt as though many faculty and students pretty much assumed I wouldn't do well, and were surprised when I did."

Paul was completing an elective, and remembers the attending physician being "not mean, but very nonchalant and dismissive of me. I wasn't getting great reviews from him."

Kendrick Law (MD '16)

Intern, Emergency Medicine, Thomas Jefferson University Hospital

Just 25 years old, Kendrick Law (MD '16), originally from Pasadena, Calif., is one of the youngest of the most recent class of SMD graduates.

"Everybody calls me the baby," says Law, who knew in high school that he wanted to work in health care. "But it was part of my plan to get through school as quickly as I could and get out practicing in the field. I've always been a little bit in a hurry."

Raised by his mom, a high school math teacher, and his father, a sound engineer for motion pictures and television, Law always knew college was a given.

"They impressed it upon me very early," says Law, whose public high school was composed of half African-American and half Hispanic students. "But for most of the peers I grew up with, that wasn't the case. College wasn't on their radar. Many just couldn't afford it because they had to provide for their families. Others didn't have anyone pushing them, and got caught up in the wrong things. It's a trap that exists in a lot of cities."

Law excelled in math and the sciences, but was also a talented baseball player, so he traveled from California to Mississippi to attend Jackson State University, where he was able to walk on and play four years of college ball. Physical Therapy was his first choice of study, but a shadowing experience convinced him to pursue medicine where he would have a wider choice of specialty options.

The summer after his sophomore year, he seized a chance to take part in URSMD's ten-week Summer Undergraduate Research Fellowship (SURF) program, where he gained experience working in a lab, took a condensed anatomy course, attended lectures, shadowed doctors in varied specialties, and practiced for the MCAT.

"The program was very intense, they kept us busy 24-7," he recalls. "It wasn't on par with what medical school was really like, but it gave me a taste, and I could see it as attainable. Everyone was very welcoming and I knew this was where I wanted to go. Once I got accepted here, I didn't go to any other interviews."

Once in medical school, Law gravitated toward the pace of Emergency Medicine and the support he received from the department's attending physicians, assistant professor Eric Rueckmann, MD (Res '05, Flw '06), and associate professor Flavia Nobay, MD, during his rotations.

"They complement each other very well in their mentoring styles," says Law. "They were very open and encouraging and I grew so much under their guidance. I realized I needed something fast-paced with constant stimulation. The chance to use my hands, do a lot of procedures, work in trauma bays, put in lines, assist with codes ... that excites me. That gets me going."

Emergency Medicine also forces you to stay on top of your medical knowledge, he says, "because you never know what's coming through the door. You need to build a rapport with patients quickly, and I see this tremendous opportunity to capture patients who don't often see a doctor and help them better manage their health. It's a young, but rapidly growing field and I want to contribute to that." Law, who was active in the SNMA and MMLA affinity groups and devoted a large amount of time volunteering with Rochester elementary and high school students, considered applying to the UR for his residency.

The fact that the Emergency Medicine physicians and residents "are such cool, good, trustworthy people made a huge difference to my experience here," he says. "They're people I would choose to spend time with even if I wasn't a doctor."

But other factors swayed his decision to leave for the more culturally-diverse dynamic of Thomas Jefferson University Hospital in Philadelphia. "I wished there were more black doctors here," he says. "There is a feeling that I perceived from physicians in other specialties that I would never meet their standard or image of what a doctor looks or acts like ... that I just don't measure up. I don't take it personally because it's a broader societal problem that can only be fixed through education and awareness. Helping people out of their longstanding comfort zones takes time."

Law, who rarely saw his family during medical school, also wanted to get closer to friends and family in either Southern California or the New York City area.

"I'll always think of Rochester as another home, though," he says. "My experiences, and particularly the relationships I enjoyed with patients here, confirmed my decision to be a doctor. No matter what else might be going on, anytime a patient says, 'Thank you very much,' those are the moments I realize why I'm still doing it. And they always came at the right time."





Then one day he was grilling me on my credentials as if I wasn't smart enough to go into Neurosurgery. When I told him about my recent research published in *Science* magazine, he literally shook his head and said, 'That's not possible. I do not believe you.' After I googled it and showed him, he talked to me after rounds and I was suddenly the greatest thing since sliced bread. Then I got great reviews. That, to him, shaped his perception of me, even though it had absolutely no bearing on anything I was doing clinically."

Law says the grading system was confusing to him.

"The specialty rotations are difficult, because you really have no idea what they're basing the reviews on," he says. "One person said I was great, another said I had a lot to work on. Which one do I listen to? I'm left wondering if my skin color had something to do with it. A lot of it is personal preference. There is a lot of tradition here, which isn't always bad, but sometimes doctors can only picture a certain type of person working in their field. They can't visualize someone different. A lot of people here just don't like change."

Lasting Impressions

While the students say these incidents were never enough to deter them from their goal of finishing medical school, more egregious examples of racism and discrimination here have left lasting impressions on these young doctors.

"I was doing my emergency rotation, and an elderly African-American gentleman came in who was diabetic and his leg was visibly necrotic, and the team knew he would probably need his leg amputated," recalls Steve Morgan. "When the white female surgeon came in, she just said to him bluntly, 'We're going to have to cut that off,' and walked back out. I couldn't believe it. No explanation or anything. The man was visibly upset and crying, so I went and sat with him and talked with him, explained that his leg was infected, that he had options to try treating with antibiotics, but this was the best course. So he finally agreed, and he understood. But I got into a lot of trouble because of the conversation I had with him, for not respecting hierarchy. I got hit with a bad grade. But I don't think hierarchy is the best thing, because I'm not going to follow you when you do something like that. I had to ask myself, 'Do I want to get a good grade or do I want to follow my heart?' I would always do the same thing."

Augillard was working in the ED's Trauma Bay on the night of the 2015 shooting following a basketball game at the Boys and Girls Club in Rochester.

"All of the traumas came in one after another, and I was doing CPR on one guy, and I'm looking around realizing these are all young African-American males around my age, and it sunk in with me what a horrible loss it was," he says. "After everything

settled down, one of the nurses said something to the effect of, 'That's what they get for living that lifestyle, and I bet they will say they were all just walking to church.' Some of them had dreadlocks, and she was saying they must have been involved in illegal activity, and they deserved to get shot. The reality was they were leaving a charity basketball game, doing something productive for their community, and some random lunatic came by and shot them for no reason at all. I confronted the nurse about it, and said, 'That could just as easily have been me.' But she stayed in that mode of thinking and there was just nothing I could say to change her mind."

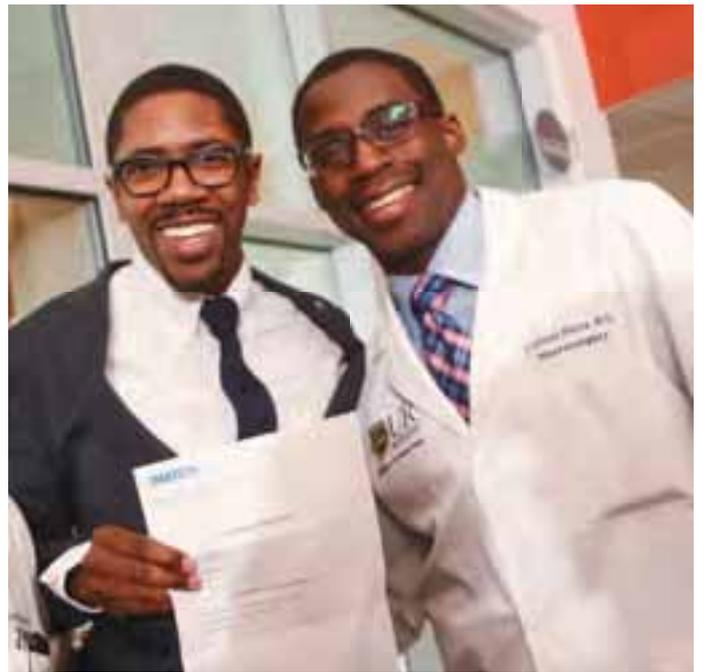
Cuyler recounts a day a few years ago when a black resident was working in her primary care office, with Cuyler's white partner as his preceptor.

"They were seeing a Caucasian patient who was racist and made inappropriate comments to the black resident," says Cuyler. "I learned about it later, and watched as that single event transformed the resident from someone who was happy and excited about practicing medicine to a very sad, withdrawn individual. But the most disturbing thing is that my partner, who I have worked with a long time, said to me, 'I just did not know what to do.' That to me, is heartbreaking because you have a professional who, had he known what to do, would have done it. It's just that nobody ever taught him what to do when a patient treats a resident this way."

An incident like this fails everyone, says Cuyler.

"The institution failed the patient because the patient doesn't know they can expect diversity here," she says. "It fails the student because they're in a situation with nobody to defend and advocate for them. And, it's failing the faculty member because they weren't given the tools to know what to do, and until this point never had to think about it, because he's used to being somewhere where everybody looks like him. I think this is a great time we're in now, because we clearly have work to do, but we've identified what those issues are and can start working on models and strategies to rectify them. At the end of the day, there are people now who are interested in doing that, which is huge."

Adds Pierre, who hopes to complete his Neurosurgery residency at URMC and make Rochester his home: "I've never seen a place like Rochester being so forthcoming about issues and trying to make changes as they are now. In my experience, we have people here who care. All of the higher-ups, including president Seligman, Dr. Taubman and Dr. Chaudron, have been very receptive to hearing us out and trying to make changes. I know there is always room for improvement, but the fact that they've been so open—and listening—has made a world of difference to me."



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