



Racial Inequality is a Public Health Crisis in Wisconsin



WACEP President's Message, June 2020
Ryan Thompson, MD, FACEP

Emergency Medicine is uniquely situated in the House of Medicine to bear witness to the failures of our society. We are there for people in their darkest hours and as a result we see the more overt societal problems – violence, child abuse, drug and alcohol addiction, sexual assault, and suicide. However, it is sometimes easy for us to overlook some of society's more insidious ills.

Wisconsin has a long history of racial inequality. Our communities of color were confined to certain neighborhoods in our cities for large swaths of our state's history – a practice known as redlining. The resultant deficiencies in housing, healthcare, education, and job opportunities remain even today. The education gap between black and white children in Wisconsin is the worst in the nation. Wisconsin has the highest rate of incarceration of black men in the nation. White people in Wisconsin make 37% more money than black people doing similar jobs. There is a 48% gap between black and white home ownership. [Read more.](#)

VotER - A Collaboration on Healthcare and Voter Registration

Alister Martin, MD, MPP and Marin Darsie, MD

As the coronavirus pandemic has exacerbated longstanding healthcare inequalities that disproportionately affect communities of color and low socioeconomic status, many of us in the medical community are left wondering what we can do. Disparities in Wisconsin are especially sobering. Though

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Black Wisconsinites make up just 6% of the population, they account for 25% of COVID-19 deaths. The events of the past few months have shined a spotlight on health inequity, creating a pivotal moment for improving our healthcare system.

We want to provide those of you who are interested in a concrete action step: help your patients vote in a safe and healthy manner this November.

Dr. Alister Martin, an EM physician at Mass General Hospital and a faculty member at the Harvard Medical School, leads an organization called VotER that partners with healthcare providers to help patients register to vote. He started the project as a response to what we all see each and every day we care for patients – the healthcare inequities that stem from a democratic process where 51 million citizens aren't registered to vote. [Read more.](#)

Advocating for Patients during a Period of Unrest

Christopher J. Ford, MD

Dear Fellow EM Providers of Wisconsin,

Last week I sent an email to my group, Infinity/Envision Healthcare, regarding the unrest and much-needed self-reflection our county is experiencing now given the Floyd tragedy. My goal was to advocate for our patients and provide an environment that was even more welcoming, given the circumstances. The email was well received and subsequently sent to my partners nationwide. I got many emails in response from throughout the country, often offering personal experiences of racial and social injustices experienced by the sender or their family members. I was genuinely appreciative of each story shared and respectful of the acceptance of the message I was trying to relay.

Similarly, I wanted to share my personal experiences in this forum, and offer the perspective of some of our patients as context. Despite growing up in an extremely politically active family, I will try to keep this as a-political as possible. In my experience, this has been the best approach to work interactions.

Growing up on the Southside of Chicago, I've had many interfaces with police as an African-American male. Some very positive, and some I will never forget, which tailor my



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interactions with law enforcement to this day. I share with some of my partners in a joking fashion, as is classically my coping mechanism, of how conscious I am of how I appear when driving through my (mostly white) neighborhood after a night shift as a black man. Or, more-so, how careful I am with my interactions with police even at work. [Read more.](#)

Upcoming WACEP Events

Virtual LLSA Workshop

In August, WACEP will offer an online LLSA Virtual Workshop & Study Group to review the 2019 LLSA articles. Details are being finalized and registration will be open soon. Stay tuned!

Rural Outreach Program, September 18

As part of WACEP's Rural Outreach Initiative, our second annual Rural Outreach Program will be held Friday, September 18, 2020 at the Marshfield Medical Center in Rice Lake, WI. There is no cost to participate, but for planning purposes, please [register in advance.](#)

WACEP Annual Membership Meeting, September 18

WACEP will hold its Annual Membership Meeting in conjunction with the Rural Outreach Program on Friday, September 18 in Rice Lake. A virtual option will be available for those unable to attend in person.

WACEP 2021 Spring Symposium & Wisconsin's Annual Emergency Medicine Research Forum, April 7-8, 2021

Save-the-Date and plan to join WACEP for its 2021 conference, April 7-8, 2021 at the Hyatt Regency in downtown Milwaukee.

Important ACEP Updates

ACEP20 Goes All Digital, High-Tech Education Experience

These unprecedented times call for an unconventional ACEP20. After thoughtfully considering many different options and ideas, ACEP has made the decision to move ACEP20 to an online-only experience. More details will be released soon as

the ACEP annual meeting evolves in exciting new ways. And while the delivery may be different, you can expect the same expert education and CME credit from the world-class faculty you respect. [Read more from the ACEP President](#)

COVID-19 Wellness Hub

ACEP launched the COVID-19 [Wellness Hub](#) to support EM physicians through the COVID-19 grind.

You'll find options for peer support and crisis counseling, plus the latest advocacy efforts related to removing barriers to care. You can address stress at its source, whether it's related to patient care, workplace, litigation, finances or personal stuff.

For those who want to do a deeper dive into specific issues, the Hub has topical libraries for burnout, PTSD, physician suicide and more.

June 23 Webinar: Preventing physician suicide: We all have a role to play

Presented in partnership with the American College of Emergency Physicians, the American Psychiatric Association, and the Coalition on Psychiatric Emergencies

Despite the high-risk of burnout, physicians who die by suicide are less likely to be receiving mental health treatment compared with non-physicians who died by suicide. Factors, such as stigma or fear of the potential negative impact on training and career often prevent physicians from seeking care. [Learn more and Register.](#)
