



## Perspective #MaskUpMKE – Saving Lives, Building Trust, and Moving Forward

by Christopher Davis, MD, MPH – Trauma Surgery,  
Medical College of Wisconsin

During this academic year, I participated in Kurt Pfeifer, MD's pilot program to coach groups of first-year medical students (Coaching for Character, Caring, and Competence – or "4C"). In addition to working through the nuances of coaching rather than mentoring, I suspect that the majority of other volunteer coaches felt enriched by the experience in being able to guide students through their transition to medical school and then helping to shape their professional identities moving forward. Certainly, this was rewarding to me.

One dynamic we worked through in the coaching program was to explore what the students viewed about expectations of themselves as medical students and future doctors, as well as how they felt about expectations of them from both the medical profession and society. This conversation focused on internal motivations and personal stressors regarding these expectations. What was particularly revealing for my group (including myself) was that while everyone recognized the importance of character, caring, and competence in medicine, there remained a certain disconnect with community engagement. In other words, we all had a sense of our developing professional identities within the confines of medical studies and future practice, but much less of a sense when it came to our broader roles in society.

### **And then there was a Global Pandemic...**

In my normal line of work as a trauma surgeon I care for patients who are oftentimes in their darkest hour. In fact, it is rare that I have a call/shift without tending to a gunshot wound, stab wound, or severe blunt trauma. Fortunately,

most trauma patients that reach the hospital survive, though many have permanent disabilities (physical or emotional). And some still die, sometimes in our hands in the trauma bay or the operating room despite our very best efforts. Myself and my partners don't talk about these patients much. Perhaps this is because surgery morbidity and mortality conferences afford us some therapeutic advantage in their opportunities to debrief. Though I think it's more likely that René Leriche was right in his quote that *"Every surgeon carries within himself [or herself] a small cemetery, where from time to time he [or she] goes to pray."*

With the pandemic upon us I visited my own mental/emotional cemetery and remembered the patients whose blood would cover my bare, pruned hands as it had leaked in from above the cuffs of my rubber gloves in my failed attempt to stop massive hemorrhage. I remembered these people and having to tell a devastated family that their loved one was unnecessarily gone. And I remembered that nearly all of these patients were impoverished, underserved, underprivileged, and unfairly cast into a situation from before they were even born...and almost uniformly they did not have the same skin color as mine. That's when it struck me that many in our community were going to be hit by a disease for which a scalpel was no cure.

Thus, I reflected and thought of what society's expectation should be of me, and my expectations of myself. After all, I am also board-certified by the National Board of Public Health Examiners. Few physicians, and in fact few public health practitioners, are (another topic for another day). So, it was then I realized my role as a credible expert in this pandemic, in whatever way that might come to pass.

### **And then there was Serendipity...**

As I was co-authoring a failed (ahem) grant application for COVID-19 focused on bringing accurate and timely information to the underserved (who we found to be confused and frankly scared) it just so happened that one of my 4C coaching students (Andrea Rossman) introduced me to a former friend from high school. This gentleman, Thaddeus Kryshak, had devised a means to

convert hospital-grade surface wipes that his family's company produces into hand-made face masks. He had already spent the time figuring out the best model possible, and the company, Rebel Converting, that he and his father, Mike Kryshak own promised a donation of enough material for one million masks. Let me say that again: one million masks!

And so the question became, what do we do with them? At the time in late March everyone was worried about preserving personal protective equipment for health care workers. But WHAT IF I found out that the hospitals had enough? In that case, WHAT IF we could use the masks for the underserved, not only to help them protect one another (YES, well before the Centers for Disease Control and the White House was proposing this), but to also serve as a means to rebuild the decades of distrust that the African American and Latinx communities have for health care and government.

In the coming days I did my due diligence and found out that hospitals were resourcing enough face masks for us to be community-facing with our project. With that decision made, the subsequent six weeks were an absolute blur of endless emails, virtual meetings, media coverage, and clinical responsibilities. With the assistance of an amazing MCW and Kern Institute team of students and staff, we were able to lead initial mask production and delivery on a platform of community engagement, public health, and scientific principles.

### **And then it Grew...**

It wasn't just about the masks – I was emphatic that we use the project as a means to provide the information to the underserved that they were desperately seeking. So, by the middle of April and in parallel to Just One More Ministry, we had delivered more than 500,000 masks with accompanying handouts throughout Milwaukee County. Then, seemingly out of nowhere, we formalized #MaskUpMKE as a partnership with the Milwaukee Bucks, Habitat for Humanity, United Way of Milwaukee, UniteMKE, and Milwaukee's Office of Violence Prevention.

We made a public service announcement and provided masks to voters, community health clinics, correctional facilities, Milwaukee Police and Fire Departments, homeless shelters, and over 100 social service agencies.

Meanwhile Rebel Converting increased their donation to 1.5 million, then 2.0 million, and finally 3.5 million masks. As of now, #MaskUpMKE has made and delivered over two million masks throughout southeastern Wisconsin with more than half a million more coming out of quarantine, and we are well on our way to completing the 3.5 million-mask mission.

### **My Hope for the Future...**

Without a doubt, #MaskUpMKE has and will continue to be a tremendous success. Though we may never know how many lives we saved, I firmly believe the legacy of #MaskUpMKE will be to follow-through with an aggressive yet thoughtful [messaging platform](#) (staying home, social distancing, hand-washing, and face masks when out) and by breaking down historical and cultural barriers to community testing and contact tracing. To save as many lives as possible this is what must happen across the board. In fact, these are the best-practice guidelines to “promote and protect the health of the people and the communities where they live, learn, and play” ([apha.org](#)). THAT is the true essence of public health, and failure in this is not an option.

When the dust finally settles from the pandemic (which it will) MY HOPE is that the underserved communities (and in fact all of Milwaukee) will have regained some trust in health care, public health, and political leadership. I HOPE that we can finally improve the decades of socioeconomic and racial divide from which Milwaukee suffers. I HOPE that the power of efforts like #MaskUpMKE will also be the impetus we need to quash other public health emergencies such as the epidemic of firearm injury. Rest assured that as a trauma surgeon and public health practitioner this will remain my lane too.

For information on how you can make masks for #MaskUpMKE, please visit: <https://www.jomministry.org/masks>.

*Christopher Davis, MD, MPH is an Assistant Professor of Surgery (Trauma and Acute Care Surgery). He is a faculty member of the Community and Institutional Engagement Pillar of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education.*

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