As a second-generation African American physician, you’ve long had a front row view of the racial equity challenges present in our nation’s healthcare system. What reflections can you share and how would you encourage underrepresented people to pursue urology and medical leadership roles?

“I am greatly honored to have been elected as a Trustee of the American Board of Urology.

For me, the pathway to Urology was not direct. My late father was a Doctor of Internal Medicine and the first in his family to attend college. He worked his way through college in a radio repair shop and as a ticket collector in the NYC subway. The Air Force funded his medical school. Afterwards, he served as a flight surgeon on a Strategic Air Command base in Idaho. Satisfying his military commitment, he returned home and practiced as a family physician in Harlem and the Upper West Side of Manhattan for more than 50 years. My father was proud of all his children, but my deciding to leave the east coast for medical school at UCSF and subsequently choose surgery over medicine were both unanticipated by him. UCSF was an ascendent medical university in the 1980’s, and after a year there, I qualified as a California resident and could fund my own education with loans. Nonetheless, Dad was not overjoyed by either choice. I was well into my residency training when he shared with me the story of his internship and of his desire to become a surgeon. While interns around him had multiple opportunities for specialty, my father was told by the department chair that ‘they weren’t training any Negro surgeons’. That revelation was a defining moment. My father proudly served his community and nurtured his family, working well past retirement. He defined success in every sense of the word. In that revelation I found my inspiration. To honor his legacy, I was determined to be among the best Urologists and surgeons, to share my skill and knowledge with all trainees and to never step on anyone’s dream.
In over twenty years of recruiting residents, it never ceases to amaze me how after only a few weeks of exposure to Urology, so many students have their “aha” moment. Urology is a great field: we embrace innovation; we balance surgical intervention with office-based healthcare; and we manage congenital diseases, para-aging diseases, and cancer. To the traditionally under-represented in medicine, I want to say that it is not an exclusive fraternity. Knock on the door, you will find a mentor. We have in common an appreciation of Urology and a passion for caring for patients.”

Who has served as an inspiration in your life?

“My father, Martin Luther King, Shirley Chisholm, John Lewis, Barrack Obama, the writer Walter Mosely and the artist Augusta Savage.

Augusta Savage was an African American sculptor, activist, and teacher. She was an integral part of the Harlem Renaissance. Her most famous sculpture, “The Harp”, depicted a choir of young black singers aligned in the shape of a harp and was featured in the 1939 World’s Fair in New York.

“The Harp” memorialized James Weldon Johnson’s poem “Lift Every Voice and Sing”. I grew up in Queens, New York. In the 1960’s, I attended a black parochial elementary school established by a retired white English priest. The school was staffed largely by teachers of color who were first- and second-generation Afro-Caribbeans. Every assembly started with the Pledge of Allegiance to the United States of America and ended with “Lift Every Voice and Sing”. That song was referred to then as the “Negro National Anthem”. Those early years of my education were turbulent times of racial awakening, civil disobedience, and assassinations of visionary leaders. To me, starting the school day with the Pledge of Allegiance and ending it with “Lift Every Voice and Sing” meant that I was a both an American and a proud black child.

Sadly, “The Harp” was never cast in bronze and, therefore, was lost to history when the 1939 World’s Fair was dismantled. As both a Urologic surgeon and teacher of residents, I take inspiration in Augusta Savage’s humble reflections on her own contributions: “I have created nothing really beautiful, really lasting. But if I can inspire one of these youngsters to develop the talent I know they possess, then my monument will be their work. No one could ask for more than that.”

Being a champion of medical education, what is your take on last year’s U.S. Supreme Court ruling which ended affirmative action in higher education?
“Stare decisis in Latin means to standby things decided. The legal principle refers to determining litigation based on precedent. I think many Americans have been shocked by recent SCOTUS decisions. They broke with stare decisis in overturning Roe v. Wade (1973) on a woman’s right to choose abortion and now have overturned affirmative action in higher education admissions. The decision in Students for Fair Admissions, Inc. v. President and Fellows of Harvard College and University of North Carolina ended two decades of affirmative action admission policies. The late Justice Sandra Day O’Connor wrote the majority opinion in Grutter v. Bollinger in 2003 which upheld the University of Michigan Law School policy of racial preferences in student admissions. She wrote that the school’s policy met “a compelling interest in obtaining the educational benefits that flow from a diverse student body” and did not conflict with the 14th Amendment. It is also notable and prescient that she also wrote, “we expect that 25 years from now, the use of racial preferences will no longer be necessary to further the interest in student body diversity, approved today”.

In the 2023 decision Chief Justice John Roberts clarified that consideration of a student’s race, culture, or heritage must be limited to how a particular student’s background has impacted their experiences as an individual. The majority opinion was that the universities had used race in a negative manner and that affirmative action policies based on race violated federal non-discrimination laws. The Association of American Medical Colleges has advised that medical schools can still consider an applicant’s race or ethnicity in the admissions process, providing an appraisal of how race affected the student’s life (be it through discrimination, inspiration or otherwise) is made. These apply so long as any beneficial considerations (medical school admissions) are tied to a specific attribute other than race, i.e.: courage, determination, or the desired goal of practicing in an underserved community.

Urologic residency training, as well as all other Accreditation Council for Graduate Medical Education (ACGME) approved residency training, is based on an independent Match where ‘the deciders’ are the applicants and match outcomes are driven by candidate preferences. So, the process is distinctly different in its nature from higher education admissions. The ACGME has affirmed its support of diversity through mission-driven efforts of recruitment and retention of a diverse and inclusive workforce of residents, faculty, and administrative staff. ACGME has emphasized that applicant review committees must use a holistic approach. Criteria must be broad-based, linked to the institution’s mission and goals, and promote diversity and inclusion as being essential to excellence and the delivery of healthcare to diverse patient populations.

The AUA 2022 census showed Urology to be 88% male and 12% female, with self-identified Asians 14%, African Americans 2.2% and Hispanic Americans 4.9%. The current US census identifies Americans as 19% Hispanic, 13% African American, 6% Asian, 1.3% American Indian and Alaska Natives. I believe the AUA remains committed to health care equity that means addressing the urologic needs of an increasingly diverse American population and training a more diverse workforce.”

Beyond medicine, what are the pursuits about which you’re passionate that might be a surprise for others to learn?

“I am definitely a dog person!”

Greg, Maisy, and Fergus
Dr. Gregory A. Broderick is Professor of Urology, Mayo Clinic Alix School of Medicine and Program Director of the Urology Residency Mayo Clinic in Florida. Dr. Broderick earned his M.D. from the University of California, San Francisco School of Medicine, and afterwards completed an internship at Yale-New Haven Hospital in General Surgery. He then returned to the University of California, San Francisco School of Medicine to complete a residency in Urology. Post residency, Dr. Broderick completed a fellowship at the University of California Davis in Neuro-Urology and Impotence. As junior faculty at the University of Pennsylvania, he was a Fellow in the Robert Wood Johnson Minority Medical Faculty Development Program.

Dr. Broderick has been a member of the Mayo Clinic Florida staff since 1998 and has served on the committees of Continuous Professional Development, Graduate Medical Education, Personnel, and Academic Appointments and Promotions. He established the Urologic Residency in 2000 and has served as Vice-Chair to the Graduate Education Committee in Florida. In recognition of his dedication to graduate education, he was honored by Jacksonville Business Magazine as an Innovator in Education and by Mayo Clinic Florida as Distinguished Educator of the Year, in 2016. The Distinguished Educator Award is given to faculty demonstrating long-term excellence, leadership and an unusually high level of commitment to learners in educational activities. Since 2000, he has been listed in America’s Top Doctors, by Castle Connolly and has multiple recognitions as one of Jacksonville’s Best Doctors in the Jacksonville Magazine. His practice is focused on Men’s Health: Erectile Dysfunction, Peyronie’s disease, Urethral Stricture Disease, Male Stress Incontinence, and BPH. Dr. Broderick is an active member of the Florida Urologic Society, Southeastern Section AUA and the American Urological Association. He is a longstanding member, Fellow, and past president of the Sexual Medicine Society of North America. He is currently an Executive Committee member to SMSNA and the SMSNA Foundation. In 2011, he served as Co-Chair to the first Cancer Survivorship and Sexual Health Symposium hosted by the International Society of Sexual Medicine. He has served as a co-author of AUA Clinical Guidelines for Priapism, Premature Ejaculation, and Erectile Dysfunction. He has served on the Sexual Health Function Council to AUA Foundation, and as Section Editor for AUA Core Curriculum on Priapism. He is a member of the AUA Diversity and Inclusion Committee and the Survivorship Committee of the National Comprehensive Cancer Network (NCCN, 2018-2021).