Volume 23, Number 7 | February 2021

SCA NEWS

PRESIDENT'S MESSAGE

Stanton K. Shernan, MD, FAHA, FASE
President, Society of Cardiovascular Anesthesiologists

Care
Knowledge
Investigation

Diversity, Equity and Inclusion — a Critical Component of our SCA Mission

Dear Friends,

I hope you and your families are all safe and well. Among all the goals and objectives that the SCA Board of Directors has successfully achieved during this challenging year related to our mission, we have also intentionally highly prioritized initiatives related to diversity, equity, and inclusion (DEI) involving faculty and leadership development and representation. The SCA is also in the process of endorsing a formal multi-society statement related to DEI issues. Furthermore, we are developing our own DEI committee to advise our Board of Directors directly and will very soon be including the following statement on all of our communications:

"The SCA is committed to upholding the highest standards of inclusivity and diversity in pursuing our mission of being an unbiased and credible source of information, expertise, and leadership. Our collective reverence for mutual respect, shared experience, and mentoring drive what we do, both professionally and personally, every day."

During my tenure as SCA President, it has been my pleasure to use the President's Message platform to introduce leaders in our society who have expertise in some high-profile regions. I want to introduce Dr. Adam Milam, currently serving as a Fellow in Cardiothoracic Anesthesiology at the Anesthesiology Institute at the Cleveland Clinic Foundation. Dr. Milam has already established a notable reputation addressing important issues related to DEI issues in healthcare and has published significantly in this area. He contacted me recently about his interest in pursuing this topic within the SCA to highlight further its relevance within the national and international community of cardiothoracic and vascular anesthesiologists. Dr. Milam generously provided the following article, which I am honored to include in this month's President's Message.

Please see following page...

SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS
Knowledge • Care • Investigation

PRESIDENT'S MESSAGE

Featuring:

Adam J. Milam
MD, PhD, MHS

Faculty Associate
Department of
Mental Health
Johns Hopkins Bloomberg
School of Public Health

About two months ago I was getting ready for a call shift at Cleveland Clinic, where I'm an Adult Cardiothoracic Anesthesiology (ACTA) Fellow. I received a message from a colleague with a screenshot from a Grand Rounds presentation. The screenshot included a table from an article by Brotherton and Etzel (2020) reporting there were four African Americans in ACGME-accredited ACTA Fellowship programs for 2019-2020. These four African Americans represent 2.3% of the ACTA fellows nationally. This dismal representation is even lower than the 5.9% of African Americans pursuing residency in Anesthesiology. My initial response was "Holy Crap!" How could there only be four African American ACTA fellows in the entire country? Then I thought back to the when I was I interviewing for fellowship; I did not encounter a single African American applicant and I met only one African American Cardiothoracic Anesthesiologist. My initial surprise started to drift toward frustration. How could there be this gross underrepresentation? Who was addressing this issue? Will the few African Americans in the field have to bring attention to this problem and find solutions?

I shared my frustration with my network of African American colleagues. This network is generally who I turn to when I encounter issues with diversity and health disparities. This network helped me manage the stress and anger that emerged as we all witnessed the racial disparities in COVID-19 deaths. This network, similar to other 'villages' in the African American community generally depend on each other to bear the weight of all the burdens we constantly encounter. Marissa Evans eloquently described this in her article published in The Atlantic: We retreat into ourselves, into our community, and we take comfort in not having to explain our grief—the dreams deferred, the lost potential of Black legends—to anyone on the outside.

There is at least a triple burden placed on African American physicians. When you are the only African American physician in your department (and one of few in your institution), you have to advocate for minority and poor patients that do not always get the care they deserve. Said plainly, African Americans receive worse care compared to other races—we strive to change that although this often seems insurmountable. We also have to advocate for the students and residents that come behind you that are not offered the same opportunities or considerations of other students in the applicant pool as well as the other minority staff that do not have a voice. These students and residents face micro- and macro-aggressions on a daily basis all while managing the obstacles and stressors associated with becoming a physician. Lastly and equally as important, you have to advocate for yourself, often without the support of mentors and

SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS
Knowledge • Care • Investigation

PRESIDENT'S MESSAGE

"Instead of trying to build a brick wall, lay a brick every day. Eventually, you'll look up and have a brick wall."

~ Ermias Joseph Asghedom

department leadership. African American physicians are pulled in so many directions because the community is so small and the common thread to address the existing health disparities and inequities in our country.

Reflecting on the article and my experiences as an African American Anesthesiologist entering into Cardiothoracic Anesthesiology, I reached out to the Society of Cardiovascular Anesthesiology to learn about efforts to improve diversity within our subspecialty. I could spend pages discussing the benefit of having a diverse physician workforce, but this has been documented elsewhere. I will simply say, improving diversity in Anesthesiology and specifically Cardiothoracic Anesthesiology is necessary, long overdue, and will improve health outcomes among our most vulnerable populations.

I am speaking as an African American, but feel free to replace African American with Hispanic, Native American, female, disabled, LBGT (and the list goes on). As a society and subspecialty, we need to recognize that diversity is a problem. We then need targeted interventions and initiatives to diversify our field. The playing field is not equal; I (and many of my colleagues) have encountered racism, discrimination, and microaggressions while pursuing our training. At a minimum, our subspecialty and society should reflect the diversity of our larger specialty and the ASA. There is no easy fix; this will take time and support from the leadership and membership. I look forward to working with SCA and ASA to address the lack of diversity in our national society leadership and within Cardiothoracic Anesthesiology.

"Instead of trying to build a brick wall, lay a brick every day. Eventually, you'll look up and have a brick wall."

—Ermias Joseph Asghedom

Leaders in the field, it is my firm belief that it is due diligence on behalf of the SCA to promote these critical issues. We are all gatekeepers who are responsible for creating a better world that recognizes the role of mutual respect and opportunity as primary components of professionalism.

Stay safe and be well!

Stan