

# Michigan Surgery Sessions Social Responsibility Podcast

Featuring: Erika Newman, MD; Gurjit Sandhu, PhD; Valeria Valbuena, MD

## Narrator:

Welcome to Michigan Surgery Sessions, where we discuss the latest in clinical care, education, and surgery culture with faculty, residents, and medical students.

## Gurjit Sandhu:

We are back with Michigan Surgery Sessions at the Michigan Medicine Department of Surgery in Ann Arbor. I'm your host Gurjit Sandhu. Today, we create space to have a conversation about the role of surgeons when it comes to social responsibility. There are surgeons, physicians, and healthcare professionals advocating on issues of equitable access to healthcare, seatbelts, toxins in drinking water, climate change, global surgery, and many more areas of focus. To paraphrase from Dr. Catherine Thomasson's piece, *Physician Social Responsibility in the AMA Journal of Ethics*, "Medical care to patients is a service to individuals, but social responsibility is about public advocacy that impacts the larger determinants of health." Unpacking this understanding and work with me today is Dr. Erika Newman. Dr. Newman, thank you for joining us.

## Gurjit Sandhu:

Dr. Newman is an associate professor in the section of pediatric surgery and surgical director of the Mott Solid Tumor Oncology Program. She's also the Associate Chief Clinical Officer for Health Equity for the University of Michigan Medical Group. Dr. Newman completed general surgery training at the University of Michigan and fellowship training at the University of Chicago Comer Children's Hospital. She's an active member of the Children's Oncology Group, the American Pediatric Surgical Association, and the Society of Black Academic Surgeons, and the Association for Academic Surgery. Dr. Newman's specific clinical interests are pediatric surgical oncology, including neuroblastoma, Wilms tumor, and soft tissue sarcoma. Dr. Newman is also interested in surgical diseases of the biliary tract, including liver tumors. Dr. Newman, thank you for joining us.

## Erika Newman:

Thank you so much for having me. It's really an honor and privilege, and I'm excited for tonight.

## Gurjit Sandhu:

Also joining us is Dr. Valeria Valbuena. Dr. Valbuena is a general surgery resident at the University of Michigan. Originally from Columbia, she completed her undergraduate education starting in her local community college, the State College of Florida. She obtained a BA in biochemistry from the New College of Florida, and her medical degree from the University of

Illinois at Chicago, where she was an active member and leader of the Latino Medical Student Association. Dr. Valbuena's research interests include workforce diversity, with a focus on medicine and surgery, healthcare disparities, community-based intervention to increase access to safe surgery, and organ donation and transplantation in minority communities. Dr. Valbuena, thank you joining us.

**Valeria Valbuena:**

Gurjit, thank you so much for having me today. I'm really looking forward to our conversation.

**Gurjit Sandhu:**

Dr. Newman let's start with you. The intersection of health and education is a domain that continues to be mired with barriers. And this is where you've focused a concerted amount of your effort for enhanced social responsibility. Tell us about what brought you to investigating this problem.

**Erika Newman:**

We have been doing a lot of work around equity and inclusion within our department, mostly focusing on faculty and resident achievement and advancement and professional development. And in doing that, I think we've talked many times about how the faculty and the Department of Surgery really came together for this portfolio of initiatives called The Michigan Promise. And a part of that is all of us were really interested in pushing ourselves to understand more how we can really be true to this domain of outreach and equity. And I think in order for us to do that, we had to begin to shift our focus a bit more external and understand how we can impact our community and grow in that space.

**Erika Newman:**

Institution is perfect to do this. Many of universities and institutions sit right in the midst of urban environments. We are 30 minutes from Detroit. We have Ypsilanti, which is, I can get there in 10 minutes. Flint is an hour away. Muskegon. Toledo is 45 minutes to an hour away. And so, really understanding how we can engage. We've been mostly on a learning tour to understand what our strategies and tactics might be. We had, for example, a speaker, one of my friends and colleagues, Adam Foss, who is a... He's a prosecutor and has really gotten us excited about the impact that we could make and empowered us as surgeons to be able to engage in this work. Learning the data, one in three Black men are in jail, and being aware of how we might be contributing to that by being passive to homogeneous spaces. And so, just looking around and saying, "We will no longer tolerate homogeneous spaces and teams. And how are we responsible for them?"

**Gurjit Sandhu:**

Could you share with us some of the initiatives that are being developed or that have already been enacted to advance that work and that trajectory?

### Erika Newman:

The Doctors of Tomorrow Program is well-established. I heard a statistic that said it was one of the most successful programs that the Medical School runs and the students value that as one of their most valuable programs. And that was born with Dr. Finks and yourself and faculty in the Department of Surgery, and we're really proud of that program. And we view that as a prototype and a model on which to build. And so, one idea that we have been working with, and you've been a part of these teams, and so has Val, we are launching this program called the HOPE Program, which stands for health equity, opportunity, pipeline, and education. And one component is trying to dig deep and double down on how we prepare pipeline and taking ownership of children that we can usher through the pipeline at a very, very young stage. Prisons prepare for how many... the prisoners that they're going to project, is based on how many kids fail math, early elementary math classes.

### Erika Newman:

And so, we thought we'd start really early, third grade, third or fourth grade. How do we prepare partnering with the School of Education and the Law School and the Business School and the School of Public Health and Policy, and partnering and pooling our collective strength and our institutional resources to begin to guarantee success of those children by leveling the playing field and, essentially, removing the social barriers. It's a huge dream right now. It's a vision, but I do think that thinking in very bold, loud terms is really exciting. And we can do this at Michigan.

### Gurjit Sandhu:

Dr. Valbuena, I'd like to bring you into this conversation. You've also been looking at educational inequities, with a particular focus on medical students from underrepresented communities. Tell us about what brought you to this work, and how did you come to it?

### Valeria Valbuena:

A lot of my lifelong desire to the work in this area comes out of my own personal experience with being that student. I'm on my fourth year of dental surgery residency, and it feels very far away, but it wasn't that long ago that I was in the shoes of many students that come from similar backgrounds to mine and having to jump through a significant amount of hoops to be able to just get a foot in the door.

### Valeria Valbuena:

One of the interesting paradigms of being a woman in surgery, a woman in medicine, a minority physicians, is that you get to see both what it takes and then where you're going in terms of your journey. Looking back, it seems like it was fairly straightforward and reasonable, but it really wasn't. It definitely didn't feel like that. One of the most interesting parts about recruitment and retention of minority students into STEM fields and into medicine in particular in surgery, which is the house that I live in, is that we have this model of the type of person from a background like mine or Dr. Newman's that makes it. Who makes it, and what does it take? How good do you need to be? It's all very student-facing energies of like how good can

you be, and can you work really hard to get here? And then, once you make it, you know I look at Dr. Newman now professor of surgery, and then even myself from the point of small amounts of influence that I have.

### Valeria Valbuena:

And so, everybody starts thinking about how exceptional and discussing the exceptional rhetoric of like just how good you had to be, you were like the best of a bunch. When the truth of the matter is that there is absolutely nothing special about me. I just got lucky. That doesn't mean that I'm not a hard worker. It doesn't mean that the people that make it to this point don't work very hard, but for the people that come from a background like me, 5,000 different things have to happen in the right order, and you have to have the correct opportunities and the right shots and be in the right place at the right time to be able to end up being trained at one of the premier institutions for surgical training in the world.

### Valeria Valbuena:

The fact that we're leaving it to chance is the reason that I do the work that I do. And it's that those 5,000 things that went right shouldn't have to be a chance, like a roll of the dice. It should be that the systems are in place to make sure that everybody has what they need. And that doesn't mean that you're giving everybody the same, because that's where we are right now. No, there is an equal opportunity for one to apply to medical school, for one to shoot your shot, but that opportunity looks very different. The box in which you're standing to look over the fence looks very different when you are coming from a background in which a lot of things have been facilitated to you, versus when you're coming to a background in which things are a little harder. Maybe you're working full-time during college. Maybe you're a single mom. Maybe you didn't do well on a test. Maybe English is your second language.

### Valeria Valbuena:

As much as I want, we all want, to focus on what is within reach, whether it's our medical students, maybe the undergrads here in our institution, the money is in the kids. The seeds that we plant right now, like the K to 12 pipeline, toddler, and it's wild because we are thinking, 'what is the role of the Department of Surgery in early childhood education?' Some people are like, "We don't have any role." And I will argue that we have the entire role, because if do not invest on that sector right now, we might find ourselves 10 years from now thinking, "How can we help this bottleneck of applicants? We're all fighting for the same 17 students that have made it through a leaky pipeline," instead of thinking, "How can we plant more trees now so in 10 years we can have a more diverse workforce?"

### Valeria Valbuena:

So, some of the things that we're doing right now are the low hanging fruit to make it so that our specialty is providing, in our institution, is providing opportunities for medical students who have already made it to medical school, of course, but come from disadvantaged backgrounds to give them some of the tools and the training that it takes to be able to make an ask for a

general surgery program like ours, or just general surgery period. So, this year we had our pilot year for a pipeline program targeting that demographic of students.

### Gurjit Sandhu:

I see the connection with respect to the education component and social responsibility with respect to medicine, but then Dr. Valbuena, you go outside the box outside the box, and you start working on voting. So, help us understand your passion for voting rights and responsibilities as an area where you've developed a really deep awareness and use that understanding to translate that information to the larger surgical community. How does that all tie into social responsibility for surgeons?

### Valeria Valbuena:

I grew up in Columbia, like you mentioned, Gurjit, and I came of voting age in the United States, and I voted for Obama twice. I mean, I voted in the 2016 elections, and then the outcome was what it was. And I just remember that I knew how to vote, but I really didn't know. I had the cursory introductory level information to be an active and responsible citizen, but he it was like the bare minimum and I often chalked it up to just being busy trying to get your undergrad, trying to get into medical school, trying to survive medical school, trying to make it into residency. And then somehow, I have gotten myself into this bubble of, "Oh, the government and the universe outside of the hospital in my own academic career and the care of my patients and the care of myself, it's just on auto-run. It's going to be just fine."

### Valeria Valbuena:

It turns out things don't just happen, and things can turn in a direction that will eventually affect you. And from my position as a physician, I just felt like I had just completely ignored an aspect of my practice in which I was responsible, not necessarily for voting for one side or the other one, but for being aware and understanding the very important role that policy and politics play on public health and how that affects me and affects my patients every single day. It started with small things when I was a junior resident of understanding what it actually takes for an uninsured patient to get care. I don't think that one truly starts comprehending that until you start in medical school. And then once you are the person calling for the pre-auth or the medication for your patient, or who cannot go home because of TPN, their outcomes are being affected by the social determinants of health.

### Valeria Valbuena:

And in realizing that there is definitely a cost to your own effort to try to help a patient, and there is a point in which the system in which we all live and practice and do surgery and help patients gets to us. And we're not working in a vacuum as much as we will like to. At some point someone asked in social media that was like, "What is the role of a physician on being politically active and socially active and social activism?" And there was actually a very interesting response from the lay media about this and a big controversy around physicians should just be here for healing and we should be just doing our jobs. But medicine is a humanistic specialty,

it's a humanistic job, and it is our responsibility to be aware and to be responsible for what we do and for advocate for the people who need us and the people who are suffering.

Valeria Valbuena:

So, I decided that if there was something that we all needed to do was to like, as physicians in my department at least, was to understand the power of our vote and to start changing the narrative around physician social and political engagement, and mostly our awareness. I think we hide very often behind the demands of our jobs, which are understandably very demanding, taking care of patients is hard, but taking care of patients in the middle of a health insurance crisis is harder. It is 100% social responsibility and an exercise of our profession. And I was happy to see that a lot of people in my department thought so too, and so we just got everybody registered to vote and everybody aware of the things that we were voting for, nonpartisan. You can make your decision, but a decision has to be made. And I was very surprised to see that so many people fail similarly, almost like you were waking up a little bit.

Gurjit Sandhu:

Reading between the lines of what you said in terms of a response on Twitter, I remember hearing about stay in your lane, physicians should stay in your lane.

Valeria Valbuena:

Yes.

Gurjit Sandhu:

Yes. So, Dr. Newman, did you want to comment on that and the role of physicians and surgeons with respect to social responsibility and advocacy?

Erika Newman:

I think doctors have to take responsibility of this, as we are the protectors of health and wellbeing. There are so many alarming statistics, and I think that COVID-19 brought to the forefront the disparity in patients that were dying of COVID-19. There is a statistic that says that Black men have a 50% higher death rate than White men of all causes. I mean, it's just alarming. A Black woman in America has 10 times the risk of dying during childbirth. And this has nothing to do with social/economic status. Women that had PhDs were included in that study, and so it doesn't matter your social/economic status, if you are Black, you are at a 10 times higher risk of dying. There was a study a few months ago that looked at healthy children having elective surgeries, and healthy Black children were more likely to die from elective surgery than White children.

Erika Newman:

I don't believe any of this is intentional. I think there are things that are happening or that happened that are silent and not well-understood or studied. The COVID-19 pandemic and the racial awakening that went on in the summer of 2020 was really, I think, everything coming to the forefront. These problems have been really deeply embedded into our systems and our

society. It's easy to, as Dr. Valbuena said, to dig into our work and say, "Hey, I'm doing a great service to society. I'm a doctor, I'm a surgeon, I'm taking care of patients," but it's not enough. Right? I mean, we have to keep the big picture in mind and understand how where people live and grow and work and sleep and the color of their skin determines their health. None of us can say that it's not our lane or not our place to be engaged in this.

### Gurjit Sandhu:

That speaks to racial injustice and the connection to health. It also reminds me of the American Public Health Association and their statement that racism is really a public health crisis. So, Dr. Valbuena thinking about a movement that has gained quite a bit of traction, White Coats for Black Lives, and that takes both an individual and institutional stance against racial injustice and Black deaths, could you share some of your insights around movements of that nature?

### Valeria Valbuena:

It is very interesting to see what Black Lives Matter and the White Coats for Black Lives was, I think it was probably over five or six years ago when it started as a movement, that was frankly reducted by a lot of the healthcare establishment, including medical schools and healthcare systems, and how that changed after the murder of George Floyd this summer. And the wider embrace of that type of healthcare provider and then student activism is not just about being tolerated and allowed a Black Lives Matter, painting your white coat, or you being able to participate in a protest, but it's something that needs to be encouraged and celebrated. Because having training and employing and supporting physicians and healthcare providers that have awareness of their social responsibility, even when that means stepping into a space that for some people is less comfortable, especially when they have not been engaging in topics of racial injustice and racism.

### Valeria Valbuena:

It is very important for the support to be outward and strong. There is still a really long way to go in terms of facilitating healthcare provider, medical student, a profession student activism in this realm in a way that doesn't feel like you're doing something that somehow is going to be seen as unprofessional. I have been lucky to have a lot of support here at my institution when I do engage in that type of activism. However, I will say that that's not the case for many people, and it's not the case always here. So, continuing to maintain an active stance rather than a, "We'll tolerate something," or, "Yeah, sure, you can engage in that on your time off," dedicated time to training doctors and the rest of the health care providers around what it means to be an ally, what it means to participate, what is truly... or the type of change that being supportive and active in these classes can translate into both for our work with patients, but also once we leave the hospital is super important.

### Gurjit Sandhu:

So, we've talked a fair bit about what you as individual physicians, you as individual surgeons, can do with the declaration that racism is a public health concern, Dr. Newman, what does this mean for the healthcare system?

### Erika Newman:

We have to take a look at ourselves, we have to take a look at our policies and our procedures, and understand how we might be contributing, or at least passive, to racism and discrimination and inequitable policies and procedures. It's not about penalizing, it's not punitive. It's just us trying to get better and do the best that we can. And for us to do that, we have to have the community with us, and we have to understand and pay attention to these societal issues, especially racism. Seeing how we can incorporate practices that will reverse or eliminate racism, I think is really a priority, and I think speaking out against any processes or procedures that potentially benefit or not benefit one population or one community, particularly down racial lines. We have great credibility and use that in order to drive change and attention to issues around racism and structural, I call it, violence, structural violence. Structural because they're embedded in the things that we do daily. They are just a part of institutions, processes. They're invisible, often, they're silent, but they're there, they're structural. And violence is because people are dying.

### Gurjit Sandhu:

Dr. Valbuena, would you like to add to that in terms of what healthcare systems can do broadly?

### Valeria Valbuena:

Only acknowledging that there is a problem and then expressing allyship in the way of something that is very public, like our expression, reaching out to people, that that's actually the easiest part, even though it does feel hard, it is challenging and a hard first step, absolutely needs to be followed with some sort of a strategy of how you're going to evaluate the problem, act on it, and then evaluate the solution, whether or not what the solution or they intervention worked. In the same way, how we are so academic about so many things nowadays, we have to get academic about this, and it needs to be like a health systems effort. It needs to be backed up by funding, it needs to have protected time for the members of the community, the academic community, the hospital community, that invest in time. This is not a work that you will volunteer and do on the side. Being able to change a healthcare system in this direction is a full-time job.

### Gurjit Sandhu:

It sounds to me as though part of social responsibility means being your authentic self, bringing your whole selves to work, connecting with your patients, connecting with your communities. We don't disconnect ourselves. You all don't disconnect yourselves when you see your patients. You come with your whole self. So, what needs to happen next? Dr. Newman, where do we go from here?

### Erika Newman:

You have to rally support for health equity in a broad sense, we have to speak out when we see it, when we experience it, we speak out against any form of inequality. And that goes for racism and sexism and all the other ways that people are marginalized. From a health system



perspective, examine our processes and procedures for an opportunity to tease out things that might be discriminatory in nature. An example would be understanding within our own walls, the mortality rate for healthy children undergoing surgery, and I bet if we looked at that, the data may be similar to what they found in that larger study, and then really trying to tease that out and strategize around policy change and implement strategic tactics that would help us to overcome that.

### Erika Newman:

And so, we can't be afraid to look and assess, and so we have to collect the data, look at the data, analyze. And then my, I think for us, the North star would be to shift our policies and procedures so that we are addressing inequities and not hiding from it. We can't hide from it because if we do, we continue to do that, then nothing will ever change, and really keeps us going, is that if we don't usher change, then we're part of the problem.

### Erika Newman:

We've joined network called the Healthcare Anchor Network. It has positioned us as an anchor institution. And so, anchor institutions make a commitment to contribute to community wealth, and so now we're really talking about shifting people and our communities out of poverty by the way that we handle our business. And so, the three anchor missions that we're going to be focused on over the next year, one is going to be for a commitment for local hiring, and so hiring preferentially from the communities in which we serve, so Ypsilanti, Detroit, and Flint. The second anchor mission is a commitment to contribute to minority owned businesses and procurement services. And then the third one is socially conscious investing, really focused on investments that uplift the community and contribute to community health.

### Erika Newman:

Joining that network will connect us with other academic and community institutions that are doing this work so that we can share our data, we'll be able to benchmark our progress, they will provide content experts in three of those anchor mission areas. And so, I'm really excited about that as just one thing that we could do that, again, hopefully will march us towards a more equitable and just health system.

### Gurjit Sandhu:

Dr. Valbuena, same question, where to from here?

### Valeria Valbuena:

It is important to provide education on this, because I believe that although there is enough of it that will probably be observed by osmosis, there's a lot of room in the medical school curriculum and the curriculum of all health professions. I mean, generally just public health to create awareness of the need of pursuing careers are dedicated to addressing some of this large inequity issues so that we can train the people who will continue doing the work once I eventually retire, which I am constantly looking forward to. I think that empowering diverse leadership and giving them the tools so they can do some of this impactful work right now is

also very important, and trying to figure out how can we, again, fill those holes in the pipeline so that our investments extend beyond the low-hanging fruit.

**Gurjit Sandhu:**

My sincere appreciation to both of you for helping us better understand the role that surgeons can have when it comes to social responsibility. That's Dr. Newman, pediatric surgeon with Michigan Medicine. Erika, thank you so much for being with us.

**Erika Newman:**

Thank you so much for having me.

**Gurjit Sandhu:**

And Dr. Valbuena, general surgery resident with Michigan Medicine. Val, thank you also for joining us.

**Valeria Valbuena:**

Thanks. It was my pleasure. This was a great conversation.

**Gurjit Sandhu:**

You've been listening to Michigan Surgery Sessions, and I'm Gurjit Sandhu.

**Narrator:**

Thanks for listening to the Michigan Surgery Sessions Podcast. To learn more about the Department of Surgery at Michigan Medicine, our people, and our programs, and to find more podcasts, visit our website at [medicine.umich.edu/dept/surgery](https://medicine.umich.edu/dept/surgery).