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Narrator

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The Bakken Museum
Interviewer

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Mo Hicks   -MH
Kristen Reynolds   -KR

KR: ...Can you say your name for the record, please?

MH: 00:00:59   Maurice Hicks Jr.

KR: 00:01:00   Thank you, and remind me of the name of your startup?

MH: 00:01:05   Vertex Medical Solutions.

KR: 00:01:07   Okay, thank you. Tell me about your early life in terms of culture or experiences, and how you became interested in the work that you do now.

MH: 00:01:22   Yes, absolutely. I think that my early life and where I come from is an important part of my story, especially as a Black man in the [medical] space. I feel like I have a unique dichotomy. From one perspective, I come from a disadvantaged background compared to many of my peers—especially now with the space that I'm in and the industries that I'm trying to get my footing within. But I also have more privilege than many Black families because of my upbringing. I grew up in Prince George's County, Maryland. I think that it is important to bring up because Prince George's County is one of the most successful Black communities in the nation. With that came a network of other people that looked like me and resources for communities of individuals that look like me and share my identity. I used that to thrive in a way that other Black families may not have the resources to do.

    00:02:32   I had the privilege of growing up in an environment where there are a lot of people who looked like me who were

examples of success. They were able to create a community that was conducive to my wellness and my development, shaping who I am today. As a part of that, it's also worth mentioning that the high school I went to was a private school in DC [District of Columbia]. Thankfully, my parents were financially able to send me to that school. They strategically put me in an environment with a bunch of, to be frank, white students with families that came from very high socioeconomic status in a very political sphere. It felt very coded and had a lot of hidden agendas that I had to learn how to navigate as a high schooler. That was very foreign to my upbringing in the Black spaces that I was in. It presented as this dichotomy between my home life and my lived life in high school. I had to work to figure out how those parts fit. And throughout that process, learning how to navigate both spaces were skills that have been immensely helpful in setting me up for where I am today.

KR: 00:04:15   When were you in private school in DC?

MH: 00:04:18   I graduated high school in 2014. I was there from 2010 to 2014, so ninth through twelfth grade.

KR: 00:04:28   Okay. Can you tell me more about the things that you had to navigate and learn in those four years bouncing back and forth between home and the school?

MH: 00:04:39   Yeah, absolutely. As I mentioned, there were a lot of hidden agendas and things that you had to learn to succeed in that kind of space. For example, [I learned] the power of networking. The college that I went to, Carleton College, is known to be a very good liberal arts school here in Minnesota. One of the big reasons I believe I got into Carleton was my network. I had a very good relationship with my psychology teacher in high school, and she's part of the reason why I continued to pursue psychology. She had good relationships with different members of the Board at Carleton. I also had a friend in high school whose parents also knew somebody on the Board, and they advocated for me and talked to their contacts at Carleton. They talked about how much they loved me as a student and as a friend to one of their children. And long story short, I think that was a significant part in getting me the opportunity I had at Carleton. To understand the power of networking, I had that example right in front of me. This was just one of

many examples that I had to learn to navigate in these very political spaces.

KR: 00:06:16   That is a little wild to me. Networking is important. But you were a high school student [Laughs]. I'm just trying to think back to when I was in high school. I would've never been thinking about forming a network at that age, but I also graduated from high school in 2005 [Both laugh]. There is that drift that I've noticed of much more prepared and professionalized people coming out of high school today than they were when I was coming out. Then you leave DC and Prince George's County to go to Carleton. Where's Carleton College located?

MH: 00:06:58   Northfield, Minnesota.

KR: 00:07:00   Where is that?

MH: 00:07:00   About forty-five minutes south of the cities in an environment where the motto was "Cows, Colleges, and Contentment." It was a big shift from DC.

KR: 00:07:14   Tell me about your four years at Carleton.

MH: 00:07:20   When people ask me about Carleton, I always start by saying that it prepared me very well. Being a small liberal arts college where my professors knew me deeply, they were able to intentionally invest in my skills. I had various resources to dig deep into my passions, which was very helpful with getting me to where I am today. That being said—personally, culturally, and socially—Carleton was difficult. It definitely was not my first choice in terms of personal comfort. There was a culture shift that was made even more difficult by the fact that I also didn't have any support network out here to manage that dynamic. It was difficult to find my people and find my identity throughout that process as well. In many ways, I do feel like aspects of my identity and development really suffered while at Carleton. But many people see that I checked the boxes, and I got that degree in XYZ. I think it's important to talk about the part that many people don't talk about, which is the personal experience of it. I have to admit that that was very difficult for me at Carleton.

KR: 00:09:00   I have two questions. One, when you're making the decision to come to Minnesota, what kinds of conversations are you having with your family?

MH: 00:09:10   I think that gets into a very interesting dynamic with my family that probably common for many minority families, especially with families coming from similar backgrounds where my parents both grew up. I would say they were more-so lower class, but using the principle of the American dream, they worked their way up to be around middle-to-upper-middle class. With that [transition], there is pride and the intentionality that comes with that. In raising a family, they had that noble sense of wanting the same, or wanting even better for their children. How that actually plays out on a day-to-day basis, and how that played out in my life, may be seen as a noble intention and value. Unfortunately, it held too much weight in my earlier years, and it was less balanced with some other familial values and my own personal values as well.

            00:10:18   That transition from high school to college was one of the moments where it was the pinnacle of those conflicting values. Where in wanting the absolute best for me, my parents' priority was making sure that I went to the best school possible to give me the best opportunity. The only way they knew how to judge that was by the caliber and the prestige of the school, and also what was known about it. From that perspective, they were doing what any parent who wants their child to have the best possible opportunity in the future would do—push them to be their best and to go to the best school.

            00:11:12   For me, as I mentioned, I didn't get the best vibes from Carleton. I didn't feel as comfortable as I would've liked to have been when I visited. I didn't feel like it was a home for me. It was obviously very far from home physically, but for different reasons culturally and socially, I wasn't sure if it would be the best fit for me. There was actually a school in Pennsylvania I had visited. I had road-tripped two or three times independently before getting accepted. I met with different people on the track team and talked with different admissions officers. When they didn't see my application in the early decision pool, they called me and were like, "Hey, where's your application? What's up?" They had shown that they wanted me, and they made me feel at home. That would've been my pick. You can

imagine it was very disappointing when I got into Carleton and my parents ultimately said, "This is where you're going because this is what is best." That was the start of those two paths starting to separate, in terms of what I felt was best with my self-interest as I was developing my identity. That clash between what my parents felt was best as well.

KR: 00:12:40 Yeah, that sounds really hard.

MH: 00:12:43 I think that that was a really big growing point, and a lot of my early and mid-twenties was reconciling that chasm that started to develop. Then obviously having to navigate those four years at Carleton, knowing from the start I was leading into it feeling like I didn't know if it was the best space for me. It was definitely a challenge.

KR: 00:13:14 It also sounds like, and this leads me into the second question, there are ways that your private school education prepared you to enter into a space like Carleton.

MH: Absolutely.

KR: How did you leverage the skillset that you developed? I hate to phrase it that way because you were a teen, but how did you leverage what you learned in high school when you transitioned to Minnesota and Carleton?

MH: 00:13:44 The single most important skill that I learned from high school was how to see and navigate hidden agendas. I mean, we laugh about developing this skillset and learning all these things as high schoolers. Because it is kind of crazy to have to develop that professional sense so early on. But when you think about the context of northwest DC— the children of senators, politicians, and very prestigious individuals—these are the schools that they go to, and naturally that is the environment that they grow up in even before the educational system. That is their world. I was thrown into it and expected to succeed in an environment like that. It required me to learn about the systems and navigate them. It taught me how to be a systems thinker, not just a critical thinker.

MH: 00:15:04 Bringing that mindset to Carleton allowed me to mold my experience enough into something that was conducive to me achieving whatever level of success and learning whatever I did Carleton to the extent that I did. It showed

up in what advisors I chose, it showed up in what opportunities that I decided to participate in, and it influenced how I set up my personal game plan for how I wanted to do the four years there. I stuck to that. If something wasn't working, how systematically pivoted and figured out, "Okay, what's the next path if this one isn't working out?" Those skills of navigating that system is what kept me afloat at Carleton amongst what was otherwise a difficult experience.

KR: 00:16:01   You also mentioned a psychology teacher in your high school who had connections at Carleton. And you said this person was sort of pivotal in choosing psychology as your major.

MH: 00:16:14   Absolutely.

KR: 00:16:16   What was their name?

MH: 00:16:16   Shelly Brody.

KR: 00:16:18   Shelly Brody. Are you still in contact with them while you're at Carleton?

MH: 00:16:25   I reached out a couple of times, but it was more so to show appreciation. Carleton was a very rigorous program, so unfortunately, I feel like a lot of the connections that I could have kept up with, I didn't have the time because I was juggling so much.

KR: 00:16:42   That makes sense. It sounds like Carleton was hard… You said Carleton was difficult. So, what makes you stay in Minnesota?

MH: 00:16:52   Well, my reasons for staying in Minnesota then were different, very different, from my reasons for staying in Minnesota now. The reasons I stayed then was more so that it made sense with getting a first job out of college when I was going to recruiting fairs. Most of my opportunities for getting my first job out of school were in Minneapolis. I was like, "Alright, I'll try that out and I'll stick with that." Then I started developing the game plan. I thought, "If I'm taking some gap years before medical school, while working towards medical school, what do I want to get out of it and how can I navigate that?" It was easier to utilize connections and utilize what I knew of the system here to

keep moving intentionally. I worked in a clinic, getting hands-on experience with scribing and psychiatry. I really liked that. How can I start to practice providing care for myself? Well, let's move into this neighboring hospital and be a Mental Health Associate and work with patients on a regular basis. I used what I knew, which was being pragmatic and driving things forward.

KR: 00:18:22 How many years were there between graduating from Carleton and starting at the program at the University of Minnesota?

MH: 00:18:28 I think I took around two and a half to three years.

KR: 00:18:31 I'm deep in your story now and I have actual questions. This is a good segue, because the next question is about what your first job was. And if that feels too generated for you, what was the first job that you did that made you say, "Yes, this is the right path for me"?

MH: 00:18:53 Well, I'll talk about my first and my second job… We'll jump back to my very first job later. My very first job out of college was working as a medical scribe with a program called Emergency Care Consultants. I chose their program specifically because after staying with them long enough and basically jumping through some hoops, they'll let you scribe in psychiatry. I was like, "Yep, okay. That's the one that I want." When I started with them, I asked them about what steps were necessary to move from the emergency department into internal medicine, where you start to write more in-depth notes, get into the patient history a bit more, and there's more complex factors to juggle. When I finally got into psychiatry, I was pretty much writing the entire note with most of the detail that the provider would do themselves. I could do it because I worked with them long enough and understood the system well enough.

00:20:16 From the very start, I was like, "Okay, what do you need to see?" I wanted to get to that point, and I quickly worked my way into scribing and psychiatry because I wanted to see how I could, as a pre-med student, put myself in the shoes of a psychiatrist. I wanted to get as close as possible so I could get that sense of what a day-to-day life of a psychiatrist was and question if that would be what I wanted out of my life. I basically validated the steps that I was taking. Long story short, I absolutely loved it. So much

to the point that I was like, "Okay, I love the life from what it seems like from this standpoint, but I want to see what it feels like to provide some level of care directly to patients myself." That is where I moved into being a Mental Health Associate at United Hospital.

00:21:07   In that role, I got to work with patients directly. In fact, out of all of the positions in the hospital in that psych setting, mental health associates have the most time working with patients. We were the ones that managed the milieu and managed the space. If we had any downtime, we went back and forth to different groups. If there's ever an escalated situation, we're generally the ones on the floor. We were the first responders, so to speak, that typically also had the best rapport with the patients. That experience was life-changing experience for me. When I think back to when I have difficult experiences in medical school and some of the endeavors I'm working through right now, that is my "why?" that I think back to with the different experiences that I had in that setting.

KR: 00:22:11   You also said that you were going to go back to your very first job?

MH: 00:22:14   Yes, my very first job was different. At that time in high school, I wasn't certain that the medical path was for me. I think some people kind of have this "a-ha!" moment where they know they're destined for medicine. That wasn't necessarily my perspective. I get very passionate about a lot of different things, and I always have this thought where I'm like, "I could see myself doing this. I could see myself doing that." In high school, I wanted to systematically work through the steps. I would say. "Okay, what would it look like to do this or do that?" At the time, I wondered if I would like some aspect of law. So, I got a job at the Federal Trade Commission my junior year in the summer during high school, working as an intern. That was really interesting work. Probably important to mention, I found out about the job from a classmate whose mom was a paralegal for the Federal Trade Commission. She knew I was looking for opportunities. She helped me get an interview there. I did well on the interview and got the job. But not every high schooler has a friend whose mom is a paralegal for the Federal Trade Commission. So again, networking, but in a very different job. I liked it, but it didn't feel as value based as I would have liked my

eventual profession to be. I was able to check that one off the list and to go towards a more people-centric, people-oriented profession with medicine.

KR: 00:24:11   You said earlier that you became a systems thinker, and I can see the systems-oriented approach that you take to figuring things out for yourself. I worked at a grocery store in high school [Both laugh]. It would've never occurred to me to try to get a job at, I don't know, the capital or something. So, kudos to you! Do you start medical school at the U [University of Minnesota- Twin Cities] in the pandemic then?

MH: 00:24:48   Yeah, it was during pandemic.

KR: 00:24:51   What was that like for you?

MH: 00:24:55   One of the biggest challenges was the social isolation of not having that opportunity and time to bond with your classmates. There are huge benefits in just going to class together, and having those opportunities for organic connections where you can really feel like a community. It was hard, not having that for a lot of my experience. However, I do have to acknowledge that I excelled in [a virtual] landscape when navigating all the opportunities of [medical school]. With everything switching to a virtual setting in COVID-19, the systematic and methodical thinker in me was on fire with being able to control my schedule more effectively. I had systems and I would be like, "Oh, I could go to class now, or I could watch this video on my own time at 10:00 PM if I want to, or I can go do this other opportunity." I felt like I could have missed out if I wasn't able to have that [flexibility]. I think that it had challenges, but for me, it had, surprisingly and ironically, way more beneficial because of the way I was able to manage my time and the flexibility that it provided.

KR: 00:26:42   Yeah, I agree with that. My first year in my PhD program was in 2020, and I was constantly reading in a way that I wouldn't have been able to do if I was going back and forth to campus every day. I appreciate your ability to sort of articulate the kind of gifts and the limitations of the pandemic that we all experienced. How do you then move from psychiatry in medical school to thinking about Vertex? How do you pivot into these questions of the role that technology can play in medicine?

MH: 00:27:25   Yeah, I agree with that. My first year in my PhD program was in 2020, and I was constantly reading in a way that I wouldn't have been able to do if I was going back and forth to campus every day. I appreciate your ability to sort of articulate the kind of gifts and the limitations of the pandemic that we all experienced. How do you then move from psychiatry in medical school to thinking about Vertex? How do you pivot into these questions of the role that technology can play in medicine?

00:29:37   Everything I observed with how patients were treated outside of what I could control, whether it be nurses or doctors that are burned out and are lacking empathy, and instead of displaying patient-centered care or creating power struggles and are doing things to the detriment of the patient out of their own ego, or whether it be a system that influences business principles or the bottom dollar in a way that detriments the patient where even if it was a nurse or a physician that was more patient-centered, is limited in what they can do because of how the system is set up. All of those different factors made me feel so powerless and the role that I was in, or maybe I could impact this one patient in a positive way, but what about the other a hundred thousand million patients that don't get this patient centered approach that are suffering?

00:30:53   That systems thinker in me was really bothered by my lack of impact on a larger scale, and that's why I chose to go to medical school. There was a point where I asked myself, "Why? It seems like you found a place where you can have a significant impact and benefit others in a way that's in line with your values on a day-to-day basis. If that's something that you feel fulfilled enough in doing, what's the point?" But I chose medical school because it felt like the only way to get the education, the resources, and frankly, the status—that can be helpful and sometimes needed to be able to make larger waves to change not just individuals, but the systems.

KR: 00:31:47   Tell me then about how you come up with Vertex.

MH: 00:31:51   As I mentioned, I've always been a systems thinker. In my first year of medical school, I had a lot more opportunities to learn about the healthcare system, healthcare engineering, and all these different modalities. This helped me apply a methodical and analytical way of thinking to the

system that I wanted to impact in the first place. I had some great experiences with professors that I consider mentors and that I do research with now. They taught me a lot more about important aspects of healthcare. One professor, David Satin, taught me about healthcare payment structures, reimbursement models, value-based care, and all aspects of the medical system's infrastructure. That got me really interested in understanding the deep details about how medicine functions on a daily basis, and how those different functions can be used—if they're understood well enough—to advance patient-centered care. Simultaneously while having those classroom experiences, I also was getting more experience in a clinical setting by working in a student-run clinic called Phillips Neighborhood Clinic. I was a Community Health Worker there, and at the time, was also learning about the impact of what we call social drivers of health. Are you familiar with that concept at all?

KR: 00:33:45 Yes. But explain your understanding of it.

MH: 00:33:47 Basically, different social and economic factors impact the health outcomes of different patient populations. It can be anywhere from housing insecurity, food insecurity, or the impacts of trauma. It can be dealing with abuse, or it can be dealing with a community that is very trauma-inducing. Things like that may not seem like they impact our health outcomes on a day-to-day basis. However, research has shown has these social drivers have a more significant impact than what we tend to do in a clinical space. As we learned more about that, I got more interested in how, as a system, do we solve different health-related social needs that our patients come in with. What resources do we have? What are the processes for connecting patients to these resources, and how do we manage this seemingly big domain of things that affect our patient's health?

00:35:00 At the Phillips Neighborhood Clinic, I chose to work as a Community Health Worker because, in my opinion, that was the role the closest to boots-on-the-ground. How are we getting resources to patients that need them? That was a pivotal experience for me because the systems in the place—the technology and the electronic medical record that the Phillips Neighborhood Clinic used—was not equipped to not handle this very big challenge that research has shown is very important to the health of our patients. It got me thinking, "Why do we not have systems and

processes in place to effectively and efficiently manage getting resources to patients that they need because it's ultimately impacting their health outcomes?" That's where I started to piece together my passion and desire for patient-centered care and trauma-informed care to the different facets of the system—technology, individuals as part of the system, regulations, policies, and all these various things that come into play when you're creating the systems to get these resources to individuals.

KR: 00:36:37   You're a full-time medical student, you're working at this clinic, and [Vertex Medical Solutions] is a side-gig during you first year? I just want to get the timeline down [Both laugh].

MH: 00:36:46   Like I said, I couldn't have done it without COVID-19.

KR: 00:36:49   Right? That was the thing. It frees you up to be able to spark this interest, and also to get you really familiar with what's happening in communities that are under-resourced in the Twin Cities. I think this is a good place to pivot to the next question, which is what do you think it takes to be an innovator in medicine and technology today?

MH: 00:37:18   I really like that question because I think medicine is a unique space to innovate in. One thing that is especially unique about it, in my opinion, is that there are so many stakeholders. There are so many individuals or entities with different needs, desires, and goals. It can be difficult to create an innovation or solution that addresses the most significant problems and needs of all those stakeholders. You have to balance—well, you don't have to balance, but you should balance—creating innovation that truly drives better care for patients, while also making the business sustainable and proving a return on an investment for insurers who want to make sure that you're meeting certain metrics to drive forward their revenue at the end of the day. The question is how do you balance the needs of the patient; the needs of the insurer; the needs of the physician who wants to do their job well, but has other pressures as well; and the needs of community partners who might not have systems in place that work with the rest of the healthcare system, but have the same goal of trying to drive forward community health and as a result of that patient health.

	00:39:02	There's a lot of different factors at play. What that requires is, like I said, more than critical thinking. I think a lot of education teaches you how to be a critical thinker, but they don't necessarily teach you how to be a systems thinker. You have to be able to be a systems thinker to bring all of those factors together—thinking about facets of medicine, the facets of business, and the facets of an individual and what motivates them—to then be able to scale up and understand how important [the patient is] as a part of that larger structure. This really, really important and in my opinion, what makes innovating in medicine [different] compared to other industries.
KR:	00:39:48	As you're developing Vertex and trying to bring all these potentially competing forces in balance, can you share with me a failure that you've had in this journey, if any?
MH:	00:40:11	I would like to think that any startup journey is riddled with failures. I think that for other endeavors that I have embarked on, although I failed here and there, there was always a game plan that I know that I can follow. If I'm not getting to the next point of that game plan, there's only so many things that I would need to do to pivot and persevere, as I like to call it. But with this startup journey, there's so many possible directions to go and put my energy into. If I wasn't failing, it would be because I'm not doing anything. The journey has been interesting for me, in terms of learning more about the field that I'm really interested in, but also in developing skills that'll make me a better physician and leader. But it's also been a very personal journey because I have had to learn to continue shifting my perspective with what it means to fail.
	00:41:34	I am very goal-driven and like to move forward. But as I said before, with the startup world, failure is inevitable. In the sense that you have to try to test something. And well, the assumption you had turns out not to be true. The entire process of creating and sustaining a startup in the early phase is testing a bunch of assumptions and learning which ones are wrong, so that you then can pivot and persevere. It's honestly helped me in my personal journey of growing to have a healthier view of failure in the sense. Now I embrace failure and I'm excited to fail because it means I've learned something. I've gotten validated in my learning and I figured out how to move faster on the proper course.

KR:	00:42:38	In that case, tell me more about how Vertex works.

MH: 00:42:45   As I mentioned before, social drivers of health are some of the most significant factors when it comes to health outcomes. And anything that I do, I like it to center it around being value-based in some way. The mission of Vertex is to create innovations and technology solutions that drive patient-centered, trauma-informed, and equitable care. As we learn to address some of these factors more effectively, the way that we're working to do that presently is by building a community referral platform that works more effectively with current electronic medical records systems. It integrates with [those systems] to provide physicians, social workers, and health systems tools to more effectively assess those different risk factors. It also provides a database of resources that efficiently integrates with their current systems to provide them easy and efficient recommendations for how the heck we address some of these risk factors that are coming up.

00:44:10   Additionally, in line with some of my other values and some of my passions with mental health care, is making sure that the platform is trauma informed. As a part of that, it was really important for me to have an aspect of the platform being educational—where it doesn't just give tools to individuals, but it empowers the users of those tools with the frameworks of trauma-informed care and patient-centered care with these other tools to better connect with and understand their patients. That way, they actually have the right framework and mindset when they're working with, let's say, a patient that comes from a very different background than them that suffers from things they probably can't even fully fathom. How that patient might respond in challenging situations may be strongly influenced by things that they've gone through. So ideally, I'm trying to create this comprehensive platform that is very intentional about the people within these systems too. It's not just a tool, but it is a platform for empowering providers and patients throughout that process as well.

KR: 00:45:42   How would you say that your identity has impacted your experience with developing Vertex and this platform in particular?

MH: 00:45:50   We've talked about my upbringing a bit, especially as a Black man in this system. I know that Black men make up somewhere around two percent of students in medical school nationally. With the path that I've chosen, I feel like it's even less representative. My identity in the spaces I'm in has required the systems approach that I was talking about earlier—the ability to see hidden agendas, and then to manage them. I learned that I have to be methodical and critical where I need to be to see all these different facets of this system. Also to understand critically how they work together and what is needed to realistically drive forward some of these innovations. I think that's inherently tied to my identity, and what I've had to learn given my identity, in these spaces.

KR: 00:47:14   Who is helping you sort of navigate these things? Do you have a mentor?

MH: 00:47:24   When you asked why I stayed in Minnesota, I mentioned before that my reasons were pragmatic then. My reasons now are much more value-based on the support network I've developed more recently in the past couple of years. I have started to develop deeper connections with mentors here, one that I made through a program within the business school called the Minimum Viable Product Challenge. In the program, they gave you a small stipend to innovate and get your first iteration off of the ground. And they also provided you an advisor to oversee that process. The advisor that they assigned to me was David Nguyen, who not only is an amazing professor, but he's also an amazing person. We quickly connected on various things. He's become not just a business mentor to me, but a life mentor as well. He's been very instrumental in this process as I've been learning to navigate business and the startup space, coming from the medical space.

KR: 00:48:51   Nice. You mentioned that two percent of medical students are Black men. Can you talk to me a little bit about your understanding of that experience of diversity, broadly speaking at medical school and in the work that you do that's related to, but also outside of the medical school?

MH: 00:49:22   Starting with the medical school, it's been challenging to be in a system that lacks the diversity that I think it should have. I've also used my position in the medical school to learn about administration about the U. Maybe I haven't

mentioned it yet, but I was the president of my medical class. I used that position to have conversations with [administration] and learn more deeply about the work they're doing. One of the aspects of the work was with DEI [Diversity, Equity, and Inclusion] and asking what is being done to advance diversity in the spaces. The U of M is like many other universities and many medical schools where they unfortunately lack representation in various ethnicities. In my opinion, especially when it comes to Black students, and more so Black men.

00:50:41   In the various conversations that I had, one that came up was with the Director of Admissions and Assistant Director of Admissions. I challenged them more critically on what initiatives they were working on to increase recruitment. Not just increase recruitment, but continuing to support Black students and Black men. From my opinion, [those students] didn't have very many resources in those departments. That was a challenge. I think it was difficult for them to hear in light of the recent diversity efforts. They focused on a broad range of diversity, and it was challenging for them to hear that they still weren't meeting some concerns, such as my own, of diversity in more stratified and focused groups. That was a challenging conversation, and I did leave that space feeling, again, like not enough work is being done in recruiting and supporting Black men and Black students in these spaces.

KR: 00:52:09   What does it feel like for you to take on the burden of that work in your first year of medical school?

MH: 00:52:20   Well, two things. Part of me feels excited because I'm a problem solver at heart, and I saw that as an opportunity. Some peers and I actually started a student group at the time called the Black Doctors Association because we wanted to create a space to support Black students in this environment and also provide a bunch of programming for Black students in the Minneapolis, St. Paul, and Twin Cities area. We wanted to try to bridge that educational disparities we were seeing, and hopefully provide an avenue to increase that recruitment for Black students in the STEM field. I was super excited to do that work. That's a group that's still running. We turned it into a nonprofit, so we're still working on that one as well. I get excited when I see a problem that I'm passionate about and that I help change. But it's also simultaneously incredibly frustrating

because it's something that makes you ask the question, "Why is this not getting more attention? Why don't people care more about this important topic?" We preach diversity all the time. We preach inclusion, equity, and all these things. But when it actually comes to action, it feels like nothing is being done.

MH: 00:53:57   That's exciting, but it's also frustrating. I try to focus on what I can do and what I can manage because there are so many factors with of being a Black man in these spaces. If I let myself, I could get very overwhelmed by feelings of powerlessness. It's not productive, so I try to focus on what I can change and continue on that path.

KR: 00:54:32   You mentioned equity as well when you were talking about the Phillips Neighborhood Clinic. I'm curious, are students encouraged to work with this clinic, or is it just something that you did because you saw a need?

MH: 00:54:48   It's something that I did because I saw a need, and I saw it as a good opportunity to supplement the curriculum learning with more experiential learning that was more focused on social determinants of health. I don't think there's enough of that built into the curriculum.

KR: 00:55:08   I'm hearing a lot of the ways that your experience—your background, the different spaces that you've navigate, the different geographies you've navigated—how that's showing up for you as a medical student. And it sounds like you're effectively building your own secondary curriculum. I don't want to put it in a hierarchy, but you're building your own curriculum because it sounds like the curriculum at the U is not attending to your values. I've heard you mention it as values multiple times. When you leave medical school, what do you hope gets taken up by the University as a result of your work?

MH: 00:55:54   I like the way you put it—creating my own curriculum. I am the kind of learner where if the information isn't readily apparent, I'm going to find other ways to seek it out and to learn it. Also, in being a leader within medical school, I do want to help others learn the other factors of healthcare that I think are important to being a provider in this space. Some of the work that I have done in my role as president have been networking with other professors and leaders within the medical school to try and influence the

curriculum in some important ways. I worked with a couple of professors last year on driving forward a couple of sessions on trauma-informed care during the third- and fourth-year medical school course called "Becoming a Doctor." I helped them develop the curriculum for that course. I hope that throughout my next couple of years in medical school, I can continue working with professors in those ways to influence the content, perspective, and skills that will help my classmates become more well-rounded physicians.

KR: 00:57:35 You do a lot!

MH: 00:57:37 Like I said, it's the flexibility of COVID-19 and online classes.

KR: 00:57:43 I mean, that's a lot of work. It is all meritable, but it is still a lot of work. I'm curious what you do as you're addressing the gaps at the institution, in the healthcare system, and in the Phillips Neighborhood Clinic?

MH: 00:58:05 I worked with them throughout my first year of medical school, and then I transitioned out of that work. I just finished talking with their quality improvement chair last week, and we are planning a pilot of the community referral platform that I'm building. Maybe I will start working with them again this fall.

KR: 00:58:27 In the midst of all of that, what do you do to have fun or take care of yourself?

MH: 00:58:32 As I mentioned before, my reasons for staying in Minnesota these past couple of years was because of my support network. One of the groups of people that I consider close friends came from what is one of my favorite activities now, which is bouldering and indoor rock climbing. That is something I do every Tuesday, Thursday, and Sunday now. I joined a gym in December called the Minneapolis Bouldering Project. It is a very community-oriented space, which is what kept me going early on as I was still figuring things out with bouldering. Very early on, I met so many people there just through climbing. I also met a couple of individuals and kept building a friend group with them. They are who I go climbing with every week. It's a really, really important part of my week that helps me stay sane as I am juggling different pieces of my

life. It gives me joy, energy, and makes me feel supported as I get to see my people every week.

KR: 01:00:05   That's great. I have not been rock climbing in a long time. I remember when I did it, I had a lot of fun. I had a little bit of height anxiety [Both laugh]. I did have a good time doing it. I distinctly remember. And it's a good workout!

MH: 01:00:22   It's a good workout. It's like a puzzle too, because you have to figure out where you're going and how you're moving your body— "Oh, I didn't know my body could move in that way." It's a really fun puzzle too.

KR: 01:00:31   "Does my foot fit there?" "If I'm horizontal here, is this still going to work?" That's great. We're getting close to time. I don't know if you realize, but we've been talking for an hour.

MH: Really? [Laughs].

KR: Yes, we have! Because you're still in the early stages of the startup and entering the next phase of your professional life, in five or ten years from now, where do you hope you are?

MH: 01:01:06   If I would have said two years ago that I still might be in Minnesota, I'd say, "That's an interesting choice you're making." [Both laugh]. But in five or ten years, I will probably still be in Minnesota with the friends I have now. Also, the family I have here now—I have a year-and-a-half goddaughter and my God family that I also see every Sunday. That is the light of my life. So, I'll probably still be in Minnesota building my network here. I see myself in some aspect being an entrepreneur of sorts, being a leader in driving innovation and changing healthcare.

           01:02:00   I'm not sure exactly what that will look like, but I know that with my values and with my interest, that I don't see that aspect of my life changing. I think I'll always want to figure out a way of driving more systematic change in healthcare for the better of patients—especially patients coming from vulnerable populations, marginalized communities, and minority communities that don't have the access and have poorer health outcomes. The system in Minnesota has some of the largest med tech organizations in the nation, some of the best research institutions in the

nation, and some of the best health systems in the nation. And still, there are some of the most significant disparities nationally. That's a big problem. There's a lot of resources, so there's an opportunity. I see myself staying in Minnesota because it feels like there is work to be done and there are individuals here that share my passions, values, and vision. We need to come together to innovate with them.

01:03:13   I think that'll be a big aspect of it, but I also don't see myself fully moving away from working with patients on a one-on-one basis. I definitely see myself working in child and adolescent psychiatry specifically, possibly opening my own practice. I want to continue to practice what I preach in terms of patient-centered care, connecting with my patients, and giving them personalized care that they need. That also makes me feel fulfilled. I'm sure my career will be some mix of direct patient care while also being a healthcare leader and innovator.

KR: 01:04:05   One last question as we close out. You talked about your parents having expectations for your future and where you would go. How do they feel about the work that you're doing now? And do you feel like you're making them proud?

MH: 01:04:23   As I mentioned before, my relationship with my parents has been tumultuous in some ways. I think any parent-child relationship can be strained and difficult as the child becomes an adult and has their own values, ways of thinking, and directions that they want to go in—even if that might not be what their parents envisioned for them. I acknowledge that's a tough transition, for most parents, if not all parents. That's something we've had to work through. With where I'm at right now, it feels like they are starting to understand my personal journey a bit more effectively. They understand that they've done what they can do to put me in a position to take advantage of the opportunities that I've had, and as they've wanted.

01:05:23   Now they are starting to realize that I'm in a new space where I'm learning new things and where I am venturing down paths that we haven't explored as a family—that many Black families have not necessarily explored. It's a shift for them, but to their credit, they're doing a really good job of trying to navigate how to better support their son as he's trying out these new things. They don't know

how to support me, and it wasn't necessarily their vision for what I could be doing. But they say I'm passionate about it. The see that it's important to me. Lately, they've really started to come full circle with developing a better relationship in that way and being much more supportive. That was an interesting culmination of that journey as well as I've gone in this direction.

KR: 01:06:24 I think that's really well stated. It's hard for parents to figure out how to navigate adult children. I feel like sometimes parents wake up and they're like, "Oh, you're grown now. What do I do with this?" [Both laugh]. Okay, another last question. Is there anything that you had hoped to discuss today that I didn't ask you about?

MH: 01:06:56 No worries, let me think about that one. I think you have covered mostly everything that I would've brought up. I want to tie some things together. There have been a lot of challenges with my path. There were a lot of things that at different points I would've wished could have been done differently—where I wish I made a different decision, went to a different school, or chose a different job. Then, maybe I wouldn't have gone through such hardships to get to where I am today. I think through all of those experiences, there was a greater good in learning how to persevere through various challenges. In dealing with how to move forward without a support network or dealing with loneliness, anxiety, and depression. I learned how to find resources for that, and developed self-awareness. I became a better version of myself and navigated through creating a support network. I learned various skills through navigating difficult settings, relationships, and work endeavors. All of those things, I think, have all had a greater good. I know I mentioned various challenges, but I'm grateful for them as well.

KR: I think that's a great place to close.

MH: 01:09:02 Sounds good.

KR: 01:09:03 Thank you so much.

MH: 01:09:04 Thank you.

KR: 01:09:05 I appreciate you taking the time to share your story with us today, and answering my countless questions. I'm always

		deeply appreciative of these interviews, and what I get to learn about why people do the work that they do. Thank you again.
MH:	01:09:25	I appreciate this opportunity. It has been cool to share my story and to be a part of something bigger with what this project is going to be.
KR:	01:09:33	I hope you've had a good time.
MH:	01:09:35	Yes, it's been good!