

**Mentoring healthcare leaders: Howard University President Dr. Wayne Frederick moved to DC at 16, mentorship has provided both professional & spiritual guidance.**

**With fellow Howard University alum, Dr. Randall Morgan.**

Very few physicians can name Dr. LaSalle Leffall Jr. and Dr. Clive Callender as pivotal mentors in their career, and also cite their experiences growing up with sickle cell as another important teacher.

In a wide ranging discussion with fellow surgeon and Howard University alum Dr. Randall Morgan, Dr. Frederick explores some of the most important aspects of mentorship. He also discusses developing young leaders in science, the ongoing evolution of Howard University, and the challenges of building a diverse healthcare workforce that is better able to meet the needs of a diverse population.

Dr. Frederick also talks about why his frequent visits to Trinidad to teach science are so important to him, and how he will enjoy his upcoming sabbatical. Recorded at the recent National Medical Association annual meeting in New Orleans.

Dr. Wayne Alix Ian Frederick is a Trinidadian-American scholar, surgeon, and university administrator. He is currently serving as president of Howard University in Washington D.C. since July 21, 2014. He also serves as the distinguished Charles R. Drew Professor of Surgery.

Dr. Randall Morgan is an orthopedic surgeon based in Sarasota Florida, and the Executive Director of the W. Montague Cobb Institute. He also serves on the steering group of Movement is Life.

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Full Transcript

**Excerpts:**

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## Interview

Dr. Morgan: Thank you for listening to this episode of the Health Disparities podcast. I'm Dr. Randall Morgan, an orthopedic surgeon based in Sarasota, Florida, and I am the president and CEO of the WM Monique Cobb, NMA Health Institute. Today it is a great pleasure to have Dr. Wayne Frederick with me as we convene at the National Medical Association Annual Scientific Assembly and Convention in New Orleans. Welcome to the podcast, Dr. Frederick. Oh, thanks for having me. Dr. Frederick, we have obviously worked together for many years, and you're so well known in our community, not only the academic community but in the black community, but many listeners do not know about your background, so would you share that with us?

Dr. Frederick: Yeah, sure. I was born in Trinidad and Tobago the year that I was born, at least a year before that I was born, they started mandatory testing for sickle cell. I tested homozygous for sickle cell anemia, so I grew up with sickle cell in Trinidad. That was a big impetus for me wanting to become a physician. My mom was a nurse. I would shadow her often on things like home deliveries and wound care visits, etcetera. And then, subsequently came to Howard University to pursue medicine at the age of 16 from Trinidad and Tobago doing Howard's BSMD program. And a big part of that impetus for coming to Howard as well was because the first prime minister of Trinidad Tobago, the Prime Minister knew growing up was Sir Eric Williams, who was a political science professor at Howard and often spoke about Howard as a black Oxford. And so I was very drawn to that. And so that really was kind of the beginning of my career as it were.

Dr. Morgan: Did you have other encounters with medicine growing up that influenced perhaps your choice?

Dr. Frederick: A big part of my influence was really my own health, being hospitalized frequently, interacting with doctors and nurses and then forming in my own mind the type of physician I wanted to be in terms of bedside manner in terms of that engagement. And like I said, my mom took me to some unusual, it's an unusual thing, she was a noose. It became a district health visitor and so did a lot in the community, a lot of home visits, home calls, so that was important. And then at Howard, I developed a very strong relationship, more like a father-son relationship with Dr. LaSalle Leffall. And I really fell in love with surgery, was concerned about doing it because I had sickle cell and back then we still had permit programs working 110 hours a week. I still haven't met anyone else with sickle cell who's a surgeon, but it just speaks to the exceptional nature of the Howard community and support that I had. And so, my getting involved in surgical oncology and in general surgery in general had a lot to do with my mentor Dr. Leffall.

Dr. Morgan: Did you know anything about the Howard Sickle Cell program and Dr. Roland Scott before you came to Howard?

Dr. Frederick: When I was applying, I learned about it. My mom, being a nurse, was concerned about my health and so as we communicated with the university, told us about the sickle cell center, I learned a lot about Dr. Scott as I was coming to the university as well. And then when I got there, major part of my influence on campus really was through that peer group. It was the first time I met other people with sickle cell, and it was the first time that I had actually known anyone with sickle cell who would eventually pass away as well. A few of the folks in that peer group unfortunately would die as well. And so that sickle cell center was really important in the type of healthcare that I received, and I would say in a lot of ways responsible for my general overall health today as well.

Dr. Morgan: Well, that's really amazing that you chose Howard with that history. I remember that starting even when I was a medical student and to eventually be the president of the university, I know means a lot. Tell us a little bit more about your relationship with Dr. Leffall.

Dr. Frederick: Yeah, like I said, my relationship with Dr. Leffall was more of a father son relationship, so much so that I was at his bedside as he passed. I actually took my son with me because I thought it was so important for him to see a great man passed with dignity and so on. And that still today is going to remain one of my most cherished memories. Having my teenage son with me at Dr. Leffall's bedside with his family, Dr. Leffall and I met as I was a medical student. He basically interacts with every single medical student as he had four rounds where you would have to do a case presentation, you'd have to present to him also write up the case presentation. And his questions, I like to say, ran the gamut. Everything from the science and the clinical is used to spelling how you spell certain words. And it was amazing. I'll never forget I got a 99 because in my writeup I misspelled his last name, probably the first or last time I would ever do that. But he saw something in me that I always appreciated him for doing. So he would often have me come by his office to discuss cases. When I decided to go to MD Anderson to do a postdoctoral research fellowship, he would often call me to see how things were going, ask me about interesting cases I was doing. When

I went to UConn, he kept in touch with me. He came up there and did a visiting professor series, and then I got a call from him one day asking me to come down and visit and asked me to bring my family. My son was an infant at that time, so my wife and I went to visit, and I knew something was very different about it. He had a white tablecloth at his coffee table in his office, pastries, and I could tell that something very different was going to take place. And at that point, he asked me to come back to Howard and told me he was going to stop operating and wanted me to come back and operate. I was very, very humble by it. My career at UConn was going very well. I was the associate program director. I had a clear path to being a program director, possibly being even a vice chair and a chair at some point. And so, I had to convince my wife who had no association with Howard at that point that I had no choice but to go back to Howard and when I would get back, our relationship would blossom even further. He would become the senior VP for health sciences and subsequently the provost. And in both roles I was his deputy. And so, we interacted every single day, morning, noon, and night and I think that really solidified my relationship with him. And like I said, it was more of a father-son relationship. When I became the president, same thing. I would always go down to his office to meet with him. My team would always say to me, you meet everybody else up here in your office, why do you go to his office? And I said, out of respect. I would always go down to his office. And so, through his health challenges late in life, etcetera, we really developed a very close bond that I really appreciated. And he spoke to me about everything, everything from finances to being a board member in public companies, how I presented, how I showed up at national meetings. I mean, it was an amazing tutelage to have and one that I would always definitely cherish.

Dr. Morgan: Have you been able to capsule some of the things that are important for mentors for young surgeons that you receive certainly quality mentorship, lifelong mentorship, and I had little snippets of a mentorship with Dr. Leffall, both as a medical student and to some extent professionally, but I was not around him every day. I didn't ever have that type of an opportunity. Most of us don't. What would you say are some of the things that Dr. Leffall shared that could be transmitted and provided for all medical students and certainly for young surgeons?

Dr. Frederick: Yeah, I think there were three things that come to mind. The first was he was a big fan and pupil of Charles Drew for whom I hold the Chair here today at Howard. And he would always talk about the fact that Charles Drew always mentioned excellence of performance will transcend all artificial barriers created by man. And so his point was that we always needed to be our very best, give your very best. It doesn't matter what the circumstances, he would tell me stories about people inviting him to give talks and he would walk in the auditorium and there would be five people and he said he would still speak to those five people like there were a thousand people in the room. And as a result of doing that, he had opportunities that were unusual. One of his entrees into the American College of Surgeons was exactly that. He gave a talk, I think it was in St. Louis, and there were very few people in the audience. And this one guy got up and said he was associated with the American College and invited Dr. Leffall to sit on a committee. So that excellence of performance will transcend artificial barriers created by man, I think was one of the hallmarks of his teachings. The other was equanimity under duress and I used that today in my professional life as the

president of a university, when things are going haywire, everything else has to slow down for the surgeon. You really have to take control of the situation, and that's not just in the operating room, but I applied that to crises at the university or to difficult issues and challenges, and I think that was a big part. But the third one is unusual. He never spoke about this, but I feel like I lived the experience with him and that is that mentorship is a two-way street. As I became provost and then president and had successes in the role of president, he took so much pride and joy in that. It always amazed me. I was always humbled by the fact that we would start our meetings when I would go down to his office with him asking me how things were going and mentioning some decision that I had made and why he liked it and how progressive it was. And I mean, he was so, I would say enamored by the fact that I was the president of his alma mater and that his alma mater was progressing. And so one of the things that I think we often don't hear about from our mentors is that it's a two-way street. Mentors really take a lot of pride in what mentees do, and as a result, mentees have a different responsibility to their mentors. And that's something that I don't think is often taught or spoken about, but it is something that I definitely lived. I had a lived experience with him, with William Jordan, with Clive Callender. I mean to this day, Clive Callender still sends me a word, a script here every morning since 2008. I went to him and I said I wanted to connect to my spirituality and he said, okay, I'll text you tomorrow. And ever since that day in 2008, he's texted me a word of scripture every single morning just like he did this morning.

Dr. Morgan: Amazing, amazing. It's not often that I can have a conversation with someone that's kind of been in the same path that I have been, although I'm in orthopedic surgery. But certainly, as a student at Howard, as a student of Dr. Leffall's, someone my wife's family knew the Drews very well in Washington, but Clive Callender is a special person. I think mentorship is so important, particularly in surgery. How are we able to build more resilience in surgeons and people who are in training for surgery, both men and women, what can we do to make sure that they stay in the career and that they are successful and fulfilled?

Dr. Frederick: Yeah, I think a major part of what we have to do is recognize the influence that we have. I think we've gone through a period of at least a decade if not two of physicians, surgeons, including speaking of our profession in a very ill manner because of issues such as reimbursement and hours and how hospitals are run, and I think we've presented a bit of disgruntlement to the next generation. I think that that has been unfortunate. And don't get me wrong, we don't want to shield them from the difficulties, but the reality is that we have very fulfilling careers. We tend to be more financially secure than the average person, and we tend to get a lot of fulfillment from taking care of patients. And so, I think one of the responsibilities we have as we think about building resilience and getting people to stay in the profession is we have to be more cognizant of how we present ourselves to them and not only give them the areas of difficulty and disgruntlement that we have, but also let them feel and experience the joy that we experience. We know what that's like when you take care of a patient and you're able to assist the patient back to health. It's an incredible feeling, incredible experience, and I think we need to emphasize that more. I think along with that, to piggyback on that, I think we have to put the patient back at the center of our healthcare system. For a long while, physicians have been at the center of our healthcare system, or at least the discussion. And that has also

jaded young people. I think we have to make them recognize that the reason we got into this profession was because of what we want to do for other people. And the reality is that ultimately higher education institutions are there for the amplification of other people's humanity. And as Dr. Leffall used to say, being a physician is the most noble thing you could do, and the most noble people among physicians are surgeons. And I think we have to continue to present our profession to young people in that manner. And I think you'll see them experience that joy. They will have challenges, but I think they'll push through those challenges because they know what's on the other side.

Dr. Morgan: Is there anything being done with the curriculum now to prepare medical students for the financial challenges so that they don't become dismayed or misdirected?

Dr. Frederick: Yeah, the business of medicine and the legal aspect of medicine are creeping to our curriculum. And I think importantly, so. Howard University is a classic example. Students now can get an MD/MBA, they can participate in a combined program. I've said it all along that we have all of the tools at Howard and we should expose our students to those tools early and often. So you should not meet a pharmacist the first time you write a prescription that they can't read. You should be engaging with those students. And so we have a lot of interprofessional education taking place, which I think is helpful as well in terms of putting the patient back at the center of our system and also teaching them about the business of medicine and the legal aspects. So, all of that is getting into the curriculum, but I do think the biggest aspect of it is more the interprofessional education that allows us to see the value in all of the healthcare providers.

Dr. Morgan: When we look at the successes of those who have graduated from medical school and completed their residencies and fellowships, how many of them are you seeing come back to Howard for faculty positions or to attain faculty positions at other institutions?

Dr. Frederick: Yeah, Howard is going to a period of immense growth and transformation right now. As a matter of fact, I tell young people and their parents to be on that campus today is absolutely incredible because what's happening in the medical school is happening throughout the campus. So a lot of people I think are coming back participating in medical education and academia in particular, and we're seeing that throughout. So, in the past two years, we've hired Ta-Nehisi Coates, Stacey Abrams, Nicole Hannah-Jones. I just hired Sherrilyn Ifil, and that's named public intellectuals we've hired. But we've hired academic stars such as Michael Wild, who's the head of African American studies away from NYU. We just hired another chair of English from Cornell, and that's happening in the medical school. The current dean of the medical school is, the first African American female to be board certified in pediatric surgery, Dr. Hes Dixon. And so there are a plethora of young people and very accomplished people who are coming back to the university in particular. And I think I mentioned the rest of the university because I think the environment is not just about a siloed medical school, it's about young people being able to be educated in an environment where they see excellence all around them and they recognize that they have a bigger role to play in society. So, if you come to undergrad at Howard, and want to go to medical school, you could do a writing workshop in the summer with Ta-Nehisi Coates and just

imagine what that does for your perspective on life. When you do, do medicine and you go out to practice or to teach others, I mean that's an influence, a different kind. And that's what happened at Howard back in the day when we had Elaine Locke, etcetera and our liberal arts education environment, still in Brown and now the Tony Morrisons and then you had those students going to medical school. So we focused a lot on the giants in medicine, but the reality is the average student who went to Howard undergrad got an incredible education back then, and that's what's happening today as well. So, I think it's a bigger ecosystem that's well differentiated and it's giving the students an incredible experience.

Dr. Morgan: What do you see as the long-term opportunities for Howard University? There's certainly geographically pretty tight on the campus there. Programs as you mentioned, are expanding, but also capacity is an issue. How is Howard going to grow and how is Howard going to have more impact on the education of all Americans?

Dr. Frederick: Yeah, Howard is at its largest size right now. We have over 13,000 students. We've had the largest number of applications for undergrad last year, 34,000. We had some 11,000 people start an application in medical school. I think 8,540 completed them. And we only have a class of 130. So, we are in growth mode. And I have to be honest, I don't know what exactly the ceiling is. And while we do have physical constraints, I think there are ways to get around that. So, for instance, we are on a path to double the size of the medical school from 180 to closer to 250. And one of the ways we have to look at doing that is we have to recognize that the preclinical years in medicine are an online program. I lecture to the second-year medical students, so when I go, it's probably the largest turnout because they're curious about the surgeon, who's the president at the university as well, etcetera. And that's about 15 to 20 kids in a class of 125 who come out and that's because of lecture capital and everything else we do that we've been doing since my days in medical school. So, to be quite honest, I think that in the first couple of years when we do a lot of the basic science education, etcetera, a lot of that we could possibly do online. So it's not an issue of a physical constraint. And then we have to look at distributive models, how a hospital is entering a deal with Adventist Healthcare. They have three or four of the hospitals in the Maryland area. So when we look at the ecosystem that's created, we have about five or six hospitals in the system that can accommodate students rotating. And if you look at that distributive model in the third and fourth years, the clinical years for clinical clerkships, your capacity really can go up substantially. And I think that distributive model is also going to be great. The other thing that we have to look at as well is we have to be innovative and we intend to launch a Howard Health program throughout the southeast where small practitioners that probably have one or two people in practice, if not solo practitioners, we can bring them into our ecosystem, provide them with CMEs, provide them with electronic medical consults for specialists, etcetera, and make them part of our system. But then we also can send our students to rotate there as well for things like family medicine and internal medicine, even for general surgery and orthopedic surgery for people with smaller practices in the South. So, I think that there's several different innovative ways that we have to go about that expansion. So I think our impact is going to be huge going forward. And I think we're just getting going to be quite honest.

Dr. Morgan: What types of data do you have on where the Howard Medical School graduates are practicing and how are they impacting the community today?

Dr. Frederick: Yeah, we have pretty good data. WMC started tracking where students end up in terms of training and then subsequently where they practice. And as a result, they started to develop a bit of a social impact indicator. And one of the things that's obvious is that the students who graduate from Howard, from Morehouse, from Meharry, from Drew tend to practice in the most underserved neighborhoods in our country. So, where the largest health inequities are occurring is exactly where our students are running to those fires. And I think that we are very proud that our graduates continue to do that. So much so that that's one of the impetus, that's a major impetus behind our intent to have a day of service every year on Juneteenth, where we will mobilize all of the Howard alum, the hundred thousand living alum, all around the world, including our physicians to provide service on that day and to document it. We talk a lot about alumni giving, but one of the biggest things that our alum do is to give service to others. And I think that we need to lead the way in starting to record what that looks like and also to make that part of the criteria of what a good Harvard alum does.

Dr. Morgan: There're so many points that we could discuss, and I know we're probably getting close to time at this point and would want to invite you back to maybe talk about some specific things like cancer disparities or even really sickle cell disease and the evolution of care. And I have sickle cell disease in my family as well, and I have a cousin who was a professor at University of California and recently passed but lived into her sixties and was quite effective. And I think that is a condition that obviously we need to know more about, even though we know something about it, we don't really know what we can do to make a difference. But what I'd like to maybe think about at this point is what are your plans? What do you plan to do as such a young man and having accomplished so much? Are you going to stay in surgery to some extent or just what are your thoughts?

Dr. Frederick: Yeah, sure. I'm going to continue to, I have a sabbatical coming up, so I'm going to continue to teach and operate. My intent is to probably do more medical admissions and practice in an organized health system like the one at Howard. And most importantly, to spend time with my family. I think I've been going at it pretty hard for a while. The average tenure for university presence is now down to less than six years, at HBCUs, it is actually less than three years unfortunately. And I've now served 10 years, so I'm well expired in terms of that. And so, my intent is to spend some time with my wife. We're going to travel every month to some really exotic places around the world that I'd love to visit. I have a rising sophomore at Duke, who's on a soccer scholarship. He starts in their midfield, had a great run in the playoffs last year all the way to the quarter finals, and this year I think they could do it and then he's going to be a big part of that. So I got to maybe 14 or 15 of his 19 games last year. I intend to get to everyone this year. I have a daughter who's a rising senior, plays volleyball, so we've been on college tours. She's taking a look at three places so far. And so, we're going to spend the fall taking her around, and letting her decide what she wants to do. And she told her ACLI she wants to be an orthopedic surgeon. Actually prior to that incident, had her operation and just recently spent a week shadowing at hospital for special surgery. So the bug has definitely bitten her. And so, I'm going to try to be



supportive of her athletic and academic efforts over the course of the next year as well during my sabbatical.

Dr. Morgan: Well, that's wonderful. I have three daughters and I have to credit my wife for most of the heavy lifting, but they've all been successful. And my granddaughter is in your son's class at Duke and she had a very positive year as well. So, that seems to be quite a wonderful environment for students, the undergraduate program, the selections they have, but also to be surrounded by the professional schools. And so the athletics of course speaks for itself. But I really wish you the best and want to thank you so much for what you've done for Howard University to put it back on the map where it belongs and lift the expectations of the students and to have the recognition from the world of the importance of Howard University. And we as alumni will have to do our part to continue with what you have shared with us. You have any closing thoughts about your impressions about the convention here at the National Medical Association? Of course, we have an exciting symposium coming up this afternoon and I'm sure we'll have other opportunities to talk about the Supreme Court decision and so forth. But what would you say would be kind of the crystallizing thoughts?

Dr. Frederick: Yeah, the National Medical Association has been near and dear to me. It's the first place that I presented at a national meeting and interestingly enough, the topic I presented on was splenectomies in adult patients with sickle cell, of which I was one of those patients. And so, I always felt that it was a great proving ground for young black physicians. And I felt that we did go to a period of time where I think the people who were attending were more senior. We didn't have as many young people. And I think one of the things I've already seen in the 24 hours that I've been here is a number of younger people who were here. And I think that that was a change that we needed. And I think those young people are very excited about being here, and I think that's exactly what the National Medical Association should be about. I think all the challenges the association is taking on in terms of closing the gap in health, equities, etcetera, the future of that fight, the future of that march as it were, and to close those gaps really depends on the young people. And so, we have to get them here, have to get them amongst us, we have to spend time with them and what I see is absolutely exciting. I think it's a great time, the National Medical Association, and I hope we capitalize on the opportunities to really get the young people involved and to push them into leadership roles so that they can take on the fight as they should. So, very excited to be here and looking forward to the outcomes.

Dr. Morgan: Well, thank you so much for spending time with us today and the best of luck and don't know where you're going to go first, but I'm sure they'll all be quite exciting. Tell us just a little bit about what's going on in Trinidad these days. Is that one of the places I need to put on my bucket list?

Dr. Frederick: Yeah, that's obviously, that's my home. Trinidad and Tobago definitely should be on your bucket list. Carnival is an incredible experience. I'm there pretty often over the past, even right after the pandemic. I've been there this year, I think already five or six times. I'm going to go there once a month. When the school starts back, the public school system starts back, I'm going to volunteer at my high school to teach biology, chemistry, physics. And I'm also going to help young people throughout the country apply for university to let them know what it

takes. So, it's a place that's near and dear. I think it's an exciting place to be. Again, lots of young people with really, really great ideas. I've had the opportunity to renovate the physics labs at my high school and to have a plaque put up with my kid's name on it. And so, it's a very, very special place for me. My grandmother is still there and alive at 99. She'll turn a hundred next year. So, it's a place that I am there often to try to give back and there often to try to bring people so that they can experience I think a lot of the beauty of the place and especially the people.

Dr. Morgan: Well, that's inspiring. That is really inspiring. And as I practiced in my hometown for 30 years in Gary, Indiana, so I was giving back every Friday on the sidelines and working in the high schools and mentoring programs and the like, but I didn't quite go to the level of going back and teaching chemistry and biology. So, I admire your ability to do that at this date. But thank you so much for being with us and enjoy the convention.

Dr. Frederick: Alright, thanks for having me.

Dr. Morgan: Alright.

(End of recording)