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Family Medicine

NARRATIVE ESSAY

Coming Out

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Part of working as institutional leaders in equity, diversity, and inclusion (EDI) is supporting one another in this transformative work. Bart Watts, DDS (first author), is the associate dean of EDI at the School of Dentistry; José Rodríguez, MD (second author), is the associate vice president of EDI in the health system. Together, we had the opportunity to attend a longitudinal training at the Association of American Medical Colleges called the Healthcare Executive Diversity and Inclusion Certificate (HEDIC) program. This essay captures our reflections on our shared experience at HEDIC.

Dr Watts: "On the first day of the training, as I looked around the room of about 20 people from across the country, I realized that I was the only White male. While we were all there as EDI leaders to learn how to be more effective in our roles and as we mingled, and others shared their common lived experiences, I started to understand that the only thing I had in common with these people was that we shared this common EDI role. I had none of the shared experiences of discrimination, prejudice, bias, misogyny, or microaggression that the others had. I came from a very privileged, White male background. Were these experiences necessary for me to be an effective learner in this group? Are these experiences of discrimination and the like necessary to be an effective EDI leader? Do I have a legitimate place at this table?

"After the program, I shared these feelings of inadequacy with Dr Rodríguez: 'I was the only White male in the room, and being in my early 60s, was probably the oldest person in the room, too. While for many, feeling profoundly out-of-place is a daily, lived experience, for me it was new. I did not feel legitimate. My race, age, and gender were the very reasons I did not feel I belonged in this group. So, in this unusual setting I did something that I usually don't do; I exercised a privilege that others do not get; I came out.' For me, coming out was a privilege; for others, the choice of identifying (or not) in a space does not exist—it is visible. I have always identified as gay, but I have not always been out. I'm proud of it now and I'm happy with myself. In almost every part of my life, it has become a nonissue. It's not at the top of the list of things that I put out there when people are getting to know me, but it's not something that I hide either. So why did I feel the need to come out in this group of EDI leaders?"

Dr Rodríguez: "In our discussions, it became clear that for some reason Dr Watts did not feel legitimate working in that EDI training. When we explored that issue, we learned that sometimes messaging can feel exclusionary for those who identify as White and male, and the accompanying discomfort may lead some, like Dr Watts, to centering themselves to legitimize their place in the conversation. White men are not used to feeling uncomfortable, and centering themselves in the conversation helps mitigate that feeling. Yet, centering whiteness in a diversity conversation can be counterproductive and can hurt both allies and the groups they are trying to support. We both understand that EDI work is successful only when all of us, including White men, participate. EDI space needs to be welcoming to all; none of us needs to reveal facts about our identities to establish legitimacy. But Dr Watts' feeling to have to come out or to center persisted even knowing those facts."

Dr Watts: "EDI work depends on allies. Like my earlier work participating in various LGBTQ+ groups, working with heterosexual allies produced results. Allies were able to bridge a gap and advocate with the heterosexual community in a way that the LGBTQ+ community could not. Similarly in the EDI space, our White, male, heterosexual allies can communicate with their contemporaries in ways that others cannot. Through our discussions, I suggested that because the face of EDI work seems to be largely those of

marginalized identities, our White, male, heterosexual allies need to hear that they are welcome. This idea had not crossed Dr Rodríguez's mind, as he had always felt that White heterosexual men were welcome at the table. Specific invitations to that group seemed like a good idea, as EDI was never designed to exclude anyone, let alone the demographic that still occupies most leadership positions in health care. In fact, EDI professionals are delighted when White allies work in EDI. Identity matters in EDI work; and in large medical systems, all identities matter."

Allies can be valuable change makers in EDI work. Dr Watts, presenting as he does, can be seen and heard in spaces where a Latino man such as Dr Rodríguez cannot. Because of Dr Watts' race and gender, even without coming out, what he says about race/ethnicity or gender is often perceived differently than when Dr Rodríguez uses the exact same words. It is human nature to interpret messages through filters, and one of those filters could be the opinions about the group the speaker represents. When a White man says that anti-Black racism is bad for White men, it is perceived differently than when a person of color says it. It also increases solidarity and is a potent tool for inclusion. This can add value to the work in EDI. When EDI leaders talk about equity, we mean that health outcomes, academic outcomes, and leadership positions are at similar levels in different populations. When we talk about diversity, we mean there is a place at the table for everyone. When we speak about inclusion, we mean everyone that has not previously been included, as well as those who have always been included and centered, not just those of color.