

Fellow humans, meet Professor Augustus White III, MD.

Published: May 31, 2019

Increasing diversity and inclusion in the medical profession has made progress, not least because of leadership from orthopedic surgeon and Harvard Professor Augustus White. For many decades he has called for healthcare to be seen as a human right intrinsic to the pursuit of happiness. Dr. White was the first African American graduate of Stanford University School of Medicine, and the first African American surgical resident at Yale-New Haven Hospital. In this podcast Dr. White discusses the importance of mentoring, having a strategic mission for inclusion, challenging racism, and the groups most affected by health disparities. With Dr. Bonnie Mason Simpson.

Dr. Mason Simpson: Hello, you are listening to the Health Disparities podcast for Movement is Life, conversations about health disparities with people who are working to eliminate them. I am Dr. Bonnie Simpson Mason, orthopedic surgeon, and Executive Director and Founder of Nth Dimensions. And today I am discussing health disparities and racism with the illustrious Dr. Augustus A. White, III, who is the Ellen and Melvin Gordon, distinguished professor of medical education and professor of orthopedics, along with the Emeritus Orthopedic Surgeon-In-Chief at Beth Israel, Deaconess Medical Center at Harvard Medical School. Welcome, Dr. White to the podcast.

Dr. White: Very, happy to be here.

Dr. Mason Simpson: Wonderful. We are excited about the topics that we're going to contemplate today. I'm looking forward to hearing your answers and your input, insight, and wisdom around some of the things that we should think about when we're discussing health disparities with the overlying context of racism. What are some of the initial thoughts that you have that our younger generation should be thinking about when it comes to either the context of racism and health disparities or, you know, where should we start?

Dr. White: Well, that certainly is a good and important question. And one thing that comes to mind is the following quotation, "We hold these truths to be self-evident that all men and edit and women are created equal and endowed by their rights and certain rights of life, liberty, and the pursuit of happiness." This, in my way of thinking healthcare, includes happiness, includes the pursuit of happiness. And I think that it is a human right, certainly of our citizens here, as suggested by this quote from the Declaration of Independence, but all humans deserve healthcare as a human right, in my opinion. We are a healthy humane society, and I think that the irony and the impact of this is contrasted by the famous quote of Dr. Martin Luther King, who says "Of all the forms of inequality, injustice in health is the most shocking and inhumane." And this just accentuates the power of this and the inhumanity. And do we live in a society where our

common humanity is cherished and protected for all of our people, or do we live in a sense finally by the laws of the jungle? And that is if you happen to be adequately successful financially and you have adequate connections, you end up with one level of healthcare, and if you happen to be in one of all too many minority groups, which we will talk about, you may not have health wealth, or at least wealth in order to provide health, you may end up with an inferior quality of care or in some special situations, no care at all, and non-survival - death, if you will, as a result of healthcare disparities in our country today, on a day-to-day basis. So, sadly. I must respectfully make this assertion and I don't think we can say enough about it. And I think we have a long way to go. And I think people are working as many are in this organization that I happen to have the privilege of working in the Movement of Life. And we want to see justice in healthcare.

Dr. Mason Simpson: Absolutely. I appreciate your perspective having spanned many decades, at this point, serving in healthcare, in orthopedic surgery, but also for the greater good. And I really admire the introduction to your book called, "*Seeing Patients Unconscious Bias in Healthcare*," and I read the introduction and I must say I wasn't able to get much further than that because I was really moved by your approach in addressing healthcare disparities to the group of the American Academy of Orthopedic Surgery members that you referenced. But I think speaking to the humanity, which

is the approach you use in that address, you opened with, and you always open your addresses with, "my fellow humans." How does that work to almost disarm or address the fact that you're about to say a few statements that may be a little tough for some folks to swallow, but as we talk about racism, we know very well that we have to start having the conversation. So, how have you been able to address, successfully or otherwise, your thoughts on racism as you did in this particular address? And what advice would you have us younger people who see racism face racism are conducting and providing healthcare in a society that has yet to address it openly?

Dr. White: Well, I make sure I get back to that question, but let me first respond a little bit to your comment about the introduction of or book. I had the pleasure and the privilege of knowing Dr. Montague Cobb and speaking of racism, it's kind of a reflection of the opposite of racism in that I was the first African American student to attend Stanford Medical School and the only African American student at Stanford Medical School for a period of time. And this may be an example of, I'm going to say reverse racism, but what happened was I got to know one of the professors quite well at Stanford. His name was Dr. Walter Greulich. He was a distinguished German professor who came to Stanford as a professor there. And he must've noticed well, here's this young African American guy and no African Americans anywhere. So, anyway, he said please if you ever have

a chance look up Dr. Montague Cobb and tell him that I'm a friend, his friend, Dr. Greulich told you to look him up to seek him out. And so, please do that. Well, to make a long story short, I did do that, and I did call Dr. Cobb. I happened to be in Washington, DC. I did call him up and explain the reason I was calling. And he said, well, can you meet me at the Cosmos Club tomorrow for lunch? Well, the Cosmos Club is an elite club in Washington, DC, extremely elite. Anyway, he welcomed me and I had the privilege of knowing him over my professional life, and his. And I invited him to Yale when I was on the faculty there. And I've invited him to Harvard when I was on the faculty there with the explicit purpose of, I knew what a great speaker he was, the explicit purpose of actually inspiring the African American medical students at Harvard and Yale, at this time we had more students of course, and also that was one purpose. The other purpose was frankly to show him off to my white professors because he was such a wonderful orator and such a wonderful speaker. So, a very long introduction to your question, and he introduced his talk by, my fellow humans. And after having heard that every talk I've ever given, I always addressed it with my fellow humans. Our DNA is 95.5 percent identical, no matter what our color skin is, where we're from, where we are, our common humanity begins there, and it certainly exists in much of my other experience in life, everything from a Vietnam combat surgeon to in the streets racism to all kinds of forms of this. But the prevailing hope, I think the prevailing dream, the prevailing reality is that

we are fellow humans. And I think it's something that's been recognized by Dalai Lama and Bishop Tutu and others, but it's a way of saying it should be a starting point for resolving our differences and making better progress as human beings. So, I have digressed considerably with you. Will you focus me?

Dr. Mason Simpson: Well, no, that's quite all right, because I think I really appreciate you capturing that particular point of history in tying your evolution, as a surgeon and as a scientist to that of Dr. Montague Cobb, who is a distinguished scientist and surgeon at Howard University for which, we owe so much to him and his dedication to science. So, us even bringing that, you bring in that to the forefront so that those listening could see the ties of excellence that stem from long before now. And so, just for you to bring him up as I'm a proud Howard grad, third-generation Howard University graduate, I really appreciate that as well. So, you actually did address part of my statement in how do we, as the younger generations, address, discuss, and even broach the subject of racism, especially in healthcare as we see certain disparities continuing to be perpetuated. And even as I was just in Winston Salem earlier this week, speaking at Wake Forest University, doing this very same thing, addressing diversity and inclusion, unconscious bias and disparities with an all-white department of orthopedic surgery, knowing full well, who my audience was going to be ahead of time. I think I probably borrowed from your playbook, but I would

like to hear your advice and wisdom on how we can broach this very important and necessary subject that, you know, if we don't address it, it won't change.

Dr. White: Yes. Well, I'm happy to share my thoughts and ideas about that. I think there you mentioned diversity, I think diversity and inclusion is a very important reality ideal to address it has numerous values for institutions where people who are involved and for making progress in the direction of beginning to eliminate and adjust and correct for and protect our humanity and as well as our ethnic citizenship, if you will. And so, I think that it's a very important ideal, and there are lots of things to know about it, to learn about it. I have a couple of authors, a couple of books that I would recommend in that regard. One book describes very nicely the fact that organizations and places of business that have diversity do better.

So to answer your question, to make a contribution to ways to achieve equitable healthcare, I'm suggesting that diversity and inclusion are very good steps along the way, and very good principles to address and very important. And there happen to be, I mean, there are many references, but there happen to be two books that I think are excellent in supporting this, and one is by Joanne Lipman, L I P M A N, and it's called "*What She Said: What Men Need to Know, And Women Need to Tell Them About Working Together.*" And in that book examples of how organizations that

have gender diversity that have women in them are better and more successful. The other book is somewhat similar and it's by Scott Page and it addresses the ethnic diversity as a way of achieving healthcare equity. And this book was called "*The Difference*." The author is Scott Page, "*How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies*," and that's a Princeton University Press. But those are two and there are other references that give the same kind of information, but those are two of the key issues and the key kinds of diversity that are very, very important.

Dr. Mason Simpson: Excellent, excellent. So, as we segue into talking about how to address racism in healthcare which has led to one of the factors leading to our ultimate level of disparities what other solutions, recommendations or advice would you have maybe for us as individuals, maybe for us as a society in our various communities, or maybe even on a larger level maybe to some of your final thoughts on what we can do.

Dr. White: Well, you were gracious to mention some of my work and I have to direct honest answers to you about that question is to support the kind of work that you've done in terms of providing attention and mentoring for younger people or anyone who is interested. It makes a tremendous amount of difference and enriches their ability to contribute and to survive. So, I think education and mentoring of underrepresented minority students is an

extremely useful and important thing to do. And to back up a little bit too, I think it's very important that there be sort of a corporate strategic mission attached to attempts to provide diversity. It's unlikely to be very successful without that. And it has to be a financial commitment, an institutionalized mission kind of commitment. So, I think doing those things, and as people get more and more involved, people who do get into the system are able to give back and contribute and work in organizations such as we are working in here today with Movement Is Life. These things make a difference. As a matter of fact, I would go further and say, we should not underestimate these differences because I think even on rounds or at the cafeteria or in the cocktail party or wherever you may be to speak up and stand up for what's right has an effect. And I like to call it the ripple effect and sort of stealing a little bit from the idea of Robert F. Kennedy. You've probably heard his quote, which says that you know, "These kinds of pushbacks do make a difference and should not be underestimated, and they make little ripples, and these ripples can coalesce and combat a tsunami as they continue to exist." So, I think that is something that's that I really believe in. And I also am reminded of another quotation that I liked very much from Dr. King, which is that "The arc of the moral universe, bends slowly, moves slowly but bends towards justice." Even though there's a lot of things going on in our society today that are very much in the wrong directions and it's interesting, to try to make this point a little more and I hope I'm going to find this paper better than the last one, but

anyway and that is the 13 groups. There are roughly 13 groups, maybe more, I wouldn't say less, but maybe groups of people in our society who experience healthcare disparities, well-documented in the literature. And those 13 groups that I hear, I can say, African Americans, the Appalachian poor, Asian Americans, elderly Americans, members of lesbian, gay, bisexual, and transgender communities, immigrants, Latinos and Latinas, Native Americans, overweight people, people living with disability and prisoners and women, our mothers, our daughters, our wives, our grandmothers, if you will. All are fellow humans and these groups all experienced health care disparities, and believe it or not, it, you don't have to look very carefully to see in the last couple of years in our society, how someone is being highly visibly mistreated, if not assassinated, if not shot in a mass shooting, it's quite stressful. So, it just emphasizes the fact that we want to devote as much as we can of our energy and our goodwill to trying to improve our fellow humans and ourselves by making our environment, our society more humane.

Dr. Mason Simpson: Well, Dr. Wright it has just been an honor to interview you today for our Health Disparities podcast with Movement Is Life. I don't want it to be lost on our audience that you are one of those persons whose shoulders we stand on. So, we thank you for the ripples that you have created that inspired us to create subsequent ripples and for everyone listening to understand that you don't often get to sit across the

table from someone who's made history. And as I progress in age, I'm coming to value these experiences more and more. So, I hope our audience will as well, as well as take home and really think about, and act on the recommendations that you've made, not just in terms of reading, but creating our own ripple effects and standing up for ourselves and members of those 13 disparate groups here in the U.S. I think it's our responsibility and I think we have to talk about it, which is the point of the podcast, so that we can embed that responsibility in future generations. So, Dr. White, thank you very much.

Dr. White: Thank you very much. It's been a real pleasure to meet with you and speak to you and attempt to have this very engaging and enjoyable conversation with you.

Dr. Mason Simpson: It's been great.

(End of recording)