Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health policy, health innovation and technology and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with Dr. Louis Wade Sullivan, Founding Dean and President Emeritus at the Morehouse College of Medicine, the first predominantly black college of medicine in the 20th century. He also served as Health and Human Services Secretary under the first Bush Administration dedicating his life's work to promoting equity in the health professions and equity and access to health care for all Americans.

Lori Robertson also checks in, the Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a Bright Idea that's improving health and well-being in everyday lives. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you or you can find us on iTunes, SoundCloud or ask Alexa to play the program Conversations on Health Care.

Now, stay tuned for our interview with former HHS Secretary Dr. Louis Wade Sullivan on Conversations on Health Care.

Mark Masselli: We're speaking today with the honorable Dr. Louis Wade Sullivan, Founding Dean and President Emeritus at the Morehouse School of Medicine, the first predominantly black medical school in the 20th century. He is the former Secretary of the U.S. Department of Health and Human Services under President George H. W. Bush and as Chairman of the Sullivan Alliance which seeks to increase diversity in the health care workforce. He's authored many publications and several books including his 2014 autobiography, "Breaking Ground: My Life in Medicine". He's received numerous honors including being inducted this year into Modern Health Care's Hall of Fame. He earned his medical degree from Boston University School of Medicine and completed his residency in hematology at Cornell Medical Center in New York. Dr. Sullivan, Welcome to Conversations on Health Care.

Dr. Sullivan: Well my pleasure to join you.

Mark Masselli: Yeah. We are honored to have you here. You've made your life mission to foster health equity in this country and really around the globe from a childhood in segregated south to your time as the only student of color in your medical class in the 1950s to the founding of Morehouse School of Medicine, to serving as Secretary of HHS in the first Bush administration. As you look back on the collective body of your work in healthcare, health policy, health equity, what do you view as some of your greatest achievements?

Dr. Sullivan: Well, I would say the most significant achievement I think is serving as a Founding Dean and Initial President of Morehouse School of Medicine. That school was founded because of the severe shortage of African-American physicians as well as other minority physicians, so I view that institution as one which hopefully will be around for 200/300 years or more to really address that. The second obviously would be having served as U.S. Secretary of Health and Human Services, but have had many opportunities for service during my life and I'm pleased to have had those opportunities.

Margaret Flinter: Well Dr. Sullivan, I had the pleasure of reading your autobiography and I think I would put up there on the list of good fortune or opportunity. It sounds like you had amazing parents instilling values and purpose.

Dr. Sullivan: Well, I was very fortunate than my older brother Walter as well, that my parents are very dedicated to us getting as strong an education as they could provide us. In rural Georgia, during the years of segregation the schools for blacks were very inferior in terms of books and other things. So that's why my parents, when I was in 5th grade sent us away to live with relatives in Savannah for a year and the following year took us to Atlanta to attend school there. We would get a much better education.

Margaret Flinter: You know, Dr. Sullivan, I can't help but think, as we review your work and your life of the quote from Dr. Martin Luther King who said that “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” And you've said that, while there were flaws for sure in the health law, the Affordable Care Act, it did so much to address that fundamental concept of injustice in health care that Dr. King spoke of, the health law has suffered challenges and setbacks and attacks, but it's still standing. Maybe you could share with us your vision for how you hope to see the country now move forward on health reform?

Dr. Sullivan: Oh yes. I'm very committed to improving access to health care because from my perspective, the two most important things that we can provide young people and really more broadly to provide our country are healthy, well educated citizens, it means investing in education and in health. We want to have citizens who are healthy so they can be independent, provide income for themselves and their communities. I see investing in health and in education as an investment, not only in these citizens, but more broadly investing in the manpower that we need as a country 20 years from now, 30 years from now. I see this as very clear, and I have always been mystified by the fact that we spend as a nation tremendous energies and times arguing about whether we should provide health care or not, because the data show that if you provide things such as vaccines, good

nutrition, medical checkups, give people information they need to protect their health such as not smoking and not abusing alcohol and drugs, all of these things lead to a healthier individual, and therefore a more productive citizen. We as a country should have better access to health for everyone and I'd say the government does have a role, the private sector has a role, individuals have a role. We should really all be working together rather than finding reasons not to invest in our health system because it's simply makes good sense as well as a good humanitarian argument to have healthy citizens who are more productive and who can contribute to the welfare of everyone.

Mark Masselli: Well, Dr. Sullivan, as the HHS Secretary under President Bush, you were able to take some significant steps to address health disparities as well as initiate measures aimed at moving the whole country towards better health. I'm wondering if you could talk to our listeners about the Healthy People initiative as well as the other significant health policies that you were able to launch at that time.

Dr. Sullivan: We released Healthy People 2000 in September of 1990. This was an outline for the things that individuals and families can do to protect and enhance their health. Vaccines are a tremendous development; and we have eliminated smallpox from the world, we have diminished greatly other communicable diseases such as polio which is close to being eliminated from the world, things such as measles, diphtheria, mumps, and other childhood communicable diseases. While a number of children who get these diseases really will pass through a phase and recover, unfortunately there are complications that do occur in some children; deafness, meningitis, even death. So vaccines for children given at the appropriate time will have a major impact in protecting the health of that individual.

We know that we should avoid tobacco use. We also have very solid evidence that having an active lifestyle, exercising, really leads to a better health, longer life, some evidence suggest that the likelihood of developing Alzheimer's is less if you are active. So the Healthy People 2000 initiative was launched to inform the public about those things that they can do and should do to protect their health. In 1990 this was considered soft science, but there's no question about the data and its importance.

The other thing that we did was to work to increase the racial, and ethnic, and gender diversity in the department because I often say that the health professions are science based professions delivered in a social setting. You need to have the well trained, knowledgeable scientists, but that person also should know how to relate to that individual who has come seeking help our information, because these are very sensitive issues for so many people. If you don't demonstrate that you are an individual who has empathy then you won't get that

information from the patient. The cultural competence of the individual is important.

We were able to appoint the first female director of the National Institutes of Health, Dr. Bernadine Healy. We formed a Women's Health Research Program at NIH. We were able to appoint the first minority and first female Surgeon General Dr. Antonia Novello, the first black social security commissioner we had appointed, the first administrative for the healthcare financing administration which is now set up for Medicaid services. The reason that was important to have people who have had different life experiences bring their experience, so that we can learn how to interact with our general public and provide the services that the public needs. We created the Office for Research and Minority Health and National Institutes of Health that now has become the National Institute for Minority Health and Health Disparities. So people really with their cultural differences, their language, their histories, they might see themselves represented in the health system if they are to trust it and to utilize it effectively. So that's why we need to have more racial and ethnic and gender diversity in the health professions.

Margaret Flinter: Well Dr. Sullivan you also -- we are just wrapping up there talking about increasing the diversity in the health profession workforce, I wonder if you could comment how well have we done with that? What's your sense of how we're doing?

Dr. Sullivan: Well, we've made some progress, but the amount of progress has been far less than what we had expected. For example, in 1950 2% of America’s physicians were African American, when African Americans represented about 10% of the population. Today, 5% of the physicians in America are African American whereas we now represent 12% of the population, 17% of our population today is Hispanic and our Hispanic physicians are only approximately 6%. So we have made some progress, but far from what is needed, so that's why we -- all of us – must still work to see that we have much more diversity in our health profession. All of us as Americans really need to see that we have healthy citizens, well educated citizens that will lead to us continuing to be leading the world in terms of innovation, scientific discovery, a strong economy. So that's why everyone should be interested in this and has a stake in seeing that we reach those goals.

Mark Masselli: We are speaking today with the honorable Dr. Louis Wade Sullivan, Founding Dean and President Emeritus at the Morehouse School of Medicine. He is former secretary of HHS under President George H. W. Bush and is chairman of the Sullivan Alliance which seeks to increase diversity in healthcare workforce. Dr. Sullivan, in 2005 you launched the Sullivan Alliance which seeks to not only promote health careers for people of color, but also to educate minority populations

to be aware of the undue health risks they face. I'm wondering if you could talk about the mission at the Sullivan Alliance and how you're reaching into the most vulnerable communities to make a difference.

Dr. Sullivan: The Sullivan Alliance came about as a result of an initiative from the Kellogg Foundation which formed a committee that's called the Sullivan Commission to look at ways to increase diversity in the health professions. We issued a report titled "Missing Persons: Minorities in the Health Professions… and a relative to shortage of minorities in the health professions. We were then funded to form what we call the Sullivan Alliance.

The Sullivan Alliance in 2005 when it began had its mission to implement the many recommendations coming from the Sullivan Commission as well as from the Institute of Medicine Committee changing the educational environment in health profession schools to be more cooperative, less competitive, having commitment from the leaders of these institutions to have a diverse student body and faculty. Thirdly, having adequate financial resources so that students would not have to go into tremendous debt, and we've done very poorly on that as a nation. We have made it more difficult from a financial perspective for a young person to become a health professional. Those who do make it through end up with debt of $200,000, $300,000 which interferes with their ability to buy a home or to establish a practice. The Sullivan Alliance has worked to really try and address the need for sufficient financial resources. Things are very different from the mid-50s when I went to medical school, students of my generation really did not graduate with such a burdensome debt as our students today. The Alliance has worked to form alliances within states around the country, so we are operating in Ohio, Florida, in North Carolina, Virginia.

We developed alliances between academic health centers and colleges that have significant numbers of minority students to develop programs that involve counseling, young people, mentoring them, financial planning, as well as academic courses, etc. Health is so essential to having a strong nation, I always say, there's no such thing as a wealthy nation that has an unhealthy population. That's why having a healthy population and an educated population I see as a national priority that's in the interest not only of the individuals who benefit from that but our larger society that benefits from that directly in so many ways.

Margaret Flinter: Dr. Sullivan, you worked shoulder to shoulder and alongside some of the leading civil rights activists in the United States, like Martin Luther King, Andrew Young and others, but I know you also collaborated with global leaders such as the late South African President, Nelson Mandela, who fought so hard against injustice in his country. What

did you learn from your work with President Mandela and other global health warriors over the years, and are there bright spots around the globe in the advancement of the cause of health equity?

Dr. Sullivan: I've learned a lot and benefited a lot from the people I have met and interacted with. President Mandela, Martin Luther King Jr., Andy Young and others, but my work with President Mandela was part of an effort to increase the number of black health professionals in South Africa. There was an organization that was formed called Medical Education for South African Blacks formed in 1983 by Herbert and Joy Kaiser. Herb Kaiser had been a career member of the U.S. Foreign Service and had served in South Africa and he saw the condition there for blacks. At the time there were only 200 black doctors in South Africa with the black population some 43 or 44 million. When he retired, he formed this organization and I was invited and later became chairman of the organization.

Our purpose was to raise funds for scholarship support for black students attending medical, nursing, dental and other health profession schools in South Africa because at the time the apartheid regime was being dismantled and blacks were being admitted to the universities for the first time. But no financial aid was a part of the process, and the absence of financial aid meant they really did not have the resources to attend the university. So with a board made up of Americans and South Africans worked to raise funds for scholarships for these students. The organization supported more than 10,000 students who became doctors, nurses, dentists and other health professionals in South Africa. Nelson Mandela was one of our advisors and we would have a dinner in New York annually to Ana [PH] and American and South African who had helped the effort, and so Mandela was one of our honorees one year. Mandela was a great leader for South Africa and an example for all of us around the world because having suffered under apartheid, his goal of redemption and a peaceful, orderly society really has met all of the difference in South Africa between a possible holocausts, they could have had indeed, they've been retribution after the rollback of apartheid. South Africa has been the beneficiary of that as well as other countries around the world, so working with him has been a great example for me.

One other thing I would mention pertaining to South Africa because we've had one student from South Africa who attended Morehouse School of Medicine. He graduated in 1991, he had to fleet South Africa in 1976 protesting against apartheid, but he came to America, attended Morehouse College, my Alma Mater, he at the Medical School in Morehouse trained as a surgeon, but he then learned blood banking system because he then went back to South Africa and founded the first nationwide blood banking system for South Africa. That was important because one of the problems in South Africa and

many places including America is HIV, the AIDS virus, some 8% to 10% of the population was carriers of that virus. By establishing the blood banking system, he was able to make the blood supply safe so that was a major achievement, and we consider that a significant contribution from the Morehouse School of Medicine to South Africa. And so those are the kinds of things that give me great personal satisfaction that we've been able to contribute to.

Mark Masselli: It's been our pleasure today to be speaking with the honorable Dr. Louis Wade Sullivan, Founding Dean and President Emeritus at the Morehouse School of Medicine, Former Secretary of Health and Human Services and Chairman of the Sullivan Alliance. You can learn more about body of his work and his mission by going to the www.sullivanalliance.org or follow them on Twitter @Sullivan Alliance [PH]. Dr. Sullivan, thank you for your remarkable contributions to health education, health equity, your great leadership, we appreciate you joining us today at Conversations on Health Care.

Dr. Sullivan: Thank you very much. It is my honor to spend this time with you.

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Margaret Flinter: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: The Trump Administration instituted new rules to expand association health plans and short-term limited duration plans which are expected to be less expensive options with fewer benefit requirements than plans sold on the Affordable Care Act’s marketplaces such as www.healthcare.gov.

The nonpartisan Congressional Budget Office has released a new report on the impact of such plans. The CBO estimated that 5 million additional people would enroll in association or short-term plans each year over the next 10 years because of the new rules. Most would be those who would have purchased plans in the small group or individual market, but 1 million would be newly insured. The rules would cause premiums for the small group and individual markets to go up by about 3%. Insurance plans offered by associations couldn't deny coverage or charge more based on health status, but they wouldn't have to cover the 10 essential health benefits the ACA requires of plans on the small group market or individual market.

Also association plans could price plans based on age, gender, or occupation. Under the ACA, plans are limited to varying pricing based

on age, family size, tobacco use and geographic area. The short-term plan don't have to meet ACA requirements, including those essential health benefits, premium pricing restrictions and prohibitions against denying or pricing coverage based on health status. They were limited to a duration of less than three months under an Obama era rule that took effect in 2017.

Trump Administration rule allows insurers to extend plans for up to three years. The CBO report said, the new association in short-term plans would be less expensive on average than small group and individual market plans since the new plans don't have to meet many of the ACA requirements and to the plans are expected to attract those with low medical costs. The association plans can set premiums based on each individual association expected medical spending and therefore benefit by attracting groups with low risk employees. For the short-term plan, they can exclude those with higher health care costs. And that's my fact check for this week, I'm Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a Bright Idea about how to make wellness a part of our communities and everyday lives. As the saying goes, music soothes the savage beast and according to a recent study conducted by Queens University in Belfast, Ireland, there's some empirical data to back that up. In a first of a kind longitudinal study, children suffering from a variety of behavioral and emotional conditions who are exposed to music therapy in addition to traditional therapies, had far better outcomes than those children in a control group that offered traditional therapy without music therapy.

Dr. Sam Porter: It's not a matter of them being given music or choosing music, they actually make music along with music therapist assisting them. So the idea is for them to express themselves through music.

Margaret Flinter: Lead researcher, Dr. Sam Porter, said it's been anecdotal evidence that music improves mood in children and adolescents as well as adults, but his study revealed just how effective the music therapy was.

Dr. Sam Porter: -- and improvement in communication, they were very two very

interesting secondary outcomes, levels of depression, levels of self-esteem. And then the secondary outcomes we find is statistically significant difference between the control group and the intervention group.

Margaret Flinter: Dr. Porter says in the group given musical therapy, it showed over time more interaction with their surroundings and a better response to the traditional therapies as well. He says, the effects were sustained over time.

Dr. Sam Porter: There are no side effects. It is not a dangerous therapy to get kids involved in it. It is just such a good way and a harmless way of doing things.

Margaret Flinter: A simple targeted music therapy approach, age appropriate and showing great efficacy and improving outcomes for young patients with minimal side effects and lasting benefits, now that's a Bright Idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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