

Ruth Adewuya, M...: Hello, you are listening to Stanford Medcast, Stanford CME's podcast where we bring you insights from the world's leading physicians and scientists. This podcast is available on Apple Podcast, Amazon Music, Spotify, Google Podcast and Stitcher. If you're new here, consider subscribing to listen to more free episodes coming your way. I am your host, Dr. Ruth Adewuya. This episode is part of our hot topics mini series.

Speaker 2: Dr. Odette Harris is the paralyzed veterans of America endowed professor of spinal cord injury medicine. She is a professor of neurosurgery at Stanford and vice chair of diversity and director of brain injury for Stanford medical center.

Dr. Harris manages and coordinates the medical and surgical care of all patients suffering from traumatic brain injury that are admitted to the Stanford system. She is the deputy chief of staff rehabilitation at the Veterans Affairs Palo Alto health care system, and the site director and principal investigator of the Defense Veterans in Brain Injury Center.

She has won numerous academic research and humanitarian awards, including the Congress of neurological surgeons clinical fellowship award, the American association of neurological surgeons spinal cord and spinal column injury award and the Western neurosurgical society resident award.

Ruth Adewuya, M...: Dr. Harris, thank you so much for chatting with me today.

Odette Harris, ...: Oh, it's my pleasure.

Ruth Adewuya, M...: So I thought we should start the conversation with going back and thinking about when did you first consider pursuing medicine and what really sparked that interest.

Odette Harris, ...: It's so long ago, meaning that I'm getting older. So this is a little bit of revisionist memory, probably. But as long as I could remember, I had all these ideas. I was going to be a pediatrician or I was going to be a kindergarten teacher, or I was going to be an accountant. I'm an immigrant. We came to the US from Jamaica.

I can't broad strokes all immigrants, but in my particular case, if you were smart in the sciences, people always assumed, doctor. And I think I was not immune to those influences. I always had this idea that I was great in sciences. People said I was good in sciences and math and all the rest of it. Medicine seemed like a good combination of that and a good path to go on.

Ruth Adewuya, M...: You've spoken about the influence that Dr. Mae Jemison, the first black woman astronaut had on your decision to go to medical school. Can you share why she was so influential to you?

Odette Harris, ...: She didn't have an influence on my going to medical school, I think she had an influence more in my perception of what was possible. I met her while an

undergraduate at Dartmouth before she was going on her first launch into space. She had been an undergraduate at Stanford, and then I think she switched coasts to go to medical school. So I thought that was quite interesting. Because I think at the time I met her, I was already applying for schools.

What I found powerful about that interaction was her talk was titled, what does E equals MC squared have to do with pimping in the mirror on a Saturday night? I'll never forget that talk. I thought that was just fantastic. It focused on how you don't need to divorce being a woman or a girl or a person from being a scientist. Right?

And so she was sort of talking about how quotidian it is, pimping the mirror on a Saturday night. But then to have the power to be able to speak the language of science and work effectively in the realm of science, and how those two can be married and are not mutual exclusive. It was sort of an aha moment for me. Wow, you can be a powerful woman in every meaning of that word and be an astronaut. How cool is that? That stayed with me forever. The title of my Ted talk is, an astronaut and a neurosurgeon walk into the room. It's basically a play on that old joke.

I ask the question, what are the odds, an astronaut and a neurosurgeon walk into the room, what are the odds that both of them are women? And what are the odds that both of them are black women? Later in life, I got to meet Dr. Jemison the second time. And I joke in the Ted talk that I actually thought she would remember me. Because she had had such an influence on me, right?

Ruth Adewuya, M...:

Yeah.

Odette Harris, ...:

It's hilarious that, I mean, I'm sure it happens to you, you meet people, they're, "Oh, Ruth." And you're.

Ruth Adewuya, M...:

I don't really know.

Odette Harris, ...:

Yeah. And so she had such a profound influence on me that years later when I was invited to this small faculty lunch at Stanford, 15, 20 years later. And I remember getting prepared for this lunch, being super psyched. I got there early and I completely thought she would remember me. And of course, she'd been to space by then.

She's had this whole life, really meaningful interactions with a lot of other people. So I laughed at my nativity in that moment. But I think nonetheless, she still delivered, even though she doesn't know who I am. I still think it's great that she has this larger than life place in my memories.

Ruth Adewuya, M...:

That is incredible. One thing that I take away from that interaction is the power of an influence of strong women whether you interact with them, whether you

read their story, whether you hear their story. And the impact that it can have on someone.

Even though it's one way, it's a one way relationship for a while. But then it goes back to this idea of representation and being able to see yourself. I see this really incredible black woman breaking barriers. And you can put yourself in that shoe, so to speak and say, "Oh yes."

Odette Harris, ...: Yeah.

Ruth Adewuya, M...: And you're able to take that interaction for so many years.

Odette Harris, ...: Absolutely. You think about all the people that we interact with. It's a reminder that you can actually not only support someone's dream or you could crush their dreams. You have to be really mindful that we're all very vulnerable to these influences.

And a lot of times I think people don't appreciate that. I have to channel my inner Dr. Adler, who is one of my key mentors in life. Because when people come into my office with all kinds of crazy things and students are, "Oh, can I meet with you?" And they're 10. And you're, "Wow. They got ways to go."

Ruth Adewuya, M...: Yes.

Odette Harris, ...: I have to channel my inner Dr. Adler and say, "Yeah, I'll meet with you." Because I think about what must have gone through his mind when, as a medical student, 21 years old, I strolled in and I'm, "Oh my gosh." And of course, I had that val girl accent that was popular back in the nineties, right? "Oh my gosh. Hi, I'm Odette." I walked into his office, probably chewing gum, probably very seemingly unfocused and was, "Hey, I want to be a neurosurgeon."

And I'm sure he looked at me and was, every thought probably went through his head. Back then there were very few women neurosurgeons, even fewer African American surgeon, black surgeons. The numbers would've been so infinitesimally small that it would not have been something that he thought, "Oh great, this is possible." But nonetheless, he didn't flinch. He didn't say, "Really? What are you smoking?" Or exhibit any signs of anything, but a hundred percent support on that dream.

That impact was so powerful in my own life that somebody heard my dream and held it and didn't throw it back at me, didn't dismiss it, didn't make it something that was less. And so when people in the pipeline ask to meet with me, I try to remember exactly what you've said, that power of opportunity, that power of interaction, and try to channel that inner Dr. Adler and dismissing all disbelief and just being, "Yeah, why not? Yeah. That can be. Let's go for it." Let's shoot for the stars kind of a mentality.

Ruth Adewuya, M...: Yeah. And 10 to 15 minutes later, there'll be another young black woman entering a faculty lounge, thinking that they have such a relationship with you and having that moment where they're, "You changed my life."

Odette Harris, ...: Isn't that awesome?

Ruth Adewuya, M...: It's fantastic.

Odette Harris, ...: I mean, Mae Jemison, God bless her. She has no, still probably because I met her twice, still has no idea. It's irrelevant is the point. That power that she has had in helping me craft so much of my understanding and respect for the fact that you can marry these two things in life. That alone is such a powerful message to young girls. You do not have to sacrifice being whatever defines woman for you or girl for you to be a scientist.

Ruth Adewuya, M...: When you were the only black woman in your medical school class, and one of two female residents in your neurosurgery residency, how did you find mentors to support you?

Odette Harris, ...: All too often the way we think about mentors is that person needs to look like you, they need to be like you, etc. And I don't believe that to be true at all. I actually think that person just needs to be invested in you and your future and your success. The most powerful mentor I had in my life, Dr. Adler looks nothing like me. I remember when we used to take pictures together. I have this picture in my office with the two of us and it's a black and white photo.

And I just marveled at the challenge that photographer must have had, right? Because you've got this black woman and then you've got this really, really white man. And it's a black and white photo. It was hilarious. We could not be more opposite in terms of externalities, but we share the same common drive for excellence, same deep investment and understanding and appreciation of the neurosciences, a drive to make a difference in that field. We share the same research, push, clinical interests.

The key is having somebody invested in you, not so much that somebody who looks like you. And if you can hold to that and you can find that, I think that's super important. I also think that people use the term mentor very casually. They'll say, "Oh, so will you be my mentor?" I understand where it's coming from. It's coming from a real dearth of those opportunities for a lot of people. But to truly mentor, if I use him as a model is somebody who is committed for years beyond one interaction. It's not a one op. It's not even a two op.

It's a deep commitment. When I decide to be someone's mentor, I am all in. And I let them know. They need to understand I'm going to be that fly that's bugging them all the time. I have this one young lady that I'm mentoring now pre-pandemic. She came to my house for dinner. We made sure we had a meeting every so often where it was timeless. I want to sit with you. Somebody's not

going to knock on my door. We're going to go deep. Those types of connections, as opposed to, "I have 30 minutes to meet with you. Tell me what you've been doing?"

Ruth Adewuya, M...: I'm curious as to what sparked your interest in neurosurgery and traumatic brain injury. So we talked about how you're interest in the sciences or your strengths in the sciences and how it led yourself generally to medicine. But specifically neurosurgery, how did you arrive there?

Odette Harris, ...: It started with an interest in the neurosciences. I was a biology major in college. And for a long time, I thought I would do genetics. I thought I would be a pediatrician rather. That had been a goal in eighth grade. I mean, think about that, eighth grade. Even saying it makes me laugh, right? But at the same time, I do get eighth graders in here. One of the last quarters of college, I took a class in the neurosciences. It was incredible.

And I was, "Wow, this is really cool." We operated on crayfish. We did single cell recordings. It was just phenomenal. Plus, the professor was just incredible. And it just felt like a moment, "Wow, this is cool." And so I think everything just went [inaudible 00:12:02] and I decided that I wasn't going to do genetics and I wasn't going to do the pediatric lab thing.

As I was entering Stanford, they were, "Who do you want to have as your preceptor? What are you interested in?" And so I checked neurosciences. And so my preceptor was a neurosurgeon. So I met him, Dr. Shuer. Amazing human, just the best human ever. And of course, the best surgeon ever, for sure. I remember again, meeting with him and I still can't believe that he wasn't, "Okay, whatever."

Because I think I just probably talked a mile a minute. But he, again, dismissed all of that in his maturity as a mentor and understood that. Then you go through med school and I think I continued to like neurosciences. And I also realized that I also liked doing stuff with my hands. I had been a violin player. So I think I really wanted that. A girlfriend of mine, one of my best friends, she has this notion that everybody who goes into medical school has a picture in their head of what a doctor is.

And you spend your time trying to find a residency that matches what drove you to go to medical school in the first place. As opposed to you come in a blank slate and you're just learning and what do you like. I think it's this, she believes it's this visceral, need for this visceral connection with what you've imagined and then what you then see in practice. And I actually think she's right, because I think I had envisioned in my head this notion of what a doctor was.

And when I got to neurosurgery, it just all fell into place in addition to having the background of loving it in college and then loving it again in med school. But the neurosciences are nothing like the practice itself. Making sure that the practical

application fits was also quite important. And then I met Dr. Adler. So he invited me into doing some clinical work with him in addition to my research, some very rare clinical opportunities and that nurtured this visceral connection again to the neurosciences.

So I think that's what led me into neurosurgery. But I have to tell you, at first I was a little concerned because I had wanted to do something that had global impact. I worried that neurosurgery might be too narrowed. And I thought about general surgery, even. I thought about OB GYN. He was just, "Just follow your heart in neurosurgery and then I'm sure it'll work itself out." And so I jumped in both feet with neurosurgery and he was right.

Within a couple years, I realized there was the possibility to do more of a global health type component to neurosurgery. And trauma just fit naturally into that. Trauma's a huge public health issue. So that had the advantage of feeling like I could be connected to those efforts. And I also liked that trauma was agnostic to your socioeconomic status for the most part. Everybody's equally vulnerable for car accidents or falls.

Or maybe not the violent component of it, but the other components of it. I really, really was attracted to that as a medical student where back in the day when I was in med school, the first presenting component of somebody was their race and socioeconomic status. And I didn't like that at all as a medical student.

The idea of an MPH came to me with multiple conversations with Dr. Adler and my other advisors. And so then I applied for the masters in public health to understand the public health component of trauma and [inaudible 00:15:17] all came together. And then my first job was at Grady, which is at Emory. And it's the second largest volume of traumatic brain injury in the country. And after you do that, I don't see how you couldn't be a traumatic brain injury enthusiast.

Ruth Adewuya, M...: So we talked about how you are one of only 33 black female neurosurgeons. Maybe that number is different now in the entire United States. What community exists within this group? It seems like such a unique group.

Odette Harris, ...: And there's a very strong community for women. There's some trailblazers that have gone ahead of me and others and have established this very sound group that is now integral to the American association of neurological surgeons. We've just formed a new group that's focused on African Americans or blacks, black neurosurgeons. So that has a black group and a WhatsApp group where we share different things. That's really been a big source of community as well.

It's not formalized to the point where the black neurosurgeons that are women, that we have any kind of formal group or what have you. I think part of the issue is we are really small in numbers. There hasn't been an effort to have that intersection represented in any kind of formal group. And I'm not sure even our

small members as a black community, how beneficial that would be to our overall efforts as opposed to staying strong as a unified group of black neurosurgeons, which in and of itself is actually quite small as well.

Ruth Adewuya, M...: Your promotion to professor made the headlines as you became the second black woman to become a tenure neurosurgery professor. What opportunity has this position allowed to elevate your voice and to even promote diversity and inclusion in medicine?

Odette Harris, ...: I give homage to the women who went before. Stanford has led the way in many ways. We had the first woman professor period, Frances Conley. And then Dr. Candidate, Alexa Canady is the first black woman, right? Just such an incredible role model. And I look back to their challenges and their moment when they didn't have the platform, they were just head down working, paving the way for people like me. The only difference is that I have a platform that they did not.

I had to be honest in that when it first happened, I was a little bit taken aback because I'm not on social media and I didn't quite appreciate the power of social media quite honestly. And so when it happened and it went viral on social media initially, I was, "Oh my gosh, make it stop." And I have to give credit to [Liate 00:18:02] who was the marketing person for neurosurgery at the time and her vision to really truly use it as an opportunity to basically inspire other people.

And then ultimately, we used it as an opportunity to democratize access to the neurosciences, to make it feel attainable to other people. And so it actually helped to enhance a lot of our pipeline programs in the department because people, kids who follow social media, apparently I was a meme on social media. I wasn't sure what that was when it happened. I had to ask my kids to explain that to me. But kids were seeing this, and then you would get an email and then they would join our journal club.

Just became an opportunity to support the next generation through mentoring or just interactions and an opportunity to democratize access to many of our programs and to make sure that we used it to sort of make everyone aware that those things were happening. The other thing that I thought was really cool was because of the social media, et cetera, we had the opportunity to do things like the New York Times library of Congress thing, which reached the entire country.

That would never have happened had she not tweeted that. You see what I mean? I mean, it was just this incredible string of things. And it made me really appreciate just how powerful the media can be in giving people a voice. And I really do hope that time will be generous to us all in saying, okay, this was a really good thing that might have helped to bring other women and other girls of color into our field.

I really hope that that's the outcome. I got hundreds of emails, honestly, hundreds and hundreds of emails. And what I committed myself to do was again, to channel my inner Dr. Adler. And I actually answered every one of those emails.

Ruth Adewuya, M...: Wow.

Odette Harris, ...: Somebody was, "Can you call my cousin? She's a 12 year old girl in Georgia." I was, "Okay." And I would call their cousin in Georgia. I felt like it was an honor that I was being given this platform. And I made time to really give it the credit that it was due.

Ruth Adewuya, M...: That's incredible that you would take the time to do that. And in line with time, how do you balance all of it? Your full-time clinical work, your research work, your efforts around DEI. How are you balancing all of this?

Odette Harris, ...: I think you balance it like everyone else. It reminds me of when I was in my first year of medical school. So right after college a bunch of friends from college and I went to Greece. And we were all laying around on the beach. And we might have had a couple drinks. I'm not sure, I'm not saying. And we got into this conversation that basically the gist of it was find a job that isn't stressful.

You're young, you're pontificating on. Everyone was trying to come up with a job that was not stressful. And I remember we said, "Well, what about the guy who makes the line down the street, the white line or the yellow line? Maybe that's not stressful." And then we were, "Oh my gosh, but what if you get the hiccups, then you're going to have a crooked line. He's going to have to redo it.

That's going to be stressful." Every single job that we could think of, there was always some component of stress. And that conversation has always sat with me because it was again, one of those small aha moments in life that the perception of stress, the perception of busyness, the perception that people make time for the things that are important to them. And people balance what is important to them.

They say, if you want something done, ask a busy person because they know how to prioritize things. I have, by the way, never met anybody who thinks they're not busy, just for the record. And if you have, let me know. Regardless of what they're doing, people feel like they're really busy, going back to my story about the job without stress. It's not me to judge what makes you busy or not busy. It's just a data point in understanding that people have perceptions that can be very powerful in influencing how they shape their lives.

And so for me, I've just tried to focus on things that where family is central and then work is next. And in family will be family and faith and all of those things. And I try to craft a life in a way that values those principles. And so I prioritize things that have to do with my family. And I also try to find opportunities that

can support other things like mentoring, teaching, community service, altruism, if they can tie them to again, family. So as an example, I have two daughters and I want them to live a life of purpose and meaning as well.

And so if my husband and I are involved in something that's altruistic, or if I'm asked to be involved in something that is a pipeline program, I think about how it's going to benefit their generation or them in particular, meaning maybe not a direct benefit. I'm not trying to do stuff to benefit them. But by seeing me doing that, by modeling that, how will it benefit their perception of altruism or their perception of community involvement and service?

I work with the Boys & Girls Club, and that's a super important component of my life. And I've managed to merge that with family. So my husband now really supports the efforts of the Boys & Girls Club. He understands the value of the gap and narrowing that gap for the kids who are served by those efforts. And my children understand, "Can we tutor there?" So it becomes a family effort and it doesn't become siloed.

And so when I spend time working there. If you say, my plate is full. Well, why would you have this on your plate? Because that nurtures me, it nurtures my family, it supports the community. I think that's another way that you can integrate your schedules and your demands, et cetera, that can then benefit you in multiple ways and help with that prioritization. So I've tried to be intentional in ways like that. Of course, they're the one offs, like I really want to go shopping and I'm just going to do that. That serves nobody's purpose, but mine.

Ruth Adewuya, M...: In addition to all of that, I want to make sure that we mention too one of the organizations that you're a part of or programs that you're a part of is the neurosurgery training and education program in Jamaica. I'd love to just hear you describe this program and kind of your involvement in it and what's happening there.

Odette Harris, ...: I also want to give a shout out to, again, Stanford. Talk about thinking outside the box. Ever since I was a resident, they supported my efforts in working with the Jamaican community and the Jamaican neurosurgery program. Since the pandemic, it's evolved. Now for the last two years, it's part of their accreditation. So they have very formalized a process of board examinations and approvals to very British system.

And so I've been very integral in that. In the past, it's been in support of their education efforts as well. Help with some of the curriculum and we help with conferences, regional conferences, making sure they stay current and things like that. In the early days, it was a little bit more hands on, in the clinical realm, rounding, educating. And back when I was an actual resident, I did a fellowship in Jamaica and it even got as gritty as equipment acquisition.

Those relationships have evolved over time and the program's evolved over time. I think the key for me is the partnerships in making sure that we stayed partners. And so that's been very strong. And as a result, we're able to give access to a lot of the education efforts that then better them as clinicians. And it's mutual. It's not like I'm going down and I'm the only one giving. I'm also receiving a lot.

I learn a lot about how can you be facile in what you do. And I also can apply a lot of the learnings and the research realm to the urban communities that when I was at Grady as an example, there were a lot of similarities between those efforts. It's been and bidirectional, for sure. This last year when we did the boards, it was just an incredible, incredible experience. It's different than how we do our boards.

And I found myself learning so much more. I think it's one of the reasons we're in academics in the first place is that continuous education. And so it's always been an honor and a privilege. And again, I think it models for my children that Jamaica is important. Both my husband and I are Jamaican, and we go down for family reasons. But I want Jamaica to be more for them. And so that again, models that commitment to the country on a different level and to the community on a different level.

Ruth Adewuya, M...: Just as we wrap up our conversation, what are your thoughts or insights that you could share for clinicians who are currently minorities in their fields, or even students who are minorities and are looking into specialty areas in medicine that are not typical for minorities, what would you share to them?

Odette Harris, ...: I have been thinking about this particular issue, because I have a daughter who's a senior and a daughter who's a sophomore. And my older daughter is going off to college. And of course, she's going to be a minority. And I have a very close family friend whose daughter is also going off to college and she's also a black woman. And I've been thinking hard about what advice would I give to them.

And I've been going back and forth in my head on this. On the one hand, you want to be real. But on the other hand, there's such power in not being real. There's such power in living in a vacuum and feeling like you could be an astronaut and a mother and no physics. I've had both types of advice. I've had the very real talks from the mentors who were, "Okay, listen, let me break it down for you. X, Y, Z, blah, blah, blah."

And then I've had the people who just joyously let me live in my own world, whatever that is so that I could do what was important to me. And so when I weigh both, I think the one that wins out for me is the bubble. And the reason is that I think the world is full of pessimist, unfortunately. And I am truly a happy person. And I don't say that to be glib.

I say that because I really am. I feel blessed in every aspect of my life, personal, professional, research. Every aspect of my life, I feel completely and utterly blessed. And I feel like the reason for that is because at a very early age, I was allowed to dream and I was allowed to insulate myself in a bubble and I was allowed to just be able to see the world as I wanted to see the world with full knowledge.

I'm not an idiot, with full knowledge of what was outside of that. But then being able to retreat and know that from this vantage point, I could make a difference out there. So a part of me really holds on to that. And I want that for the next generation. And I want that for everybody, that ability to live in their own bubble, doesn't mean that you're not a part of the world and it doesn't mean you're not going to influence the world.

But to retreat to your happy place, to be happy and to make your happiness a priority while doing this work that can be very pessimistic. And then the world can also react to you in a very pessimistic way. But if you have that inner strength of knowing what true joy is and how to access that, then I think anything is possible. So my advice to you would be just that, find that, harness that and hold on to it. And I thank all the people in my path who made that possible for me.

Ruth Adewuya, M...: Thank you so much for sharing your story with us today. It's an incredibly powerful story.

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