



Risa Lavizzo-Mourey,
M.D., M.B.A.

**BETTER HEALTH FOR ALL AMERICANS:
BENDING THE ARCH TOWARD JUSTICE**

Institute for the Advancement of Multicultural & Minority Medicine
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Good morning everyone. It's a privilege to join your discussion – especially on this topic, in this setting, at this time.

Washington and all of America this week honor the life and legacy of one of humanity's great champions of dignity, freedom and justice. Martin Luther King spoke truth to the powerful – and to the powerless. He saw all of us as partners on the same journey: "We may have all come on different ships," he said, "but we're in the same boat now." He taught us that "whatever affects one directly, affects all indirectly... I can never be what I ought to be until you are what you ought to be."

The tribal peoples of southern Africa have a word for it – "ubuntu." It means "community with a purpose;" that we're all connected; that each of us is part of the greater whole. I believe this is the essence of being human. That what we do as individuals affects the whole world. That when one of us is diminished – all of us are diminished. And when one of us is lifted up – all of us are lifted up. "This," Dr. King said, "this is the inter-related structure of reality."

It's a reality that's not always warm and fuzzy. Nor does it get better if neglected over time. Two generations ago Dr. King issued a stinging indictment of the inequalities in the health of Americans. His words are still powerful and pertinent. I call them up this morning – an invocation, if you will. Listen to what he said -

"Of all the forms of inequality, injustice in health is the most shocking and the most inhumane."

He was spot-on then – and it's still spot-on today. This Summit gives fresh voice to Dr. King's certainty – that America cannot reconcile the differences that divide us without also reconciling the inequality and injustice that's embedded so deeply in the health and health care of our people.

The very words "Health Equity Summit" are like a call to action, aren't they? Think about it. Fairness. Justice. Coming to the mountaintop. Phrases like these have echoed – like history's call-outs – down the corridors of the Willard Hotel for a century-and-a-half. Upstairs, in a second floor suite, President-elect Lincoln put the final polish on his first inaugural address – the one that called on "the better angels of our nature." During the Civil War poet Julia Ward Howe stayed here while visiting the First Family and Union troops. She was so inspired that back in the hotel she grabbed "an old stub of a pen" and scribbled down the verses we know as the "Battle Hymn of the Republic."

Jump ahead now to August 1963 – exactly 48 years ago this week. This time it's Dr. King who's upstairs. With barely 12 hours to go, he's just now getting down on paper his message for the multitudes soon marching on the mall. The media reported that their call for jobs and freedom was the "greatest assembly for a redress of grievances that this capital has ever seen." When Dr. King – speaking from the steps of the Lincoln Memorial – declared that "I have a dream," America changed forever.

We would not be here this morning if not for that speech. The writer James Baldwin was there. Even in the excitement of the moment, he saw what really mattered. "What we do with this day," he said, is even "more important" than the day itself.



This is what brings us back to the Willard. America's not yet done with that long ago day. We still have a lot of "doing" before we can look ourselves in the mirror and say that – at last –

- disparities in health are dismissed,
- fairness in health care prevails,
- the "crooked places" have been made straight,
- and this part of the dream is finally fulfilled.

It is my hope that by the time we go our separate ways later today we each carry a renewed shared sense of where we are going, what we are going to do, and why we are doing it.

This is more than just another chore on my CEO to-do list. Bringing justice to health and health care is a cause that's hard-wired into my DNA. It's basic to my very being. Let me explain.

My parents were physicians. My mother was from Atlanta. My father was from New Orleans. Mother's family was tight-knit. Middle-class. Live by the rules. Follow your faith. Help others. This is how they lived there lives.

Mother knew Martin Luther King Junior from childhood. My grandfather was a deacon at Martin Senior's Ebenezer Baptist Church. In fact, Martin Senior married my parents – and buried my grandparents.

My folks met and married in Nashville, at Meharry Medical College. After medical school they went West – to Seattle – to beat the Southern deck that was stacked against them. They found that even way out there Africa Americans had to struggle more than others for good jobs, equal education and fair housing.

I was still a young girl when it all started to change. Actually – my parents were part of the change. There were marches and boycotts and the churches got involved. Though I was barely 7, I got to go along. One time it was cold and wet and I was wearing shiny patent leather shoes and a minister friend of our family, Sam McKinney, shouted to us "Come on! Don't be afraid to get your feet wet for freedom!"

That's when Dr. King came to town – and to our home. It was November, 1961, a couple of weeks before Thanksgiving. It was his only trip to Seattle – a whirl-wind two days. Friday night he spoke to a big crowd downtown. Afterwards, Dr. King, a bunch of ministers and friends and my parents – they all went out for barbecue and then came back to our house. I was allowed to stay up for it. It was noisy and fun and there was Reverend King, sitting in our living room – just like that – talking on the phone to people back in Atlanta.

My thin connection to that slice of history has influenced the narrative of my entire life. From childhood, watching my mother with her patients, through the years when I was the medical mom myself, to my role now as a philanthropist. All my life I've witnessed how disparities of race and ethnicity, gender and class, economics and education haunt just about every corner of our society and block the path for millions of us to good health, good quality patient care, and to a good life itself.

The bottom line is that fairness in health and equality in health care are singular human rights. Achieving them is an elemental force for social justice. Sustaining them is an imperative for the well-being and security of all our peoples. The code word is "disparities." We all use it. It's a cold and isolating word that technically means "the state of being different." We seldom say out loud that it really means what happens when you're not White. The causes are many and complex. In mainstream White America most people presume that a certain level of



support and care is ready and waiting for them when and where they need it. They don't particularly worry who furnishes it, where it comes from, or what is really costs. They just assume – correctly – that it's going to be there – no matter what.

But if you're not part of mainstream White America, if the color of your skin, or the country of your birth, or the tribe of your ancestors, or the language that you speak, or the higher power that you pray to – is different – really different – well, your life's going to be a lot different – isn't it?

Here is one big reason why: majority America too often fails to regard vast numbers of our poorest, oldest, sickest, nonwhite people and their families as equal members of our society. It's as simple and sad as that. It's why our society even now struggles with that harsh reality of health injustice that Dr. King condemned half-a-century ago.

But – please understand – this is only one function of the disparities equation. Dr. King gave us the other common denominator. He intuitively understood what it took the rest of us two generations to quantify – that dramatic differences in the health of racial or ethnic groups persist from the moment of birth all the way through old age – and unto death. It's crushing to consider how these solitary statistics translate into what happens in the lives of our co-workers, neighbors, friends and families.

For example, the infant mortality rate for black babies in the District of Columbia is almost 5-to-1 higher than for White babies born across the river in Virginia. Black men living in parts of the District are likely to die 18 years sooner than White men living a short drive away in suburban Maryland. Hispanic and Vietnamese women contract cervical cancer at twice the rate of White women. American Indians suffer from diabetes at more than twice the rate of the White population. Blacks living with diabetes are more likely to go blind, have feet and legs amputated, and fall into end-stage renal failure than are Whites with diabetes.

None of this is new. It spills over into the very research we rely on to expose these disparities in the first place. You may have heard the buzz that the National Institutes of Health courageously just blew the whistle on itself. A team of economists and NIH researchers examined 83,000 grant applications from 2000 to 2006. Their report was published last Friday in the journal *Science*. What they found is stunning: Black scientists are one-third less likely than their White counterparts to get the NIH to fund their research projects. Even adjusting for other variables, the only viable explanation why black scientists get turned down more often than Whites is because they are – Black.

Francis Collins, head of the NIH, got it exactly right when he told reporters from *The New York Times* – “there is still an unconscious, insidious form of bias that subtly influences people's opinions...” This study tells us that not even steady, hopeful progress is enough to close the gap.

One of our foundation's top priorities is the development of talented medical faculty and scientists from under-represented racial and ethnic populations. It's been a challenge for a long, long time.

More than 10 years ago the Institute of Medicine asked me to help co-chair the committee that produced the IOM's landmark report on disparities in health care. We called it “Unequal Treatment.” Listen to what we had to say about disparities research (and I quote):

“Several broad areas of research are needed to clarify how race and ethnicity are associated with disparities in the process, structure and outcomes of care.”



What's apparent now is that the dark shadow of disparities clouds the very research process itself. We have a long, long way to go – don't we?

Consider this: while it is true that health care coverage is scheduled to expand in 2014 – it's also true that tens of millions of Americans of color remain uninsured - about a third of all Hispanics and Latinos, 20 percent of all blacks, and nearly as many Asian-Americans.

Communities of color are hit harder than their White counterparts in almost every category of economic and health security – employment, income, poverty, housing, retirement, health care. No wonder so many from minority communities report their health is poor, or they don't get their blood cholesterol checked, or go for a mammogram or a pap smear, or get flu and pneumonia shots. Many simply can't afford it.

Meanwhile, the Census Bureau reports that by the year 2039, more than half of the nation's working age population will be people of color. That may sound like it's a long way off – but unless we make giant strides forward and fast, America's mid-century workforce is likely to be less healthy and less productive. Connect the dots and the health, economic and national security ramifications are obvious. How to solve this puzzle frames everything that's on the table at this summit meeting. Fortunately, we're gradually identifying more and more pieces of the puzzle – though how and where most of them fit remains – well, it remains a puzzle!

At heart I'm still an MD. And the doctor in me likes to examine the patient before we talk about treatment. That's the same approach we took recently when we took a look at the state of health and health care in America.

To help with the diagnostics, we convened The Robert Wood Johnson Foundation Commission to Build a Healthier America. It was a national, independent, nonpartisan panel of blue-ribbon experts. We charged them with answering the same tough questions this Summit addresses:

- One – why are some Americans so much healthier than others?
- And, Two – despite spending more per person on health and health care than anyone else in the world, why in the world aren't we the healthiest people in the world?

The Commission came up with part of the answer. They found that “health” is more than health care. That where we live, learn, work and play have as much – or even more – to do with our health than do family genes. In fact, some of our most harmful health problems are enflamed by toxic interactions between how we live our lives and the economic, social and physical environments that surround us.

Only in recent years has the data confirmed that many of the causes and cures for what ails our health are to be found in education, income, housing, geography, manufacturing, the workplace – even in agriculture policies and farming practices. These social “determinants” rule our health with a stealth influence that accumulates across lifetimes and spans generations. The impact is persistent, pernicious and permanent.

The indicators skew toward a terrifically disproportionate hit on black and Hispanic families, no matter where they live. This is not a natural disparity. It is a national disgrace. We're on the razor's-edge of being too late. Without sustained and far-reaching action the outlook is grim.

For the first time in our history, we are raising a generation of children at serious risk of living sicker and dying younger than their parents. This is pretty strong stuff – but that does not mean there's nothing we can do about it. Quite the contrary.



I travel all over the country. I meet and listen to our grantees, researchers, partners and pioneers. Some are men and women who attack complex problems with strategies and methods that don't ordinarily occur to most of us.

I've learned to spot them. They stand out because they challenge convention, call out the status quo, and come up with solutions that flip the polar energy of "normal" from negative, to positive.

It's a remarkable phenomenon called "Positive Deviance." "PD" - maybe you've heard of it. Positive Deviance supposes that if normal behavior produces negative outcomes - then deviating from normal behavior should produce more positive outcomes.

We supported PD's early development - and now it's a forceful movement for social change that's popping up all over the world. Researchers from Tufts University in Boston came up with the idea while exploring ways to alleviate hunger in corners of Southeast Asia. To field-test the hypothesis, Tufts sent investigators to Vietnam - Jerry and Monique Sternin. What happened next is a legend among social scientists and community health experts.

The team came on a village where 70 percent of the children were malnourished. This was the norm. But what about the 30 percent who were not malnourished? This was not the norm. The healthier kids all lived in the same village. Had the same socioeconomic status. Shared the same risks. But they were in better shape than the others.

The explanation was hiding in plain sight. Families with the healthier kids paid better attention to ordinary things like what they ate, what they drank, and personal hygiene. By their own positive behavior they deviated from the village's negative norm. And get this: when the majority of the families adopted the good-health habits of the minority - malnutrition rates dropped as much as 85 percent. In other words, health disparity turned into health parity. The researchers explained that you simply "amplify" what's going "right" - rather than just "fixing" what's going wrong.

Sometimes all it takes is doing what we know already works. This is the stuff that can alter the trajectory of all society. For now, though, I'll settle with reversing America's negative norms of health injustice.

We see flashes of it happening here and there, back home, where health and health care is local, where the challenges are up close and personal, the need for solutions is immediate and real, and the outcomes are right there in front of you.

Let me show you exactly what I mean.

Here in the District of Columbia and in cities across the country thousands of people of color live in some of those "food deserts" we hear so much about - where access to fresh healthy food is low and the prevalence of childhood obesity is high. This is a big deal for us. The Robert Wood Johnson Foundation is investing half-a-billion-dollars to reverse the rise in childhood obesity by the Year 2015. In Nashville, we support a coalition from the faith community that is mobilizing a city-wide campaign to improve access to healthy foods and opportunities for kids to get exercise.

- [Play the video.](#)

We can reduce health disparities by improving health itself. Our health care system does a good job treating symptoms. But it often fails to address common social factors that damage



the health of communities of color and poverty. “Health Leads” is a demonstration program that helps low-income patients and their families make the connections the system overlooks. Physicians prescribe resources like fresh food and heating assistance as routinely as they do medication. Volunteers then make the connections patients need to “fill” the prescriptions.

Johns Hopkins in Baltimore is one of our sites. Remember “ubuntu” – that African word that means we’re all connected? This is “ubuntu” in action.

- [Play the video.](#)

These stories go to the very heart of who we are as a people, how we take care of one another as family, how we indeed are a “community with a purpose.”

Marian Wright Edelman has been at this for a long, long time. She is a fierce advocate and champion for millions of children who truly are left behind – the marginal, the minority, the disabled and the dispossessed. Back when Dr. King was leading the March on Washington, she was a young attorney down in Mississippi, defending civil rights workers who were fighting to register blacks to vote.

Sometime ago she said, “A lot of people are waiting for Martin Luther King to come back. But he is gone. We are it. It is up to us. It is up to you.”

She was right. Look around this room. It really is up to us. To do this and do it well, without fear or favor, with only the good health of our people and the common good of our nation in mind is nothing less than an imperative – a social, moral and health care imperative.

This is a tall, tough mountain we’re climbing. We know it won’t be easy – because it’s never been easy. But then, if it was easy, we wouldn’t be doing it – would we?

A few months before he was killed, Dr. King spoke in Atlanta to civil rights leaders from across the country. The forces arrayed against them were angry and often violent. Dr. King sought to bolster their resolve with words that still speak to us in the here and now.

He told them, “When our days become dreary with low-hovering clouds of despair let us remember that there is a creative force in this universe a power that is able to make a way out of no way, and transform dark yesterdays into bright tomorrows.”

Then he said, “Let us realize the arc of the moral universe is long – but it bends toward justice.”

This, then, is the task before us. To make a way out of no way. To transform yesterday’s darkness into tomorrow’s bright light. To bend the arc of America’s good health toward justice. And to know that the dream will never die.

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