Speaker 1: Welcome to Conversations on Healthcare. This week, we welcome former HHS secretary, Dr. Louis Sullivan, president emeritus of the Morehouse School of Medicine on inequity and minority health and medical professions. Now, here are your hosts, Mark Masselli and Margaret Flinter.

Mark Masselli: When some Black Americans had questions about the safety and efficacy of the COVID vaccine, our guest was out there with the facts and was encouraging everyone to get vaccinated. [00:00:30] He's also leading the way on making the healthcare profession more diverse. None of this is a surprise to those who follow the boots of Dr. Louis Sullivan. He truly is a legend.

Margaret Flinte...: Dr. Sullivan served as the US Health and Human Services Secretary in the George H.W. Bush administration after a distinguished career as the founding dean of the Morehouse School of Medicine. He's also the founder of the Sullivan Alliance to Transform the Health Professions and of the Association of Minority [00:01:00] Health Professions Schools.

Mark Masselli: Dr. Sullivan, welcome back to Conversations on Healthcare. It's so good to see you.

Dr. Louis Sulli...: Well, Mark, thank you very much. It's my pleasure to join you.

Mark Masselli: Well, that's-

Dr. Louis Sulli...: And Margaret.

Mark Masselli: Well, that is great. COVID's taken a particular toll on the Black community, especially in the early stages. In fact, a recent California study shows that 37% of white people with COVID symptoms receive treatment compared to only 20% of Black people who receive treatment. I [00:01:30] guess the question is how in our country, with all of its founding principles, are we still not able to get this right?

Dr. Louis Sulli...: Well, we really have a dichotomy in the history of our health system because when it comes to advances in science and technology, we lead the world and have done so for the past half century or longer. But when it comes to delivery of health services, we fall behind and we've seen that [00:02:00] by such things as life expectancy for Black Americans and other minorities shorter than that of whites, infant mortality for Black infants is twice as high, death rate from cancer, heart disease, diabetes, and other conditions are higher. So we really have this dichotomy, and part of it I say is a delivery problem. We have strong science, but we have weak delivery. We need to find ways to [00:02:30] see that all Americans, Black, white, yellow, red, what have you, that all Americans have access to the marvelous science that has really to come out of our laboratories, of our universities and research institutes. That's where we fall short. That's what we need to do.

And I look upon it as an investment in a better, stronger America. I think too many people look upon investment expenditures in health as really [00:03:00] dollars that should be avoided. But that's a mistake because I say that a healthy nation really is a wealthy nation. If we can improve our health, we'll improve the wealth and the strength and the stability of our country.

Margaret Flinte...: Well, Dr. Sullivan, you have a special focus on advancing health equity by fostering programs that advance the training of people of color in the health professions who deliver that care in the United States and around the globe. You have a [00:03:30] new book titled, We'll Fight It Out Here, A History of the Ongoing Struggle for Health Equity. Tell us when it comes to that training, what are the best strategies for winning in that struggle?

Dr. Louis Sulli...: Well, what we have is really an unfortunate history. We have a dichotomy here. From the founding of the country, there were these high principles of equality and equal opportunity. Those are high principles, [00:04:00] but they are principles that we as a country have fallen short on. The positive thing is we are moving towards making that more of a reality throughout the 20th century, but we have not yet reached that point. And by that I mean this, we have differences in wealth, differences in health status, difference in educational opportunities. So we need to work to eliminate these disparities because if [00:04:30] we are able to do that, we will be a stronger country. We will have a more stable democracy, we'll have a stronger economy, we'll have a healthier citizenry. So all of those things would be positive for our country as a whole, because those individuals who are impaired by illness or injury or poor health, they are not as productive as they can be.

So if we work to see that they are [00:05:00] given the health services that they need and they become healthier, they will contribute more to our society. They will be stronger, better educated workers, they will produce more goods and services, they will help us in our international competition with other countries. So that's why I say these expenditures should be investments in a better United States. That's the story that I try to tell.

Mark Masselli: Well, and it's such a well-told [00:05:30] story, and I hope every American buys and reads your book because it explains how 40 years ago the Association of Minority Health Professions Schools brought to light healthcare inequities and precipitated virtually all minority health legislation since then. I'm wondering if you could take us through a little ride through that time and also maybe where do the gaps currently remain?

Dr. Louis Sulli...: Yes. Well, the Association of Minority Health Professions [00:06:00] Schools came about in 1977. Of course, I'm a native Atlantan, graduate of Morehouse College and went to medical school at Boston University. When I went to medical school, my goal was to become a physician to return to Georgia to provide health services to Georgians, particularly African Americans, because in the southwestern part of my state where we lived, [00:06:30] although I'd been

born in Atlanta, there was one Black physician. He was someone I admired because he had a capability that others didn't have. He had the ability to take care of people who became ill or injured or needed other health services. He was highly respected and he was revered in the community. That was my role model. So I wanted to be like him.

Well, when I got to Boston University, [00:07:00] I learned a lot about medicine that I had not known about. So it ended up I didn't become a primary care physician. I ended up being a hematologist, a research hematologist and had really graduated in 1958. And to make a long story short, by the early seventies, I'd become professor of medicine at Boston University, my medical school alma mater, and I was doing research in nutritional anemias. Very exciting. I always [00:07:30] loved science. I found it very rewarding to discover things and to really work to improve people's health with blood diseases.

But Morehouse College decided they wanted to start a medical school. So as an alumnus of the college, I was among the alumni contracted by the college. And I ended up thinking, "Well, I came here in 1954, the year of Brown versus Board of Education where I entered medical school. I came to Boston University with the idea of going back [00:08:00] to Georgia and taking care of people. And I didn't give up doing things which I thought were important and exciting, but it was really different from what I had planned when I entered."

So when that opportunity came, I indeed accepted the opportunity, went back and informed the Morehouse School of Medicine in 1975. That was the third predominantly Black medical school then to exist in the United States. There had been seven [00:08:30] at the time of the Flexner Report in 1910 that resulted in tremendous changes in medical education. But of those seven Black schools that existed in 1910, only two survived. Howard in Washington, that opened in 1868 and Meharry in Nashville, Tennessee, that opened in 1886. So when Morehouse opened with our first class in 1978, we were the first in the 20th century. We formed [00:09:00] associations not only with Meharry, but also with the veterinary school at Tuskegee University in Alabama and Xavier College of Pharmacy.

So the association was formed so that we could work together to supplement each other's activities and to really work to have programs developed at the federal and state levels that would support what we were trying to do. Because like other Black institutions of higher education [00:09:30] at that time, and still to some degree today, we were underfunded. So that's why the association was formed. But the association grew so that it now has 12 health professions programs that are members. We were able to take our activities and speak with members of Congress or state legislatures and get programs enacted that really supported what we were trying to do. So we were [00:10:00] expressing the fact that health status for African Americans and poor whites also was not as good as that of more affluent individuals or majority populations. And of course, we

made the argument that I've already stated that if we are able to have a healthier population, it'll be a more productive population.

So we were fortunate in [00:10:30] that this message was listened to by members of Congress, including the members of the Congressional Black Caucus, and a number of programs were developed. And I would say that because of that fact that we brought the health inequities to the attention of people in the Congress and in state legislatures as well as in the private sector, a number of programs were enacted through the association. So that is what the book We'll Fight it Out Here is all about, the history of the Association [00:11:00] of Minority Health Professions Schools.

Margaret Flinte...: Well, that is so fascinating. And I agree with Mark, we hope everybody gets that book and reads it. But Dr. Sullivan, as somebody who's been involved in healthcare for almost five decades, I find it staggering that for all the advances that have been made today, only about 5% of the nation's doctors identify as Black. And I wonder, with all the work that's going on are we projecting over the next [00:11:30] 10 years or 20 years that we'll see a significant shift in that end? And what can each of us do on an individual personal, professional basis to try and make the profession more representative and more diverse?

Dr. Louis Sulli...: Well, you're certainly correct in pointing out the fact that the representation of African Americans among the nation's physicians is far less than what it should be at 5%. But in 1950, the [00:12:00] year that I entered college, it was only 2% of the nation's physicians were African American. During the sixties and the seventies and the eighties, with a lot of activities underway, stimulated by the Civil Rights Movement and such things as the Great Society programs of Lyndon Johnson, with the enactment of Medicare and Medicaid, the National Health Service core programs and others, we did increase the number of Black physicians to 5%, [00:12:30] where it is today. Blacks, as you know today are 13% of the US population.

Margaret Flinte...: Right.

Dr. Louis Sulli...: So we really fall far short of where we should be if we were adequately represented in our society. The reasons for that really are multiple, and it really also means the responses will have to be varied. They are financial. First of all, getting a health profession's education [00:13:00] is expensive. Many people from low income families cannot afford it. Secondly, we want to have well-trained, well-educated people who are providing health services to our citizens. So getting into a health professions program is competitive. You have to be well-trained, knowledgeable, really not only in the sciences, but in a general education so that you are able to communicate with people effectively and understand complex [00:13:30] situations and be able to solve problems quite rapidly when you're on the fly. So we have to have well-educated young people.

Unfortunately, inner city schools where most African Americans receive their K through 12 education, those schools so often are underfunded, inadequately staffed with their teachers and support staff so that the strength of the education they receive is [00:14:00] not as high. So the combination of lack of resources to go to college after high school and on to graduate school or professional school, that is there. So it's really a combination of lack of adequate preparation, lack of financial resources, and also lack of role models.

I was lucky, as I mentioned, in having a role model in Dr. Griffin, but of a lot of Black youngsters never see a Black health [00:14:30] professional. So they don't have that view that they can and should work to become a health professional. Then there is bias in the system. We're working to really diminish and eventually eliminate bias and we are making progress. So I want to be sure that everyone understands today, in spite of the fact that we have a lot of problems, we are much better than we were 50 years ago, but we need to continue.

[00:15:00] The other thing I'd say is progress will take time. Developing a health professional starts with that youngster in the community, the educational opportunities that person has, the vision that they have, the financial resources and the guidance that they have. So it really does take decades. So this is an issue for the long term. So I would invite the support of everyone [00:15:30] because we need to rev up our capabilities here. They are better, but they still didn't need to be even better than they are.

When I went to medical school in 1954, one-third of the medical schools in the country were in the south. I could not go to a medical school in the south because of the legally enforced segregation. Well, that's different now. So some of the schools that are doing well on diversity [00:16:00] are in the south, but schools around the country, all of them working together need to do much better. So that's what we hope to see.

Mark Masselli: Well, I think you hit the right point of we need to rev up our energy and focus on this. Such an important area. In your book, you cover the waterfront of issues, but one of the areas that you highlight is the rise of Newt Gingrich, fellow Georgian in the House of Representatives, really as a turning point in the politics in the United States. Wonder if you can describe for our [00:16:30] listeners his influence on health policy and how do you think it continues to this day?

Dr. Louis Sulli...: Well, Newt Gingrich was really quite influential. He was of course, a professor of history at West Georgia College before he ran for Congress, and he seemed to have a strong interest in science. And when he ran for Congress and was elected, he visited me at Morehouse School of Medicine and [00:17:00] was supportive of what we were trying to do then. And that was in the late seventies and early eighties. Then in '89 when I became secretary, he visited me in Washington. So I would say that he was someone who was an accomplished academic, but I really was very surprised at the very conservative political posture he took [00:17:30] when he became Speaker of the House and was

quite strident in his views. So that he's someone that I think really has promise that was not fulfilled from my perspective in terms of what he could have contributed to improving the health of our country.

You start a revolution that really we still see today. The degree of [00:18:00] divisiveness between our two political parties I think has really gone beyond the brink. We now have a Congress that is not as functional, not as productive as it can be, as it has been in the past. We need to find ways for our elected officials to know they work for us, the people. Public service is a great honor and an opportunity to improve your community. [00:18:30] So I would hope that we are able to work with our colleagues who've been put in the elected office to really come together to solve problems rather than to really have political battles that really do nothing but really divide our country, so.

Mark Masselli: Dr. Sullivan, can I just follow up on that for one second because I want to pull the thread all the way to today where it's not only we're divisive, but healthcare is under attack. [00:19:00] You saw it in the sort of partisan divide that occurred on the vaccine itself, but health professionals now are really being challenged for their credibility, and that's the first time we've seen that happen. Somehow they've been politicalized. How do we bring people together? And I know this is something that you are very focused in on, but how do we bring this divisiveness [00:19:30] and this undermining of the role model that you grew up with, a health professional who you listen to and you learn from and you spend a lifetime emulating? It seems that we're at a crossroads in America.

Dr. Louis Sulli...: Well, we are, and I say there are a number of things that really should be done. First of all, we need to have all of our citizens [00:20:00] vote, become active at the polls and make your elected representatives address the issues that we have. So that's the first thing. Our health system for delivery purposes is underfunded. One of the things, for example, is we need to strengthen our system of public health because in the COVID pandemic, we saw the fact that our colleagues at CDC were [00:20:30] really under stress and frequently had to work in an environment where there was misinformation coming from our senior elected officials, coming from the White House here. You remember when the President Trump said, "Oh, this virus will be gone in two or three weeks and you won't know it?" Well, our public health officials really were very [00:21:00] disturbed by that and tried to correct the that without having a confrontation with the president.

But we found that for whatever reason, these kinds of statements, which are incorrect or misinformation proceeded. And so as a result of that, among other things, we've seen this politicization of science and health where whether [00:21:30] you wore a mask or not during the height of the pandemic became a political statement. Whether you tried to have social distancing between people at restaurants and in public gatherings, that became another issue. So that as a scientist, you try to be objective and really follow what the data tells you because science really should [00:22:00] be in the service of people. It should

not be used for political purposes, but that was not the case. So that confusion in the public has existed. And people, for example, who didn't understand the scientific process, were suspicious of this vaccine because it had been developed within 12 months of discovering this virus.

And I was in medical school when the Salk vaccine and the Sabin vaccines [00:22:30] were developed for polio. It took years for that. But because of our scientific technology that has been developed, we're able to develop the vaccine for this new virus and develop an excellent vaccine. But people really were confused by that. So we need to support our public health system, see that our state public health offices and agencies are funded, see that CDC [00:23:00] and the other components of the public health system get the support that they get, and also the science literacy of the population needs to be improved because part of the problem was the suspicion in our society that this vaccine somehow was not good or was something else. That really is because of a number of factors, but including the fact that people don't understand how vaccines work [00:23:30] or the science behind them.

So we need to improve the scientific literacy in our population. We need to support our public health service. We need to have more diversity among our health professionals. We need to see that everyone has access to care through having health insurance or a payment mechanism. All of those things are necessary. But again, I emphasize if we do that, the returns on our society will far exceed that investment [00:24:00] by having a healthier population and a more productive population.

Margaret Flinte...: Dr. Sullivan, from where you sit, I think you're a senior statesman for sure. You have a great pulpit through your writing, through the book that you've just done, interviews like this. But I'm curious, and I'd like to ask you, when we see some of the individual platforms that some of the, and particularly the Republican party leaders are taking, and I'm thinking specifically right now about Florida governor [00:24:30] Ron DeSantis came out against a recent diversity job fair in a state and is blocking advanced placement courses in high schools about African-American studies, are you reaching out to any of these individuals on a one-to-one basis to try and have conversations, understand where they're coming from, and maybe try and have a one-to-one dialogue with some of these very influential opinion shapers in the country?

Dr. Louis Sulli...: That's an excellent idea. We have not done that [00:25:00] thus far, but that really is an excellent suggestion that we will really see what we can do because I would like to believe that everyone who aspires to be a public servant wants to do the right thing for our people. So there can be a lot of confusion. And in the hurly-burly of the political world, people may not have the right information. So I would like to see our health system and [00:25:30] science in general really respected for its fidelity, its adherence to truth, to serve the needs of people and not banded about for political purposes.

And I would say that fortunately, when I was secretary from '89 to '93, I had a lot of members of Congress, Democrat and Republican who were very supportive of the health programs that we had and worked [00:26:00] together in the Congress to implement new programs. We have a number of programs that came into being during my time. Healthy People 2000, we launched in September of 1990, and the Healthy People Movement to improve health literacy and the healthy behavior of our population is still there. Support for research at NIH has grown over the years with both parties supporting it. [00:26:30] We want to really try and return to a fact-based program that serves the people. And so reaching out to our leaders I think is a great idea and we'll really work to see if we can help change the environment.

Mark Masselli: Well, that's great. Let me get in one last question, Dr. Sullivan, and I also should note Secretary Sullivan, so I'm not sure what trumps one, but I want to talk to you about your own hometown, Atlanta and the CDC, where [00:27:00] it is housed. You talked about it a little earlier, and I would say as part of that conversation you were having about how we have to fund our public health systems, I think the CDC took a lot of hits during the pandemic. Do you see if there's a way out for them, what's the best way to navigate a very distrusting public to try to bring back the sort of functionality that we all saw the CDC have years [00:27:30] ago? And certainly you talked a little bit about public health, but what advice would you have to the CDC? I know they're working on trying to develop a road path forward. What do you have to say about that?

Dr. Louis Sulli...: Well, you're quite correct. The lack of trust or the loss of trust in our health system is really part of a larger phenomenon that we are experiencing as a society or as [00:28:00] a country because trust in our other institutions in our society has also diminished. Trust in our judicial system, in our educational system and religious divisions, all of those have really increased here. The tremendous attention around immigration has been unfortunate because the data showed that immigrants [00:28:30] coming to America really have produced a lot of the jobs that we have. The farmers need to have immigrants to really help with the work on the farm, the planting and the harvesting, et cetera. The workers in our restaurants and our hotels, immigrants contribute to that. And so we are all immigrants who've come to the country. So to me, it is ironic and unfortunate seeing people [00:29:00] really trying to resist immigration when their parents or their grandparents or great-grandparents were immigrants who came and provided a platform for them.

We are a country of immigrants, and our democracy has accepted and benefited from that. We need to get back to that spirit. Now with the strategies to improve trust in our health system, they are multiple. They [00:29:30] are as follows. First of all, all of us in the health system need to understand that we have a role to play in addition to our professional responsibilities of really working with our communities to explain what we are doing and why it's important and how it works, et cetera. But we need partners. There are some institutions in our society that have a greater level of trust. I know in the Black

community, the Black church is a very important institution. So a number of health [00:30:00] programs are really provided by churches, whether they are vaccination programs or well baby clinics or nutrition programs or other things. So by working in partnership with those organizations will help. But we need to hold our public officials accountable that they are there to serve the people. They are there to make our country better, and they need to find ways to work together.

[00:30:30] And I was fortunate in working for George H.W. Bush because he was an individual who saw public service as an honor. He was a World War II pilot in the Navy, as you know, was a hero there. He worked as the representative to China to help open up China back in the sixties. He worked for the CIA and he was a congressman from Texas and then vice president and president. [00:31:00] So the spirit of public service, serving the people has to be the mantra for those who serve in elected office. Because if they do that and we as citizens be sure that we elect people with that kind of orientation, those are the things that will help. So that's what I urge everyone to do. It's everyone's responsibility. It'll take time and effort, but it'd be worth the effort.

Margaret Flinte...: Well, Dr. Sullivan, [00:31:30] speaking of heroes and public servants, it's a true honor to speak with you who exemplified that. Your work and dedication has inspired all of us. Thank you for being with us, and thank you to our audience for being here as well. You can learn more about Conversations on Health Care and sign up for our email updates at CHCRadio.com. Dr. Sullivan, thank you again so much for being with us.

Dr. Louis Sulli...: Well, let me end by thanking you and your colleagues at the Community Health Center for all of the citizens [00:32:00] that you serve and what you do to improve the communities where you operate. We need to have more Community Health Centers around the country to serve our people, to increase the health, the economic viability of our country, the educational strengths, and the strength of our democracy. So thank you for what you do.