

## A Legacy of Excellence

**An Interview with Gary C. Butts, M.D.,  
Chief Diversity and Inclusion Officer, Mount Sinai Health System**

**EDITORS' NOTE** Gary Butts is also Dean for Diversity Programs, Policy and Community Affairs for the Icahn School of Medicine at Mount Sinai. In his role, he is responsible for oversight, management and integration of all aspects of diversity programs and policies, and to ensure diversity and inclusion as an integral core institutional value and resource across the Mount Sinai Health System, including the medical and graduate schools, graduate medical education and the Mount Sinai Hospitals Group. Butts holds joint appointments as Professor with Tenure in the Departments of Pediatrics, Medical Education, and Environmental Medicine / Public Health and has been an integral member of the senior leadership team at Icahn School of Medicine at Mount Sinai since 1998. He has spent over three decades providing healthcare services to East and Central Harlem residents and the past 20 years developing and spearheading efforts to improve and sustain racial, ethnic and gender diversity across all levels of education, training and faculty for the Icahn School of Medicine. Since 2004, he has directed the Center for Multicultural and Community Affairs (CMCA), which has been recognized as a Health Resources and Services Administration (HRSA) Center of Excellence for Minority Health. Under his leadership, the medical school's student body has become one of the most diverse among U.S. private medical schools and Mount Sinai has doubled the percent of black and Latino faculty and house staff. He has been recognized by The Network Journal among the Top Black Doctors in the New York Metro Area and honored by the National Association of Minority Medical Educators with their Distinguished Service to Health Award and by the National Hispanic Health Foundation for leadership in improving the health of Hispanic communities. Butts has received Lifetime Achievement awards from the National Medical Fellowships and the Mount Sinai Faculty Council, and in 2015 received the Abraham Jacobi Medallion, the highest honor bestowed by Mount Sinai for its distinguished faculty and alumni.



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Luke's, Mount Sinai West, New York Eye and Ear Infirmary of Mount Sinai, and South Nassau Communities Hospital – have a vast geographic footprint throughout the New York City area. Mount Sinai Health System hospitals receive roughly 4 million patient visits annually, including inpatients, outpatients and the emergency department.

### **How do you define the role of the chief diversity and inclusion officer?**

The primary role of the chief diversity officer is to help set the tone and then serve as an enabler to advance diversity and inclusion across the entity that they have been given responsibility for. This clearly requires having the buy-in and consistent support of executive leadership in order to establish strategic priorities that can be addressed in practical ways.

### **Is it challenging to find diverse talent for the health system?**

My position is that not only can you be excellent and diverse, but to be your best you have to draw the best from diverse pools of talent, and those do exist.

We are a great institution. To be our best we have to draw on the diversity available to us. It may sometimes be challenging to find the diverse talent that we are looking for in our professional tracks because the pools aren't always broad enough. This means we need to shake more trees and different trees to identify that talent.

### **Do the cost of medical schools and the debt that students incur impact the ability to build those diverse talent pools?**

Yes, and it is important to address the issue of medical school costs and debt in every way at all levels, but you can't limit this to medical school tuition. Colleges and elite high schools have also become unaffordable for many. This is a bigger issue than medical school debt and demands a careful review and new solutions. I was surprised to learn that regulatory or legislative changes that have occurred over the past years have led to college and graduate students accruing interest immediately when they take out loans. That was not the case when I was in college or in medical school. One of my medical student mentees who is graduating this year will owe about \$150,000, which is significantly less than the national average of medical school debt. But when he's finished paying it off, with the interest, he will have paid almost twice what he borrowed.

This is outrageous and unfortunately not a unique situation and is one that disproportionately impacts students of color and those from immigrant communities. This needs to be addressed at all levels and needs to be addressed as part of a larger set of issues in higher education. That said, schools like Mount Sinai that have taken some very tangible steps for debt relief can set an important example for others to follow. It is possible to be creative and bold like we've been in so many ways here at Mount Sinai in addressing issues like this, demonstrating that this is an issue that can be practically addressed.

### **How critical is it for Mount Sinai to be able to provide quality care to diverse populations?**

Mount Sinai is rooted in a legacy of excellence – excellence in care, in education and research, in medical education and, more recently, in diversity. The groups that have more difficulty in accessing care have shifted over time. Nearly 160 years ago, when The Mount Sinai Hospital was established, they were the immigrant Jewish communities who had limited options for healthcare. Over the course of time, the demographics have changed to where black, Latinx, Asian and new immigrant populations, such as those that surround East Harlem, have now become very important communities for us to address and ensure that they can access the excellent care that we have available through Mount Sinai. While challenging, we all gain when our communities are healthy and optimally engaged in healthcare.

There are many things that can get in the way that we must better understand and then address with better solutions for diverse communities. For example, we are not responsible for ensuring that everyone has health insurance. This is a significant issue that may be best addressed on State and Federal levels. Unfortunately, at institutions like Mount Sinai, and frankly at all healthcare institutions, insurance does matter. There is only so much that we can do when we can't pay the costs of taking care of individuals, including those who have more need.

That said, we are actively engaged in a process to better understand differences in the ways in which our diverse patient populations access our services to determine how we might be more responsive. It's not only about equal access; it's also about equitable access. Some individuals need more than others, often based on a variety of socioeconomic and structural circumstances. As we get better at understanding an individual patient's precise needs, we can adapt the ways in which we access, engage and manage patients in the context of their communities and risk factors, and respond in much more precise ways. ●

**INSTITUTION BRIEF** Mount Sinai Health System ([mountsinai.org](http://mountsinai.org)) encompasses the Icahn School of Medicine at Mount Sinai and eight hospitals, as well as a large and expanding ambulatory care network. The eight hospitals – Mount Sinai Beth Israel, Mount Sinai Brooklyn, The Mount Sinai Hospital, Mount Sinai Queens, Mount Sinai St.