

2020 AAST Diversity and Inclusion Essay
Contest Submission

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In the past 2 years, several national-level surgical organizations have rightly released statements calling for the surgical community increase surgeon diversity through the active recruitment of more women surgeons and surgeons of color. Given the long history of Surgery as a profession dominated by White men, the fact that the USA's foremost surgical organization recognized this need is a tremendous step forward. When I, an out and proud gay surgical resident, read these statements, I am excited that the surgical profession has recognized the need for improved diversity, but I am disappointed by the fact that the LGBT community has been conspicuously passed over. A huge opportunity exists to change the conversation around diversity in surgery.

As a medical student, I fell quickly and deeply in love with surgery. I realized that I HAD to operate, I HAD to be a surgeon. My passion and excitement were tempered by a deep fear that as a gay man I would never be accepted into the surgical world, one that has traditionally been quite conservative and male dominated. For a long time, I felt that in order to be a surgeon who could openly live my truth, I would have to pursue a career in Obstetrics and Gynecology. Thanks to the support of friends, family and my now husband, I have pursued residency training in surgery. I absolutely love my job and I feel blessed and honored to be able to train as a surgeon. In my current training program, I feel one hundred percent supported and able to be myself without fear of consequences to my career. As a surgical trainee, I have discovered that my passion lies in Trauma Surgery, a field that combines my passions for surgery and public health. I am excited about the possibilities that this career path offers.

My goal is, above all, to become an excellent trauma surgeon. In that role, I will live openly and proudly as a member of the LGBT community. In doing so, I hope to inspire other LGBT medical students and residents that a career in trauma surgery is possible, and they should never have to doubt that through hard work they can be trauma surgeons too. No one should ever feel that a career in surgery is not open to them because of his or her sexuality or gender identity. No one should ever feel like I did. By honing my surgical skills and clinical knowledge, I hope to represent the LGBT community in a positive light. As I move forward in my career, I hope to serve as mentor to students and trainees of all backgrounds. Everyone should feel that with the right drive and passion a career in Trauma Surgery is possible.

Trauma surgeons work on the front lines of surgical public health. In managing traumatic injury, trauma surgeons feel the pulse of the community. We see how policies on road traffic safety, gun control, drug use and violent crime shape the landscape of traumatic injury. LGBT people are disproportionately more likely to experience traumatic injury through violent crime and significantly increased rates of drug and alcohol abuse. Transgender people, particularly transgender people of color, face astronomical rates of violent crime. The trauma surgical profession is therefore intimately linked to the well-being of the LGBT community. Trauma surgeons can be amazing advocates for our patient populations, and the trauma surgical community has an opportunity to be an advocate for the LGBT community as well. While all trauma surgeons can be LGBT advocates, increasing LGBT representation in Trauma Surgery is a vital step toward this goal.

While my hesitation on pursuing a surgical career as an out and proud gay man was based mostly on stereotypes about the surgical community, there is a very small body of data that shows that my sentiments are shared by other surgical trainees. Lee *et al*¹ performed a cross-sectional survey of surgical residents training in ACGME-accredited surgical residency programs exploring the impact of sexual orientation in the training experience. In addition to discovering that LGBT people were drastically underrepresented in surgical training, this study identified a number of alarming trends. Among surgical trainees who identified as LGBT, 30% actively hid their sexuality during the application process due to fear that they would not be accepted. Of current LGBT surgical trainees, 57% actively concealed their identity to other residents and 52% toward attending surgeons. Sadly, 36% felt uncomfortable discussing their spouses/partners with other residents, 57% discussing spouses/partners with attendings, and 42% felt uncomfortable bringing a spouse/partner to formal department events. For all surgical trainees regardless of sexual orientation, 54% reported hearing homophobic remarks by nurses or residents, and 30% by attending surgeons. This is just one research study and much more research is needed to elucidate the problem. These numbers, however, reveal a grave systemic problem and change is needed now.

To improve LGBT representation in surgery, governing bodies like the American Association for the Surgery of Trauma (AAST) can make a big impact. I call on the AAST to explicitly include LGBT representation in its policy on diversity and inclusion. As



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an organization that fosters academic surgical research, I call on the AAST to encourage research into the LGBT surgical trainee experience and LGBT community-specific traumatic injury. As an organization with a vested interest in community safety, I call on the AAST to advocate for safety policies that positively impact the LGBT community. A wonderful opportunity exists, and the time to act is now. The AAST has a proud history of community advocacy around issues like road traffic and gun safety. I believe that AAST can use its prowess to advocate for LGBT inclusion in acute care and trauma surgery and to advocate for trauma prevention policies for the LGBT community.

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