



Making a Difference in the Community: MaskUpMKE

by Adina Kalet, MD, MPH

The professors in my public health program thought very little of the work that physicians do. I don't mean that they thought poorly of us. From their point of view, the giant leaps forward occurred with classic public health interventions such as sanitation, clean water, safe food, and vaccinations. They could easily demonstrate that an individual doctor's work barely registers, and that hospital care contributes little to the overall health of populations. My faculty let us know that each physician played a negligible role in improving the health of the public.

When I was in medical school, we had little formal education in population health principles and practices. COVID-19 has highlighted, once again, why this must change. All physicians need to understand the history and importance of public health, the principles of disaster preparedness, the basics of public health messaging, and the critical need for a deep trust and understanding between medicine and society.

In addition, COVID-19's disproportionate effect on underserved minorities has highlighted the importance of establishing trust with deeply skeptical, vulnerable communities. This type of community engagement must be a core feature of the transformation of medical education.

Changes in Response to Societal Emergencies

I obtained a Master's in Public Health after completing my Internal Medicine residency during the earliest – and most frightening – years of the HIV epidemic at a large New York City safety-net hospital. Being on the “front line” of that pandemic defined the physicians of my generation. We were transformed by

this unnamed, perplexing infection which killed young people despite everything modern medicine could offer at the time. We knew very little about transmission and the things we *thought we knew* stigmatized and ostracized already vulnerable groups. There were no tests and no specific treatments. It was frightening and we were desperate to stop the carnage.

That desperation led many physicians to leave their “comfort zones” by exploring population, community, and health systems science. Innovators were ready, willing, and able to improvise to see new ways forward. They did what was needed when it was needed using their capacities and connections, and by straddling professional silos, conventions, and cultures. This work included forging clear, unwavering, and trusting relationships with marginalized people and recognizing that all members of interprofessional teams have value and voice. These past few weeks at MCW have reminded me of that time.

A Commitment to Educating Future Community-Engaged Physicians

Earlier this year, the MCW Kern Institute tapped José Franco, MD to lead our renamed “Community and Institutional Engagement” cross pillar, signaling our commitment to equipping future physicians to substantively and meaningfully engage in the “team sport” of promoting community health. Kern believes that *every* medical school graduate must learn to address health disparities, recognize the social determinants of health, and collaborate with individuals and communities to reduce risks and save lives. In addition, serving communities requires a spirit of servant leadership. Physicians must understand their obligation to remain humble and open as they provide coordination and expertise.

Meaningful Engagement with the Community

In late February, Christopher Davis, MD MPH shared his growing concern for the impact of COVID-19 on Milwaukee. As a trauma surgeon with public health training, he was eager address the growing number of COVID-19 cases. He

teamed up with Ryan Spellecy, PhD, Professor of Bioethics, who has longstanding, working partnerships with Milwaukee-area African American pastors. They worked to get accurate health education to community “hot spots.”

In mid-March, Chris and Ryan met with Thaddeus Kryshak, an engineer who, with his father Mike, owns Rebel Converting, a producer of hospital disinfectant wipes made from the same material used for surgical masks. At the time, Rebel Converting was forming MaskUpMKE, a coalition dedicated to making face masks available to as many in Milwaukee as possible. Rebel Converting would supply the materials, but they sought partners to assemble and help distribute one million masks. MCW faculty members Zeno Franco, PhD, and David Nelson, PhD, both Associate Professors in MCW’s Department of Family and Community Medicine, along with MCW’s Community Engagement team, offered to share their expertise in disaster management and their established, deep, and trusting connections with vulnerable and underserved communities. The Kern Institute provided space and an experienced, community-connected administrative staff. MCW communications professionals and the Office of Diversity and Inclusion crafted health messaging. We recruited and rallied volunteer students, faculty, and families. The team was ready.

On April 3, 2020, we accepted delivery of the first 110 boxes of materials and, within ten days, over a hundred volunteers – including medical students, MCW leaders (including Dean Kerschner and his family), faculty, staff from Wisconsin Children’s and Froedtert Hospital, and Boy Scout Troops from Milwaukee, Cudahy, South Milwaukee, Oak Creek, Hales Corners, and Franklin – assembled and distributed almost 300,000 masks. Over a hundred clinics, community organizations, along with poll workers and voters, received masks and safety information in English and Spanish. To make this happen with heart, Kern Institute staffer Joan Weiss, has been working more than full time.

Our initial efforts allowed MaskUpMKE to ramp up production and partner with major civic organizations such as the Fiserv Forum, the Milwaukee Bucks, the Greater Milwaukee Foundation, the Zilber Family Foundation, United Way of Greater Milwaukee & Waukesha County, and Milwaukee Habitat for Humanity. On Saturday, April 25, 2020, Fiserv Forum opened as a distribution site for an

additional 2.5 million non-surgical face masks, bringing the total number of masks to be distributed to a wide range of county, city, and community-based sites to 3.5 million masks. We continue to guide mask distribution.

As cultural anthropologist Margaret Mead once said, *“Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.”* My old public health professors made the point that it takes major interventions to impact public health in meaningful ways. But, let’s not forget that small groups of committed, listening, and humble people can raise up the heart – and the health – of a community. I believe that by engaging students and faculty in this work, we have moved one step closer to transforming medical education.

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<https://www.youtube.com/watch?v=qm6CiQR1NqQ>

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