

PRIMARILY Caring

A PUBLICATION OF THE MOREHOUSE SCHOOL OF MEDICINE

SUMMER 2021



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Raphael Warnock
delivers commencement
address, p. 10

A Game Changer

The unprecedented partnership of two entities with one vision: health equity

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A family in the historic West End of Atlanta poses for a photograph in front of their home. They are among a growing number of families moving into an area under intense new development. The historic West End, anchored by the Atlanta University Center colleges, is part of the cultural fabric of Atlanta's African American community.

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COVER: CLINICAL

A Game Changer

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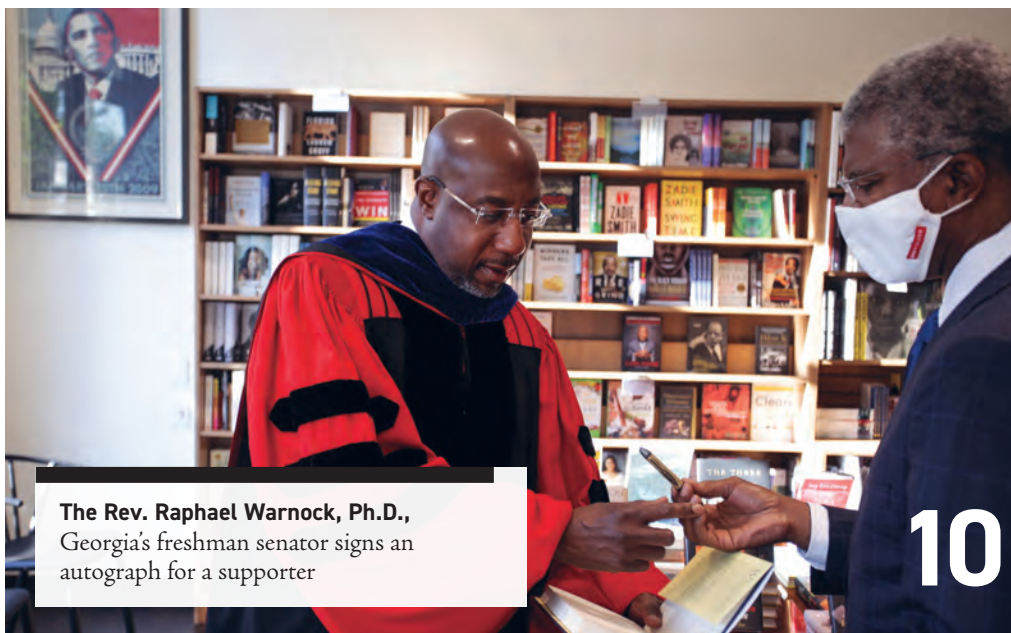


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PRESIDENT AND CEO

Valerie Montgomery Rice, M.D.

EDITOR

David Hefner, Ed.D.

ASSOCIATE EDITOR

Angela Wimes

CREATIVE DIRECTOR

Jenifer Cooper, Cooperworks, Inc.

WRITERS

David Hefner, Ed.D.

Peggy Pusateri

Tim Turner

Angela Wimes

PHOTOGRAPHERS

Jenifer Cooper

KreativTouch Group

Mike Melia

Arvin Temkar

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West End residents sit on the front porch of a local business. The West End is among the communities and residents that Morehouse School of Medicine serves.



Valerie Montgomery Rice, M.D.
President and CEO, Morehouse School of Medicine

For more than 45 years, Morehouse School of Medicine (MSM) has worked to address health inequities in underserved and marginalized populations. With a laser focus on educating and training the health professionals that the nation and the world need, MSM transcended the traditional role of an academic health center, becoming a trusted partner and critical resource to communities throughout Georgia. We continue to innovate against the odds as we recruit, educate, and train health professionals dedicated to service and health equity for all. Our healthcare providers stand in the gap, providing culturally competent, quality care to vulnerable populations. Our research discoveries deliver on the promise of science and medicine, ensuring that miracles created in the lab reach the communities and populations hardest hit and most in need.

The past year reinforced that the world truly does need what we do best. As the unprecedented and devastating effects of the novel coronavirus swept across the globe, the systemic barriers that facilitate health inequities became glaringly obvious. The curtain was removed, and the world could not deny the longstanding racial, political, and social factors undergirding health outcomes in this country. Similarly, it became unequivocally evident that eradicating health inequities is predicated on our ability to define and address the social determinants of health, many of which are deeply entrenched in racial and political divisions. Divisions that dictate factors such as education and wealth attainment, in turn, influence health outcomes.

Consequently, we knew our mission was important now more than ever. The disproportionate impact of the global pandemic on minority communities, and the pervasive medical mistrust and vaccine hesitancy within the Black community propelled us into action. We swiftly implemented a plan to both increase minority participation in clinical trials and administer vaccines to those most gravely impacted by the pandemic. (See our story on page 37 titled, *Protecting the Vulnerable*.)

There is a growing need for diverse physicians, health professionals, and biomedical scientists. Who we educate and train matters — at Morehouse School of Medicine, we are dedicated to nurturing health equity champions and leaders poised to catalyze change and usher in a brighter future for all people. As a result,

we launched new online programs aimed at increasing the number of diverse biomedical and public health professionals entering the workforce. (See the story on page 26.)

We know we cannot do this work alone. Instead, we need partners who share our mission and vision, which is why we are proud of the 10-year, \$100 million partnership with CommonSpirit Health. (See the cover story on page 18.) Announced in December 2020, this trailblazing partnership redefines the scope, footprint, and penetration of MSM's health equity work in the populations and communities we serve. With the launch of five regional medical campuses, 10 graduate medical education programs for residency training, and community engaged research, the partnership reflects MSM's and CommonSpirit's commitment to educating and training students from underserved and rural communities and ensuring that access to care and innovative research opportunities are not limited by one's zip code.

In this issue, we invite you to learn about the many ways Morehouse School of Medicine is expanding to meet the growing demands for healthcare access and improved outcomes in this country. We remain committed to ensuring each person has the resources and ability to live vibrant, healthy lives. Join us as we demonstrate what it means to be primarily caring.

Regards,
Valerie Montgomery Rice, M.D.

New Appointees



MSM Appoints Dr. Joseph A. Tyndall as Dean and Executive Vice President of Health Affairs

Dr. Joseph Adrian Tyndall has been appointed executive vice president for health affairs and dean of Morehouse School of Medicine.

Dr. Tyndall is responsible for the day-to-day operations of the academic programs, as well as executing on the institution's strategic plan. He will also assume leadership of Morehouse Healthcare and its team of clinicians.

Dr. Tyndall joins MSM from the University of Florida College of Medicine where he was a professor of emergency medicine and served as the chair of the Department of Emergency Medicine beginning in 2008. In 2018, he was appointed interim dean of the medical school.

"I am thrilled to become a part of the Morehouse School of Medicine, and I look forward to helping further its mission to create and advance health equity," Dr. Tyndall said. "We will do that by educating and training the next generation of culturally competent clinicians and by increasing access to quality healthcare for the people who need it most. We will focus on discoveries and innovations that connect

health and healthcare, fortify our outreach, and build partnerships that multiply our impact."

A graduate of the University of Maryland School of Medicine, Dr. Tyndall received a master's degree in health services management and health policy from Columbia University. He is board-certified in emergency medicine by the American Board of Emergency Medicine and an American College of Emergency Physicians Fellow.

Dr. Tyndall has conducted research into traumatic and ischemic brain injury and has written extensively and lectured nationally and internationally in the field of emergency medicine. He is an editor of the upcoming 10th edition of emergency medicine's most authoritative reference textbook, *Rosen's Emergency Medicine: Concepts and Clinical Practice*.

An avid cyclist and an amateur classically trained pianist, Dr. Tyndall is married with three daughters.



MSM Appoints Dr. Walter Conwell as Inaugural Chief Diversity and Inclusion Officer

Experienced Equity, Inclusion, and Diversity Leader Assumed Role July 19

Dr. Walter Conwell has joined the Morehouse School of Medicine as its inaugural chief diversity and inclusion officer.

In this new and important role, Dr. Conwell works closely with President Montgomery Rice to develop and implement a comprehensive equity, inclusion, and diversity strategic framework for MSM, as well as support its new partnership with CommonSpirit Health.

In Dr. Conwell's previous role, in which he exhibited the qualities of both a servant-leader and a spirit of partnership, he served as associate dean for equity, inclusion, and diversity for the Kaiser Permanente Bernard J. Tyson School of Medicine. In 2018, Dr. Conwell was the physician director of equity, inclusion, and diversity at Colorado Permanente Medical Group, where he also led the development of an equity, inclusion, and diversity infrastructure covering recruitment, curriculum development, pathway programs, and student support.

Dr. Conwell earned his M.D. from the University of Chicago Pritzker School of Medicine, and his MBA in health administration from the University of Colorado Business School.

Award

MSM Physician Assistants Program Recognized for Diversity and Community Outreach Initiatives by the American Academy of Physician Assistants



Social justice, health equity, industry education integral to the programs initiatives

Students in Morehouse School of Medicine's Master of Science in Physician Assistant Studies program were awarded the Outstanding Student Society award by the American Academy of Physician Assistants (AAPA), the national professional society for physician assistants (PAs).

The Outstanding Student Society award recognizes one student society annually for outstanding service to the profession in the areas of public education and advocacy; public service and outreach; promotion of diversity; and professional involvement.

"Morehouse School of Medicine's mission is to lead the creation and advancement of

health equity," said Pangela H. Dawson, Ph.D., MS-PAS.

"Our students are trained to be compassionate and culturally competent, and this is not only taught in the classroom. We are active members in the community, and this is an example of the work we do. I am immensely proud of our students and the recognition they have received from AAPA for their hard work and commitment."

The PA students worked to meet the challenges of not only the pandemic, but ongoing health inequity and the effects on the local community. The students also sought to raise awareness and confront past and present racism.

The MSM Henry Lee "Buddy" Treadwell PA Student Society led a march to the Georgia State Capitol to advocate for social justice and highlight disparities in health equity. Additionally, the students took part in the White Coats for Black Lives March with staff from Grady Memorial Hospital.

The students also worked to bring attention to diversity in the PA profession and support students in Morehouse School of Medicine's program. During PA Week, held annually October 6 through 12, the students hosted a town hall discussion on diversity in the PA profession. The Henry Lee "Buddy" Treadwell

Inaugural PA Student Society Scholarship was launched, fully funded by students of the inaugural Class of 2021, to support students from minority backgrounds and rural communities. Last year, the society also launched a peer mentorship program for PA students.

In the community, the student society hosted clothing and food drives for the homeless, screened high-risk people for COVID-19, and connected older community members at risk for the virus with resources such as food and transportation.

Founded in 1968, the American Academy of PAs is the national professional society for PAs. The academy represents a profession of more than 150,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services. AAPA advocates and educates on behalf of the profession and the patients PAs serve, and seek to ensure the professional growth, personal excellence, and recognition of PAs. AAPA also enhances the ability to improve the quality, accessibility, and cost-effectiveness of patient-centered healthcare.

Harvard Keynote

President Montgomery Rice Delivers Class Day Keynote at Harvard Medical School and Harvard School of Dental Medicine



On May 27, 2021, Dr. Montgomery Rice delivered her virtual address, "The Person in Front of You: It's Not What's Next, It's What's Possible." Harvard's Class Day is when the graduating students officially become physicians and dentists at both schools.

"Dr. Rice is an inspiration to all of us," said Dean for Medical Education Edward Hundert. "She is one of our most distinguished Harvard Medical School (HMS) graduates, whose life and work remind us of the core values HMS represents." Dr. Montgomery Rice's daughter, Jayne, also received her M.D. degree from HMS in 2020.

The Impact of Data

Satcher Health Leadership Institute at Morehouse School of Medicine Launches Groundbreaking Health Equity Tracker

The Health Equity Tracker aims to give a detailed view of health outcomes by race, ethnicity, sex, socioeconomic status, and other critical factors

The Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine recently launched the first-of-its-kind Health Equity Tracker (HET) for the United States with support from Google.org, Gilead Sciences, the CDC Foundation, AARP, and the Annie E. Casey Foundation. The HET enables MSM to provide a detailed view of health outcomes by race, ethnicity, sex, and other critical factors with a health equity-first approach. The goal for this tool is to help policymakers understand what resources and support communities need to be able to improve their outcomes on a range of health issues.

The tracker is able to ingest and report a total of 15 variables ranging from population demographics to COVID-19 cases, hospitalizations, and deaths, comorbidities and chronic health conditions, to social and political determinants of health such as poverty and insurance rates. “A game changer, while still in its initial phases, the Health Equity Tracker will provide us the opportunity to track the health inequities plaguing this country,” said Daniel Dawes, JD executive director of the SHLI and author of *The Political Determinants of Health*. “Moreover, the tracker will enable us to find solutions that move beyond merely identifying areas and populations afflicted by these boundless health inequities. We are excited to work with key policymakers and partners to drive these solutions to create equitable policies that will alleviate the burden of the deeply rooted political determinants of health for all.”

Engineered as a true platform, the HET has an unparalleled ability to identify missing data gaps across the country, resulting in a novel, comparative approach to highlighting health inequities. The culmination of thousands of hours of engineering, research, design, and data analytics



The Health Equity Tracker is advancing health equity by identifying, understanding, and responding to health inequities in our communities in a way that will allow every person to live well and long from generation to generation.

produced a highly agile solution that can quickly adapt to new and emerging data. The intent is to equip policy makers, community leaders, and ultimately anyone interested in health equity with timely and accurate data they need to assist in health equity-focused decision making at the national, state, and county level.

Adopting a multiphased approach, the HET will expand in the future to include additional conditions such as mental and behavioral health, as well as more social and political determinants of health that impact vulnerable communities, including persons with disabilities, LGBTQ+ individuals, life expectancy, and more.



Metro Atlanta Chamber to Present Its Heroes of Global Health Award to Dr. Valerie Montgomery Rice During the 2021 Bill Foege Global Health Awards in September. Dr. Anthony Fauci, Dr. Carlos del Rio, Dr. Katalin Karikó, and frontline healthcare workers to be honored at the awards

The fifth annual Bill Foege Global Health Awards was presented by MAP International on Thursday, September 23, 2021, at the Delta Flight Museum. The award, named to pay tribute to Dr. Bill Foege, a global hero best known for eradicating smallpox, honors individuals and organizations for their commitment to making advancements in global health.

A Health Equity Ecosystem

Novartis Pledges 10-year Commitment with Morehouse School of Medicine

26 historically Black colleges, universities, medical schools and other leading organizations to co-create effective, measurable solutions for health equity



Novartis and the Novartis US Foundation recently announced a planned 10-year collaboration with Coursera, the National Medical Association, Thurgood Marshall College Fund, Morehouse School of Medicine and 26 additional Historically Black Colleges, Universities and Medical Schools (HBCUs) to co-create programs that address the root causes of systemic disparities in health outcomes and create greater diversity, equity and inclusion across the research and development ecosystem.

Leaders from these companies, organizations, and learning institutions have signed a pledge to co-develop programs focused on building trust in the healthcare system with communities of color and making measurable progress towards health equity. Working together with the communities they aim to impact, the collaboration will focus on improving access to high-quality education, technology, improved health outcomes, and promising jobs; increasing clinical trial and clinical trial investigator diversity; addressing inherent bias in the data standards used to diagnose and treat disease; and finding actionable solutions to environmental and climate issues that disproportionately affect health among communities of color.

“At Novartis, we envision a world with equity in health for all. Just as there are a multitude of factors and causes behind racial disparities in health and education, there is no single solution to this critical challenge. It will take the concerted, urgent action of diverse stakeholders

across the public and private sectors,” said Vas Narasimhan, M.D., CEO of Novartis. “We are honored and humbled to work together with these organizations to build enduring solutions to some of the most pressing, deeply rooted, and historic challenges in the United States, and we invite other like-minded companies and organizations to join us in creating this paradigm shift in health equity.”

Over an initial period of ten years, the collaboration will focus on four key areas:

1. Enable the next generation of Black and African American leaders by creating equitable access to high quality education and professional development for future leaders, in health science, technology and business-related fields.

2. Support the establishment of digitally enabled clinical trial centers of excellence, managed and led by clinical researchers of color, to build trust, increase diversity and inclusivity in clinical trials, and contribute to improved health outcomes for people of color.

3. Research and validate existing data standards that drive diagnosis, clinical trial endpoints and population health policy to identify areas for increased inclusivity and ensure accurate data collection and unbiased treatment decisions.

4. Establish digitally enabled research Centers on the impact of the environment and climate change on health to identify solutions to environmental and climate issues that disproportionately affect communities of color.

All parties will spend the next six months co-creating programs with the communities, including establishing the first clinical trial, data standards, and environment, climate and health research centers at Morehouse School of Medicine. Each organization will bring its own expertise and resources to design and implement enduring solutions in these areas.

“Health equity is not only accessible healthcare for patients, but developing educational and professional opportunities to create a diverse pipeline of educators, clinicians and other professionals, as well as ensuring all are included in clinical studies,” said Valerie Montgomery Rice, M.D., president and CEO, Morehouse School of Medicine. “This is a first of its kind collaboration and Morehouse School of Medicine is excited to work with Novartis and this coalition of medical schools, colleges, universities and other leading companies and organizations to create centers of excellence for clinical trials, data standards research, and environment and health research. We know that real change starts here, when work is done to make a significant impact on representation and inclusion.”





RAPHAEL WARNOCK

THE FRESHMAN SENATOR DELIVERS MSM'S COMMENCEMENT ADDRESS

Editor's Note: A longtime champion of health equity and social justice, freshman U.S. Sen. Raphael Warnock of Georgia assumed in January 2021 the seat held by retired U.S. Sen. Johnny Isakson, an avid supporter of Morehouse School of Medicine. A native Georgian, Sen. Warnock, senior pastor of historic Ebenezer Baptist Church, delivered the keynote address on May 15 to 156 graduates attaining degrees in medicine, public health, biomedical sciences, and clinical research. Amid a global pandemic that brought new awareness to crippling disparities in health, Sen. Warnock delivered a fitting message to the future leaders of health sciences. What follows is part of his commencement address.

I am so proud to stand here with you as a voice for Georgia and the United States Senate. And, as a local resident, I know personally how important this institution is to the city, our state, our nation, and the world as one of only four historically Black medical schools in our country. And with specific expertise and focus on community health and equity. This institution has opened the gateway to better health for generations of people who have been historically underserved and undervalued in our healthcare system. During the ongoing public health emergency, your mission could not have been more necessary and your service could not have been more critical and more clear, especially as we've seen some of the worst health consequences of this pandemic fall on Black people and other people of color. The pandemic both illuminated and exacerbated long-standing disparities that we've been talking about.

Morehouse School of Medicine is the place that serves as a model for public health systems across our nation and our globe. Work that has been invaluable in the decades-long effort to unravel racism and discrimination from our healthcare system, and invaluable in the fight against COVID-19. This class, in particular, is distinguished both as the inaugural Road to 100 Class of 100 M.D. graduates and some of the school's first executive master of public health graduates. There couldn't be a better time than right now to send graduates from this institution out into the world. We celebrate you. But be really clear, we're celebrating the day, but we have to leave this mountain pretty soon and go down in the valley.

We celebrate you because we need you. Howard Thurman, graduate of Morehouse College said, "Ask not what the world needs, ask what makes you come alive. Because what the world needs is people who have come alive." And so I know that you are about to receive your sheepskin. You're about to get these letters behind your name, but I hope that you will not simply capture the discipline of medicine or healthcare or research, but that the discipline will capture you, that it will capture your passion and your imagination.

(continued on next page)

“This class forged in the fire of the COVID-19 pandemic is well positioned to help move our healthcare system into the future.”

— Sen. Raphael Warnock



And that you will bring that passion and imagination to the holy work of healing.

There are challenges ahead, but know that you are prepared to meet and match and overcome them. I mean, look at what you’ve already accomplished. Some of you went to grade schools where they told you that you didn’t deserve to be on this track.

Anybody, any witnesses in this crowd? Some of you, some high school counselor counseled you in a direction that you now know that was far beneath your potential and your power, but here you are today. I wish they could see you right now.

And now you’re graduating from medical school in the middle of a pandemic. Don’t you dare tell me what you cannot do. And so, go forth now and let this be the class to make a real difference in the world. This class forged in the fire of the COVID-19 pandemic is well positioned to help move our healthcare system into the future.

And so they asked me to come and talk for just a little while, you know, I said to Dr. Rice, “You want me to come and speak at a medical school commencement? What do you want the preacher to talk about?” She said, “That’s easy, Reverend, just talk about 15 minutes.”

I’m getting there. But I’m excited just to stand here and to look at your faces because I’m so excited about your future. Your future is as bright as the promises of God. And so,

may this be the class that figures out how we deliver the most high-quality healthcare to the most people. May this be the class that’s going to finally address the maternal health crisis that disproportionately kills Black women and women of color in Georgia and throughout the nation. May this be the class that’s going to set new standards for how we deliver care and reach people who have been traditionally marginalized and forgotten about in our healthcare system, making sure everyone has access to great healthcare, no matter what they look like, where they live, or how much money they have. May this be the class that is going to keep fighting to reverse and dismantle the disparities in our healthcare system born out of deeply rooted, systemic racism. Go forth. Don’t just teach us how to make our way out of COVID-19. Teach us how to make our way out of COVID-1619 [The 1619 Project].

May this be the class where they keep shining a bright spotlight on disparities in our healthcare system, in our schools and our neighborhoods, and in our criminal justice system. I could go on. May you highlight better than any class prior to you how these disparities motivate and exacerbate poor health outcomes.

May this be the class that pushes further than any in addressing the social determinants of health while innovating solutions. To these and other problems as we work to get and keep our families and communities healthy. And may this class inspire and work to bring even more doctors and more Black doctors and healthcare professionals into your profession to keep building on the great work that you are doing right now.

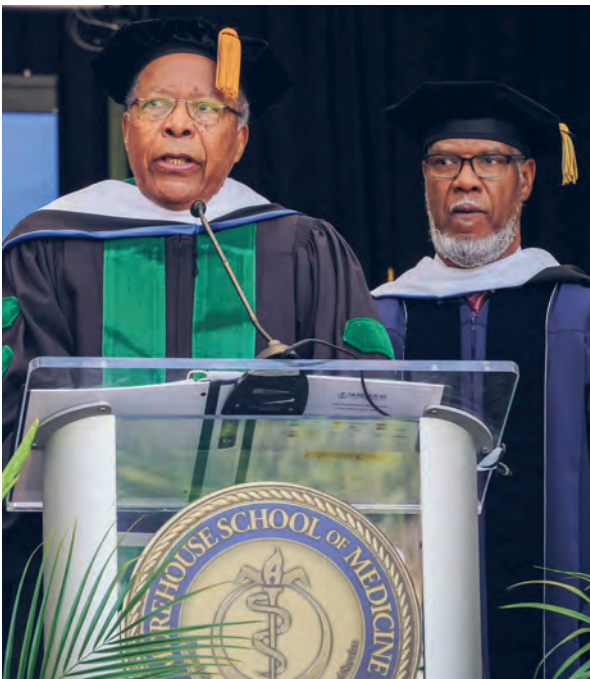
I’m just glad to stand in here because I’m excited about your future.

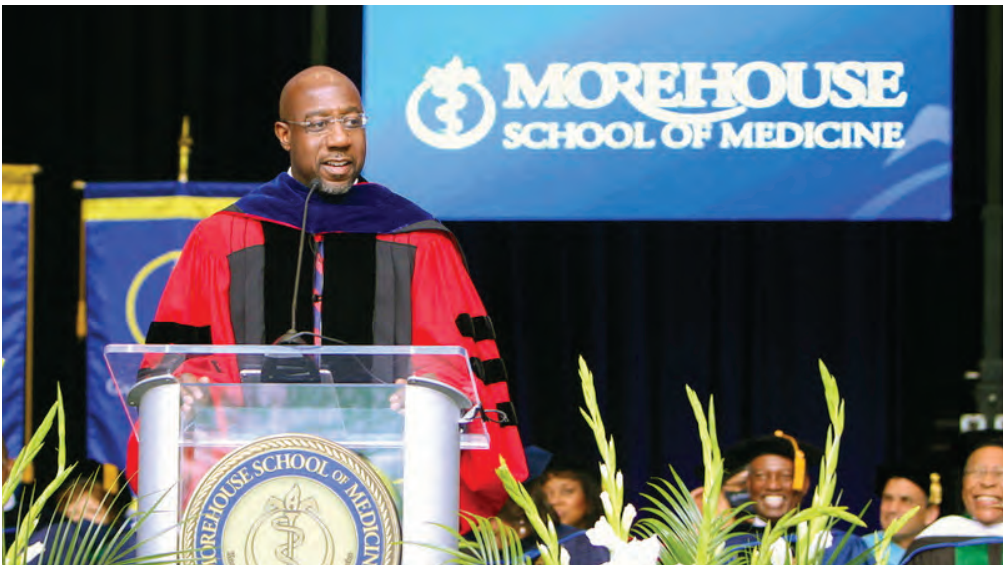
Can I just testify?

I mean, you didn’t just invite a senator. You did invite the pastor to tell you that you never know what God has in store. Back in 2014, I went to our [Georgia] State Capitol as an activist. I went to the state Capitol as an activist fighting for Medicaid expansion. Hundreds of thousands of Georgians are unnecessarily in the Medicaid gap, mostly the working poor. And I went to the State Capitol because I believe that Dr. King is right. Of all the injustices, inequality in healthcare is the most shocking and the most inhumane. And they arrested me while I was holding a sign with his quote.

But I didn’t mind because I preach every Sunday morning. In the name of One who spent much of his ministry healing the sick, even those that had preexisting conditions, healed a blind man and never billed him for his service. And I stood up in the State Capitol and they arrested me and I wasn’t finished in 2017. I went to the United States Capitol, where they were

MSM graduated 156 students in May from 11 degree programs. Pictured above and on the opposite page are snapshots of the day, including a picture of MSM Founding President and Dean Louis Sullivan, M.D., and the Hon. Calvin Smyre, Georgia state representative and MSM trustee.





Sen. Warnock delivers commencement address as MSM Board Chair Art Collins and MSM Founding President Louis Sullivan, M.D., listen.

passing a \$2 trillion tax giveaway to the richest of the rich while taking resources away from those who needed the most, taking resources away from the children's healthcare program, CHIP, called PeachCare in Georgia. And I said that a budget is not just a fiscal document. A budget is a moral document. Show me a nation's budget and I'll show you what matters to them. And if this budget were an EKG, it was suggested that America has a heart problem.

I gave that speech in the rotunda of the United States Capitol. Because I was not a senator, I couldn't argue my case on the Senate floor. And the Capitol police came and they arrested me, but I didn't mind because I had already been arrested. My mind and my imagination and my passion and my commitment had already been arrested by this idea that all of God's children ought to have access to good quality healthcare. And they arrested me that day, but nowadays I roll up to the U.S. Capitol, ridin' on 22s, and the same Capitol police officers who were just doing their job when they arrested me that day, they greet me these days as "Mr. Senator."

You never know what God has in store.

And so, can I close 2021 by just doing what preachers do?

As I put my hand on the Bible on January 20 and put my other hand in the air to be sworn in as a United States Senator, then the power and truth of the Bible came alive for me in a new way. "Eyes have not seen. Ears have not heard. Neither has it been revealed in the hearts of men and women the things that God has prepared for those who love God."


And you can't say you love God, whom you have not seen, and not love your sisters and your brothers who you see every day. I hate to preach at a Saturday commencement, but if there's any crowd that ought to appreciate at least that verse, this crowd ought to get it better than most. The writer says, eyes have not even seen. And that's an amazing thing because the eye is an amazing thing. Talk about a mechanism — light has to pass through the cornea. The cornea is shaped like a dome and bends light to help the eye focus. Some of this light then enters the eye through an opening called the pupil, and then the iris, the colored part of the eye, controls how much light the pupil lets in. And then light passes through the lens and the lens works together with the cornea to focus light correctly on the retina. And when light hits the retina, a light sensitive layer of tissue at the back of the eye — special cells called photo receptors — turn the light into electrical signals. These electrical signals travel from the retina through the optic nerve to the brain. Then the brain turns the signals into images that you see. And the researchers tell us that a healthy person with average vision can see a candle from as far as 1.6 miles.

And if it were not for the Earth's curve from higher up, you might be able to identify objects from dozens, even hundreds of miles away. The eye can see some stuff, but the Bible says "Eyes have not seen and ears have not heard." And that's an amazing thing. Because this crowd understands better than most that the ear is some mechanism to behold. In order for the

ear to hear something, somebody has to say something. And that something has to travel as undeciphered code through sound waves, through God's atmosphere, and then ears that God provided have to pick up that undeciphered code called sound waves and the tympanic membrane, also manufactured by God, has to receive those vibrations and send those vibrations with lightning speed through three small bones called ossicles. The ossicles intercept the vibrations, and then pass them through the cochlea, a very sophisticated instrument for which only God holds a patent. The cochlea registers the precise pitch and volume of the words you heard, sends a message to your brain. And before you know it, you've heard the preacher say "Amen." You've heard some things, but the book says, "Ears have not heard. Neither has it entered into the hearts of men and women." It hasn't even entered into your heart, the heart, not in the anatomical or physiological sense of the heart, but the heart, "the kardia," and the way in which the ancient Greeks thought about it, the heart. The seat of human will, so go forth Class of 2021.

Imagine, imagine the unimaginable, think the unthinkable, conceive the inconceivable. Imagine doing things that other folks are afraid to even dream about. And know that as big as you can think, as far as you can see, as much as you can hear, as much as you can see, God is already dreaming a dream for you, and for God's world that's much bigger than that. So go forth Class of 2021. Don't let anybody or anything stop you. If you have a mountain, climb it. If you have a river, cross it. If you have a dream, chase it. If you have a vision, pursue it. If you have an idea, do it. If you have a bad habit, just break it. If you have a handicap, overcome it. If you have life, just live it.

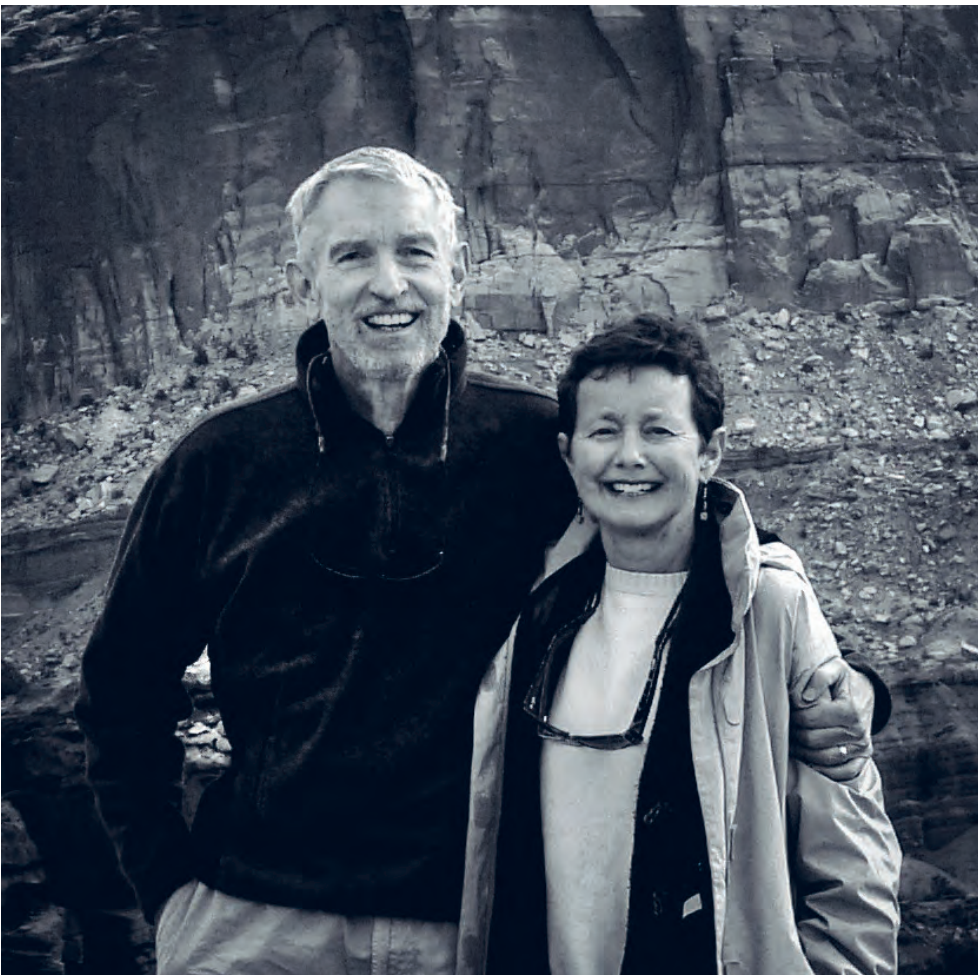
We wait to see what you will become. **M**

 To view the entire commencement speech go to msm.edu, News & Events section, May 18, 2021 news release.

DONOR

Dr. Zach W. Hall and Julie Ann Giacobassi

You might think a scientist and an English horn player would have little in common, what with one being more of a pragmatist and the other a creative musician. But when Dr. Zach W. Hall and Julie Ann Giacobassi first met, backstage after a San Francisco Symphony concert, they found they shared many similar interests — including a mission to help improve lives through education and equity.



“Both science and music involve searching and testing — always trying to make the music or the experiment better,” Julie says.

“And we both believe in helping others and paying it forward.”

That is exactly what they’ve done as long-time supporters of basic science, specifically neuroscience, at Morehouse School of Medicine. Over time they have helped raise more than \$775,000 for the Zach Hall Neuroscience Endowed Scholarship, the Drs. Peter and Marlene MacLeish Endowed Lectureship, and the Furshpan Potter Endowed and Direct Scholarship Funds.

“Morehouse School of Medicine’s primary aim is health equity,” Zach says. “Training researchers in basic science and neuroscience may seem to have no direct connection to health equity, but it is an important investment in our medical future. We must engage and encourage talent from all segments of our population.”

Diversity, equity, and inclusion have been important topics in Zach’s life since his childhood in segregated Atlanta. As a teen, he hosted a thoughtful conversation at his church about equity with students from Morehouse

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our medical future.”**

—Zach Hall, M.D.

College and later, after graduating from Yale University in 1958 with a bachelor’s degree in English, participated in civil rights demonstrations.

Zach went on to earn his Ph.D. in biochemistry from Harvard in 1966 and then worked as a fellow in biochemistry at Stanford University before joining the faculty in the Department of Neurobiology at Harvard Medical School. In 1976, he was recruited to the University of California San Francisco’s Department of Physiology, where he headed the Division of Neurobiology and created an interdepartmental neuroscience program.

In 1994, he became the head of the Biomedical Sciences Graduate Program and was appointed director of the National Institute of Neurological Disorders and Stroke at the National Institutes of Health (NIH). At the time, the institute had a program to provide funding to minority-focused schools. Zach saw an application from MSM.

“I knew there were promising things there, but they needed leadership in neuroscience,” Zach says. “We said we can fund the work if you recruit the right leader.”

Zach’s suggestion was Dr. Peter R. MacLeish, who had been a student at Yale while Zach was a member of the junior faculty. Peter was picked for the job, and Zach helped persuade him to take it.

In 2002, Zach went back to academia, serving as senior associate dean for academic development while also working as director of the Zilkha Neurogenetic Institute at the Keck School of Medicine at USC. In 2003, he received the Purkynje Medal for Scientific Achievement from the Czech Academy of Science.

From 2005 to 2007, he served as the first president of the California Institute for Regenerative Medicine, which funded stem cell research in the state. The institute was created in 2004 to distribute up to \$3 billion in research grants.

And in 2017, in honor of the MacLeishes, Zach and Julie provided startup funds for the Drs. Peter and Marlene MacLeish Endowed Lectureship that draws Nobel laureates and other distinguished speakers to MSM to celebrate basic science, inspire students and junior faculty, and inform the public about advances.

“Peter, along with Dr. Gianluca Tosini, has done a fantastic job in building a nationally significant corps of researchers and students at MSM,” Zach says. “White-majority schools have become very eager to have minority representation so they can say they are doing their bit. That means that far too often, promising minority students and faculty might start at MSM, and then the wealthier schools try to recruit them. But Peter and Gianluca, working together, have been able to develop a nationally recognized program at MSM. They deserve a lot of credit and praise.”

Zach and Julie retired from science and music about 14 years ago, promising to go into a quieter phase at their home in Wilson, Wyoming. But that hasn’t been the case.

“Zach did a short stint as a volunteer park ranger, and a longer time serving on the local hospital board. I helped run a local free medical clinic,” Julie says.

Five years ago, together with a group of friends, the couple started a college scholarship program for local students who have no family history of college.

“The program is far more than a monetary award as we mentor the students during their senior high school year and throughout all four years of college,” Julie says. “Making education accessible and affordable to all students is what it’s all about. How lucky Zach and I are to be part of the MSM effort to do just that.”

One Couple, Two Careers

Charlene M. Dewey and Wayne Riley kept crossing paths. The first time was early on a Saturday in the summer of 1987, when she was eating her usual yogurt and banana for breakfast at Morehouse School of Medicine. Then she bumped into him on her way to and from the library, and later in the parking lot. Then Wayne became her best friend's roommate, and they all carpooled together for rotations at Emory Hospital.

Their first impressions of each other weren't the strongest — she thought he had a small head; he was amused by her choice of white socks with penny loafers — but the two would go on to date and then marry in 1993.

"You have to be successful in your schoolwork, as this assures your future as a physician, but you also have to put effort into learning each other, sharing dreams, and clarifying needs to assure your success as a couple," says Charlene Dewey, M.D., MEd, MACP. "As two physicians with significant leadership roles, we realized we had to make sacrifices and set priorities. It is a process and is ongoing and never ends. Wayne and I elected to be our true individual selves as well as a couple."

This is just one of many love stories among alumni of Morehouse School of Medicine and among physicians who attend school together. Indeed, a study by the American Medical Association found that about 40 percent of physicians marry another physician or healthcare professional.

It's a trend that makes sense, given that medical students often have little time outside their studies to meet potential life partners. The trials, tribulations, and other shared experiences during many years of rigorous education and training can draw people together.

Says Charlene, "MSM was the meeting site, so that is always going to be very special."

Rosandra "Ros" Walker and Marcqwon "Marc" Day first met in 2011 during a lunch break while she was a first-year medical student and he was in the APEX summer program. APEX stands for Academically Prepared for EXcellence.

"I had already noticed Rosandra, but I was so focused on performing well to gain admission to the medical school that I didn't formally introduce myself to her," Marc says. "To my welcome surprise, Rosandra came over and introduced herself to me."

He told her about his hometown of Vidalia, Ga., and how it was known for its annual onion festival, and she said he should take her there one day. "She's from Miami, Florida, which is definitely more of a destination than Vidalia, so I'm pretty sure she was flirting," Marc says.

It was during a medical mission trip to Haiti in 2013 that they realized they should be husband and wife. "With little distraction — no cell phones or TV — and surrounded by the beautiful, natural scenery of the Central Plateau, we connected on such a deep level," Marc remembers. "In that moment, I knew I would propose to her one day."



Drs. Rosandra Walker and Marcqwon Day

Rosandra graduated with her M.D. in 2015 and Marc in 2016. They married in 2017 and combined their last names to "Daywalker." They now have a one-year-old son.

For MSM couples currently in school, he has this advice:

"To get through the difficult and challenging times, in school and beyond, find ways to support each other and make the journey more enjoyable," he says. "The person you decide to marry ultimately becomes the most important decision of your life. Marriage is a partnership that is maintained by open communication, respect, kindness, and love. In between all of the exams, assignments, duties, and goals, there is a thing called life that is meant to be lived and enjoyed with the people you love."

A portrait of Valerie Montgomery Rice, M.D., a woman with short, wavy brown hair, smiling. She is wearing a light blue blazer over a light blue top, a blue and green beaded necklace, and blue earrings. The background is a blurred outdoor setting with a brick building and greenery.

TWO ENTITIES

**Morehouse School
of Medicine and
CommonSpirit Health**

Valerie Montgomery Rice, M.D., President and CEO, Morehouse School of Medicine

ONE PURPOSE

**Serving the
Underserved in New
and Better Ways**

Lloyd Dean, CEO, CommonSpirit Health

DIVERSIFYING THE FACE OF HEALTHCARE

On the Road to Health Equity, Morehouse School of Medicine and CommonSpirit Health are Tackling a Root Cause of Disparity



In 10 years, expect Morehouse School of Medicine to have a bigger look: a bigger presence on the national stage, a bigger impact in minority communities, a bigger footprint on the road to health equity. Expect MSM to have a look big enough to match its academic reputation.

Already one of the top educators of Black doctors, already dedicated to meeting the medical needs of minority populations, MSM is partnering with CommonSpirit Health, one of the country's largest nonprofit healthcare providers, to improve health outcomes and career opportunities for people of color. Tackling one of the underlying causes of health disparities — a shortage of Black clinicians — the \$100 million, decade-long initiative will create a network of medical education and care both by and for people from typically underserved communities.

(continued on next page)

More Black Doctors, Better Health Outcomes

At five new regional medical campuses run jointly by MSM and CommonSpirit, third-year and fourth-year Morehouse M.D. students and second-year PA students will complete their rotations working in clinical programs in urban and rural communities. Campus locations will be chosen based on social, economic and health disparities so patients of color get greater access to culturally competent providers and so MSM students gain experience with vulnerable populations.

The partnership creates a significant opportunity for Morehouse School of Medicine to broaden its impact: With CommonSpirit's tremendous network of hospitals and care centers, MSM will be able to expand enrollment for M.D. and PA degrees, increasing the pipeline of students from underserved and rural communities and giving those students valuable experience serving communities that need them most. In addition, the alliance will create new career opportunities for those young professionals as they complete residencies within the vast CommonSpirit healthcare system.

A first in the nation, the project is at the heart of the MSM mission and a major step toward achieving medical equity.

Dr. Valerie Montgomery Rice, Morehouse School of Medicine president and CEO, and Lloyd Dean, president and CEO of CommonSpirit Health, sat down with *Primarily Caring* to offer insight into the historic partnership's genesis, structure and goals.

Q: This is an unprecedented partnership between a major healthcare system and a historically Black medical school. Why now, and why these two institutions?

Dr. Montgomery Rice:

In the height of this pandemic and the social unrest we have seen based on long-term racial injustices, academic medicine has had to begin to understand its role in assisting and leading recreating health equity. As Morehouse School of Medicine has always known, who we educate and train matters because it allows for culturally competent care to be provided to



Executives from MSM and CommonSpirit Health met in-person in July at Morehouse School of Medicine for the first time since the partnership was established. Pictured Left to Right: CommonSpirit Health CEO Lloyd Dean, CommonSpirit's Shannon Duval, senior vice president of philanthropy, MSM President Valerie Montgomery Rice, CommonSpirit's Marvin O'Quinn, president and chief operating officer, CommonSpirit's Rosalyn Carpenter, senior vice president of diversity and inclusion, and MSM Dean Adrian Tyndall.

persons who are sometimes underrepresented and not seen in the healthcare system. We have also always known that discovery is how we allow for the true promise of science to be delivered to all; for that to be realized, we must have diverse biomedical scientists who are participating in discovery. So the Why Now is based on the environment in which we find ourselves and the awakening of others in their understanding of how having a diverse healthcare workforce and a diverse biomedical science workforce leads to the creation and advancement of health equity.

When you look at (CommonSpirit's) mission and their values, aligned with Morehouse School of Medicine's mission and values, you understand how we are both committed to ensuring that persons who come from underserved and underrepresented communities will be able to realize their optimal level of health, and one of the key threads of that is a diverse healthcare workforce. As Morehouse School of Medicine is the preeminent institution for educating and training that workforce, we wanted to partner with another preeminent organization where those persons we have educated and trained will be able to realize their fullest potential in an environment that is receptive of the diversity that they bring to the table.

Lloyd Dean:

We need to never, ever again repeat what has happened during this pandemic in terms of the inequity that way too many Blacks, Latinos and other minorities have experienced. We've known for years that people get better healthcare when their doctors come from similar backgrounds. This partnership will mean that patients will have more access to Black clinicians and Black medical students will gain experience in communities where their skills are needed.

We have 140 hospitals in 21 states. When you think about CommonSpirit in the aggregate, we are one of the largest providers, if not the largest certainly on the west coast, of services to disadvantaged communities. We are the largest provider of Medicaid / Medi-Cal services in the entire state of California. I think part of the attractiveness that Dr. Montgomery Rice saw in the footprint of CommonSpirit Health is the diversity of the population that we serve. We have facilities and access points in very rural communities but in some of the highest density metropolitan communities in the country, like Los Angeles, Seattle. We serve every cross-section of demographics from an ethnic perspective but also from an economic scale.

There is no greater institution with the legacy, with the history of training and developing

Black clinicians in this country, than the Morehouse School of Medicine, so this is a perfect and logical fit. As we were assessing partners, our values, the vision that we have, it just aligned beautifully with the legacy and the work of the Morehouse School of Medicine. When I think about our footprint and I think about the possibilities here, we just felt that this was an opportunity we could not pass on.

Q: What will this partnership look like in 10 years, including its impact on vulnerable communities?

Dr. Montgomery Rice:

In 10 years, we will have seven regional medical campuses for Morehouse School of Medicine, plus our main campus in Atlanta. Five of those seven regional medical campuses will have a Morehouse School of Medicine – CommonSpirit Health brand that will signify this partnership. We will enroll about 225 students annually at Morehouse School of Medicine in our first-year M.D. class and over 90 students in our PA class. Those students will select a regional campus for their clinical years. On average, there will be 20-25 M.D. students at a campus along with no less than 5-7 PA students. This will allow us also to advance our interprofessional education. When those students go to those campuses, they will have a seamless, similar experience to what the students would have been experiencing in the Atlanta campus, where they are doing their clinical clerkships under the supervision of culturally competently trained professors who have gone through our teaching academy and who are charged with delivering the curriculum of Morehouse School of Medicine to those students at those sites.

The exciting part of it, though, is that they will have a diverse platform of patients connected to those communities that they will be serving and learning from, increasing their cultural competence as they go to a new environment or return to their home environment, because we plan to recruit students from the regions where we are asking those students to return for training.

In addition, in 10 years there will be 10 GME programs with no less than three disciplines.

Lloyd Dean:

In 10 years, there will be thousands of new doctors serving Black and other minority communities because of this partnership. By committing to training opportunities at CommonSpirit Health hospitals, Morehouse will be able to double the size of its medical school class and triple the number of physicians pursuing residencies. This means that hundreds more physicians will be training in and ultimately practicing in underserved communities every year. We know that because, historically, doctors are much more likely to settle in places where they do their residencies. It's hard to imagine a better way to concretely impact and improve the healthcare workforce and the health of so many people who have been underserved for far too long.

One of the things we have learned from this pandemic is that, as we think about where we are in this country today relative to vaccines and vaccinations, we know that consumers and patients must have trust in their clinicians and their physicians and those they are interacting with and seeking service with. We are seeing a scenario play out in communities of color, particularly Black communities that, where we have a deficit of Black clinicians and physicians, that (vaccine) reticence we are all concerned about is directly correlated to that lack of clinicians because, as we talk to consumers and go about this work, it is evident that people want to relate to someone who understands them, someone who understands the cultural aspects of who they are, and who understands their journey and their life. Trust is an essential part of care. Working with MSM to increase the number of clinicians who are in and of the community, we think, will serve this nation and allow us to better serve people of color.

Q: How does this historic partnership measure against the other accomplishments in your professional journey?

Dr. Montgomery Rice:

In practice, as a clinician, as a reproductive endocrinologist, I had a lot of impact on helping couples to achieve pregnancy, their lifelong dream in many cases. That was one family at a time. I chose to go into academic medicine because, not only could I have influence on one individual learner at a time, if I help lead the right strategies, policies for sustainability and development for opportunities, I could influence a cadre of persons, a community of persons, to be able to realize their lifelong educational aspirations, for communities to realize their lifelong health aspirations and to participate in research that could be transformational in changing the lives of individuals and families.

In perspective, this (partnership) will be one of the largest things we have ever done — I have ever participated in — as this comes to fruition.

Lloyd Dean:

As you know, improving access to healthcare for all people has been one of my missions for my entire career in this industry. We have done so much over the years, but the partnership with Morehouse certainly ranks at or near the top in terms of its potential to make a lasting impact. The little community I grew up in became a community of African Americans. I was bused 10 miles to school. My community had no public services whatsoever. I never saw a physician until my first physical for sports in junior high school. I don't remember my mother having what we now refer to as a primary care physician. Being bused to an upper-middle-class environment, I saw the dynamic difference in health. Both my grandparents died early of what now we know were preventable kinds of diseases, if they had had access. Not only had I never seen a doctor, the other kids in my class would get passes to go to doctors, to go to dentists. As I got to know them, I could contrast the difference between what I saw as the health of their grandparents

(continued on page 25)

(Opposite, clockwise from top) Dr. Erica Sutton visiting with students at Chattanooga Girls Leadership Academy (CGLA) during the school's STEM Day; Students from CGLA and other institutions will benefit from MSM's presence in the city; Chattanooga at night; Members of the MSM site visit team stand in front of the CHI Memorial Hospital in Chattanooga, Tenn.

About Valerie Montgomery Rice, M.D.

Hometown: **Macon, Georgia**

College: **Georgia Institute of Technology (chemistry)**

Medical School: **Harvard Medical School**

Residency Training: **OB/GYN (Emory University School of Medicine)**

Fellowship: **Reproductive Endocrinology and Infertility (Hutzel Hospital in Detroit, Mich.)**

Number of Years as President: **7**

Morehouse School of Medicine:

700 students

1300 employees

7 residency programs

About Lloyd Dean

Hometown: **Born in Alabama; grew up in Muskegon, Michigan**

College: **Western Michigan University (sociology)**

Graduate School: **Western Michigan University (educational leadership)**

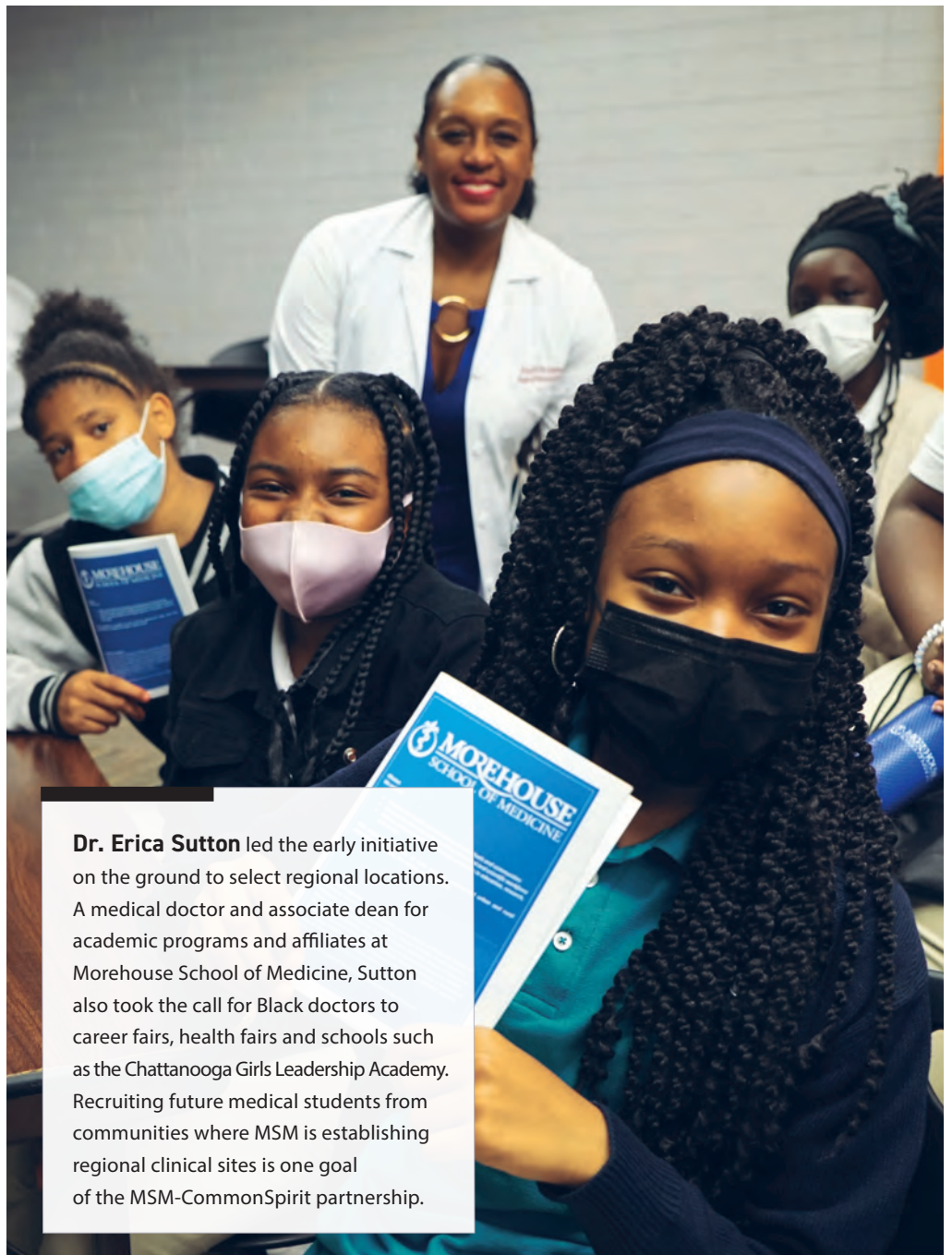
Number of Years as CEO: **1.5 (previously CEO of Dignity Health)**

CommonSpirit Health:

150,000 employees

1,000 care sites

140 hospitals



Dr. Erica Sutton led the early initiative on the ground to select regional locations. A medical doctor and associate dean for academic programs and affiliates at Morehouse School of Medicine, Sutton also took the call for Black doctors to career fairs, health fairs and schools such as the Chattanooga Girls Leadership Academy. Recruiting future medical students from communities where MSM is establishing regional clinical sites is one goal of the MSM-CommonSpirit partnership.

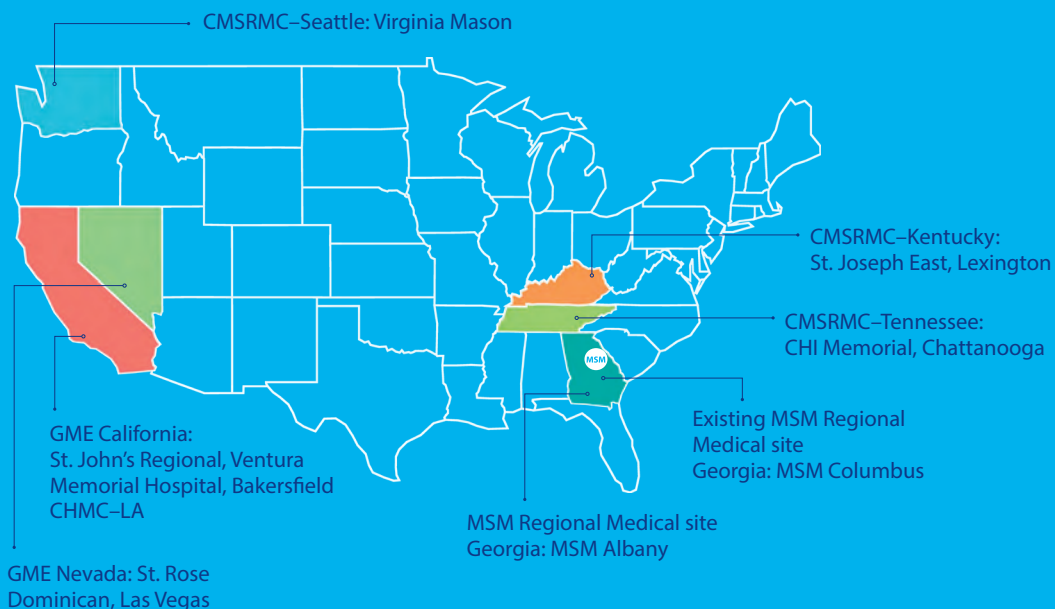


THE BEGINNING OF NATIONAL EXPANSION

MSM will set up five new regional campuses, where third-year and fourth-year M.D. students will complete clinical rotations in medically underserved communities.

On average, each regional campus will see 20-25 Morehouse School of Medicine M.D. students and 5-7 PA students completing rotations at any given time. Students will work under the supervision of CommonSpirit doctors trained to deliver MSM's culturally competent curriculum.

MSM will expand its Graduate Medical Education program to 10 new sites across the nation. Locations will be chosen from among CommonSpirit's vast network of hospitals and care centers.



A FIRST IN THE NATION

A historic 10-year, \$100 million initiative designed to reduce health inequity by increasing the number of minority clinicians serving communities of color. The partnership is the first effort of this kind between two leading health organizations to address underlying causes of health disparities, including underrepresentation of Black doctors.

THE PARTNERS

Morehouse School of Medicine, among the nation's leading educators of primary care physicians, biomedical scientists and public health professionals and recognized in 2011 by *Annals of Internal Medicine* as **the nation's No. 1 medical school in fulfilling a social mission**.

CommonSpirit Health, one of the nation's largest nonprofit health systems, with **140 hospitals and 1,000 care centers across 21 states**.

Caring for more Medicaid patients than any other healthcare system in the United States, CommonSpirit delivers more than \$4 billion annually in charity care, community benefits and government program services.

FINANCIAL COMMITMENT

Morehouse School of Medicine and CommonSpirit Health will contribute **\$21 million in seed money**

in the first two years, with a goal of securing additional grants and support from individual donors, industry partners and philanthropic organizations.

THE DETAILS

Morehouse School of Medicine will set up **five new regional sites**, where third-year and fourth-year M.D. students will complete clinical rotations in medically underserved communities.

TIMELINE

The first remote campus went live in Summer 2021 at CHI Memorial Hospital Chattanooga.

Additional campuses will come onboard in 2022, 2023 and 2024. The graduate medical program will welcome its first cohort of remote-location residents in Fall 2023.

WHO BENEFITS?

Morehouse School of Medicine will **expand annual enrollment to 225** first-year M.D. students and more than 90 PA students. MSM students will see **increased rotation and career opportunities** within CommonSpirit's vast healthcare network.

CommonSpirit Health will be able to give its highly diverse set of patient populations **access to culturally competent clinicians**, some of whom hail from within those same communities.

Young people of color seeking a career in medicine will find **greater professional opportunities in their own communities**.

Low-income communities and communities of color will get **greater access to minority clinicians** and better health outcomes.

“I think we have an opportunity here, through this partnership, to have an impact on access, to have an impact on longevity of lives, to have an impact on assuring that future generations will have Black clinicians, will have access to care, will have healthcare opportunities professionally.”

—Lloyd Dean

and my grandparents. We are the product of our lived experiences, so those things stuck with me. As I transitioned from education into healthcare, I’ve always wanted to make a difference, and I never wanted my brothers and sisters and certainly my children to experience the same journey that I was on.

There are millions of Black folks and people of color who have had that same journey. I think we have an opportunity here, through this partnership, to have an impact on access, to have an impact on longevity of lives, to have an impact on assuring that future generations will have Black clinicians, will have access to care, will have health and healthcare opportunities professionally. This, to me, is a historic point in this country. Given our footprint and given the capabilities of the Morehouse School of Medicine, hopefully history will reflect that in 2021, something substantially changed and progress (was made) that is measurable and sustainable on this quest for addressing not only health inequities and health disparities but also racial inequities and institutional racism, and I think that health and healthcare is front and center. This is our moment, and Morehouse and CommonSpirit Health have come together to seize it.

Q: As you know, partnerships such as these rely on visionary leadership, sound strategic planning, execution and management, and an ability to sustain — year after year — that which has been created. As visionary leaders, how do you see that taking shape now and after your tenures at Morehouse School of Medicine and CommonSpirit Health?

Dr. Montgomery Rice:

Crafting a vision has to be done by listening to stakeholders. This vision for Morehouse School of Medicine and CommonSpirit to connect, on both my part and Mr. Dean’s part, is because we listened to our stakeholders, who understood the importance of diversifying the healthcare workforce to be able to deliver on the mission of both of our institutions. Our goal was to inspire others to help create that strategic pathway for it to occur, and that’s what we are doing. We do that best by bringing other thoughtful leaders around the table to help craft and continue to refine the pathway for how we achieve the vision. If you invite those others to the table, they take ownership, such that even after you leave, you have laid the foundation for success.

Lloyd Dean:

There was a lot of work that went into this over the months before we shared the news publicly, since the logistics of expanding the size of medical school classes and the number of trainees at our hospitals involves a complex web of interlocking decisions and regulations, so we know the program is on solid ground. We also know that the hundreds of inspiring medical students and new physicians will bring their ideas forward, and the partnership will evolve and grow with that insight.

Dr. Montgomery Rice and I have talked about this. We can do the architecture to put the processes in place, the protocols, the structure, but in the end, for this to be sustainable, it’s people, it’s leadership. At

CommonSpirit Health, we are running parallel programs and investments in developing diverse leaders at all levels of the organization. But, CommonSpirit Health or the Morehouse School of Medicine cannot, even at our scales, do this alone. Whether it’s the American Hospital Association, whether it’s the Catholic Healthcare Association, whether it is networks that are being led by other Black healthcare leaders, we know that for this to be sustainable, we have to make sure we are training, we are attracting, we are developing committed leaders who can see a path forward that allows them not only to continue to have impact but to have a fruitful and viable career in health and healthcare. It is not going to happen by us wishing it. We have to put metrics in place. We have to put incentives in place. We have to train, develop, motivate, and we have to use these platforms we have to ensure that our organizations can stand tall and say we are hiring, we are training and we are multiplying that throughout our footprint.

We must have diverse leadership teams, our schools must be training and attracting diverse candidates, and residency programs must be populated with people of color. We have to start early, in schools and in high schools, and identify professional opportunities for people of color. We must create environments where people feel they are welcome, and that gets back to institutional racism – conscious and unconscious biases. So, this is a multifaceted work that has to be done in this country and we have to look at our education system. We have to look at our community resources. We are not just thinking that this partnership will solve this nation’s legacy history. We also must address these other things in order for what we are doing to be sustainable. **M**



The Extraordinary Rise of MSM's Online Degree Programs

By Peggy Pusateri

With its very young online degree program, Morehouse School of Medicine is attracting a rapidly growing number of tomorrow's healthcare leaders and positioning itself as a leader in some of the fastest growing global fields.

“I thought ‘This program was made just for me.’ I felt it was perfect for what I’m trying to do, and it covered all the basic training and education needed for me to start my own biotechnology company.”

—Shantricia Colbert, 2021 graduate of MSM’s online masters in biotechnology program

Under the direction of Angelita Howard, Ed.D., MBA-PM, MA, assistant dean for online education and expanded programs, MSM began its online degree program in August 2018 with the Executive Master of Public Health (eMPH). Five months later, it added the Master of Science in Biotechnology, recently ranked by Intelligent.com as the nation’s top Master’s in Biotechnology Degree Program for 2021.

“We’re new, we’re young,” Dr. Howard notes. “That’s incredible work for us to only be three years of age and get this level of award, but we still have a lot of work to do.”

The demand for online education continues to grow. “People are certainly doing more online, even prior to COVID, especially this millennial age and beyond,” Dr. Howard says. Post-pandemic, online learning is set to account for an increasing portion of higher education options, and as one of a handful of medical schools offering online degrees, MSM is poised to lead the way.

Biotech Boom

The U.S. Bureau of Labor Statistics names biotechnology as one of the fastest growing job sectors. At every turn, lives are infused with biotech, from medications, vaccines, and therapeutic proteins to eye glasses, surgical equipment, and insect-resistant crops. Biotechnology has brought the world long-lasting dairy products, high-nutrient food, industrial biocatalysts, biofuels, and improved fermentation processes. Options are limited only by imagination, and MSM is preparing healthcare professionals to be among the innovators improving the human experience.

With a focus on delivering career-ready graduates, the 12-month Master of Science in Biotechnology degree is a perfect fit for future researchers, inventors, entrepreneurs, and creators. In the first two years, seven people earned the degree, and in August, 22 additional graduates joined those ranks. As word spreads, so does demand for a degree in a dynamic career field.

“A lot of times people know what they want to do. They know they want to make stints or needles but don’t realize that’s biotechnology,” Dr. Howard notes. “People tend to think of this as an alternative to medical school, but it’s so much more. It’s a route to a career with seemingly endless possibilities. If this is what you like to

do, if you are creative, you like medical devices, you like drug development, you like seeing how things are made, you like biology, this is for you.”

Shantricia “Shan” Colbert, MSBT, MPH, CCRP, is exactly that kind of professional. With a master in public health and certification in clinical research, she worked at Emory University for five years before her new biotech master’s degree played a role in her promotion to clinical research accounts supervisor. In addition to a full-time career, she is mother to four young children, and she and her wife run their own restaurant. MSM’s online program was ideal for the busy professional, mom, and entrepreneur with ambitious goals.

“I never really anticipated stopping full-time work,” Colbert says. “With my responsibilities and the love I have for what I do, I needed something that would work out for my schedule. It was a great experience.”

The degree fits well with her long-range career plans. “My overall goal is to start my own real-world biotechnology company that can be an asset to improving Alzheimer’s disease and oncology research,” she explains.

Colbert learned about MSM’s online biotech degree through her work at Emory. “I thought, ‘This program was made just for me.’ I felt it was perfect for what I’m trying to do, and it covered all the basic training and education needed for me to start my own biotechnology company. I would recommend it to anyone with a passion for research and biology but not sure what route they want to take yet.”

A Practical Focus

James Washington, MSBT, BSEd, DMin, completed the biotech master’s program in December 2020. He chose Morehouse School of Medicine in large part because of its dual emphasis on science and entrepreneurship — a twin focus he says makes MSM stand out. “I really love the program,” Dr. Washington says. “I looked at the Ivy League institutions. What I saw were programs that either had too much emphasis on academics or were too technology focused. In comparison, MSM offers a nice mix. We had to excel at biology and biochemistry, but we had other courses that dealt with more practical aspects of making drugs and medical devices.”

In addition to a doctorate in ministry with a focus on medical and global mission work, he holds a bachelor of science in education and



Shantricia Colbert receiving her MSM degree in the inaugural biotechnology online degree program.

social policy. He co-owned a medical clinic and has experience in hospital administration. In his current role as a research administrator and staff scientist with MSM's Cardiovascular Research Institute, Dr. Washington finds his biotech degree gives him deeper insight into the drug development process. He looks to pursue his own research ideas and, with an interest in holistic medicine, hopes to put his new degree to work investigating the benefits of natural remedies.

"In a nutshell, I believe the degree gives you more flexibility," he says. "With this program I can immediately go into private industry, different jobs in the academic setting. There are several fellowships I've been able to apply for because of this degree. The job opportunities are numerous."

Demand for the MSM Brand

MSM's first venture into online degrees began three years ago with its 18-month eMPH. Courses designed and taught by MSM faculty tackle topics such as hospital administration, running health agency departments, and building healthcare infrastructure in developing countries. As with everything it does, MSM designs its online degree programs with an eye toward health equity. The eMPH prepares public health leaders for engagement with underserved communities. Among the degree's focuses are how to look for health equity, social determinates of health, and finding ways to help the underserved.

"The uniqueness of our program is that it's focused on community health. I do not know of another online degree that has that kind of focus," says Stephanie Miles-Richardson,

D.V.M., Ph.D., associate dean for graduate education in public health.

"Our residential program is the first accredited MPH program at a historically Black college or university," Dr. Miles-Richardson notes, adding that working professionals unable to enter a residential program have been seeking MSM's unique brand for years.

"When we travel to the American Public Health Association's conference, we have been asked every single time when we would have our program online," she explains. "We found people in the workforce wanted to know how they could get our community engagement brand from where they were, all over the country."

Upholding the quality of that brand and MSM's reputation for excellence is an ongoing
(continued on next page)

focus within the online program. Engaging students with faculty is one tactic, but a significant key, Dr. Miles-Richardson notes, is application of the same exacting academic standards that the school demands with its residential degree program. “Our Executive MPH is accelerated,” she points out. “The one thing we have seen is that sometimes students underestimate the amount of hours they have to invest to get the degree. It remains rigorous.”

Adding Degrees

Meeting demand in another rapidly growing field, in August, MSM launched its newest online degree: the 14-month Master of Science in Health Informatics. The health informatics industry has grown rapidly in recent years; it is projected to exceed \$100 billion by 2022, grow more than 25 percent per decade, and create as many as 50,000 new jobs each year, according to the Bureau of Labor Statistics.



Graduates from MSM's first cohort in the online master's degree in biotechnology. Pictured from left: Sherilyn Francis, Letisha Mathis, and Julian Onyekwere. Not pictured is Marvin Thompson.

“With COVID and everything that's taken place over the last few years, this is how we share information to get patients the best healthcare,” Dr. Howard says, adding that the move toward online medical visits is increasing the need for information systems that can manage data. “Telemedicine is huge. Digitization is huge. We are going to lead the effort.” Program courses include U.S. healthcare systems, clinical operations, data mining and analytics, consumer digital health, and biomedical data science. Students dive into big-picture questions such as the legalities and ethics surrounding patient information and tactical



Popular Summer Pipeline Courses Draw Students to MSM's Online Graduate Programs

Continuing to grow its dynamic online master's degree programs, Morehouse School of Medicine has launched innovative summer pipelines to expose potential students to industries where their curiosities lie.



Dr. Angelita Howard

Angelita Howard, Ed.D., MBA-PM, MA, assistant dean for online education and expanded programs at MSM, instituted the five-week Bridges to Biotechnology and Bioentrepreneurship last June to introduce prospective graduate students to the school's Master of Biotechnol-

ogy program. This August, MSM added the Bridge to Health Informatics, giving participants an in-depth preview of the school's new Master of Science in Health Informatics degree, which got underway in August.

Designed for undergraduate juniors and seniors as well as post-baccalaureate professionals, the pipelines offer an extensive look into MSM's online master's degrees to help students determine if those degrees are right for them.

“We're really being intentional about seeking out people who would see our master's programs as helpful to where they are going in their careers,” Dr. Howard says.

In 2020, Samuel Scott was a busy professional working as a microbiologist at the CDC and investigating degree options when he discovered that MSM's biotech bridges series would allow him to test the graduate school waters. With bachelor of science degrees in microbiology and plant biology, Scott hopes to earn a Ph.D. and work in drug discovery and development. The pipeline's modules on research basics, grants, project management, biomedical data science, and entrepreneurship showed him how a degree in biotechnology dovetails with his goals.

He was particularly impressed with the experience and credentials of industry experts who teach both MSM's pipeline modules and its master's courses. "I got the chance to experience biotechnology firsthand with faculty that either own businesses, have patents, teach, or a combination of all of these," says Scott, who subsequently enrolled in MSM's biotech master's program. "The biotech industry experts are a tremendous benefit for students."

As pipeline courses guide a growing number of students into MSM's online graduate programs, the bridges themselves are tremendously popular. Last summer, with 50 available slots, the school received 350 applicants. Participants who complete a pipeline course receive a \$500 stipend, guaranteed admission into the master's program, and a \$1,000 scholarship toward tuition.

Those factors played a significant role in Scott's decision. "I saw that not only did the master's program align with my goals and was conducive to my work schedule as a professional, but the bridges program incentives such as a scholarship and an automatic admissions opportunity were a huge selling point."

Prior to joining MSM's bridges program, Somilez Francis earned a master's degree in biology and a bachelor's in molecular and microbiology and worked at an engineering and biological sciences firm. Eventually, she aims to start a biotech business, possibly focused on aging issues. For her, a top aspect of MSM's biotech master's program is its focus on entrepreneurship, showing students how to take a biomedical product from conception to fruition. The bridges series gave her insight into that aspect while working as part of a team of pipeline participants. "We got the real-world experience of what it would be like to develop a product and take it to market," Francis says.

Motivated by the pipeline series, Francis enrolled in MSM's master's program. "I knew I wanted to get a master's in biotechnology," she says. "The pipeline program was inspirational. I felt like I can really leave my thumbprint on the biotechnology industry."

"I looked at the Ivy League institutions. What I saw were programs that either had too much emphasis on academics or were too technology focused. In comparison, MSM offers a nice mix."

—Dr. James Washington, 2020 graduate of MSM's online masters in biotechnology program

issues like how to help small clinics migrate into the digital age.

"This program provides not only a competitive knowledge base and skill set but the opportunity for a career in one of the fastest growing job sectors," Dr. Howard notes.

Industry Expertise

As with MSM's online biotech master's degree, access to industry experts is a compelling feature of the health informatics program, with courses taught by professionals from a wide range of industries. Students get the benefit of expert insight as well as networking connections to leading corporations and agencies. Health informatics classes are taught by clinicians, healthcare IT executives, and healthcare consultants. Biotech classes are taught by instructors from places such as the CDC, Spiral Medical Technologies, and Johnson & Johnson. Experts share direct experience in the development of medical devices, drug manufacturing, agricultural biotech, and genetics — often the exact fields students want their new degrees to take them.

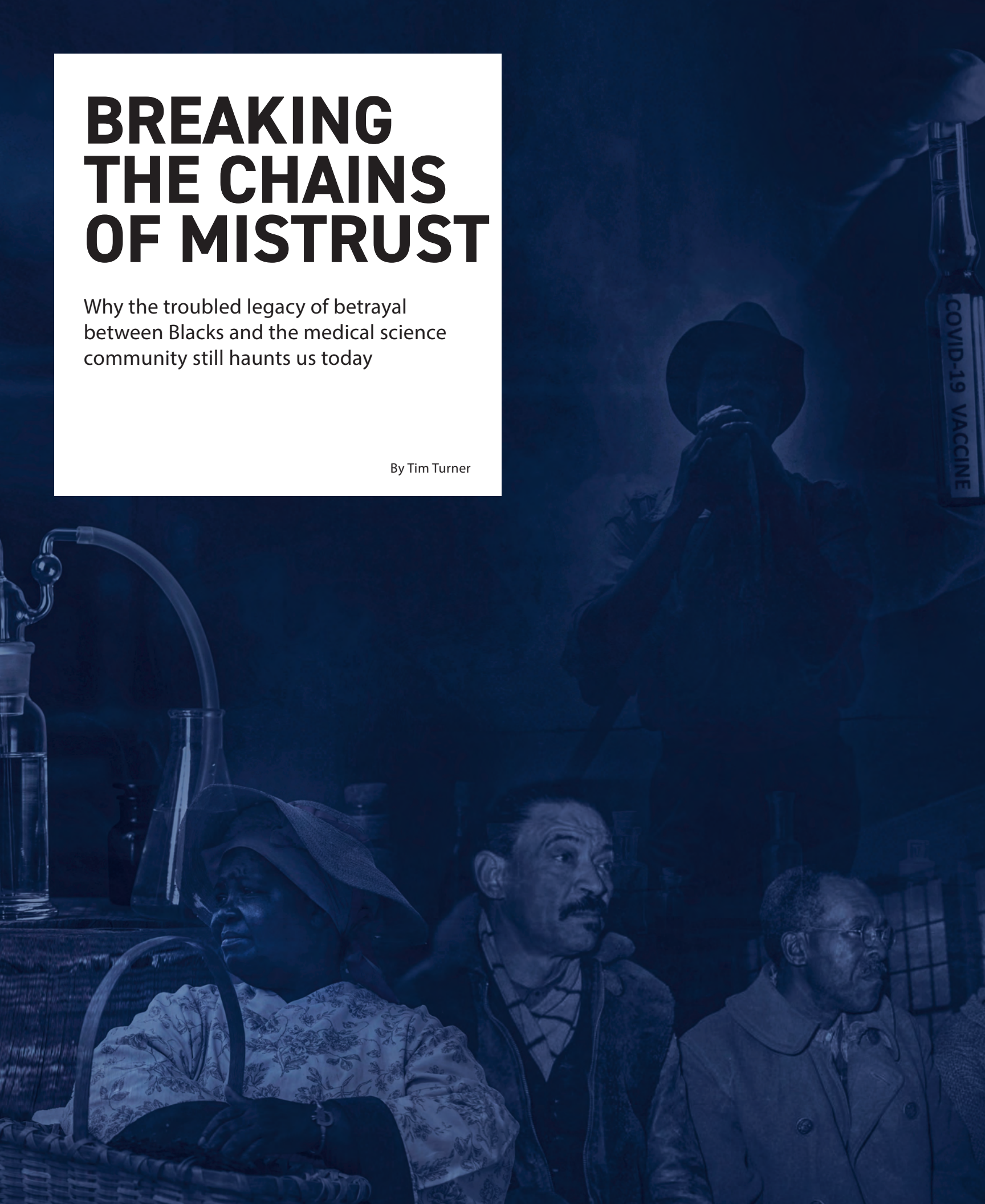
In addition, MSM introduces its students to professionals at companies like Genentech, Janssen Pharmaceuticals, and Labcorp to ensure that courses are providing relevant training and that students are considered for internships and career placement opportunities.

"It's important that we keep industry involved," explains Dr. Howard. "When they leave Morehouse, most of our students already have jobs. We want to make sure they are trained and ready for careers." **M**

BREAKING THE CHAINS OF MISTRUST

Why the troubled legacy of betrayal
between Blacks and the medical science
community still haunts us today

By Tim Turner



Fred Gray Jr. has been excited about the availability of COVID-19 vaccines.

He recently returned from a California business trip where he saw people paying others to stand in line for them for vaccinations. And he was thrilled when he saw license plates from neighboring states in a Montgomery, Ala., CVS parking lot, a sign he said that there was plenty of vaccines for people like one of his African American clients.

Gray said the client had not been vaccinated nor had she scheduled an appointment. When he asked her why, he was floored by her response.

“She said she heard it turned you into a zombie,” Gray, a Montgomery attorney, recalled.

“I told her that wasn’t true, but she said, ‘It doesn’t happen right away, but you do.’”

Gray sighed: “The things people believe.”

Despite the best efforts of scientists and healthcare professionals of color to promote the efficacy and benefits of getting vaccinated, the legacy of American medical malfeasance toward Blacks continues. The numbers bear that out.

As of mid-August 2021, the Centers for Disease Control and Prevention (CDC) reported that just 10 percent of Blacks had received at least one dose of a COVID-19 vaccine. For Hispanics, the number is 17 percent and for Asians, just 6 percent. For other minorities, the rate is 1 percent or less. Though recent indications show a narrowing of vaccination rates, those numbers still lag far behind those of whites, which is 58 percent.

For African Americans, the mistrust of the American medical community is rooted in large part to the mistreatment of Black men in a small town in Alabama. Gray said he’s heard it time and time again.

“Can you say, ‘Tuskegee Syphilis Study?’” Gray said in reference to a recent call he had with friends discussing the vaccine. “I related to [the friend] that the facts about Tuskegee and the COVID-19 vaccination are totally different, and she asked me where I got my information from.”

Gray, 60, got his information at home, from his father, Fred Gray Sr., now 90. Gray Sr. was the attorney who represented the Black men in the Tuskegee Syphilis Study. Today, both he and his father are vaccinated against COVID-19.

“African Americans may very well have some mistrust of the government based on some prior concurrence,” Gray Jr. said. “But the Tuskegee experiments should not be a reason for people of color to not get vaccinated. Really, when you look at it, you’re looking at two key events that are just not similar in almost any respects.”

Historical Perspective

Funded by the United States Public Health Service (USPHS), the 1932 study’s objective was to record the natural course of syphilis in Black men. The USPHS went to Macon County, Ala., Tuskegee’s county seat, to conduct the study. There, 600 Black men — 399 with syphilis, 201 without — agreed to be treated over a publicly stated six-month period. In return, the men were offered free medical exams, free meals, and burial insurance.

Researchers had numerous opportunities to end the study but didn’t — including in 1945 when penicillin was accepted as a treatment for syphilis. The participants were not treated at all, and the ostensibly half a year of research continued until 1972, a total of 40 years.

The disregard for the participants’ lives has been something African Americans still have difficulty getting past. So today’s vaccines, hastened in development by what President Donald Trump called Operation Warp Speed, still must fight their way out of

(continued on next page)



The Building of Medical Mistrust

Four hundred years later some people question what has changed.

1932

The U.S. Public Health Service started a 40-year experiment with 600 poor, Black sharecroppers enrolled in the Tuskegee Study of Untreated Syphilis in the Negro Male. Participants were told they were getting free medical care from the federal government. Unaware they had syphilis, government doctors studied the disease and the effects it had on the participants. Even when treatment for syphilis became available, the men were not treated.

1619 to 1730

Africans were enslaved and transported to the American colonies to be treated as property, receiving little to no medical treatment.

Mid-1800s

Surgeon James Marion Sim, widely considered the “father of modern gynecology” for developing surgical techniques that help women through a difficult childbirth. Sims created his techniques by operating on enslaved Black women without using anesthesia.

April 10, 1945

Ebb Cade, an African American male, was the first test subject in the human radiation experiment (i.e., Manhattan Project) in Oak Ridge, Tenn. He got in a car accident on March 24, 1945, and fractured bones in his arms and legs. While waiting for treatment on April 10, he received injections of 5 mg of plutonium without his consent. Cade did not receive any treatment for his bone fractures until April 15. Fifteen of his teeth were extracted to see the results of the radiation. Cade died 8 years later from heart failure.

Oct. 4, 1951

Henrietta Lacks, a 31-year-old African American mother of five from Virginia, died of cervical cancer. Medical researchers use her cancer cells, known as the HeLa cell line. Lacks’ cells are one of the most vital cell lines in medical research. It has been used to study the effects of toxins, drugs, hormones, and viruses on the growth of cancer cells without experimenting on humans. The HeLa cells were used to develop the polio vaccine and in cancer and AIDS research. Doctors never got Lacks or her family’s permission to culture her cells.

In his apology, President Clinton said the study was “something that was wrong — deeply, profoundly, morally wrong. ... To our African American citizens, I am sorry that your federal government orchestrated a study so clearly racist.”



(Above) Group of men who were test subjects in the Tuskegee Syphilis Experiments (before 1972).

© Department of Health, Education, and Welfare. Public Health Service. Health Services and Mental Health Administration. Center for Disease Control. Venereal Disease Branch (1970–1973), Wikimedia Commons, CC-BY-SA-3.0. (Bottom) Herman Shaw (R) speaks as U.S. President Bill Clinton looks on during ceremonies at the White House in Washington in which Clinton apologized to the survivors and families of the victims of the Tuskegee Syphilis Study. Shaw and nearly 400 other Black men were part of a government study that followed the progress of syphilis and were told that they were being treated, but were actually given only a placebo. (Paul J. Richards/AFP via Getty Images)





1861–1865

During the Civil War, there were separate wards for wounded Black soldiers in the Union Army; they were poorly staffed. Black soldiers died from wounds that white soldiers would recover from due to a lack of supplies and treatment. Blacks continued to be used in medical experiments without consent, dead or alive.

April 4, 2016

Half of 222 white medical students and residents surveyed at the University of Virginia believe Blacks and whites are biologically different, according to a paper published in the *Proceedings of the National Academy of Sciences*. They also believe Blacks felt less pain than whites and thus were more likely to suggest inappropriate medical treatment for Black patients. This is believed to be the first study linking racial bias to biology, racial perception of pain, and the accuracy of medical advice.

1913

Sterilization laws were centered towards people with mental illnesses in their beginning stages, but expanded to a list of different medical conditions and extreme circumstances that gave doctors leeway in choosing who to sterilize. These laws drastically affected African Americans who were four times more likely to be sterilized than their white counterparts.

2021

Bones from the remains of a young Black victim from the 1985 MOVE bombing in Philadelphia were kept by anthropologists and used for instruction and featured in a video taught by a University of Pennsylvania professor and offered by Princeton for an online course.

the shadow of Tuskegee's 40-year deception in which Black bodies were devalued in the name of medical science.

Reuben Warren, Ph.D., is the director of the National Center for Bioethics in Research and Health Care at Tuskegee University. The bioethics center was established in restitution for the government's role in the study. During a 1997 press conference, President Bill Clinton invited the survivors of the study to the White House to give a formal and rare apology on behalf of the federal government. He vowed to provide federal funding to erect a national bioethics center at Tuskegee University. The center is "devoted to engaging the sciences, humanities, law, and religious faiths in the exploration of the core moral issues which underlie research and medical treatment of African Americans and other underserved people."

In his apology, President Clinton said the study was "something that was wrong — deeply, profoundly, morally wrong. ... To our African American citizens. I am sorry that your federal government orchestrated a study so clearly racist."

Though an egregious time in recent history, Dr. Warren said the legacy of deception goes back well beyond the syphilis study.

"We have to start with the beginning, particularly for African Americans, and that's 400-plus years ago, and how Black bodies were never valued as being human," Dr. Warren said. "They were valued as a part of their ability to work. It was about what you could do.

"There have been consistent insults on Black bodies. You can go from the Middle Passage — where we started — and the whole period of enslavement, Jim Crow, segregation. That whole litany. Not even omitting the eugenics movement that said Black people are less than human. And so, the United States Public Health Service Syphilis Study at Tuskegee was just another instance where Black lives were devalued."

Part of the Solution

Fact: At least two of the scientists who helped develop the Pfizer and Moderna vaccines are Black. Yet that fact has seemingly done relatively little to ease the mistrust among African Americans toward the vaccines.

"I think as a physician and infectious disease physician, and a researcher, I'm always concerned," said Judith Absalon, M.D., a senior medical director of vaccine clinical research and development at Pfizer.

"I think it's certainly disappointing that there wasn't a bigger uptake [in Blacks getting vaccinated], but it's understandable. And so my perspective is to meet people where they are and try to offer them the information that they need in a way that's understandable, to hopefully get them to where I think they need to be."

Jayne Morgan, M.D., is doing just that. As executive director of the COVID Task Force at Piedmont Healthcare, Dr. Morgan's charge is educating populations about the vaccine and encouraging a more proactive role in developing medicines by way of clinical trial participation. Her objective is to increase awareness around the benefits of vaccines and change the narrative from Tuskegee. (*Read how MSM is tracking vaccine hesitancy in communities of color in the next article, "Protecting the Vulnerable."*)

"I would just say we haven't replaced [the Tuskegee narrative] with anything new," Dr. Morgan said. "So, of course, [Tuskegee] will be a thing.



(clockwise) Attorney Fred Gray honored with historic marker in 2015 in Montgomery, Ala., © Gwaller87, Wikimedia Commons, CC-BY-SA-3.0; Dr. Jayne Morgan, executive director of COVID Task Force at Piedmont Healthcare; Dr. Judith Absalon, senior medical director, vaccine clinical research and development at Pfizer

For that reason, Dr. Morgan was not surprised that African Americans, in particular, were hesitant to get vaccinated, especially in light of the speed with which the vaccines were developed.

“I knew we [Blacks] were not going to take [the vaccine],” she said. “I saw that train coming 10 miles down the road. And, you know, it’s unfortunate that the Trump administration, but certainly in keeping with their mantra, made no effort at communication or education or disseminating information ahead of the rollout of this vaccine. So, when the vaccine rolled down, what happened was people crossed their arms and said, ‘Oh, no. We don’t know what this is.’”

Dr. Absalon of Pfizer agrees, adding: “It’s not just Tuskegee, right? It’s not just Henrietta Lacks. It’s literally every day that we interface with certain systems that people have a reason to be hesitant, you know. And all the other stuff that happened last year with our government and the community of the purposeful miscom-

munication didn’t help, right? So, none of this is surprising.”

Which is an unfortunate reality for underserved populations. That fear and uneven access have contributed significantly to death rates higher than other groups. However, Dr. Absalon is convinced that once people of color wrap their minds around its benefits, cases will plummet, and communities will get better.

“I’m a proponent of vaccines, in general,” Dr. Absalon said. “My background is infectious diseases. I’m also a first-generation immigrant from a poor family, from a poor country [Haiti]. And so, I see firsthand the devastation of not having access to that. I know of what vaccines can do from direct experience.

“I have always been an advocate of vaccines because it’s probably the cheapest thing that we can do to save millions upon millions of lives. We all very easily take medications. I had a headache all day, so I’m popping in my Tylenol or my Motrin and not even thinking about it.

We can treat millions of people by preventing them from getting sick.”

Education is so critical. Part of that means actively participating in trials during the development of these medicines. Dr. Absalon runs clinical trials and she sees opportunity for people of color to participate and improve the research and not willfully be part of the reason for healthy inequities.

“So the clinical investigators that I work with, one of the things that I’ve been talking about internally is having more diversity in our investigators,” Dr. Absalon said. “Meeting the ones that are at Morehouse [School of Medicine] or Columbia, or Tuskegee who are getting people to participate in those clinical trials, because the participants are going to trust somebody who’s from their community or they know for a very long time. And so, having us participate in clinical trials then allows us to have a voice.” **M**



Dr. Lilly Cheng Immergluck, M.D., M.S., FAAP, a professor of microbiology, biochemistry, and immunology at MSM

PROTECTING THE VULNERABLE

**Morehouse School of Medicine is taking
COVID-19 vaccines to hard-hit communities.**

By Peggy Pusateri

Dr. Michelle Nichols is passionate about reducing the disparate impact of COVID-19 on minority communities. So passionate, she spent Christmas Eve and Christmas Day 2020 completing the application for Morehouse School of Medicine to become an authorized community vaccine provider so it can protect the often overlooked essential workers and communities of color.

(continued on next page)



6000

MSM has already delivered over 6,000 COVID vaccinations to vulnerable Atlanta communities and is participating in the Novavax study through the National Institutes of Health.

West End residents playing basketball in a local park.

“Our goal is to meet people where they are.”

—Dr. Michelle Nichols

“I’m not talking about frontline doctors,” explains Dr. Nichols, who is an associate professor of family medicine and medical director of the COVID-19 vaccination program at MSM and Morehouse Health-care. “I’m talking about people working at grocery stores and retail places and hotels, people who are working for minimum wage. When I look at the data showing we are dying at higher rates ... and when the vaccine opportunity came, I thought, ‘We can make a difference.’”

According to the CDC, minorities are at higher risk of getting sick and dying from COVID-19. A CDC study from the early days of the pandemic showed that, in metro Atlanta, Black patients accounted for 79% of COVID-19 hospitalizations during March

and April 2020, while white patients accounted for only 13%.

Dr. Nichols was integral to getting MSM’s COVID-19 vaccination program approved by the Georgia Dept. of Public Health (DPH) in late December 2020, when vaccines were not readily available. A family doctor, she saw people struggling to find appointments. “If you don’t have a computer, if you don’t have a car, how are you going to get a vaccination? I was hearing those stories from my patients. In the early stages, there were not as many places for people to go get the vaccine. We were one of the early adopters.”

As the associate dean for clinical affairs at MSM and medical director of the school’s new Healthcare Center on Lee Street,

Dr. Nichols spearheaded the effort to get vaccines to vulnerable populations. With Saturday drive-through appointments and shots administered daily at the Healthcare Center, by April, MSM already had delivered some 5,500 doses. To get to that point, the school recruited the help of more than 100 students. “We have engaged our students at every step of the process,” Dr. Nichols says. “Because of the pandemic, many of them were not able to have as much interaction with patients. Our students are so excited to be involved and engaged in patient care. As we go into the Latino community, we are going to be utilizing our bilingual students to help.”



Going Where the Need Is

This spring, MSM launched another leg of its program: mobile vaccination teams. Using Georgia DPH data, MSM takes vaccines directly into communities with low vaccination rates. “We know that people of color are getting vaccinated at a lower rate than other people,” Dr. Nichols says. “We are able to use that data to look for people who need to get vaccinated.”

CDC data from Aug. 23 showed Black people representing only 9.8% of those who had received at least one COVID-19 vaccine dose and 9.2% of people considered fully vaccinated, despite comprising 12.4% of the U.S. population. Latino people represented 17% of those receiving at least one dose and 16.1% of the fully vaccinated while comprising 17.2% of the nation’s population. Similar disparities exist at the state level.

Working with senior communities, faith-based organizations, private employers, community groups and the Atlanta Housing Authority, Morehouse School of Medicine is making both the Moderna and Pfizer vaccines available to as many people as possible.

Progress has been swift. Earlier in the spring, Dr. Nichols and her vaccination team, in partnership with the Latino Community Fund and the Mexican Consulate in Atlanta, administered 1,000 vaccines in the Latino community in just one month. In addition, MSM is taking its mobile effort to rural areas of Georgia to offer vaccines to migrant agricultural workers and others.



Bottom right photo from a MSM vaccination event at the Mexican Consulate on May 1, 2021.

Studying Efficacy

MSM’s COVID-19 vaccination efforts don’t stop with administration of the Moderna and Pfizer vaccines. The school is participating in a Phase III Novavax COVID-19 vaccine clinical study through the NIH, notes Dr. Lilly Cheng Immergluck, M.D., M.S., FAAP, a professor of microbiology, biochemistry, and immunology at Morehouse School of Medicine. Director of the Pediatric Clinical & Translational Research Unit at MSM’s Clinical Research Center, Dr. Immergluck also serves as the principal investigator for MSM’s participation in the U.S. COVID-19 Prevention Network.

Vaccine doses for the Phase III Novavax trial were administered between December 2020 and June 2021. Participants are tracked for two years to determine if they contract COVID-19 and, if so, the severity of symptoms.

MSM recruited a diverse pool of participants: Of the 170+ people recruited, approximately 60% are Black and 6% are Latino. “We recognize the health disparities throughout the pandemic on communities of color,” Dr. Immergluck says. “To truly know how well this vaccine or any of the other COVID-19 vaccine candidates work in the United States, we need to include significant numbers of the people who would be most adversely affected by COVID-19.”

In addition, MSM is one of several dozen institutions participating in a Moderna study of vaccinated young adults to determine whether post-vaccine transmission occurs within households. “It’s really the next stage in the process ... to ask whether we can take off our masks if we’re vaccinated,” Dr. Immergluck explains.



40.2%

40.2% of Georgia's Black population had received at least one COVID-19 vaccine dose by Aug. 23, versus 43.9% of the state's white population.

A MSM team member administering the COVID vaccination at the Mexican Consulate on May 1, 2021.

Also an NIH initiative, that study calls for people age 18 to 29 to receive the Moderna vaccine and then follows them and their close personal contacts to determine how well they are protected against virus spread. “People in this age group don’t always follow strict masking and social distancing,” Dr. Immergluck says. “The point is to understand if you get vaccinated and you are in an age group that is more likely to have behavior patterns that put you at higher risk of contracting COVID ... will you be able to keep transmission down?”

Educating Community, Fighting Fear

As is true nationally, vaccine hesitancy is a significant roadblock to boosting vaccination rates in Georgia. Nancy Nydam, communications director with the state’s DPH, points to data showing that as of Aug. 23, only 40.2% of Georgia’s Black population had received at

least one COVID-19 vaccine dose, as had only 43.9% of the state’s white population.

“Among all races and ethnicities, there is misinformation leading to fear that the vaccine can alter DNA or give you COVID — neither is true,” Nydam says. “There is also hesitancy because people wrongly believe the vaccines were rushed and did not go through all the steps involved in evaluating the safety of vaccines. The COVID vaccines given emergency use authorization by the Food and Drug Administration went through research, thorough testing, and diverse clinical trials to demonstrate the vaccine is safe and effective.”

To allay fears, Morehouse School of Medicine operates a COVID information hotline, leads townhall meetings and online forums, offers insight from experts, and reaches out to community partners. Education efforts focus on prevention, testing, masking,

and distancing as well as vaccine safety and efficacy. “Our goal is to meet people where they are,” Dr. Nichols explains. “Not everyone is ready to get a vaccine. Some of them are just looking for answers right now.”

Sharing information builds critical trust with vulnerable populations most in need of the vaccines, and that’s one area where MSM excels. Notes Nydam, “Morehouse School of Medicine is uniquely positioned to help boost vaccination rates because they are viewed as a trusted source of COVID health and vaccine information within communities of color.” **M**

PARTNER

Bloomberg Philanthropies

A child who vowed to become a doctor after witnessing his uncle's death from pancreatic cancer. A girl who received a stethoscope as a gift and wore it around the house because she knew she was meant to be a physician. A teenager who, while visiting his cousin in an intensive care unit, walked the halls and saw too much — children with burns, gunshot wounds, other trauma — and knew he wanted to help. A girl who lost her five-year-old brother to meningitis after doctors failed to make the right diagnosis.



All of these children have grown up to become medical students at Morehouse School of Medicine. And all of them are now recipients of scholarships as part of Bloomberg Philanthropies' \$100-million gift to the nation's historically Black medical schools.

MSM's Black M.D. students, who typically come from more difficult socioeconomic circumstances than their peers, tend to leave medical school with debt that can dissuade them from taking lower-paying jobs in needy communities. With the recent gift of \$26.3 million from Bloomberg Philanthropies to MSM via the Greenwood Initiative, these doctors will be freed up to serve in primary care and underprivileged communities — and bring care to an estimated 44,800 patients over the course of their careers.

The country is becoming more and more diverse, but the diversity of its healthcare workforce still lags, with just five percent of physicians identifying as African American. This is due, in part, to the high cost of completing a medical degree. The impact is significant, given that studies show that Black patients tend to have better outcomes when treated by Black physicians.

"It is important to address this shortage because Black people are dying at a greater rate than any other racial group," says MSM scholarship recipient Ngafila Bakayoko. "If we are to grow a community of Black doctors

who know the obstacles their communities face, we will be able to address this."

Young Black people need role models to show that it is possible to pursue a career in medicine, says MSM scholarship recipient Darius Stephens. "I didn't have a Black male doctor until I was 23 years old," he says. "That has been one of my motivators throughout medical school."

Financial concerns can be significant for students at MSM. Though the average household income of students entering medical schools is \$175,000, MSM students tend to come from households with an average income of \$70,000. And while tuition at MSM is slightly lower than the average, the average debt load for a graduating MSM student exceeds the national average.

"I have definitely had concerns about being able to pay off student loans," Stephens says. "While I recognize that this path is not one for those seeking financial gain, I still didn't want to live with the burden of an insurmountable debt."

The gift from Bloomberg Philanthropies "will allow some of the burden to be taken away," says recipient Sonya F. Randolph. "Now I can follow whichever path I would like to, and not base my specialty on how much I will make."



VIEWPOINT

BREATHE ...

Thankfully, we're still here

By David Hefner, Ed.D.

Breathe

Such a fitting word for these breathtaking times. Just saying it — *b r e a t h e* — should provide a small measure of calm. After all, to say it, you must be breathing. And if we've learned nothing else during these last 18 months of fighting a deadly respiratory disease, the act of breathing is so profoundly precious and remarkably fragile.

Breathe ...

As an institution of health sciences, we understand the power of breath (read: life). We understand it in all its applications. Consider this: Nearly 700,000 Americans and close to 5 million souls across the globe have taken their last breath, many on ventilators, due to complications of Covid. In May 2020, George Floyd was robbed of his breath — literally crying out, “I can't breathe” — as his life ended, reminding us of America's pernicious legacy of separate and unequal. And millions of Americans today are desperately holding on — one vital breath at a time — in a fog of silence and bewilderment in what is sure to become a mental health crisis. And for them, (read: us), we have life to be thankful for today with the hope that life will be better tomorrow.

Breathe ...

It is in the convergence of these triple tragedies that Morehouse School of Medicine emerges as one of many solutions to today's current complexities. We have been in the trenches for more than 46 years, bellowing as loud as we could that something must change. In the hospital at Grady and our other clinical sites; in the labs doing critical research on conditions that disproportionately affect the vulnerable; in the classroom training future health equity public and mental health leaders, biomedical scientists, physicians, PAs, and more; in the chambers and hallways of both sides of the aisle pushing public policy that benefits the many not just the few. It is the work of a somewhat small private health sciences center with a large and extraordinary public health mission.

Breathe ...

Our vision is leading the creation and advancement of health equity. Health is all-encompassing. It rises and falls based on a multitude of factors: social, political, environmental, geographical, and more. It is why one of the leading indicators of a person's health outlook is his or her zip code. Where a person lives has racial, economic, social, political and environmental

implications. The zip codes that MSM serves in urban and rural Georgia tend to be comprised of the underserved and socially disadvantaged. Though they are mostly African American residents, they are not exclusively so. We serve Latinx, Asian, and White communities, especially in rural Georgia. The face of Georgia's underserved and vulnerable is multi-racial, but often the common denominator is class.

Equity, however, is the sibling of justice. Unlike equality, which means “sameness,” equity — by contrast — means “fairness.” It forces us to recognize systemic barriers that disadvantage populations regardless of class. It often relegates races and genders in a perilous system of injustice as outlined by Pulitzer Prize winning author Isabel Wilkerson in her recent book *Caste: The Origins of Our Discontents*. Hence, health equity, as defined by the Robert Wood Johnson Foundation, “means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Breathe ...

So as you read this column, I ask each of you to breathe and be thankful for another day to make a difference in both small and large ways. Both personally and professionally. Be kind to one another as this pandemic has touched us all in some way, regardless of what side of the spectrum you're on. Breathing reminds us of one undeniable fact: We're still here in what Brene Brown calls the arena — that place in which courage and hope can overcome fear. And MSM will remain with you in the arena during and after this pandemic to ensure that equity in health is realized one community — and one breath — at a time.

David Hefner, Ed.D., is vice president for strategy and institutional effectiveness at Morehouse School of Medicine and editor of Primarily Caring magazine.

IMPACT

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Freshman U.S. Senator Raphael Warnock (center) with bookstore patrons and MSM President Valerie Montgomery Rice (far right) at 44th & 3rd Bookseller, the new bookstore at Entra West End at 451 Lee Street in the Atlanta University Center.