

1. What is the topic of your research?

My research is an interview project that focuses on the financialization of Rhode Island hospitals, specifically as it relates to the involvement of private equity in Rhode Island hospitals.

2. What got you interested in the topic of your research?

There are two main things that got me interested in pursuing my research. The first thing was the trend of finance in medicine. Synergies were happening between finance companies and the health system, which on a broad level was interesting to me because you would think that the motives of the two industries are vastly different. The second thing that got me on the path of pursuing an interview-centered project was the first interview I did with the Stone Initiative, which was with Dr. Eileen Applebaum on the effects of private equity in healthcare. This was fascinating to me, because, firstly, the system is just so complex and so much of the system that goes unnoticed by the American public. The second aspect was how drastic the ramifications of private equity in healthcare are. In my interview with Dr. Applebaum, she described how much private equity has contributed to trends like surprise billing, hospital closures, and reduced care in rural areas that really impact the ability of individuals to get care. This gave a lot of urgency to the project because it showed me that increased inequality in America has a real tangible effect on people's lives. Trying to bring out those subterranean aspects for the general public is an important aspect of my project and why I opted for an interview-centered project that could easily be publishable in the Brown Political Review to try to educate the public about just the risks of private equity and healthcare.

3. What is your final product? Why did you decide on that presentation?

I will be publishing my interviews in the Brown Political Review to try to narrate the story of how private equity specifically embedded itself in Rhode Island hospitals. I will also tell the story of how the Rhode Island state government is fighting against private equity by highlighting the voices that I've been interviewing.

4. How has the lens of concentrated wealth shaped your project?

Often, when we think of concentrated wealth in America, we are drawn to very public facing figures like Jeff Bezos and Elon Musk. There's always a name to concentrated wealth. What is so fascinating about private equity is just how nameless a lot of these entities are. For the average American, you walk into a hospital, see your doctor, then get the insurance bill. But there are so many different entities within the health system. Concentrated wealth is very subterranean and that really challenges our assumptions about not only what concentrated wealth looks like in America, but it challenges the assumptions of how one goes about fixing concentrated wealth. You really have to look at it from a systemic perspective, rather than trying to single out different individual actors.

5. What do you hope others will take away from your work?

I hope that others will look to Rhode Island as a guide for how to successfully fight against the influence of private equity. Part of my project focuses on the efforts from the state to create policies to actively fight against the influence of private equity on health systems. I also want readers of the articles and attendees of the presentation to glean just how complex the system is. This complexity makes it difficult to conceive of private

equity's influence in a simple way, with stories that show a good side or an evil side. A lot of the reasons of private equity's precipitous rise within the health system has to do with lapses in not just government regulation but lapses in government funding of basic needs for civilians. The rise of private equity is a phenomenon that can be prevented at multiple different points. I have had interviews with stakeholders involved in the health system, union leaders, government officials, even private equity firms, to give a complete picture of how interconnected the system. I hope this will show those who read my interviews that, as stakeholders themselves within the system, they can make a change.

6. What is the most surprising finding so far in your research process?

I have found that it's often very difficult to book interviews, but when you do book an interview, interviewees are surprisingly willing to go into detail. This dichotomy has been interesting that it can be difficult to reach out to certain organizations yet certain officials have made very bold statements.

7. How has your project and the fellowship changed your perspective on the research process?

One major thing that has changed in my perspective of research is just how patient one has to be in order to complete a whole research process. With an interview, there's so many contingencies—it's not like writing a policy paper where you get your information, you crank out data, and you can crank out the paper. I've learned that you have to be patient and adaptable during the entire research process because of all the different contingencies that arise. While these contingencies lend themselves to a slow pace, I think that slow pace can be productive because it gives you time to reflect and to be curious, as opposed to just rushing through and asking the same set of questions. By taking that break to do more reading, you start to develop more pointed questions that not only allow readers to understand at a cursory level what's going on, but to really understand the interest of each organization within this entire complex system of stakeholders and motives.

8. How has engaging with the Stone Inequality Initiative shaped your future plans?

As someone who's looking to go into medicine, this project has been very eye-opening. Seeing how complex the system of financialization is within medicine has propelled me to think about ways in which I can make individual impact within that system. Further, having conversations with multiple public officials has opened my eyes to the possibility of practicing a more public facing medicine that looks to serve communities, whether that be through journalism, government service, or research. It is important that individuals are empowered to bring these stories to life so that we can energize communities to actively make change.