



Take 3: Three Questions for **Gregory M. Wesley, JD**

1. Tell me about yourself and what brought you to work with MCW.

I am a first-generation college student who grew up in Gary, Indiana, a blue-collar manufacturing community. I came to Wisconsin and Milwaukee via the UW-Madison law school. I was attracted to the law school because it was a top tier institution with a long, progressive history of recruiting and matriculating AA male students. After graduating in June of 1997, I joined, at the time, a small minority-owned law firm here. Neither the money nor the name recognition was the same as some of the more traditional opportunities I had, but I was motivated by the vision and mission of the firm and where I thought I would best be able to contribute early in my career, based on my past life experiences. I practiced there from June 1997 to February 2016 and progressed through the ranks. I learned technical legal skills and how law firms operate, but also about how important mission, people, and relationships are to the practice of the law and business.

During those years, I also learned the critical importance of becoming involved in – and knowing – your community. I came to understand that it is essential to contribute in a meaningful way to the needs of your community. I learned the the political landscape with city, county, and state leaders. I became active on boards, and volunteered to lead legal, civic, and philanthropic organizations including the Wisconsin Association of African American Lawyers, the Milwaukee Urban League Board of Directors, and the Faye McBeath Foundation. With a growing network of colleagues, mentors, champions, and with broadened leadership skills, I came to sit on the [MCW Board of Trustees](#) in 2009, where key mentors such as Steve Smith, Linda Mellows, Mike Mahoney, and many others taught me how things worked from a leadership standpoint.

In February of 2016, I began to consider a transition from the private practice of law. I thought about doing something different, something bigger than me, my billable hours, and my team. I grew up in a community that lacked reinvestment and I wanted to address some of those same issues here in Milwaukee. I wanted to combine my broad but substantive skills in an organization that was vision- and mission-driven about positively impacting a person's life. When MCW initially recruited me, I was skeptical about releasing my board responsibilities to pursue the opportunity, but because I highly valued MCW both personally and professionally, I took the risk.

It turned out to be an excellent decision. I have seen us grow and evolve. I have also been able to exercise my leadership skills in new ways to the institution's benefit.

2. What are the most interesting parts of your work as Senior Vice President, Strategic Alliances and Business Development?

I have been involved in many significant projects, but the [*Thrive On*](#) collaboration has been fantastic and most interesting to date. President Raymond asked me to work with him to address the social determinants of health and the disparities experienced by urban Milwaukeeans. I asked myself, *"How can I inspire a group to make this happen and communicate the vision? How can we find the right partners, because we can not do it alone?"* I had the experience of other smaller examples of anchor projects in Milwaukee, and I had many established relationships. We had to study and take bits and pieces of the most successful parts of other projects. We didn't start with, "How do we get paid for it?" Rather, we began with the vision, the right partners, and with valuable real estate. We have been able to bring together the Medical College of Wisconsin (MCW), the Greater Milwaukee Foundation (GMF), and the Royal Capital Group to engage deeply with the community of the Martin Luther King Drive corridor and its connected neighborhoods of Harambee, Halyard Park, and Brewers Hill.

3. What do you think are the most pressing challenges facing medical education at the moment?

We are grappling with health disparities and inequity in this region. Those who bear the greatest burdens have the worst health care outcomes. Almost all large academic health centers are in urban communities, and those communities are now saying, *"We have watched you benefit, so what will you do to help us?"* We should be motivated to help close the gaps in the health disparities experienced by our community.

In addition to addressing Social Determinants of Health ([SDoH](#)) in a meaningful way, people are demanding that the system train its graduates to address the costs of healthcare. A student who decides to pursue a medical career must understand and be ready to grapple with the challenges of health disparities, inequalities, and the cost of healthcare while still pursuing high quality patient care. And of course, the profession, like most high skilled professions, must do a better job attracting a more diverse population.

Payors have to be in the discussion and more research dollars are needed, as well. The community has said to me, *"The treatment of chronic disease has been studied for a long time, but we do not see the same intensity being poured into studies about prevention."* We must take this work to the community.

Earlier in my career, my identity was wrapped up in the profession of law and my family. As a first generation professional, I didn't know anything else. Over the past few years, I have taken a leap of faith and sought to do more. Luckily, I had enough self-awareness. I knew what I did and didn't want to do and I have had many wonderful mentors and sponsors who gave advice to help me take risks and find this career path where I hope to make a difference in both the institution and the community we serve.

Editor: Adina Kalet, MD, MPH