

WAG 20210910_JonesLee.mp4

Avery Ford [00:00:02] So I have started recording. I'm just going to do the standardized format. So my name is Avery Ford and today is Friday, September 10, 2021. I'm interviewing Dean Lee Jones and I'm interviewing in virtual zoom format consistent with the era we are in as a part of the We Are Georgetown celebrating our Black History oral project. It's sponsored by the Georgetown University African American Advisory Board. So welcome. Thank you for joining me. Shake your hand or do it virtually. Nice to see you again. So I'd like to start start things off with learning a little bit about you, starting with your name and your position at the workshop.

Lee Jones [00:00:49] Sure. Great to see you, Avery. My name is Lee Jones and I am the now six week old dean for medical education in the School of Medicine.

Avery Ford [00:00:58] Very amazing. Very new. So when we get started on this, I want to get a little context for your early life. We'll start with that and then we'll progress to how Georgetown is and then kind of your vision from there. So we'll starting with the early life. Where are you originally from?

Lee Jones [00:01:17] So born in Ohio, pretty young, moved to northern Maine. My father was an engineer with the Air Force, so we moved up to caribou, which is right on the Canadian border. From there, we moved to upstate New York, near Syracuse, a small town called Rome. And I actually went with an exchange to move to Germany and Switzerland in high school, so we did some schooling over there. From there, I went to college at Dartmouth College in New Hampshire. I was a skier growing up, so it was a natural fit. And then to medical school at Columbia University College of Physicians and Surgeons from their residency. First, I was first going to become a pediatric surgeon with to start residency in Seattle and then made a shift to psychiatry and left Seattle to go do my residency at UCLA in psychiatry. I did a chief residency year running a locked inpatient psychiatry ward there. Then did two fellowships. My first fellowship was at Cornell Memorial Sloan Kettering doing psycho oncology, and then from there I was so wowed by the interaction of the peripheral immune system and central nervous system that I went and did a research fellowship at UC San Diego in neuro immunology, looking at the interaction of NK cells with the sympathetic nervous system.

Avery Ford [00:02:49] And that's a lot. And you actually went from coast to coast and then international. So very well-rounded travel person right here. I'm going to get into a lot of those details, especially the medical front. But what was your life like in Ohio and Maine, for example, at the beginning?

Lee Jones [00:03:07] So I don't remember Ohio. Actually, I do recall how I have one sister, my sister, who is just under four years younger than me. I remember two things; I remember when I got my first puppy, which was an Irish setter, my mother's father and maternal grandfather raised Irish setters, so I got an Irish Setter puppy about two months, three months before my sister was born. I remember getting the puppy and over the night my sister was born and then my really my earliest memories are of northern Maine and lots of snow. We got off for two or three weeks from school in the fall for the potato harvest because everyone had to go help harvest potatoes. They, I do remember, is that we're still four weeks after that. The tap water would brown because they'd rinse the potatoes in the roost in the town. A lot of other memories from there was the snow as it was always 35 below zero without the wind chill factor and there was so much snow Avery that as a five year old. If I climbed to the top of the snow banks, I could touch the electrical wires. So I

was a walker for school. And you know, first of all, it took 20 minutes for them to get you in your clothes and boots and hat and to walk home. The last thing the teacher always said was don't touch the electrical wires if you climb the snow bank. So perhaps the most germane thing to this interview that my mother tells me I don't really remember this is I came home from school one day with patches of my hair missing. And she's like, What happened, apparently? And I said, Well, some kids at school had never seen my kind of hair, so I gave the wanted pieces of it, so they gave the pieces of it. Apparently, my mother, the my school teacher, holy heck, about letting kids cut my hair. But I guess there were not a lot of brown or black people up there and they had never seen, not straight hair. So I'd like to think that some, some people that are just cherishing my hair from decades ago. It's in a shrine. I hope so. I can only hope

Avery Ford [00:05:18] this piqued my interest or originally. Very funny. So I also wanted to know, did you when you were young in those two areas that you're hearing and vision yourself being a physician? Or was it almost like you ended up doing,

Lee Jones [00:05:35] you know, there was a lot of activity skiing and you know, I ran track, although it was on the fencing team at Dartmouth very briefly. And my mother says that I decided sometime in fifth or sixth grade that I wanted to be a doctor. Her brother's a doctor. It's my uncle's a doctor, as was my great grandfather. And they say that's why I decided. I don't remember deciding that that early. I do remember being in junior high. It's definitely in high school thinking I was going to be pre-med. I've been a camp counselor and gone to camps, and there was a camp counselor in college and really liked kids. So I went to the medical school to be a primary care pediatrician, and I do remember actually being in major 10th grade thinking about what I want to be a doctor because I like kids. I wanted to be a pediatrician.

Avery Ford [00:06:31] So, okay, so you don't recall any sort of like spark. It was kind of just a little bit. There is a little bit of the option and kind of a lineage almost to.

Lee Jones [00:06:44] They were both surgeons. There was no pressure I don't remember of becoming a surgeon. You know, I think that spark go look back on it. It was the intersection of, I like science. I like sort of inquisitive approaches to things and I liked people. And it was sort of a logical thing. The other thing that did that was somewhat competitive was becoming a veterinarian. And this is perhaps a little bit perverse. But I just like, I don't think it hurts animals. There too many things that it's harder to do things to animals than it is to people. It's probably because euthanize animals. I just thought, I can't be of that. I love dogs too much and cats too much so. But yes, it was. It was Dr from because of the intersection of things that I like doing.

Avery Ford [00:07:33] That makes sense. So were there other instances? Actually, I wanted to highlight we're giving some of your pieces here where you send kind of black for the first time, maybe or different from the people around you. And did it inspire you to change other people's perception, you know, at that young age?

Lee Jones [00:07:56] So going back to Maine again, there was someone across the street that had a daughter, I believe my age and I remember the mother was a nurse, and she did not like the fact that a black family was moving across the street and forbade her daughter to play with me. So the daughter would sneak out and play with us anyway, but we were getting yelled at a couple of times for her for that. So we were the only black people in the neighborhood. And I mean, it's interesting because in retrospect, it was an Air Force base, so there was a large military contingent. But because we were civilians, we

didn't live on base. We lived in the town and there were not a lot of black people around. But that's one of my early memories when we moved to upstate New York, a small town, and my parents built the house sort of outside of town on some land. It was a great neighborhood to grow up, and we had block parties the whole bit. But initially, I remember someone came to the door to ask my parents to sign a petition to keep a black family out from up the street. And I vaguely remember they asked my mother. Just to speak to the lady of the House, and it's like, I am the lady of the house. I think they said there's a black family moving in up the street and we really don't think that should happen. And I vaguely remember my mother saying, do you know who you're talking to? And what sparked that memory was the tone of voice that you learned to be afraid of when your mother has that tone of voice. And so those are my two earliest memories of that we were different and were not always welcome where we lived. My other memories are of my my parents being incredibly involved with me, and the Cub Scouts and Boy Scouts and explorers. My sister was brownies and Girl Scouts, and then when my father wasn't completely happy with the education. He ran for the school board and ultimately became president of the school board and had to manage a very contentious teachers strike there. And so I grew up with my mother also being very involved with the church. The other memory I have is my parents talking about their upbringing, and my father was from West Virginia, my mother was from New York, and they talked about when they would drive down to see his family. There were no gas stations where we could go to the bathroom because these were white only bathrooms at many stops, and they had to plan out where they went. Based on that, I just remember thinking, Wow. And it stuck with me so much. I remember visiting in fifth or sixth grade, we went down to West Virginia to visit my grandmother, and Susie and I got out of the car and knocked on doors to use the bathroom, because they used to have different bathrooms. I just remember thinking I couldn't lock the doors with a black kid in a place that it's not OK to be black. So, yeah, there were clearly things that stuck with me growing up.

Avery Ford [00:11:46] And thanks for sharing that, it's amazing that you have those stories because, you know, I can relate to some of those, even in my generation to. Same place, different different location. Same story, different location, so I can really relate to that. Speaking about just your childhood and where you're coming from, like this, how did these early experiences impact what you wanted to do with your life or shaped how you were, you know, personally or professionally?

Lee Jones [00:12:22] You know, I think it was a combination. Those were sort of probably the nut of our discussions in our household, my parents were very active in the civil rights movement. My dad is one of 14 kids, son of a coal miner but could pass for white and chose not to and made a point of always making sure that people knew exactly who he was, and the model he presented being involved in the school board, very involved with the church, was get out there and make sure people know who you are and that you're a good person and that you work hard and you're valuable. And you ultimately became, you know, at the Air Force is really a part of what he did. One of the senior leaders there. And so the model I grew up with was people are going to think you're less than what you do is you work hard and you prove them wrong and you show them that you're every bit as good and that you know, you believe in things and work hard and you achieve things. And so I think the combination of being aware of those things in one of the memories of my father being shot, going shopping for a shirt or something and being followed in the store because we were black; and, I remember my father choosing something that at the time was completely perplexed me, he said. I'm going to stand out here like, I'm looking like I'm watching you just go in there. He was trying to make it look like he was covering me while I was stealing things. And I just remember someone coming over my father's thinking, can I

help you? Is there something you see? Do you recognize me? What, what? And it was just like he was going to prove a point. It's like, if you think we're stealing I am going to pretend we are, and I am going to force you out, kind of thing. So, yeah, it definitely contributed to. And then you know that my parents families were very good. My father was one of 14 kids, son of a coal miner. I'm named Leon Jones, named after my grandfather who died the year before I was born of black lung disease. I think he finished the third grade. And then on my mother's side, you know, her mother went to Juilliard. And, you know, at age 18, we were sent on a cruise around the world who grew up in Harlem in the heyday as the daughter of a surgeon kind of thing. And so I got to see growing up, people who were incredibly privileged, even as blacks were privileged to get health care. And then on my father's side, people didn't have health care. I remember I had a cousin that had renal failure, and this is back in the 60s from the 60s and 70s, with the dialysis machines. And it was done by lottery and what the family did it got together with two other families and bought a dialysis machine, because that was the only way to guarantee treatment and that stuck with me, that there's issues with medicine, seeing the differential even within my family, much less in becoming more aware of the differential racially and geographically really informed where my work thread had gone.

Avery Ford [00:16:09] I bet that impacts just your work with diversity, inclusion and disparities in general. Thank you for sharing. So I'm wondering, based on your upbringing, still, did you feel welcomed in your school, your schools that you went to in different areas of the country?

Lee Jones [00:16:31] Great question. You know, I really took my father's model to heart. I read for my first sort of school position in sixth grade, so I was the president of the sixth grade class and then I was elected to come back and be the graduation speaker for the next two sixth grade graduating class. In ninth grade I ran for one, the vice president of student government and then all through high school I was president of the sophomore class, president of the student government and the president of the senior class. So I got really involved. Much the way my father did, and so I was I always felt accepted because I was able to do things with friends, family and run for office and get elected. And I got to college and you know, Dartmouth was a small place with a class size of a thousand sixty. And it was clear that there are many people that didn't feel included at Dartmouth, and there were certainly times I didn't. I mean, there were advisors that, you know, weren't sure I would be able to get into medical school. You know, we've all heard that, you know, you should consider something else. Even though my grades were were absolutely fine, but I felt quite welcome every place and then, you know, then. After residency, during residency, I came out as a gay black man, and so the other was this intersection of two things that I had to deal with, and very oddly, it was that intersection I think that made things become even more glaring. Mostly because there was a large part of the religious Black community that was very homophobic, and so it did highlight that, OK, it is more than one way you cannot fit in. You are not welcome for being black and then be welcome in the black community; or, being black, then not being welcome in the black community because you're gay. And maybe that's why I ended up in psychiatry, because it was just like, what is it about our species that you know, you can be the victim of something and then turn around and do the exact same thing to other people? It was just so that probably did motivate me to sort of start thinking about people and belonging and look at health and all of that, which is probably why I ended up in psychiatry.

Avery Ford [00:19:14] The sense of othering, always finding like your home base and then something different, always deviating. It's amazing. Even though it's new because it's clear that you have so much to offer. You know, in hindsight, but also looking into the

future. I'm really excited about that. So I just want to plug that in. So in your residency, since we can fast forward a little bit to that and we can talk about the School of Medicine also because you have a kind of a new intersection of openness and inclusion as well. How do you think your medical school and residency experiences have shaped you professionally? Did they kind of precipitate your interest in wanting to be a Dean at some point, or was this still on a leadership role between like your network in front of you?

Lee Jones [00:20:11] That's a great question. So I was really focused on clinical and I actually remain focused on clinical for a very long time. And, you know, switching from surgery to psychiatry was a dramatic change. I was, you know, when you start a psychiatry residency from the beginning, you have six months of psychiatry in your intern year. I joined as a second year having had surgery, some Medicine and some PEDS. I was able to move my internship to a transitional, so I had to do. But I had no psychiatry. I was the new the new guy that came from outside with people that had always wanted to go into psychiatry and had done six months of psychiatry. So I was not a leader clinically, to say the least. So I really focused on how to learn that, like, you know, neurology is a large part of psychiatry, and had not done much neurology, so we got to a fair amount of neurobehavior clinic there. And then it was really in your last year of residency at UCLA, you could do a variety of things. I was invited to go back to the unit I had been a second year on by the attending there to be the chief resident to run the unit there. And it was really there that because there were four second year residents like myself two years earlier than that, and there was a continual stream of third year medical students and fourth year medical students, both from UCLA, and then fourth medical students from UCLA and from other places, I realized how much I like teaching, and that just was really important to me. We are also doing a fair amount of research there, looking at neuroimaging and PET scanning of psychiatric diagnoses. And so I got involved with that clinical recruitment and managing the patients while they were hospitalized. And then that led me to go into, you know, apply to fellowships to continue doing some research, even though the first was Sloan Kettering was a clinical research fellowship in addition to do clinical work. And then in my second fellowship at UCSD, I was able to teach the interview, of course, to medical students, which was a lot of fun. So we got hooked by my love of teaching and really liking being around students. But when I left my first the second fellowship for my first job, I wasn't too late to run a co-run a lot of patients like me to the charity hospital, which was the safety net hospital that no longer exist in New Orleans and really fell in love with teaching. I was I was tenure track research, and that's where I stopped and said, I know I have to be a teacher, I have to be involved with education, and that was the shift for me then. And then my first dean position was I've been a student affairs dean for four medical schools now. And my first one was I left UCSF the first time in 2005 to be the Student Affairs Dean at University of Texas San Antonio School of Medicine. And yeah, exactly, really got wowed by that. I was at the time I was in a position where I was doing. I was running the psychiatric consultation and emergency room service at UCSF. It wasn't long I was on a education grant looking at how do you incorporate culture behavior across the four years of medical school? I was doing a lot of liver transplant work. I was we were redesigning the curriculum at UCSF and I was involved with the brain mind and behavior block doing that. And then I was invited by the residency being the graduate application team to help them institute duty hours. So I was on duty hours zarr at UCSF, I got to work with residents and bring people into compliance. There were two residences. There were 118 hours on average. We had to bring down to 88. then 80. . I didn't know there were 118 hours in a week until I did that math. And so then it was just like, I really got to see the spectrum of undergraduate medical student education to graduate medical education was and realized, I really, really liked medical school graduate education that residencies great. I continued to teach in the residency as long as I was

involved clinically, but it was really about medical students and that was the clear cut change for me. And that's why I left UCSF to go to San Antonio because it was to be the Student Affairs Dean and really get involved with supporting students and involved the curriculum in admissions as well. So it's the full package.

Avery Ford [00:25:09] This is a very good context right here. So based on what you've learned about and heard about the school at Georgetown and with your prior experience, do you have a new vision for kind of the direction you would like to take the school at this moment in time? I recognize it's only been six weeks since you may have changed some already.

Lee Jones [00:25:30] I was first approached about this job in December of 2019, so it's a long time ago and then these typically take these improvements typically take four, six, eight months. This took over a year because of COVID because we'd have, you know, I'd have three days of intensive interviews and then a couple of months to sort of check in with people. So I had a really good understanding about in a way that one doesn't typically about the school I was coming to. I also had the benefit. I was sitting at UCSF in a job I loved. You know, the dean team there is outstanding. School is phenomenal. It's cutting edge. The financial support is beyond compare there. We owned a house in San Francisco. It's a beautiful city. My husband's whole family lives in San Francisco. So it was like, why would I do this? You know, there were very few cities when we consider moving to and even fewer jobs. So I did what I first always do when approached about these jobs, I gave other people's names. Thank you, I'm not interested. When I got contacted by a search firm and also by one of the co-chairs, Dr. Haramati, saying, first of all, they all gave your name. Second of all and Dr. Haramati and I are both on the board of directors of the AAMC and he was co-chair of Dr. Michelle Roett, Chair, RJCC, so I got to hear about that. And he said, You need to do this job. And as I looked at it, I began to realize and I remember it was the second. I had two interviews with the search firm partners and then with half of the search committee and then with the full search committee went after making one or two cuts. And I walked out of that interview. It was at home because it was during COVID. It said to my husband, I want this job. This is a phenomenal job because I had done my research. I think there were people that were surprised at what I knew about them during the interview process. One of the people I said, I understand you coach your daughter's volleyball team is like... What, you can find anything on the web; and one of the other people, one of the alumni was on a Zoom interview, and I found out that one of them had been born at Georgetown Hospital. And all the other alumni, what, you were born here? So I was able to find out a lot about the institution, which is why I came here. So I'm giving the long answer to what's my vision is because RJCC, the journey's curriculum, the commitment to cure personalis, and the way Georgetown dealt with the 272 enslaved people starting in 2016, long before the rest of the country was getting pressure to do that; the fact that, you know, Juneteenth became a holiday here and there are still states, I think, that don't, you know, don't want to recognize it; all was important groundwork for coming here. So, you know, what's my vision? I think my vision is that there are some things in Georgetown we do exceedingly well, but I didn't know about that, so one of my mission is and part of the responsibility as an academic institution is you take what you're doing well and disseminate it. You know, some things that Georgetown is doing really, really well. I think there's some things that we can do better and build upon. So, you know, the Racial Justice for Change Committee just became a, you know, it was an ad hoc committee at school medicine. It's now a medical center standing committee. They're doing incredible work there. The first year class sets a record for diversity, and it's the number of students that identifies as URiM in the class is two hundred and forty percent higher than last year's first year class. It's an amazing thing. And so there's all this

synergy going in. And so my vision is there are some things I need to attend to the cost of attendance. What's been going down is still way too high. It clearly affects who we get here and how we can recruit the best, most diverse class. So I've been working with the development advancement people about how do we do that? But what can we do? Thinking about how do we synergize the things we're really good at? So for example, talking about how do we make the learning environment with *cura personalis* and our commitment to doing the right thing and caring for the whole person and the whole community? How do we do that at the School of Medicine? We're increasing diversity. How do we support people through increasingly diverse backgrounds? Medicine has not been very diverse, and a large part of medicine is challenged not just race and ethnically, but also gender and geographic and in, you know, our mission, our duty here to provide best care to our communities in our local or national or global communities. And so thinking about how do we do that and how we can do that is by increasing the diversity and the range of people that we educate so that people talk about diversity, equity, and inclusion. I actually think about equity and inclusion have to be there before you can increase diversity, you have to bring diverse people in and not have equity or inclusion, you just bushwhacking them. And so focusing on that, so finances, how do we make this a more approachable thing for people from diverse backgrounds. How do we support people when they get here? How do we encourage people to come here? You know, we're in the midst of writing a grant trying to increase diversity in biomedical research here in Georgetown. You know, even if we don't get the grant, we've got the groundwork for how do we move that forward on our own? So we're really looking at the DEI approaches of that as well as financial. I think there are some other things that MEDSTAR is an amazing partner. So my vision is how do we really, really leverage that is the synergy between how we think about things, you know, with that incredible system, how do we do that in a way that helps educate people while also addressing health care and health inequities and great partners with the loss of the Health Justice League, that there's some great things going on that we can only there's things we can only do with as a team. Georgetown has the makings for great teams here. You're already doing it, but how do we move it forward even even more? And the other thing is, I think we need to focus on equity within it, within the institution. You know, and I'm just now exploring gender equity. And I think, George, that a really good job of that. But there's always room to improve. That and make sure that we're taking care of each other in a fair and equitable way. And you know, I'll never forget when I was at UCSF, we were working on DEI things and gender things and finances and community things is thinking about we are all walking in the same front door, but each of us has a completely different experience, depending on who you are and what you look like and who people think you are. You walk through that and trying to break that down in. Make sure people are seen as people. I've said this many times, my favorite favorite favorite movie quote comes from Avatar. And if you know the movie, but it's about it takes place on one of the outside planets moons, and we're there because there's we're greedy and there is or we want, but there's creatures already there and they're greeting. This is my favorite line is I see you. And that just to me, is the epitome of what they're saying is, I see you for who you are, what your community is for your flaws, your desires. And there's so many people that aren't seeing. Did I think that I had to sort of distill it down to what is my real vision? My real vision is how do we make medicine first at Georgetown and then everywhere else where people are seen and taking care of? Does it make sense?

Avery Ford [00:34:04] It's amazing. I love it, especially when I see you. It's a well phrased way, really underscoring the fact that we have so many things to address. And if we did see people and the circumstances that we're in and the trajectory that we're on, we would approach things differently and we can do that on so many team aspects and individually outside of that. One of my main questions was about how diversity, equity and inclusion fit

into the vision and approaching it with diversity not first, but after equity and inclusion is very pivotal and just shows a different level of insight. And I think that's very important. Moving into your term and I'm excited to be here while you're at it, so I have so much to look forward to. Speaking on Synergy, I think that's also a great summary of the context we have to work with right now as well. We could really use this momentum in a lot of different ways. We can build on it, it can snowball and it can really pick up speed and with the proper direction and intention, I think we're headed to great places. And in my previous interviews, there has been reference of less than optimal experiences here towards Georgetown as black students. And I'm not sure if you're aware of other people's take, whether it's in the past or current. But this does sound like a glimmer of hope and tangible change vs. translated or kind of passed down like a baton for the next person or the next student group to handle. It's really important from the top, it's being addressed.

Lee Jones [00:35:51] So I think we're all with all the murders that happened in the last year and a half, fearful. First of all, it was demoralized. You know, as a psychiatrist, I'd be in meetings where I was the student affairs dean and I would start crying just because it was so devastating. And to have people be surprised, it's like, this is our existence. We mean that you're surprised. This is what happens in. One of my fears was, you know, it was the News Feed now what was going to happen six months from now or a year from now? And I'm actually. Encouraged, still a little bit anxious and worried about where was the momentum. We can't lose momentum. We need to keep moving forward with this and we have to be on top of it all the time because there's so many competing things that could sway, our vision from this. This is really important. One of the quotes that was attributed to Nelson Mandela. I've never been able to determine if he actually said it or not. "None of us are free until all of us are free". And that's really an important part of this is that, you know, I'm a dean now. And even before when I was not, you know, the dean of medical education was a student affairs dean. I get treated differently. One of the ways that I was asked about how is it we're being black as a kid? One of the ways I'm aware of being black now is I'm a five foot eight, relatively light skinned guy and people make me into other things. You know, I'm Italian or I'm Brazilian, or, you know, I'm British. I mean, I'm British. It's like, I don't have a British accent and it's like, No, I'm black. Look, let's be very clear about this. And it's so interesting how it's not I see you. It's like, I think I see you or I see you the way you fit into my gestalt of things. It's not as damaging or as threatening as physical, but it's pretty upsetting to be, you know, be seen as made into something else.

Avery Ford [00:38:10] I get Dominican all the time.

Lee Jones [00:38:12] Yeah, which is fine, it's nothing to be ashamed of, but it's like, No. Yes, I am. Yeah.

Avery Ford [00:38:19] So a couple of things I really want to deviate from my original questions and ask. Speaking on synergy, for example. You are the first black dean of the medical school and I am a first generation physician working alongside the first black executive council body president while I'm president of my class. And as of the results of this week, we now have a M1 class president who is also black.

Lee Jones [00:38:51] And Kamala Harris, go DC, right?

Avery Ford [00:38:59] Pretty boys like pretty girls. And she's an AKA, so that's great. Yeah. But with all this diversity at the forefront, do you anticipate how do you anticipate kind of using us and allowing us to work alongside you to change the landscape of Georgetown to not just be diversity in the picture, say, and the title sake, but on the equity

and inclusion side, because we're on each level now, we have M3, M2, and M1 and now you, it looks like good momentum, but how do you envision kind of using this context?

Lee Jones [00:39:38] That's a great question, so part of it. I'm still learning, I mean, you have to I have some ideas because I know it's worked at my other institutions and also from my AAMC work, but it's nuanced and it's even more it's bigger than nuance at each individual institution to figure out where things are and how things are working here. You know, starting with, you look at mistreatment when it comes to students and microaggressions. And you know, you know, I meet regularly with Dean Chang and have been talking about what is the student experience here. One of the things that I would start doing and surprised him is recently doing. I am start setting up monthly meetings, at least monthly, if not more often of the officers of the cultural organizations or officers. So SNMA, AMPAMSA, LSMA, and student government, just to start making sure I really understand what student experiences are. We did that at UCSF and it was unbelievably useful and I did it at Davis too. So figuring out number one is figuring out what is your experience and what are your ideas about what needs to be addressed? I just met with Dean Cheng, some other people yesterday or the day before where they're going to be rolling out a campaign about specialty disrespect and how that is experienced by people as a microaggression and how there's a subgroup of people within that that, you know, that are minorities that are URiM that even get perhaps more micro-aggressions around different specialties. So thinking about with those experience are and really calling on you to make sure I know what's going on and what needs to be addressed. We're talking about mistreatment. You know, I got all the mistreatment, all the mistreatment information came to me at UCSF and San Francisco was a wonderful liberal place, but there's problems just like anyplace else, in really thinking about how do we, first of all, get the information, how to protect you, so we give the information, so there's not retaliation. How do we not burden you with the I mean, you could spend hours every day, I suspect, documenting the microaggressions you get. Right? I don't want to burden you with that. But once we get the information, how do we act on it? And so we are already starting to talk about a campaign. First of all, gathering some information doing a survey that goes to all medical students and residents. Same survey at the same time. So having that available, so we have data and information around this treatment specifically, you know, with URiM in general, also broadly and use that information to think about what it is we need to address using the groups that I'm talking about student government and leadership of the cultural organizations to think about how do we plan a campaign? We have some ideas already, but how is it meaningful and using that to actually plan, implement, execute and evaluate a plan to move forward? And this is going to be an iterative process. Someone asked me the other day, How do we know we've arrived? It's like you never arrive. You know, there's always just fine, too. I mean, you do arrive is where I hope you can stop being painted and they become more irritating. But so that's my vision is including people that are actually have the information and have the experience and probably also definitely have the ideas about what needs to be done. How do we do it and how do we know we're succeeding at doing it?

Avery Ford [00:43:41] Do you think that engaging our feedback that you're soliciting and you're welcoming, which is very important in the first place, but once we begin to get that to you. Even before, so I guess, what are your thoughts about reengaging with folks that don't have the best outlook or didn't have the best experience at Georgetown? So other Georgetown Black alumni?

Lee Jones [00:44:05] I am actually getting connected to the alumni organization here first more broadly. The alumni now, I went to Dartmouth, which is like Georgetown, are wildly

crazy about the school. But when you look who doesn't come to alumni events, it's the people that were disenfranchised that did not feel like they belong. And I fully recognize that that's who I'm going to be missing in the more formalized settings and started to think about how do I connect with them to get an understanding, because it is about the history. The other thing that happens is because you're here for four years and then you go. And what we lose is the pattern or the history or the fact that it's still happening and who it's happening to and by whom it's happening, which becomes an important thing. So it really is important to reach out to alumni as well as faculty and staff. That's the other reservoir of information we have here is UIM faculty and staff that have been watching what's happened to students as the years passed, so there's lots of information out there about what's going on. Does that answer your question?

Avery Ford [00:45:35] It does, very receptive. It seems like there's a strength in just a lot more feedback in general and working with that going forward on a lot of levels. I'm going to take you up on that. And you've already made that point, too. And I love that about your leadership. So I have a couple of things because we're approaching the latter part of the interview. It's hard to choose what I wanted to squeeze in with you. I guess two things or just Georgetown School of Medicine first. What would be your advice to current medical students of color and prospective applicants in this upcoming year. And what do you want your legacy to be in general?

Lee Jones [00:46:30] So my advice would be if you get a sense someone is treating you as less than and that can come in a variety of forms. Don't take it to heart. That's not me. And if you have a dream to do a specialty or vocation or even initiate a project, do it and do not become discouraged by people. Come find someone one of the dean's to talk with about your interests. I was just telling someone yesterday about an experience I had in a previous institution with a first year student who was an absolute star, the student was just an amazing African-American man. When I asked him, what do you want to go into? He listed a competitive surgical subspecialty, and stated I'm not going to go into that; Why not? because you need to have great grades in the clinical years, and it's known that there's bias in grades and it's going to be very difficult for me to get honors in that year. And I thought we're like weeks into medical school for him, and he's already canceled out. And I understand there's a legitimate reason that he had heard that. So my advice would be if you hear that, let me know! I've seen students overcome things in medical school with help, and you should not give up. Keep pushing. And the fact that you're actually here means you've already gotten it right. I mean, there's been barriers to get here, but when you're sleep deprived and it's competitive, medical school is the perfect way to become a cult. That's how cults brainwash people. Right? You sleep deprived them. You give them one way to look at things. Try to stay away from the cult and remember your dreams and who you are and what you want. And the second question was about Georgetown. I don't remember the second question...

Avery Ford [00:49:00] I was living in the answer and forgot about it. It was general, what do you want your legacy to be?

Lee Jones [00:49:10] You know, that's true, that's a good question, and so it's interesting, I met with the Advancement Development people and they gave me a series of questions about what are my priorities and where do I want to go with this? What I want my legacy to be is, first of all, that it's not my legacy, that it's our legacy. I am under no unrealistic expectations that this is about what I'm going to do and get done. But what we're going to do and get done. So I want our legacy to be a renaissance at Georgetown. I want it to be a time we took national turmoil, hundreds of years of racism and sexism in medicine, being

rigid and not supportive and not supporting wellness of anybody in many ways, and that we addressed those at Georgetown and moved it forward in a way that produced dedicated happy people to go on and take care of health care inequities, and be thought leaders in your community. Physicians are expected to lead. And so we have a bully pulpit to actually make some changes. And in our legacy to be that graduating from Georgetown with your M.D. means that you understand the spectrum of the human experience, that you are able to address cultural and ethnic differences and gender differences. And if you don't know how to address it, you must recognize that you need to address it and get some help with that. And that we graduate people that are anchored in wellness and well being. When I started medical school, the first year was normal biology, the second year was abnormal biology, third year you get and if I'm totally honest, I didn't integrate all that until after I was finished with my fellowships. Right? My vision is that I had files in my head. And so I got presented with a patient that had chest pain, it was like I had to run into the file room, OK, here's normal. Here's a normal EKG going to the abnormal, it really took like an hour longer. So what we do now with your curriculum is we teach you that in an integrated way, right? We don't do that with wellness. Wellness is still put off to the side. We don't integrate that as well as we could. We're getting much better about anti-racist and anti oppression curricula. But thinking about our legacy during this time is critical. During your time as a student leader here and my time as Dean and maybe your time as a resident here or someplace else for a faculty member here or someplace else or, a community leader, is that we can say that we moved the needle on inequities across the board and then we move the needle on health and well-being across the board. I don't think we're going to get a utopian society, but passing the baton for a better legacy is our chance to make a difference.

Avery Ford [00:53:13] I know that's right. That's what it feels like. I'm happy about it and I am not intimidated by it either. So my last couple of questions I mentioned at the beginning that I would have kind of a rapid fire segment. This is a time where we will unplug from the standardized questions and just ask you questions and you state what comes to mind. And then we'll wrap up after that.

Lee Jones [00:53:41] OK, that's very psychiatric, first of all.

Avery Ford [00:53:46] OK, so the first one is what is your proudest moment you've had in your life?

Lee Jones [00:53:54] Oh, that's an easy one. I've told several people this is I always thought, I never liked the name Leon. Everyone has always called me Lee. My grandfather, whom I was named after, who only had a third grade grade education. He died the year before I was born. My grandmother, my father's mother, his wife, could not come to my medical school graduation. She was still in West Virginia because of her health. So my dad and I made the trek down with my medical school diploma and it makes me cheerful just to think about her sitting in her rocking chair, holding this diploma. We had it mounted already and it said Leon Jones, MD, which was her husband's name, who had died decades before. Suddenly Leon became a really cool name, and it was pride in not just my accomplishments; but, my father had gone from one of 14 kids, he was a coal miner, went to college, and he used to sing and dance in college to get weet potatoes and potatoes to feed the family during the depression. And it was just this overwhelming pride of my family, my dad really, I stood on the shoulder of a giant and my grandmother and my grandfather, whom I never met. So it was just it was a very moving moment for me.

Avery Ford [00:55:32] I can imagine that sounds so fulfilling and really sentimental. I appreciate you sharing that. Thank you. All right. What it is, one thing you're excited about right now.

Lee Jones [00:55:45] So, I've been looking at mistreatment, the racism, the oppression and trying to think about the positive and cura personalis. And so one of the things I'm really excited about right now is that the universe of the Holy Spirit presents you with an opportunity. And one of the questions that development asked me was, if we gave you \$5 or \$10 million dollars to do an institute, what would it be? I said I would want to do a center of excellence. This really excites me looking at how do we incorporate learning environment, using people that are exemplary teachers that are exemplary in inclusion, exemplary in being humble, admitting what they don't know, and showing you how to work on that with professional identity formation for students, faculty, staff; and, creating an excellent learning environment for all of us. It's not just about learning for students, but how we can pull everything and everyone together for the benefit of the school of medicine greater community. Those floating islands are starting to coalesce at times, where everything fits together.

Avery Ford [00:57:34] All right. What is your favorite quote or mantra? It may be icy or....

Lee Jones [00:57:39] you know, "I see you", I think, is my favorite quote. I guess I would say the mantra is "I see you and I feel safe by you". I think if I can do that with people and people who do that with you, then, the world is such a great place.

Avery Ford [00:58:09] What is the best advice you've ever received?

Lee Jones [00:58:14] Oh, that's a hard. The first thing that comes to mind is don't give up. Get up, do it again and keep going until you get it right, that's how my parents brought us up. Whenever you're fortunate to achieve, remember to pay it forward. That was the other thing. My sister just retired from the State Department and she's the first woman mission director at our mission in Kabul, Afghanistan. Previously, she'd been the Mission Directorate in Kenya, which was the second largest there, and she really focused on helping women in Afghanistan. It struck me in watching what she does that both of us had really the advice we got from our parents. I don't recall it being necessarily always verbal, but just it was modeling, which is the best way to get advice. And if someone has a voice and you do speak up for them, don't get in the way of speaking up so their voice is truly heard.

Avery Ford [00:59:33] All right. My last question is, when will we be back at Georgetown and when can we get lunch?

Lee Jones [00:59:39] So you know what? I will just email Patty, so absolutely we should do that. I would love that.

Avery Ford [00:59:52] Sounds great. This has been a great interview. Great insight. Very nice to see you and I can see you in person.

Lee Jones [01:00:05] It's where we go together right. We're in this together. And Malcolm was on the selection committee and he and I have talked about there's momentum here. And as you say, if we don't seize the moment with all these black people being elected to offices, you know, we got to take it and run.

Avery Ford [01:00:26] It's the righ time!