Episode 1: Minority Tax

Hosts: Dr. Maggie Kozman, Dr. DJ Gaines
Episode: Evolve Benton

[0:00-1:47] Intro
DG: Welcome to The DEI Shift, a podcast focusing on shifting the way we think about and talk about diversity, equity, and inclusion in the medical field. I'm Dr. DJ Gaines, currently a chief medical resident in Internal Medicine. My pronouns are he/him/his.

BB: And I'm Branden Barger, a first-year medical student. My pronouns are he/him/his. We'll be your hosts for this episode.

DG: Today, we will be talking about minority tax and burnout in the medical field. For those of you who do not know, minority tax is often defined as the "tax of extra responsibilities placed on minority faculty in the name of efforts to achieve diversity[1]." These extra responsibilities can place a burden on underrepresented faculty as they are often not recognized for their efforts and academia has historically placed low emphasis on their work. The result of this tax can lead to its "counterpart" called the Majority Subsidy, which per Dr. Ziegelstein and Dr. Crews, provides "some persons with the time and opportunity to devote to their career advancement that others do not have, thereby contributing to a vicious cycle that inhibits progress in diversity and inclusion.[2]" The combined effect have led to a lower rate of faculty promotion for underrepresented faculty at 30% compared to a rate of 46% to their white peers[3,4]. I can tell you personally that I have been affected by this burden in the past, and it's not fun. Lately, I have been lucky to have amazing faculty and peers who have been super supportive and have helped alleviate some of the burden.

DG: Before we introduce our guest, I wanted to introduce Branden Barger who has recently joined the DEI Shift team! Branden, it's great to have you here! Want to tell us a little bit about yourself?

[1:48-3:45] Introduction to Branden Barger
BB: Yeah. of course; thank you so much for bringing me on board! While medical school is still a really new environment for me, I'm definitely no stranger to the topic of diversity, equity, or inclusion, or this kind of work in trying to mitigate a lot of diversity-based taxes. For the last four years, I was full-time staff at UCSF's Office of Diversity and Outreach, where we talked about, programmed around, and tried to mitigate diversity issues across our different health professional schools, graduate division and the health system at large. In particular, this concept of "minority tax" came up a lot. Health professions, training programs, and our career pipelines generally have no structure for recognizing, promoting, and hiring prospective healthcare providers based on their work in diversity and/or social justice advocacy. Instead, what I feel is that a lot of academic institutions prioritize some of these arcane metrics of how many publications can you get out, can you successfully apply for and get grant funding to the institution, what is your teaching style and how quickly can you teach a cohort of medical

students… And while these facets shouldn't necessarily be discounted, when we're talking about diversifying healthcare, we think it's important to note that folks who *also* prioritize diversity work are rarely "compensated" for this additional work, which contributes to a lot of burnout among a lot of the colleagues I've worked with and a general amount of apathy among communities of color and other marginalized folks trying to do the good work.

[3:46-5:32] Introduction to Evolve Benton
BB: And it was through this advocacy that I had the immense privilege to work with and get to know our guest for today's episode - the fantastic, Evolve Benton!

Evolve's career spans over a decade working in higher education administration and various non profits on transforming policy, climate, and pedagogy in order to build more equitable, diverse, and just learning environments. They have not only served as the Assistant Director for the LGBT and Multicultural Resource Centers at UCSF, but is also currently the Equity and Inclusion Manager for UCSF's School of Medicine. They not only program around and train folks in resilience and self care techniques, but also facilitate safe and brave spaces to channel a lot of energy our future physicians have to be better advocates and succeed in saving lives.

Evolve is a motivational speaker, mindfulness coach, documentary film marker, and a prolific poet. Their media company aims to bring visibility to queer and trans folx of color and the people that make their lives more incredible. So without further ado, welcome Evolve, we are so excited to have you!

EB: Wow Branden, thank you so much! That was really amazing. It's been amazing to get to know you, and for you to be an ally in this work. I can say that you're an ally with action, like you actually show up, so it's just amazing to see your growth and an honor to know you and an honor to be here on the show today, so thank you for the invite.

BB: I'm so touched. Just before we go any further, can you please share with the audience at large your pronouns?

EB: Sure, my pronouns are they/them, or your majesty if you're feeling royal.

[5:33-8:17] A Step in Your Shoes
DG: Thanks for that amazing commentary Evolve, and I know that this episode is going to be fantastic. I'm very excited. So before we start, we'd love to get to know you a little better. We start every episode with a *"Step in Their Shoes"* segment, where we ask our guests to share an element of their background or culture that has been important in their life. In the past, people have talked about how they were part of an acapella group or have shared a favorite dish growing up. What would you like to share with us today?

EB: Hmm, I really thought about this question. You know, when you brought up food, I was like I could talk about food all day. So growing up, I would say that a staple in my household... I'm thankful for my father; he's actually from Arkansas, and my mother's family is from Alabama so

Southern roots. A staple in our household was fried pork chops, mashed potatoes, and collard greens. I really can get down, like I can cook the heck out of that meal. Another good one would be oxtails and gravy or the Caribbean-style with some plantain with a side of greens or beans and rice. I really love cooking, and I don't think a lot of people know that, but it's one of my favorite things to do, especially a good Southern meal on a Sunday when you're able to hang out with your family and have a good time.

DG: So I feel you on the plantains, I feel like they're underrated. My mom's from Panama and Panamanian food definitely has a lot of Caribbean influence, so growing up she would make fried plantains. She'd make this chicken with this kind of sauce; the best way I can describe it is like a coconut rice with beans. I love that stuff. Whenever I get a chance to eat it, I just go to town. I can cook it myself, but it's a little extra effort to fry the plantains and smash them just right so… I love that food for sure.

EB: And you have to make sure it's ripe enough too right, like it's just sweet enough, but not too sweet? My dad always does a really good job; I'm jealous of him. But I'm good, I'm a junior! I'm working on it.

DG: More time to get better at it.

BB: I can attest to Evolve's cooking. I will say my biggest regret before leaving UCSF was not being able to try their oxtail soup. I heard so much about it, and it was just always a delicacy maybe once or twice a year, and I never got to try it. I'm going to have to fly back out and we're going to have to chow down.

EB: Maybe we can meet halfway, Branden. I'll make you come all the way up here for it. If I'm ever in SoCal, and I make it out, I'll drive to you! I have family out that way by you.

[8:18-10:30] What is the Minority Tax?
DG: Alright guys, so let's jump into our topic of tonight: combatting minority tax. So Evolve, can you tell us in your own words how you define "minority tax", and do you feel there is a so-called "majority subsidy"?

EB: Minority tax, in my opinion, is a process of folx who have been marginalized or not taken care of in communities, organizations, and being tasked to do the work of the folx who have created a system to keep them out of it. It's a consistent cycle where the people are cleaning up the mess that they did not make. I think that the way this shows up in a lot of underrepresented students is through burnout and lack of retention in medical school or taking them longer to finish. It also shows up in the way that they show up as physicians. I used to actually hate physicians before I started working at UCSF because a lot of them that I met were black, to me, seemed like they always had a bad attitude. When I started working with them, I was like it's because you're stressed out and undervalued. You're expected to actually be the DEI person, the DEI champion for everything, and also do your job while other people get to hang around and do half the effort and sometimes get paid double. That's kind of how I see it, I know it's

more of an academic term, and I'm not sure what you meant by the "majority". Is it a majority subsidy?

DG: Yeah, majority of subsidy. You kind of touched on it in a way that essentially the concept is like while we are cleaning up the mess, as you put it, everyone else has more time to focus on their academic endeavors or what have you. So it was kind of like they get a subsidy of time and they have like that as a result of that minority tax.

EB: Yeah. And also get extra credit when they do the work, right? Like there's all these programs for being an ally. There's all this prayer. People get awards for it, but you don't see the people who actually do the work, getting awards or getting paid bonuses for it. So it's very interesting. So I do believe that's true. Yes, I would say it is true DJ.

[10:31-17:32] Why healthcare in particular?

BB: I think, because I've worked with you for so long, but, and so I know little bits and pieces, but I mean, for our audience, we have physicians or folks who work in healthcare as our guests, but you sort of not being a physician, but being still so immersed in the training of healthcare professionals, I really kind of wanted to ask you what got you interested or involved in not only sort of advocacy work as a whole, as part of your professional career, but also why, healthcare in general? Why that in particular?

EB: Thank you for that question, Branden. That's a really good question. Actually, everyone in my family is in the healthcare field, from everything from social workers, therapists, nurses, a couple of physicians, a couple of lawyers actually do contract law, which is also connected to healthcare. And my mom was a registered nurse and she passed when I was 21 years old. So I'm always thinking about her and her intentionality for my life and the way that she dreamed for me. And she used to always tell me, you're going to end up in a hospital. You're going to work in the hospital. And I would go to clinic with her when she would do like shots and different things and hanging around her. And anytime I'd seen blood I would get wigged out. I mean, even to this day, when I see a scary movie and someone gets sliced up, I'm the person in the back screaming or covering my eyes.

EB: So I never imagined that I could be a physician or even a nurse. I didn't really have that in my journey, but I knew the impact of the work of those people, and the lives that my mom changed, that her aunts changed, that my uncles changed by doing this work and being around it. So I knew it could be impactful. And when I moved to the Bay area actually for love, I followed my partner, he or she works at UC Berkeley. I fell in love with UCSF because I got to see so many people that look like me. You know, black students in their white coats looking sharp, who were really trying to press forward and do a good thing. And they had so many stories that were connected to their medical journey that were very similar to mine. Right? So seeing them really made me want to do this work and also a dedication to my mother. Like I made it to the hospital, who would have ever known, right?

BB: Praise, all praise for your mom and her vision and seeing that come to fruition and just such a great full circle moment.

DG: Yeah, that is amazing, Evolve. I love that story.

BB: I think there is a really good example. Just given sort of our work at UCSF, where we have seen the students who are super passionate about social justice and feel that their way of getting involved is to show up really timely with protests and the East Bay and sort of making their voices heard and using their platform as a medical student and as a potential physician to hopefully, I hate the term, but 'move the needle a little bit.' And what we see is some of those students have been arrested for civil disobedience, and that goes on a lot of their records and ends up negatively impacting a lot of them during their residency applications, during their residency interviews. When folks don't necessarily weigh the same factors in these applications and in their interviews and sort of this red flag pops up, you know?

EB: Exactly. Or when the work that they're doing, even if it's not them getting arrested, isn't valued, right? Like it's not anything that they can put on their academic CV to discuss. As far as research, it's not valued the same way of, you know, looking at the lung and investigating that; they're not valuing our students investigating institutional racism. That's not nothing that they can usually put on there. And usually residency applications don't care about that. So the time that they spend on that is what really takes away from them being seen as like a well-rounded candidate.

DG: I did want to comment though. You said something in that way, and what you said really hit home for me. The point you made about how a lot of medical students will do all this advocacy and then you just talk about leave of absence, but even more, I've known many people that had to take extra time for step and that affects their board scores. And then as a result because of the system that's in place, which is not necessarily the best system, of course. Then it's harder for these students to get into some of the more quote unquote competitive specialties, and then help kind of diversify those particular specialties. So it has such a trickle down effect and it's so sad to see such bright minds succumb to the minority tax to burn out, and then kind of just leave. And part of it too, I think is, especially in medicine, we have this culture of working hard. You know, you hear some of the senior faculty, *"Oh, I, well, I worked 40 hours straight. You know, back in the day…I didn't have any sleep, I had to sleep in the hospital."* And then when you, you know, you hear that constantly, constantly over and over again, and you feel like I can do this. I have extra time to do this. But it's just the, the responsibilities that we have now are just different than they are back then. The things you have to learn now are different than they were back then. And we just have to realize that we need to, you know, take time for ourselves that we need to, at the end of the day, make sure that we graduate. But I totally understand, I think we'll talk on this a little later, like the sense of wanting to do change like Brendan mentioned this platform, but I just think, at the end of the day, we came here to be a physician and we want to use our platform in the future to do more advocacy. But this, it is so hard.

EB: Yeah, I'm always telling my students, the goal is for you to become a doctor so that you can really create change, right? You need to become a doctor so that you can actually leverage your power and your voice. But I also realized that when I say that there's a lot of privilege that's considered in that the people who are able to do it are really, in a position of privilege often. And I have a trans student I'm working with right now, who's struggling because the system has not been set up to be successful for them, right? We have all these name change policies that don't go through every system; they show up at certain hospitals and their name's not the right way. And they have to constantly go through that in their experience. And all I can tell them is this will not be changed in the time that you're here at UCSF, because we don't have the systems to really do that. And that's unfortunate that they have to experience that, and accept that. But like I told them, you're one of the first, right? And being a trailblazer is often painful.

[17:33-20:48] What advice do you give to your medical students on how to juggle their education and other efforts in the DEI space?

BB: I think that's a good point you make. So kind of talking about specifically students who don't necessarily have the point of view of sort of institutional history, sort of where we've been and where we're going. Because they're not full-time staff, they're not physicians already. They're not ultimately faculty. And so students get this very limited window where they don't really see much change while they're at the institution, because we've been told time and time again, that "change takes time." So when you are sort of working with your students and medical students in particular, how do you recommend, or how do you advise them, how they can juggle sort of their education and their efforts within the DEI space, whether or not that it be institution specific or just DEI in the world?

EB: Well, you know, Branden, I'm all about self care, right? So my first tip is always to be coming from a full cup, overflowing cup, right? So making sure that they're taking care of themselves, doing the work that they need to hydrate, to feel good, to take care of their family. And then the next step is to think about medicine, right? Cause you are paying your institution, lots of money, or your parents are, or someone is, and this is what you came here to commit to. And then we have a conversation about what does it really mean to be an activist, right? And how so many of our activists have burnt out or who are no longer here because they didn't consider themselves in the work. So I do a lot of work with the cultural RCOs around building team teamwork. You can't all do it. So,you can't do everything. So you might have a list of 10 things that you want to get done, and maybe we just choose two for while you're in this academic side of your program. But we keep up with it, right? And we hold administration accountable by making sure that it's documented and clear so that you can pass it onto the next group of students and we could still have the same impact, right? Because what we're saying is often student activism is connected to the history, right? So I consider myself often the historian UCSF, because I get to gather all of the things that they're doing and all the activism and hold it for them to pass that baton. But students have not been doing that and they haven't been valued. So you're right, Branden, they don't see the student that was there four years before them and the impact that they made. But if we have a document, which we have now that I'm in my role, we can go back to that as a historical document and show the work that's been done. So I think it will become easier, as students start to do that, but for some students, it doesn't

work. That's a system that doesn't work for everyone. So while I'm doing that and also have conversations with administration about some of the roadblocks, and some of the issues that students are coming up on because of bureaucracy or because our systems just weren't built for them. And try to push on that side as well because students can't do it by themselves.They need the support of the administration, of faculty, of leaders to really push some of their causes.

[20:49-23:47] How do people advocate to have someone like you at their institute?

DG: I love what you said there and what had got me thinking, Evolve is that I wish that every institution had someone such as yourself to be an advocate for the medical students. And I have a question, how can people advocate to have someone such as yourself at their respective institution? Like, how do you go about that?

EB: That's a great question. You know, students asked for my role. They put the pressure on leadership that they needed this type of support. So I say that it always starts with student advocacy. I have not seen a lot of people with my role around the country. I think there's not a lot of these positions on campus. Usually there are more administrative positions that are connected to the Dean's office, doing a lot of curriculum work, which I do that as well. But the main job and my main responsibility is to support students and to be a student advocate and not just for all students, but for students who are underrepresented in medicine, and to create space and value for them. I feel like the historian because I get to hear and see their stories flourish year to year. So it's an honor to be there and I'm really enjoying it. And I just appreciate the depth of the stories and the depth of the students who want to create change and want to save lives. They're super heroes. I always tell them, like, I'm trying to get to you to the point where you can actually do this, right? Like you're not training anymore. And I'm smiling because I'm thinking about Branden and you know, how a few years ago, when we first met, this was all a dream for him. And we often talked about manifestation and Branden it happened. You're here, you're on the road to be a physician. This is amazing.

BB: Thank you. I mean it. You know, it's been a long time coming, I think as a student staff, I think even I got really caught up in what you mentioned, the sort of bureaucracy, how do we advocate appropriately for folks? How do we advocate for our own advancement, other folks' advancement and you tend to get lost in the mix. I mean this is such a taxing for lack of a better word, such a taxing system, just to even become a physician as a whole, and then to also be so passionate about wanting to make the system better from within. It takes a toll. So I'm super lucky to be where I am. And I'm really glad that now I'm in an institution where it is a little bit smaller, it's a little bit newer. And I think folks are really receptive to feedback and change because there isn't an institutional reputation to uphold essentially. So I definitely don't think I would have been here in this type of role without folks and members like you or Clint who was our other colleague. So folks like that who really sort of encourage folks to do their best work.

[23:48-25:57] How do you advocate for change in medical education?

DG: So another question I had for you is kind of along the similar lines. So, how do you advocate for change in medical education, whether it's in the medical student level, residency

level, what have you to better support the students and residents or staff who express an interest in pursuing diversity related work in healthcare?

EB: So this is a sticky one. So it's interesting cause we're in conversation right now about like how do you compensate people for this work, right? Do you pay them more? Do our faculty who are really aligned with this work get a bonus? Do we give people you know, maybe something for being on a panel, some money or Amazon gift card? We're still in conversation about what that looks like. And it's an interesting time because we're also experiencing COVID-19 and budget cuts, right? So all the conversations around money and finance, I would say for UCSF, feel very futuristic because we can't do a lot of like shifts right now. We can't add on any budget lines until we're actually able to after we get out of this financial struggle that COVID-19 has brought upon. So at UCSF I've been working with deans and leadership and students on our new anti-racist and anti-oppressive charter that we're going to be giving to our governance committee to have conversations around what you all are talking about, like this compensation for this labor that folks are doing by doing diversity equity, inclusion work, but unfortunately, due to COVID we are, you don't have room in our budget lines to add on anything right now. So it's really more of a futuristic talk. One of the things that I really want to (25:35) I've been doing diversity, equity and inclusion work over a decade. I'm not a physician. And I realized that they need someone to really investigate the curriculum in a particular way. And I think an external reviewer could do that. We have some phenomenal alumni who probably could come back and even support with that project. So that's one of the things that I hope gets passed in our anti-racist and anti-oppressive charter for our curriculum.

[25:58-28:38] How would you advise someone to handle this guilt if change is not created?

DG: Going back a little bit. When we talk about residents and students and even staff, when they do a lot of advocacy work, they do it with this dimension of strong desire to create change, and they often feel guilty if they don't do so. So how do you advise someone to handle the scale?

EB: Well, you know, I give them that old fashioned grandma talk "change takes a long time." Now I'm just kidding, but it does, right? Like I have to have a conversation with them about the history of it, right? Like often in the social media world, everyone expects things to happen right away. But there's a history of racism in medicine. And I think that if they see some of that, they'll see the progress. The fact that they even exist in the space we'll show them the progress in the work. So often it's that conversation, but it's also about letting them know to let out how they feel. So I'll tell a student in a minute, write the email that you wanna write and then erase that and write the email that you need to send, right? Because you can't say all the things that you feel, but you do need to let that out of your system. Because you holding that in is not going to make you a good physician. It's not going to make you a good person. It's not going to make you show up in the work as a phenomenal leader that you need to be. So a lot of it's around triage and just supporting with people with their emotional intelligence. I find, you know, no offense to you, DJ, Branden, you're not there yet, but you're almost there, but physicians, you know, the emotional intelligence thing? I don't know if they don't talk about it in medical school

or if they just like work it out of y'all. But it's hard for people to connect with it. So I find that honor to be able to support them with doing that. And it feels like it's healing work, right? If I'm able to support them to be better healers and to save the world, and one day they might be saving one of my loved ones just by having that level of empathy.

DG: I think that the emotional quotient or I think that comes out third year medical school when you're doing all these rotations and you're getting all of these grades and you're being reviewed on everything and then come intern year, you're working your butt off. You're getting yelled at by staff, by nursing. And I think that is where a lot of that can stand for some people. And obviously not the same for everybody, but it's true. Like it's hard for some to hold that emotional quotient and I've seen people lose it and it's sad. And, you know, I think my message to all the medical students and interns out there is just to hold onto that, because you will be such a better physician at the end of the day.

[28:39-30:57] Do you believe there is a way we can better incentivize folks to do this work?

BB: Just back a little bit, cause you did sort of mention sort of the incentivization structure that you and your work are trying to figure out. Like how do we appropriately compensate folks who want to do diversity work? Whether that be through Amazon gift cards or sitting on panels just dedicated time as a segment of sort of their career contract. So do you believe there's a better way we can incentivize folks to do this work? Sort of support those who are voluntarily wanting to do this work, but also maybe potentially use incentives to encourage folks to step into the work?

EB: I'm very student centered. So most of the information that I gather is from them because this is based on their experience, right? So many of them have told me that academic credit would be nice and some people have said that monetization would be nice, I think either or is amazing. And I also think that it would be great if an institution could figure out a way to value people academically and maybe in some type of award right? Like maybe when the annual award for doing diversity equity, inclusion work; we've talked about that. But I don't even think it needs to be an incentive. I think it more needs to be set up as an acknowledgement, right? Because historically certain organizations have been doing this work and we can look back probably a decade, especially when you look at like SNMA LMSA and that's our black student medical association and our Latin-x one, they've been sitting out there doing amazing work in white coats for black lives. I mean, when Michael Brown passed away, you had the “die-in” at UCSF. People would literally putting their bodies on the ground so people can already see the work that's being done. So why not just award our history, right? Like it's not really an incentive when the work's already been done, it's really an acknowledgement. So that's what I'm trying to push and students want to get paid and I want them to get paid too. So hopefully when finances shift and COVID is over, we have that charter to hold people accountable and to make it happen.

BB: I do love the comment you made about making it more of an acknowledgement those who are doing this work deserve a lot more of an acknowledgement in this space.

[30:56-32:22] How to get relief from minority tax?
DG: So there are a lot of allies listening to this podcast right now. And how would you advise them in order to help relieve some of this minority tax?

EB: I would personally say 'collect your people.' *(chuckles)* I've been telling white people that, and Branden knows that I'm big on that, right? Like charity starts at home and then spreads abroad. That's something my grandmother used to tell me. So really do the work at home, right? Like do the work within your department, with the faculty that you work with before you try to launch this project or this policy change, right. Oftentimes people want to jump on the easy branch is what I like to say. The most common thing like everyone now is anti-racist right. But they probably live with a racist at their home that they're not challenging every day. So I think if we can investigate and do some of that internal work as allies, we'd definitely show up a lot better. And the other thing is, you know, put some money on it, right? Like at this point there are more than enough people of color doing a lot of labor and they don't necessarily not want to do it, but they want to be compensated for it. So support them, pay them, house them, buy a house for them. Have ever you may want to do it. But your allyship can lend its way by collecting your people. Right? Like having those intimate conversations from that DEI training, you took that you were so excited about and definitely thinking deeply about how you use your money and who you're supporting when we do that.

[32:23-34:35] What is the trauma protocol?
DG: So I was talking to you a little bit last week Evolve, when you mentioned something about a trauma protocol at your institution. Can you tell the audience about that?

EB: Yeah. So after the death of George Floyd, actually the murder of George Floyd, our institution, like many other institutions were really impacted. And many of our students were told by leadership to take a break, right? Like take a step back, you know, feel this. But what our students came back and said were well, was that okay in my preceptorship? Was that okay when I was in lab? No one in their academic environment or their clinical environment echoed that energy. So they felt like there should be some type of protocol set up to be able to support them so that everyone is communicated to and knows what's going on. So literally it's a protocol that comes up when some type of national civil unrest, you know, whether it's a murder on TV, right? Something that's on CNN, something that's elevated to the sense of it impacts everyone where we give students an opportunity to look at their curriculum, whether that's a test coming up, whether that's being them in a clinical environment and really decide, is there a way that they can step away and take a break? We've only had to do it one time. And that one time it was a little chaotic, I have to admit just because it was all in email. So right now we're thinking a little bit more about like operationally, how do we do this to make sure that everyone gets the information, right? Because we have medical students who are different, in different parts of their journey, right? Some of them are in the classroom. Some of them are like maybe at an away rotation, right? Like there's a lot of different things happening, but we want to make sure that the communication is echo that we're responding as an institution to something that has happened in our national environment, that we know is impacting our students, especially our

underrepresented students. And I like to say a shoutout to SNMA because they were the folks who put this protocol together in a list of demands that they submitted actually to our deans and our leadership. So shouts out to them, we're just making it better, but they're the ones that gave us the idea.

[34:36-39:44] How can others advocate to get something similar at their institutions?
DG: That's amazing. How would you go about, because I'm sure there was a lot of medical students interested in that concept. How would you tell them to advocate to get something similar at other institutions?

EB: Well, the one thing I will say was, which is probably like a shameless plug, because it's not official yet, but we are working on an academic paper about this. More folks would be able to read about it. And if that comes out before this podcast or even after, I'll give it to you, so you can put it into the show notes. But what I will say is I think that the biggest thing is to have your cultural RCOs or the folks who have a relationship with leadership push that, right? Like and think about what you want that protocol to be for your particular environment. It doesn't have to be a copycat of UCSF. Right? Cause your environment might be totally different, but really think about like, how has your institution responded and where, what are some ways that you maybe wanted them to show up a little bit better? And I'm sure that they want to hear that, right? Like most institutions want to get better because they realize that unfortunately we live in a world where this is going to happen more often than we want it to. So I think that connecting with student leaders and making sure that folks who have voices with leadership put that together, it can probably happen anywhere.

BB: I think it's so encouraging to hear that students are really some of the folks pioneering a lot of the new changes happening within some of these larger institutions. Like you mentioned the LMSA and sort of spearheading the trauma protocol. Even just recently in the news, kind of going through med Twitter. There was a medical student who helped put together an entire dermatology book specific to black and brown skin. And that was just sort of blown up. And I think it's just so inspiring to hear that while yes, folks are exhausted and they're taxed, but they are still feeling like if I don't have these resources, no one else is going to give these to me. And so we're going to push forward and do it ourselves.

EB: Yeah. I agree. Branden, it's so powerful to see, you know, I mean, I always think about my ancestors and how they were under so much racist pressure, but they did so many amazing things. So I think it's a sense of resiliency that a lot of our students have. And every day I am like, wow, like I cannot believe the amazing things that you're doing and you're still in this like Zoom room having a conversation with me about like, anti-racism how the world needs to change. Right? Like you're still here and committed to this conversation.

EB: I think speaking of, sort of the Zoom room you mentioned a little bit prior in a different comment, but when we're talking about sort of minority tax and just like the general stressors that folks of color and marginalized groups feel going through this on a day-to-day basis, I just on a normal Tuesday afternoon. But then you add in COVID on top of all that. And you're

adding in COVID based stressors and the fact that now everyone's at home and really like, everyone's just kind of feeling out and avoid figuring out what their educational stuff was going to change, how we're going to deliver clinical skills through a Zoom room essentially. So do you feel like this sort of minority taxes are being compounded in any way due to the COVID pandemic? Or do you feel like this is bringing light to anything in particular?

EB: I would say, I think we still need to see a little bit, but I think that what is more impactful is the way the communities of color are being impacted by COVID right. I mean, I've seen it in New York and in California, so many Latin-x and black families people passing away from the COVID. So I know I've had a few students who've had to deal with that. So I think any time that that population is dealing with, you know, losing people at the same time of all the things you're talking about, Branden, I'm sure that there's an impact. But what I would say is we haven't really been able to see it yet because we are still in this little box, right? Like we're still in Zoom and I feel like that somewhat takes away some people's authenticity. Right? So when I was in person, I could really feel someone's energy. They may be sad or something's going on, or something's different. And people are able to mask that a little bit more in the virtual environment. So I would say that it's harder to tell when students are struggling and then when it comes up, it's sometimes a little bit harder to connect because we're literally in boxes. Like it's so weird to me that we're the Brady bunch most of the time. So I really find it challenging. And I'm hoping that we can get back in person soon. I know that that's not going to happen, but something needs to give a little bit, so we can see some of that authenticity. But I've been working with my students on making sure that they just tell me when they're feeling fatigue, especially the Zoom fatigue. That's the thing that all of our students talk about. And we can just have a phone call and a lot of students prefer that now, like they're like, great. Like let's just jump on the phone instead of having to be on this screen and show up and put on your makeup or, you know, get fancy for me. Let's just have a phone call and that's been helpful. So that's one of the tools that we're using.

[39:45-44:38] What is self-care?

BB: So Evolve, I mean, this was such a good conversation. One of the last couple of questions that we have for you is sort of not only what does self-care mean to you. I mean, I know you've touched on it a little bit, but more so what advice would you impart on the folks who are both just now starting to feel that tax and probably just starting out on their journey, as well as folks who are 10 years into their career? And as you mentioned, they're potentially the same four black or Latin-x faculty who are tapped for every committee, every task force. They're just sort of a tokenized person in a room who is supposed to be this all seen voice for their community.

EB: That's a great question, Branden. I would say that self-care is a selfish act, right? Like some self-care is actually protecting yourself from the world, right? So my self-care is waking up early in the morning and doing my morning routine so that I can be a good partner, a good colleague, good to my medical students, because if I'm able to give what I need in the beginning of the day, I don't have to worry about doing that later on. So I hydrate myself. Actually I have some detox water, which is the lack of splash, cayenne, Himalayan sea salt, 32 ounces of water and a half of lemon juice. And it keeps me regular, right? Which is amazing. And I meditate and I do some

prayers. I say some affirmations. I call in my life. I don't let other people call him my life. And that's very important to me, but that might look different for you. Some people are like, I need to get up and I need to have that coffee. Like I used to remember Branden, you used to always have your Starbucks and some people that's their morning routin, or they're going to go to Barry's, right? Branden, I remember that. Or are they going to workout or maybe they're going to go to soul cycle. It could be whatever it is for you, but your “you time” making sure that you value that. I think that self-care and I would say for new and for old burnout heads, “NO.” Your favorite word should be “no,” and it's not going to feel good at first. I actually wrote a post earlier today on social media. One day, I will feel good for saying no, because I don't even feel good about doing it yet. Right? Like I'm a workaholic, but you have to value your “no’s” You have to consider that a no to someone else's a yes to yourself. It's a yes to your best self. And whoever that best self may be. My best self is my seven figure self. That's what I call my best self, my seven figure self. What will my seven figure self do? Would they be doing this thing for free? Would they be working all night? No. Right? So I need to value that. And I think that it's incredible that you asked that question, especially at this time in your career. And I want you to really consider what you're saying yes to and what you're saying no to right? And really take advantage of the amazing people that you have working with you at this institution in the ways that you did it at UCSF by advocating and saying no, because you were good at that Branden. So I hope that you're able to do that as an activist and as a medical student. But that would be my biggest thing for both people. I see faculty all the time and they're like, “I'm stressed out!” And I'm like, ‘why would you say yes to that project?’ And they're like, “well, it needs to be done.” Not if it's going to half-ass be done, right? And that's what you're saying yes to everything is. You're giving portions of yourself to each project. So I asked for it laser-focused and I asked for you to value your no’s.

BB: I love that. Thank you so much. I think it's so hard when students in particular, I mean, not only themselves, but having worked with a lot of students in my past who feel really terrified to say no. Because they feel that they constantly need to be doing something to either put it on their CV or have something to talk about in an essay for an application. And it's just sort of one thing after another and its turns into more of a quantity versus quality game. And so it's no different when you're trying to do a lot of diversity based work. So I definitely appreciate you saying like learning to say no and do what you can.

EB: Have laser focus right? Like focus on the things that bring you joy, and focus on the things that you can change, right. We often step into seats that we have no business sitting in so… That’s my biggest thing to do, to push people to say no. It’s really hard, though, in medicine, it really is, I have to admit. But my students who do it, they rock the boat. And I’ve been told, some people really respect the way that people set up boundaries, that even some of our faculty members have taken that from some of our students, so I think it’s definitely effective.

DG: And I would say start learning how to say no early cause it just gets harder to start later on and I wish I started saying no earlier, but in the end you can start it any time so…

[44:39-47:42] Closing

DG: Evolve, this is a really great conversation. I definitely took some points here and I know our listeners are going to take away so many concepts and so many pointers from our conversation here. Was there anything you wanted to leave with our listeners?

EB: For the listeners, for the medical students that are listening, I send you praise and good fortune; I cannot wait for you to become amazing physicians. And I would also like folx to know that I have a weekly podcast called “BOI Meets Wellness”. You can find that at boimeetswellness.com, where we interview incredible people about their journeys through medicine, mindset, motivation, and money. I’m actually bringing on a physician named Maisha Davis; she’s actually a physician in Oakland. And soon, maybe I’ll get DJ to come because he’s an incredible person, and maybe even Branden, you never know. But it’s been an amazing adventure. I love podcasting, so if folx want to check that out. It drops weekly every Friday, and you can find that at boimeetswellness.com. Other than that, I send love to this show, I send abundance to this show, I send that you have 5,000 listeners in this episode– maybe we could even say millions of listeners in this episode cause I’m all about manifestation. And I hope that our listeners manifest their best lives and their incredible journeys through the seeds that we were able to plant here today.

DG: That was very powerful, Evolve, thank you so much. This was awesome.

BB: I want to thank everyone for listening to this episode, and if you want to continue learning about these topics, please visit our website www.thedeishift.com. We’ll have a full transcript of this conversation as well as links to the research studies cited and a list of resources.

DG: Continue the conversation through our social media pages on Twitter and Instagram, @thedeishift, or email us at thedeishift@gmail.com. We would love to hear your stories on this topic as well as any questions you may have.

DG: We wanted to give a shoutout to an amazing podcast called “BOI Meets Wellness”, hosted by our guest Evolve Benton. This podcast is about the stories, celebrations, and challenges of building a wellness ritual as someone who is born obviously incredible. You can find more information at boimeetswellness.com.

EB: That’s a wrap!