BEYOND DIVERSITY AND INCLUSION

Mount Sinai Devises a System-Wide Road Map for Becoming an Anti-Racist Institution

BY BARBARA BRODY

ong before most people had ever heard of George Floyd or Breonna Taylor, Mount Sinal already had a robust Office for Diversity and Inclusion, a Racism and Bias Initiative at the medical school, and a Diversity Innovation Hub, which aims to use innovation and technology to address social and structural determinants of health. But the events of the past year and a half—including a new spate of police brutality against Black Americans and escalating anti-Asian bias—prompted Mount Sinai leaders to take their commitment to equity and racial justice even further.

Convinced that there was far more work to be done, Kenneth L. Davis, MD, President and Chief Executive Officer of Mount Sinal Health System, and Dennis S. Charney, MD, Anne and Joel Ehrenkranz Dean of the Icahn School of Medicine at Mount Sinai and President for Academic Affairs, Mount Sinai Health System, commissioned the Mount Sinai Health System Task Force to Address Racism.

Chaired by Gary C. Butts, MD, Executive Vice President for Diversity, Equity, and Inclusion, the system-wide task force was charged with examining how Mount Sinai was doing in addressing racism across the Health System and devising recommendations for Improvements. Composed of students, staff, administrators, and Trustees, the group began meeting in July 2020. By April 2021, the Road Map to Address Racism was announced, and measures to tackle racism and bias were already underway.

Around the same time, David Muller, MD, Dean for Medical Education and Marietta and Charles C. Morchand Chair in Medical Education at Icahn Mount Sinai, began spearheading efforts to bolster the preexisting Race and Bias Initiative at the medical school. In addition, Amanda J. Rhee, MD, MS, Medical Director of Patient Safety, and James C. Tsai, MD, MBA, President, New York Eye and Ear Infirmary of Mount Sinai, took the helm of a team primarily dedicated to addressing the rising violence against Asian Americans.

To learn more about these efforts, Mount Sinai Science & Medicine (MSSM) talked to Drs. Butts, Muller, Rhee, and Tsai, along with Pamela Y. Abner, MPA, Vice President and Chief Diversity Operations Officer for the Mount Sinai Hospitals Group, who served as an advisor to the anti-racism task force.







Top left: A Black Lives Matter rally held at The Mount Sinai Hospital in 2020. Bottom left: Mount Sinai supporting the LGBTQ+ community at the 2017 NYC Pride March. Right is cahn Mount Sinai students and colleagues from White Dast Against Asian American and Pacific Islanders Hate organized a rally in New York Cyr in 2021; which drew more than 1,000 supporters.



"AT THE MEDICAL SCHOOL, WE'RE USING A CHANGE MANAGEMENT APPROACH, WHICH IS REALLY ABOUT REVAMPING THE ENTIRE CULTURE OF AN INSTITUTION."

DAVID MULLER, MD

MSSM: Mount Sinai's diversity efforts have been ongoing for many years; why the need for these new initiatives?

Ms. Abner: Before the task force, there was little happening system-wide. Id say 99 percent of the efforts were previously focused on the medical school. And while there was plenty of work being done with regard to bias, there was no specific focus on race and racism. Of course, there are racial biases, but you could have a bias against someone based on their height, weight, or religion. We felt it was important to directly address racism.

Dr. Muller: Terms like "diversity" and "inclusion" are still incredibly important. They're at the core of the work we do, and yet they don't fully describe the efforts that are underway.

Dr. Butts: As the largest health system in New York City, we can be a model for dismantling policies and structures based on racism that have been detrimental to the people we hire and promote, the medical students we admit, and the experiences of our faculty and staff. We also need to examine how racism impacts care, which can sometimes be uneven for patients.

MSSM: Do you believe Mount Sinai has fallen short in promoting adequate diversity before now?

Dr. Muller: Our admissions committee has always found outstanding candidates and admitted a diverse class. But are there biases in how they're judging applicants? And what happens when students get here? Maybe you've recruited lots of Black and Latinx students, but how easy is it going to be for them to find mentors they can relate to? If you walk into an institution like ours today and look for full professors who are Black or Latinx and doing research, you'll find astonishingly few.

Dr. Rhee: Professional advancement is challenging for Asians as well. Asians are certainly well represented in the field, but underrepresented in leadership. This is also true in the technology industry where a large percentage of the workforce is Asian American Pacific Islander, but Asians are half as likely to achieve management positions as their white co-workers.

MSSM: What was the biggest challenge in kicking off all these new anti-bias and anti-racism initiatives?

Dr. Butts: Becoming comfortable with being uncomfortable in this space. Senior executives and Trustees have been very supportive, but just starting the conversation about racism can be a challenge for most of us. When you talk about racism, you have to accept that we are still grappling with a history of deeply embedded structural and systemic racism. No one wants to think of themselves or our institutions as racist. However, we do need to recognize and comprehend that there have been centuries of racial injustices built into the very fabric of our society.

Ms. Abner: Many of the young people, the students, keep us honest. They're very committed to social justice, and they're clear about the fact that language and how we talk about these issues matter.

Dr. Muller: About five or six years ago before George Floyd—there was a series of police killings of young Black men. Medical students nationwide, including our students from the Icahn School of Medicine, staged a



Pamela Y. Abner, Dr. Gary C. Butta, and Dr. Ann-Gel S. Palermo of the Office of Diversity at Mount Sinai (left to right)

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GARY C. BUTTS, MD

'die-in." That, of course, got some attention. However, the real turning point happened shortly thereafter, when a group of our own medical students came to us with data that made it clear we had a racism problem across the entire learning experience, including how students were being evaluated and supported, who was selected for honor societies, how clinical care was delivered, and so on. As hard as it was to accept, the proof was irrefutable. We then went through a real soul-searching process, and it took some courage for our leaders to be willing to be vulnerable and acknowledge that they didn't even understand the scope of the problem.

MSSM: It's clear these aren't the kinds of issues that get resolved overnight or even in a year. But what kinds of tangible steps have been taken so far?

Ms. Abner: We've held numerous town halls and other community-building events that address racism. We also created the Institute for Health Equity Research, which builds on impressive data collection about

patient outcomes that was already underway and aims to combat health care disparities. Perhaps most important, we recently adopted equity as a core value across the institution.

Dr. Muller: At the medical school, we're revamping the curriculum to root out inaccurate information that stems from systemic racism. We're also reexamining our efforts to find ways we can better support students of all backgrounds and ensure they have equal opportunity to thrive.

Dr. Rhee: For the Asian American Pacific Islander community at Mount Sinai, we're focused on three main goals: safety, professional development, and communication. In light of recent violence against Asian Americans during the pandemic, it's crucial to provide actionable mechanisms that people can use to stay safe.

Dr. Tsai: We're also creating a centralized internet resource with information to help people learn about the diversity of Asian cultures. People have a singular race in their head when they think about "Asians," but it really encompasses a very diverse group of people and cultures and languages.

MSSM: How confident are you that you'll be able to make major strides in the next year or so?

Dr. Butts: Combating racism is a work in progress. We are optimistic in that attention to this issue is greater than ever, and new programs are already being implemented. The Road Map outlines strategies and a process for advancing this work, and accountabilities are expected. It is also particularly promising that the most senior executives, including hospital presidents, have embraced the recommendations.

Dr. Muller: At the medical school, we're using a change management approach, which is really about revamping the entire culture of an institution. It's not your typical linear paradigm of problem/solution; it's a bit more of a winding path that allows for reflection, enables us to course correct along the way. and focuses on the people part of change. I'm optimistic, because in the past few years we've already made major changes in the way we're partnering with our students. We've been able to shift to full partnership with students and collective learning. and that has been really monumental. It allows us to feel we are all pulling in the same direction.



"WE'RE CREATING A CENTRALIZED INTERNET RESOURCE WITH INFORMATION TO HELP PEOPLE LEARN ABOUT THE DIVERSITY OF ASIAN CULTURES."

JAMES C. TSAI, MD, MBA