

Making a Difference in People's Lives

2005 Roger G. Larson Memorial Lecture

by Regina Benjamin, MD

I am truly, truly honored to be here today to present this year's Roger Larson lecture. I understand that this lecture was started to promote the development of multi-hospital system management and to encourage leadership among system executives. I would have loved to have met Roger Larson, especially back in the 1990s when I was on the Eastern Mercy Health System Board. We went through the very challenging and often frightening process of forming Catholic Health East (CHE). As a founding board member and currently on the executive committee, I can see that we are now a successful multi-hospital system, exactly what Roger Larson's vision would have predicted. So, again, I'm really honored to be here for this lecture.

I'm often asked things about the water, and you're going to find a lot of my stories about the water, so I want to start by telling you about a young ensign who was on duty one night. He had the watch on a great battleship, and everything was going fine until he looked out and saw a light. He plotted out the course and he realized it was in direct path of this great battleship, so he flashed out a warning, "You are in direct path of a great battleship, alter your course." He waited for a reply. The reply came back, "No, you alter your course." So he got his captain, the captain assessed the situation, came up with the same conclusion and the captain flashed out a warning, "You are in direct path of a great battleship, alter your course." They waited for a reply, and the reply came back, "No, you alter your course." By this time, it was getting pretty late and they had to wake up the admiral. Like any good administrator he said if you want something done right, do it yourself. He assessed the situation, plotted out the course and came to the same conclusion. He flashed out a warning, "You are in the direct path of a great battleship, alter your course immediately. I am an admiral." They waited for a reply, but no reply came. They waited, still no reply. Finally, the reply

came back, “No, you alter your course, I am a lighthouse.”

I believe that you and I have to be lighthouses to stand our ground for what we know are injustices, those battleships that are moving in the wrong direction, those battleships that we've heard about over the weekend, things like health disparities, uninsured and the under insured, the under funding of Medicaid. There are also other battleships that we as individuals can work on, things like racism, domestic violence and low literacy. We can change their courses just by standing our ground, and that's what we're often doing. You see AHA is helping to change some of those battleships right here in Washington through their advocacy work.

Today, I'd like to share with you how I got started in organized medicine, as well as tell you some of my personal stories and hopefully stimulate your ideas.

People ask me how I got involved in organized medicine. Well, as an intern in Macon, Georgia, I attended the Medical Association of Georgia's Annual Meeting, and one of the intense issues that was being debated was the teaching of sexually transmitted diseases in medical school. Well, I stood up in a room of maybe 30 or 40 people, and told them I had never seen syphilis or gonorrhea except in a textbook and I thought there was a need to teach these diseases in medical school. The Reference Committee agreed, they passed a resolution, and they forwarded it to the American Medical Association (AMA). The Georgia delegation sent me to the AMA to speak on the same issue and the resolution passed. Within six months, every medical school in this country was encouraged to include sexually transmitted diseases as part of their core curriculum.

I learned that one person can make a difference, whether in medical policy or in medical practice. When the National Health Service Corps sent me to Bayou LaBatre, I learned that I can make a difference in medical practice. It's a pretty place but it's a poor place. I found a community of working poor, too poor to afford medical care, but too rich to qualify for Medicaid. I like the people, I like the community, and I wanted to practice medicine there. But I quickly learned that practicing medicine wasn't just sewing up shark bites, I had to deal with the land sharks, the

regulators, the reviewers, the red tape dispensers, and what I call the hammerheads, the lawyers. I decided to stay involved in any way I could to get help for my patients. I stayed involved with the AMA, I stayed involved with the state medical association and our local county medical society, as well as serving on boards of the United Way, Red Cross, Girl Scouts, our Chamber of Commerce.

I learned that my patients had problems that my prescription pad alone would not solve. There were things that I wasn't ready for. One patient, Donna, a 28 year-old white female with two little kids, had seizures but for a long time they were under control, and all of a sudden she started having seizures again. I asked her, "Donna, what's different? Did you change your medicine, did you miss your medicine?" She said, "No. Jim, our pharmacist did," and she took out a piece of paper and she drew her pills. "My striped ones used to be my yellow and whatever color," and she drew them for me and said, "Jim gave me some different ones," and she drew what he gave her. Our State Medicaid had switched to a managed care program and now Donna was getting generic medication. Donna couldn't read and I didn't know. I knew I could write all the prescriptions in the world, but first I needed to find some place to help her read.

Another patient, Willie, late 30s, black gentleman who had a speech impediment growing up, so he didn't go to school because they thought he was retarded. If you ask him to do anything, he'd do it. If you tell him to cut the grease out, he'll cut the grease out of his food, but don't say cholesterol, say grease. He does what you tell him. He did odd jobs around the community and he cut his hand, which got infected, so he went to the hospital. It happened that the hospital is a Catholic hospital, and the social worker is a nun who wears her habit. When she met with him, he assumed that all nuns would be teachers. She asked him, "Willie, is there anything we can do to get you a home health nurse or anything we can get you for when you go home?" He asked, "Can you teach me to read?" I knew that my prescription pad had to be involving our community resources to help these two people get services.

Another patient, I'm going to call Mrs. Smith simply because of HIPAA, called me on a

weekend. She's a heavy-set lady who had been trying to diet because she had a slipped disc that needed surgery, and the surgeon told her she need to lose some weight before she could have her surgery. She called me and said, "I'm having so much pain, Dr. Benjamin, can you help me?" I called in a prescription for Darvocet and told her to come in and see me on Monday. On Tuesday, she came in. When I walked in the room she was leaning over the exam table because she was in so much pain that she couldn't stand. I asked her, "Mrs. Smith, did the medicine I gave you help?" She said, "Well, I haven't gotten it yet. I get paid on Friday and I have a co-pay, so I'll get it then." I said, "But you've gone through the weekend without it?" She said, "I'll get it, I just didn't have the money." So I stepped out of the room, asked my nurse to go get her medicine. Her co-pay was \$5.60 and she didn't have it. She worked for minimum wage and she has a Blue Cross card, which is good, but she didn't have the co-pay. So we got the medicine, and I walked back in the room and as I gave it to her she started to cry. She said, "Oh, Dr. Benjamin, I'm so embarrassed, I didn't mean for you to do that." I realized I had done something culturally inappropriate. I embarrassed her. . I realized I had made a mistake. When she got ready to leave, she asked for an excuse to go back to work. I said, "Sure, do you want it for Thursday or Friday?" She replied, "No, we've got to strip the floors at the school tonight, I've got to go back to work tonight." She is one of the people who are underinsured, and we talk about them as though they really are undeserving, but they're not. That's why when I come to Washington, I'll leave the office and I'll go and talk about it to anybody who'll listen. I'll go to meetings and I'll sit here in Washington, even though I'd much rather be at home, and talk to anybody who will listen, to make them realize that we have real people behind these policies that we're implementing.

Still, working in the community is very important, and health is not simply the absence of disease; we also need to care for our communities. If you've got a patient that comes in with hypertension, it may not be that it's just pressure, it may be because the shipyard is going to close next week and they just found out about it. Economic development is as important as clean air and

clean water, as writing those prescriptions. So I encourage you all, as you are, to be involved with your community.

Through working with others, like today's meeting, we can change some of those directions of those battleships I talked about, and we can truly make a difference. I know that many of you have community outreach programs in your hospitals; I urge you to continue to support those.

Recently, we were able to obtain a rural outreach grant from HRSA, which forced us to basically formalize some of the long-term relationships that we've had with our community organizations and social service agencies. For example, our Advisory Board includes representatives from our referring hospital, the mental health agency, health department, school nurse, social services, our mayor, home health agency, and a local minister. While we had been working with all of these agencies individually, we really had never worked together as a group. We in health care really need to show people how we've been doing this all along, what we call our community benefit.

There are a lot of doctors out there that really care, we just don't toot our horns enough. We really need to let the world know what we're doing in health care, that we really do care.

There are some financial realities, and I know that, I know that very well. If you can't keep your doors open, you can't continue to serve people, so I don't want to minimize the fact that you have to keep your doors open, and we need organizations like AHA to help us. There are things that we can do, though, as individuals.

It's often said that you make a living by what you get. You make a life by what you give. It's so important that you give of yourself, that you just spend a little bit of time with a young child, mentor him, or maybe spend some time with an elderly, lonely individual, talk to them, give them a phone call. Because in health care, we are truly, truly blessed, particularly as physicians, I think we have the best profession there is. Just think about what it's like to see the look on a mother's face when you tell her her baby's going to be okay. Whether her baby's three or 33, that look is the same.

We are blessed. Our patients really trust us. They trust us, and I don't know why they trust us, but they trust us. A young woman who's being physically abused will tell you her deepest, darkest secrets, things that she would never tell her priest, her rabbi or her minister simply because she trusts you. A mother will put her baby in the arms of a perfect stranger, someone she's never seen before, simply because she trusts us.

Our hands are oftentimes the first hand that a baby will feel as it enters this world. Our same hands are oftentimes the last hands that an elderly person will feel as he leaves this world. We are truly, truly blessed in health care, but with that blessing comes a tremendous amount of responsibility. We have to be responsible, which brings me to leadership.

I've had the opportunity to participate in national leadership programs with Kellogg National Leader and Rockefeller Next Generation Leader. In these programs I've learned some formal leadership styles, two of which I'd like to share with you.

The first is a servant leader, and that's a person who leads simply because there's something to do, they serve, they lead by service, they see something that needs to be done and they just do it, not for the glory, not for the fame, simply because they don't mind serving. You see examples everywhere, you see it in the Bible, you see it all over the place. My example is my grandmother. My grandmother lived on a busy highway, and during depression she would make sandwiches and put sandwiches and lemonade out so that, as the hobos would come by, they would have a cool drink and something to eat. Whether they were black or white, they always knew they could stop by her house and get something. It was for no reason except she knew that she had food and others didn't.

When my mother and her twin brother were growing up in the south, just like the rest of the United States during that time, there was segregation. In our Catholic church, they had to sit in the back of the church. So my grandmother got someone to donate some land, and the Archbishop dedicated that land and made a mission and started a church for blacks in our community. One of

the things about that particular church is that the Sisters of Mercy came to the eastern shore to help, conducting fundraisers and lawn parties and they were introduced to the eastern shore. As a result, they started a nursing home called Villa Mercy, and that nursing home has developed into Mercy Medical, which is the only inpatient hospice in our state. Of course, it's part of Catholic Health East System now, so everything kind of comes full circle.

You've heard people say that everything's local. I was in *Time Magazine* and had articles in *The New York Times* and other publications, but my mother called me one time and she said, "Ginny, you must be really important, you're on Mercy Medical Board." None of that other stuff really mattered, except that one at home.

You've seen examples of that servant leadership right here. John G. King, Sister Mary Jean Ryan, and all the recipients of awards. We have perfect examples of servant leadership. Those types of leadership are quiet but very, very effective.

The other type of leadership, I call leadership from behind. Well, we all know that as we rise to positions of leadership, we should reach back and pull people up to also be leaders. It's very, very important that we do that, but we don't stop there. A really strong leader will also push others out in front and let them be even stronger and get more of the limelight but support them and let them know that they will not fall if they stumble because they've got you behind them. In the teenagers' language, you've got their back. It takes a strong leader to be able to do that.

We have a program called AHEC, which I'm sure many of you know. We took some kids to visit schools, an eight-year old girl we took to Birmingham to the University of Alabama at Birmingham (UAB), and she loved the place. She said, "This is beautiful, it's beautiful. When I grow up, do you think they'll let me clean?" We have to be leaders strong enough to tell her she can sit in that chair and graduate from UAB, and she can be anything she wants to be. She can be a doctor, she can be a nurse, she can be whatever she wants, but she has to know that she can do that, and it's up to us to show her, and people like her, that they can do whatever they want.

We need more minorities in the health profession. This little eight year-old, we need to tell her that she can be a physician or she can be a nurse, we need to encourage her. You see kids all the time, they look up to you because you're in health care, you are the leaders. Ask them, do they want to be a doctor, do they want to be a nurse, do they want to be a physical therapist? Just take a little time and encourage them and push them along the way.

There's a commission that was formed about two years ago, the Sullivan Commission on Diversifying the Healthcare Work Force. It's a blue ribbon commission named in honor of the former Secretary of HHS, Dr. Louis Sullivan. And the commission held hearings all over the country last fall and issued its report, and that report is entitled: Missing Persons: Minorities in the Health Profession. The commission found is that while 25 percent of the nation's population is minority, only 6 percent of physicians are minority. That's the same percentage as in 1910, and we can do better, we have to do better.

Less than 9 percent of nurses are minorities. I don't know how many administrators are minorities, but I bet it's less. And although our minority populations and the general population are growing and increasing in recent years, there has been a downward trend in the minority enrollment in our nation's medical, dental and nursing schools. Unless we correct these trends very quickly, our nation is going to face a growing ethnic and racial disconnect between those who seek care and those who provide that care. A great example is the Institute for Diversity. I don't know many other health care organizations that have an institute, that have formalized it, so the American Hospital Association should be very proud of this institute and support it very strongly because we really do need more minorities in leadership positions.

You never know who's watching you. When we're out being leaders, people are watching,. You don't know who's watching the Institute, you don't know who's seeing you. When a reporter would call me to do a story, I'd get upset. I was busy seeing patients, they always have a deadline, they want to talk right then. I wanted to say no, I need to see patients, and you're bugging me. All

of a sudden I got a package in the mail, a manila envelope full of letters from a second grade class, and they all said I want to be a doctor just like you. I realized that in all of those articles, none of it was about me, it was about those kids. If just one of them becomes a doctor, my time with those articles and reporters was worth it. Now I answer any reporter's call and talk to them. It really makes you notice someone else is watching you; you have to measure up to that standard and make sure you set a good example.

When I was on the AMA Board of Trustees, it's a little different than some other the association trustee positions because you run for the office, you launch a major campaign over a long period of time. At an AMA House of Delegates meeting, which is about 2,500 people, the Board of Trustees would meet in between the delegate meetings. At one point, I went to get something from my desk, and an elderly black janitor said, "Ma'am, mind if I say something to you? I want you to know that we know you're here, the ladies in the kitchen, housekeeping, I even told my granddaughter about you, and we're very proud of you." You never know who's watching you. We have a responsibility - not only to do things to the good, but also to be good at what we do.

As you're being a leader, I want you to take time for yourself, make sure that you don't burn out. When I got on the plane to come here, the Delta Airlines flight attendant reminded us, put your own facemask on before attempting to help others. We have to remember to do that for ourselves. As health care workers, we always tell everybody else what to do, but we don't do it. We don't exercise, we don't take time to relax, we don't take vacations longer than a couple of days. We need to do that, because as we burn out, we become grouchy, we become all the things that are not good, not healthy. You've got to take time for yourself and you've got to spend some time with your family in reconnecting.

I want to end with a short story, again, by the water. A young girl was jogging along the beach, in the early morning, and there were all these starfish out on the beach. An elderly gentleman was tossing the starfish in the water. She went up to him and asked him why he was

tossing the starfish. There are hundreds of starfish on the beach, the sun's going to come up in a few minutes, and it's going to kill all of them anyway, you're not going to make a difference, so why are you bothering? He looked at her, reached down, picked up a starfish and said, "It'll make a difference to this starfish," and tossed it in the water. I will ask each of you to go out and find a starfish in your community and make a difference in that particular starfish's life; I know that each of you can. Thank you for having me for the Roger Larson Lecture, it has been an honor to be here.

Thank you.