

## Maya Green, MD, MPH, on care for Black & LGBTQ+ patient population

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AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

### Featured topic and speakers

In today's episode of Moving Medicine, a discussion with Maya Green, MD, MPH, regional medical director for communities on the south and west side of Chicago at Howard Brown Health, who shares highlights from a recent webinar: "Black and LGBTQ+: At the intersection of race, sexual orientation and gender identity," and shares her own experience in treating Black and LGBTQ+ patients.

View the full webinar.

### Speaker

- Maya Green, MD, MPH, regional medical director, south and west side of Chicago, Howard Brown Health

### Transcript

**Unger:** Hello. This is the American Medical Association's Moving Medicine video and podcast. Today we're talking with Dr. Maya Green, regional medical director for communities on the south and west wide of Chicago at Howard Brown Health in Chicago. Dr. Green is also a member of the AMA Advisory Committee on LGBTQ Issues and will be sharing highlights from a recent webinar co-sponsored by that group and the AMA Minority Affairs Section called, "Black and LGBTQ+ at the Intersection of Race, Sexual Orientation and Gender Identity." I'm Todd Unger, AMA's chief experience officer in Chicago. Welcome, Dr. Green. Thanks for joining us. Before we get started, I thought it might be helpful for the audience just to give them a little bit of background on intersectionality and intersectional identity. What do you mean by that?

**Dr. Green:** Thank you for having me, first of all. A lot of times we, as humans, like to put things in certain boxes and we know we are whole people, so we don't live in those boxes that we actually try to put things in. So, if we talk about being African American or Black, and I imagine myself going on one highway and then the other highway of having an identity of LGBTQ or two-spirit, and that's the other highway—right in the middle, right in the middle is where people live because a lot of times you can't just put away one part of you. Intersectionality means what does it mean to live and breathe in the heart of that blend.

**Unger:** So, why is it so important for physicians and patients to have discussions around intersectional identity?

**Dr. Green:** I think it's because if you think about it, I liken it to going to a store. If I go to the store but never tell them what I'm in the store for, I can't get what I came for. So, if you go to the doctor and you never open up and you never discuss your life, a lot of times, we can't help you as well as we could if you bring your authentic self.

**Unger:** Do you think most physicians are comfortable having that discussion?

**Dr. Green:** History says no and the studies say no, and it's a lot of times because we have a mask on as physicians. We're taught to kind of operate in a "physician knows best" kind of space and we know that's not true. People know themselves way better than I ever could and so they're qualified to lead their own health care way more than I am. And so a lot of times if doctors can't take off that mask and say, "Hey, I don't know everything. I'm human just like you, but I'm here to help. You lead, I'll follow and we'll get to your destination together."

**Unger:** I'm curious. Talk a little bit more about that mask. What do you mean by that?

**Dr. Green:** Well, when you think about a mask, you think about what it means to kind of assimilate into one culture, always have a presentation that I know everything, that I'm ... I presented today with no trauma of my own. I know what's best for you. That's the mask historically doctors, physicians, health care providers have had to wear or have worn, right? And studies show that we in the health care industry don't have all of the answers to heal communities. The answers to healing communities come from within the community and I haven't seen it anywhere in history come from anywhere else.

**Unger:** I think earlier you were kind of mentioning it's really important to know these identities they have and know what someone's life is really like. We think about social determinants and equity in this context. How do you recommend that physicians and patients find this common ground and get comfortable discussing something like this?

**Dr. Green:** I say, enter as humans. We have to flip that table of what it means to go to a doctor and I know a lot of times when I think historically, my family—they go to the doctor, they get dressed up,

they wear things they never wear at home. They say things they never say at home and so going back to what that mask is, if they don't ... Not only does a doctor need to take off the mask but the patient has to take off the mask, but it's my duty as a doctor to kind of aid that. And so if we both come as humans and say, "Hey, where are you? I'm here to help. I'm going to facilitate your healing. You are going to lead it." That's the importance and that's the crux of where we need to go with moving medicine.

**Unger:** When you think about a typical visit from the physician's end, you think—in a hurry, under a lot of pressure, coming in there maybe not knowing anything or much about the person, the patient you're seeing, moving through that EHR. Where do you find the time and how do you start to get to that point in the conversation that you're talking about?

**Dr. Green:** I found the best way to start is to be in the community, not when you're just here to visit me but when the community is moving. I want to also blend this in with that social determinants of health because you know how you answer one thing, but I don't think I fully answered the way I want to. That 15 minutes when I'm rushing, being a doctor, it's 15 minutes out of a person's 24-hour day. So, the healing is in the community, in that other 23 hours and 45 minutes that that person is going to spend not with me. That's why it's important to invest in the environment. That's where healing is. It's in the environment. It's in the transfer of wealth. It's in the education. It's in the food available to that person. As a full physician or a full total healer, that is my responsibility that I'm born into this career to do. So, that is important. That's key.

**Unger:** One of the things that you talked about in the webinar was about historical constructs that are still influencing physicians ... I mean patients' health and wellness today. Can you talk about the impact of some of those constructs and how physicians should work to dismantle them?

**Dr. Green:** Well, it's funny you ask that because we're just off of a July 4. If we think about 1776, who was in that room signing, right? People ascribing to one race, people ascribing to one gender, people ascribing to one orientation. On that day that was set and before then, that was set as the standard to which everybody should adhere. And so if you think about it, every four years, except for one time in history, we as a country will vote in that standard and uphold that standard. And so what that means ... And we don't think of how it connects to the medical care. Guess what? It connects in medical care. It connects in finance and education, so many things that are the social determinants of health we talked about. That's always the perpetual goal, unless we, together, decide to change it.

We know that patients are different. Not everybody wants to go to that standard. For those that do, that's fine. For those that don't, let's walk your walk. Let me meet you at point A as your facilitator of healing and we go from point B together. If we don't do that, the message still stands, and as a provider, when that patient walks in the room, when they mention, "Hey, I'm having a hard time getting jobs." One of the ways I can bring it up and say, "Hey, I know statistically and historically people of certain demographics, they have a hard time getting a job, getting education, getting signed up for

scholarships. How is that impacting your life?" That's another way. Going back to that mask, I take my mask off. That's another way we can get our patients to take the mask off. Acknowledge it as a provider.

**Unger:** One thing you mentioned about the importance of the intersectionality and looking there was that gives you kind of a different view of someone when you take all of those things into account, and one of those stats that you brought up in your webinar showed that a large percentage of Black LGBTQ women don't have a regular physician when you compare them to LGBTQ men and Black women overall. Why do you think that is?

**Dr. Green:** I think it was built into the history of health care and where the money was, right? If you look in the 1980s, we were impacted by a disease called HIV, right? And because of the demographic that we initially thought was heavily impacted, loads of money, loads of education, all these things went into it, right? As the face of HIV changed, so did the money go. There's still money available, but HIV ... again, the boxes, remember at the beginning, we talked about boxes? We have put people into boxes where we think the African American gay men are living with HIV and we have to do something about that. And certainly not to ignore that, but that's where the money is and so that's how we amass these people into care, right?

We've overlooked the fact that African American women also are living with HIV at higher levels than other people and the opportunity to care for them. So, I think it was kind of drawn around that. Not to say we should not because as you know, I did a fellowship in HIV. It's impacting my community. I'm here for it, right? But if you're going to care for people living with HIV, you have to care for the person who happens to be living with HIV. So, as you mentioned, it's the opportunity to move into all genders, all backgrounds, all ethnicities.

**Unger:** I know that sometimes it must seem overwhelming as you work to kind of dismantle the system that's been based on years of oppression. How do you recommend that physicians do their part?

**Dr. Green:** Well, here's my mask off. As someone who struggles to try to hold everything ... Virgo here, right? I struggle sometimes with the idea that I have to hold everything. I remember one of my mentors said, "Maya, guess what? This construct was here before you. It didn't get built in one day and you're not going to dismantle it in one day. Your job is to do what you can with the tools that you're blessed with to undo and dismantle." And the idea that, hey, you're born into the same country I am and the way things are is because people are doing their parts every day to keep it that way, right? So, I have to do my part every day to dismantle it. Not the goal of dismantling the whole thing because I'm working with a great group of health care providers, advocates, people who aren't doctors that are actually healers, teachers, and we all do our part every day. So, I just have to hold my part and those that are born into this cause, when they hold theirs together, we achieve much.

**Unger:** Last question. If you could offer physicians one piece of advice on caring for patients who identify as both Black and LGBTQ+, what would that piece of advice be?

**Dr. Green:** Learn to follow. Learn to follow. Again, a lot of times, providers, we're taught to think, "Hey, I'm going to go in there and I'm going to fix whatever." And some things need assistance but a lot of times when a person knows their self, they need assistance and they will heal themselves.

**Unger:** I love your advice. Enter as a human, remove that mask and learn to follow. These have been great piece of advice. Dr. Green, thanks so much for being with us here today on our Moving Medicine video and podcast. We'll be back with another episode soon. There's a lot more that we didn't have time to discuss here, including Black and LGBTQ+ youth and the unique challenges they face and you can view the full webinar with Dr. Green on AMA's website. We'll be back soon. Thanks for joining us today and take care.

**Dr. Green:** Thank you.

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