

## Prioritizing Equity video series: 2020 Election-Moving Forward

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In the Nov. 12, 2020, Prioritizing Equity panel, Aletha Maybank, MD, MPH, moderates a post-election conversation focusing on centering equity in health policy 2020 and beyond, plus what needs to be critical priorities when it comes to advancing advance racial and health justice.

### Panel

- **Rishi Manchanda, MD, MPH**, president and CEO of Health Begins; Twitter: @RishiManchanda
- **Manisha A. Sharma, MD, FAAFP**, co-founder of Vote Health 2020; Twitter: @dr\_msharma
- **B. Cameron Webb, MD, JD**, director of Health Equity Policy and Equity at University of Virginia School of Medicine; Twitter: @drcameronwebb

### Moderator

- **Aletha Maybank, MD, MPH**, AMA chief health equity officer and vice president

### Transcript

Nov. 12, 2020

**Dr. Aletha Maybank:** Good afternoon, everyone. Thanks for joining us for Prioritizing Equity. I am Dr. Aletha Maybank, chief health equity officer at the American Medical Association. Really excited to have this conversation today. Very important conversation. We all are feeling it in many ways across the country. We are now in a time where COVID is greater than 100,000 cases a day. We have a President-Elect Joe Biden, and Joe Biden has created a new task force, as well, to help support his transition. I think there's just a lot of movement within this space of medicine and science, a lot of need for leadership at this critical time, and a lot of need and opportunity to really elevate the important context of health equity and keeping our eye on that particular prize and not moving away from that, even though election is over, per se, we still have lots of work to do.

Today I have some of my doctor friends with me, I will say, and folks that I just highly respect and regard in this work. We'll get really right into the conversation today. We have Dr. Rishi Manchanda, who is president and CEO of Health Begins. Dr. Manisha Sharma, who is co-founder of Vote Health 2020. Both of those folks you've seen before. Then, today we have Dr. Cameron Webb, who is director of health equity policy and equity at University of Virginia School of Medicine. He was also an intern for me at one point in time. It makes me feel old, but it's okay. Really good to have all of you today. I'm going to start off with asking, how are you all doing in post-election week? Where are you, as I always ask? But also just how are you doing and how are you feeling? Manisha, you want to start off?

**Dr. Manisha Sharma:** Hi, guys. Oh my gosh, today seems ... I'm just excited to be here today because I have some of my favorite people on this call, which is awesome. How do I feel? I feel relieved. It's been a long year. I think I'm relieved with cautious optimism, I think is really where I'm at. There's a lot of work to do and I'm ready for it. I feel hope as well. I haven't felt this hope, glimmer of hope, for quite some time, but I'm ready. I think we have lots of opportunity to really build intentionality and accountability into the conversation about racial equity and health equity for the country in a way that we can hold people's feet to the fire a little bit. The moment is now, I think, as it was said before we got on this call. I also think that there's just a lot of work, so if anyone is ready to... I think it's a call to action, and we need to make it, so it's a call to action so it's front and center, and I'm excited by that and I feel energized. Yeah, I'm fired up and ready to go. That's where I'm at.

**Dr. Maybank:** Awesome. Great. You said you're in California, right?

**Dr. Sharma:** I am in California. We're not burning yet still, I don't think. So that's good.

**Dr. Maybank:** Okay. Dr. Rishi Manchanda. Rishi.

**Dr. Rishi Manchanda:** Yeah, thanks. I, like Manisha, feel the same way, hopeful, optimistic, clear-eyed and resolute. I think I spoke with some of you guys just shortly after the election results started to come in and then kept coming in and kept coming in, and just talked about this cycling of different stages of relief in some ways that I was going through, and I still go through it right now, the restorative sighs of relief, deep restorative sighs, a breath and almost automatic, just I needed to take a deep breath and just feel the moment, mixed with moments where tears of joy would come in, especially, frankly, with Kamala Harris's ascendancy now of being the first female VP, first person to bring intersectionality to board really in clear ways in terms of her identity. It's just tears of joy. And then tears of confusion and anger and residual grief over all the lives that have been lost and all the lives that have been traumatized in the last several years, in particular, that may not have been and still coming to terms with that. I've been cycling through the five stages of relief, not just the five stages of grief in this context. I think I'm still going through that, but I land where Manisha, I always follow Manisha in terms of emotional-centered, hope, cautious, but optimistic and resolute.

**Dr. Maybank:** Awesome. Thank you for that. Dr. Webb, we're all very proud of you, an MD, one of us running for office. You just finished a hard and very important campaign in Virginia for the fifth congressional district. How are you doing?

**Dr. Cameron Webb:** Oh, man, I am filled with more free time than I'm used to having for the last year and a half. I think that in a lot of ways I'm so proud of the race that we were able to run, because it's really important. If you're ever considering getting into politics, you got to center yourself on something, and for me it was authenticity, and unapologetic authenticity, and that means that sometimes I'm going to sound more colloquial, it means that sometimes I'm going to call a spade a spade, and that may not resonate politically, but it's got to resonate with me. I think that that was what the goal was the entire time. We were able to do that and we really moved the needle. We feel proud of what we did. Obviously, it sucks to lose a race, so we were disappointed in that, but I think that we're proud of what we accomplished.

I'll tell you what. My kids, my nine-year-old and my five-year-old, are just like, "You're home, right? You're going to be home?" I think that kids have a good way of just reminding you what's important even in times like that. But I feel good. I feel good about the arguments we made on health care. I think that was so important to lead with the conversation about the pandemic, to lead with the conversation about everyone having access to the care that they need. Those are the conversations we should be having as a country and people will try to distract you from them, but we stayed doggedly focused. I feel good. I think, for me, it's just really focusing in on, to Manisha's point, getting to work, because there's a lot to do in the weeks and months to come to make sure that we don't waste this opportunity to move the ball forward.

**Dr. Maybank:** Absolutely. I want to hear more about, personally, why did you enter politics and also the physician's role in all of this. Manisha, the last time we had a conversation you really elevated for

the audience the importance of the physician presence in terms of voting. Vote Health 2020, you're a co-founder of. I want to know, how do you feel in terms of your efforts? Are you proud of them? Can you say anything about physician turnout at this point in time? I would imagine, since most of the country increased in voter turnout, that we as physicians did as well, but I don't want to fully make that assumption. What do you know about that?

**Dr. Sharma:** Yeah, so I will tell you that this work of voting is, Vote Health wasn't it, Rishi's also been a part of voting as well. We've been doing this for years and decades. I feel very proud of, with Vote Health 2020, is that we've actually infused voting into the conversation in a real way across the spectrum of health care. I think part of it was the pandemic, right? This was people felt defeated in health care because of the pandemic. We do everything we can to save lives, and really our answer was, "Don't feel defeated, go vote." Right? Because this is a way to get your voice out there and to feel empowered.

As far as physician engagement, what I think we can say is we've had a lot of conversations that are centered around voting when people felt that they didn't know what they could do, their answer was, "Go register to vote and vote," Amongst our colleagues, amongst our patients, amongst our communities. Right now, we are actually in the midst of thinking through how do we survey folks to see if they've actually voted or not, and so that's what we're doing. We don't have numbers, per se, to say how many physicians did it. I will tell you organized medicine, such as the AMA, to support the conversation about voting was huge, that was actually.

I think what we're very proud of is that we got the conversation as front and center. Now we're looking at what does the work look like, so it's an everyday conversation. It's part of preventive care and we need everyone to own health. This isn't just on doctors and nurses and health care, the health care diaspora, it's on our communities, our churches, and so this is about really thinking about health as being an ownership from everyone in the community. Where we are now is really going to start to think about what does that work look like moving forward?

**Dr. Maybank:** Great. Rishi, any comment around that? Because I know you have been doing a lot of work as it relates to voting and in organizing voting efforts among physicians, so I want to make sure you can contribute to that as well.

**Dr. Manchanda:** Yeah, thanks. I just first want to just elevate Manisha and Cerenia and Ali and Stella, the co-founders of Vote Health 2020, the entire team that was involved in that. It's remarkable. I think what we've seen both in this election for exactly the reasons that Manisha spoke to is spot-on, is this election and in prior elections, we've seen this wave that keeps on cresting and getting more and more momentum, a wave that recognizes that all health, just like all politics, is local, that health is just like we've recognized in the past few years, a social phenomenon. Health is also a political phenomenon shaped by policy, shaped by the distribution of power and distribution.

You can't be in medicine without recognizing whether it's in the dynamics of patient encounter, the dynamics of a health care system, the relationship with a community, or the role in society. You can't be in medicine and not recognize that power and the ways in which we leverage our positions of privilege to elevate people so that they actually have more power in their lives is fundamentally important to the health of ourselves, our patients, our country. It's just remarkable to see what Vote Health has been doing and the flurry now of all these other voting initiatives. I think, to Manisha's point, the question now is, as the work goes forward, how do we institutionalize this work? How do we transform this structure as much as we mobilize health professionals? That's the exciting work ahead.

**Dr. Maybank:** Yeah. Thank you for that. To that point, this week and the last week moving into this week, AMA really is one of our major convenings of the year with our House of Delegates and the Sections and Councils and the Board. We had conversations and a presentation and interview actually by our CEO, Jim Madara, with [Fauci] ... I always say that name wrong, sorry. It was interesting. Fauci, always informative, and informative in a way that's very accessible. He was asked a question towards the end of the interview about how did he stay in the world that he has across administrations? What does he do? What was his advice to physicians? He said to be apolitical and to stay apolitical. Of course, you all know me, I don't fully agree with that, and to the point of what Rishi just mentioned. I really think organized medicine clearly understands and appreciates the political determinants of...

The medicine clearly understands and appreciates the political determinants of health or else we wouldn't be engaged in the political circles. And so, Cameron, I was just curious, what made you enter into politics in the first place? And why did you feel it was your role to be political?

**Dr. Webb:** Yeah. Well, first of all, I'll start by saying this. Over the last couple of months in addition to running for office, I still have a day job at the University of Virginia where I'm the director of health policy and equity. And we actually executed a national survey of physicians. We looked at using the AMA Physician Masterfile. We reached out to over 3,000 physicians, we got over 500 responses. So kind of a fairly representative sample of doctors across the country. All 50 states represented in the district of Columbia, across age ranges, different rates, different points in their careers. And we were really just assessing their knowledge and attitudes on health policy issues. And so, publication forthcoming, but the idea here was that how do we engage and really understand where physicians across the country are on health policy issues?

I'll tell you this, doctors aren't apolitical. I think that sometimes the way we present ourselves in a clinical setting may seem apolitical because that's how we're trained to do. Doctors are not apolitical, and their politics resonate in their policy perspective, the same way they do with the population broadly. And so I think we were really excited by the findings. I think we were excited about how, even when we look at the cross tabs and we see for physicians in primary care or surgical specialties, how that resonates with their political leanings and ultimately their policy perspective. Those are things

that we have to unpack and understand because we can't describe physicians as a model.

Now for me as a physician, certainly I always tell people, I'm a doctor with a law degree. I'm a doctor, who's in policy. My doctor identity is kind of central to who I am. Remember, before I started running for elected politics, I worked in the White House. I worked in the White House at the end of the Obama administration on the White House health care team and on President Obama's my brother's keeper initiative. So I worked on health and social justice issues in the executive office of the president, but as a White House fellowship, which is a nonpartisan program and I ended in the Trump White House working in the domestic policy council on the health care team. And what I found was that, listen, it's almost impossible to be apolitical in two administrations that are so different, but what's important is that you bring your whole self to those tables.

What I was able to do is have conversations with folks regardless of where they were ideologically, about my perspective on behalf of my patients. And in fact, leadership from the Trump administration would often engage me and ask me even still about things regarding drug pricing and just saying, okay, well, where do you stand on this? I bring my whole self, including my political meetings, but also my patient interactions. I don't think that we're at a moment in the American health care system with health care being \$3.6 trillion we're spending annually, with it being the largest employer in the country, with it just being such a big dynamic in our national politics for physicians to stay out of that conversation.

**Dr. Webb, continued:** I think what you have to do is you have to enter that conversation thoughtfully. For me, I always aim to build bridges rather than drive wedges. And so I say, "Hey, we may see things differently, but let's center on something. I center on patients." And I say, "Well, what serves our patients well? And oftentimes that means that I'm talking about expanding access. I'm talking about controlling costs. Those are the perspective that I brought. And so for me, the natural outgrowth of that was running for office, knowing the conversations that were coming in 2020 or as a lot of people have said this decade is going to define the future, the trajectory of the American health care system. We need to be in those conversations.

When I was on the White House health care team, I was the only physician on the White House office. My job is the last person in the door, in the Obama White House. And so for me to walk into that White House health care team and see so many amazing leaders, folks that I've admired for years and recognize I'm the only physician voice at this table. It emboldened me to be even louder at that table and say, you know what? We need to speak up because we're not just bringing the representation of our profession, we're bringing our patients with us. And that's what I carry with me every day.

So I think that, if you're a physician and you have that inclination, you say, Hey, I want to be in spaces to speak up for my patients, there are so many different ways to do it, but you can do it through elected politics. And I think that that's a way that you can have a real impact in addition to many

others. I think it just depends on if you have that bug for politics and apparently, I do.

**Dr. Manchanda:** Amen to that point.

**Dr. Maybank:** Go ahead Rishi, yeah.

**Dr. Manchanda:** I think what's so rich about this, everything that Cameron, you represent, frankly and everything that you've done and continue to inspire me right now and with everybody else is, it demonstrates that for all of us, I think that this term apolitical, political, this binary kind of division, I think it has two important elements that I just want to surface right away. Oftentimes, and this is Dr. Fauci is incomparable and he is a national treasure. There is maybe not as much sophistication about the apolitical versus political kind of binary that is there.

I think that we need to get past this. I'm aware, we look at this binary because it's often those who are most privileged who use that binary, who don't feel the weight of injustice as it manifests in health or health care. And so, for those in the white coats for black lives movement in times of health care, in all of the social movements manifests through health care, the protests that we saw, everybody knows that health and therefore medicine and public health is political. And so we have to recognize that there's a different set of experiences that people bring to this question. And sometimes I find that people who are talking about this to be managed to be apolitical, often are the ones who haven't experienced the most on the receiving end of injustice.

The second thing I'll say is that the vocabulary is so rich here when we talk about, instead of apolitical versus political. We're not talking about being partisan in a care of a patient or letting a patient's political preference dictate how you're going to care for them. We're sophisticated and mature and professional enough to know that that's exactly not what we're talking about here. What we're talking about is a more rich, diverse vocabulary of political awareness and political activism that frankly, the social movements and protests in the past year have now made abundantly clear. We are citizens in the sense of the democracy and being engaged in this way and who happen to be physicians. And we just, along with everybody else has as much right to be able to voice our full selves as Cameron said. It's time to get more sophisticated. I think when we talk about political determinants, but also political roles.

**Dr. Sharma:** Yeah. I love what both of you are saying and I just want to also put it out there, to just bring it down to sort of layman components. Whenever I hear this apolitical, political I'm with you, Rishi, a hundred percent because I don't know what that means, right? Because do you have an opinion, you're being political? So the thing is, is that there's this component of being able to say that we understand right from wrong, right? That's not a political statement in that, in voting, by the way, also, just to put that out there is also not political, it's your right. It's your inalienable right to being a citizen in this country.

One thing also is that we can all agree there's common ground when should people be dying unnecessarily? No, right? So that's not a political statement. That's a justice, right, moral human statement, right? So, the thing is, is that what Cameron said was really important also is that we happen to always end up being one physician in a room full of people talking about people's lives and the impacts of policies on people's lives. We should be front and center and many of us in those rooms, right? I think a lot of times we need... Letha, you used to say this to me and I hold it true. Is that we need to be in every nook and cranny of the conversations of policy, health and all policy, whether it's in the C-suite or whether it's on the ground, whether it's in nonprofit organizations, we as physicians, we're trained to save people's lives. That's not a political statement. That's a moral justice, it's a justice statement.

And that's what we were trained to do. And we are also the experts on really thinking through nurses, doctors on how we are thinking about health in all policy. The policies that affect people, either picking policies, we see the bodily impacts on policies that are good and bad in our exam rooms, right? Whether it's school, whether it's transportation, whether it's housing, whether it's food, whether it's foreign policy, refugee care, right? Whether it's immigration policy, stuff that's happening at the border. So, I think that, yeah, doctors if you want to call it political fine, it's not really political. It's more about the fact that we believe in saving lives and that's something that's a common ground. That's a human statement. If it's politics that it has to be happening in, then yes, we need to be involved.

**Dr. Webb:** Just one quick point coming from the perspective having worked in federal government. I heard Dr. Fauci's comments a little differently because I did hear them from the perspective of somebody who's been a career civil servant. And so, folks like Francis Collins, folks like Dr. Fauci, the places, the spaces that they've inhabited that have allowed them to span these different presidencies are apolitical spaces by design. And so they're apolitical in that our career civil servants are supposed to serve the nation, not the president, not the political party in charge.

I remember working in the White House, which is an entirely political space and recognizing that I was so grateful for those career civil servants who brought institutional memory to our spaces and who were able to navigate no matter who is in charge politically. And so I think that in part what Dr. Fauci's referring to, is that for somebody who wants to have a career like him, that spans these different presidencies, possibly at the NIH, that's a space that you can operate. Yes, that is one way to have the career that he's had. It's like any mentorship, bit of advice.

Very rarely do we want to have exactly the career that somebody else had, but he's inhabited a very certain space in our politics, right? I think that that's a different dynamic. I think that you can have tremendous impact and the fact we're called to have tremendous impact in moments like this. I think of Daniel Dawes every time we say the political determinants of health, but we're called to have a role in this conversation to come because our communities are counting on us. And maybe this isn't the moment for all of us to be leaning into being apolitical. Some of us need to jump into the more political



spaces and that's okay too. There's space for everybody.

**Dr. Maybank:** Yeah. I definitely appreciate that and I agree that that was his intention. My concern always though is narratives that are put forward to large audiences and how they're embraced and especially in a culture of medicine in which students have been made or med students or residents and physicians have been made to feel some kind of way, if they want to do activism in the context of their work and their roles. And so it's more so that, that's how I embraced it. It's more the concern of how a message like that translates to a large audience, but I fully appreciate his place in society and his role that he's had in terms of service and definitely agree with that.

In moving forward in the conversation, let's talk more specifically about this particular time and what are some of the most pressing issues. Clearly ACA on the table again at the Supreme Court. COVID is going to keep being an issue at this point in time. And so many things connected to that. Medicare payment cuts potentially, disruption of a J1 visa. There's all types of challenges at this moment. And so I wanted to hear from you all, what do you think and how do you think the Biden administration really should prioritize health as one part of it, but then also health equity as another part of it. What are those initial thoughts of how to move forward? Clearly he already has the task force in place and that he has used and employed a strategy of equity represented by the diversity of folks who are leading that task force, but what else needs to happen at this point in time in terms of priorities, as best as we can do that? We will start with Rishi.

**Dr. Manchanda:** Yeah, I think this is where the hope comes in. Certainly, with the co-chairs, including Vivek and David Kessler and Marcella Nunaz. There's a remarkable kind of...

There's a remarkable degree of hope, and that's because of the concrete proposals that have been put forward. I think there's a few, there's several, but a few highlights, touchstones for how to advance a health equity agenda through the COVID-19 task force, which is the first major, I think, element out there. Certainly in the context of COVID, the task force itself, the composition, as you said, the elevation of the COVID-19 racial and health equity task force within that, which Kamala Harris, Senator Harris at that point, had put forward earlier this year, and now the VP elect is going to continue to champion to elevate, which will then transition post COVID into an infectious disease racial equity task force, I think, is a huge touchstone for engagement and opportunities for advocates, community-based organizations to come to the table and inform what that looks like.

I think another one is the Public Health Corps, the announcement now of a core that come January, will be able to start to scale up and hopefully deploy as soon as possible a Public Health Corps. My hope is that serves as a concrete touchstone to bring in community health workers. Particularly it can be helpful for some black and brown communities to be able to demonstrate once and for all across not just the COVID contact tracing response efforts and public response efforts, but across all policies, that equity is more effective. When you think about contact tracing, the Public Health Corps bringing in community health workers and individuals from the hardest hit communities is more

effective. When it comes to every other element of COVID response right now, equity must be the way, and I think those are two touchstones. The racial equity task force specifically as well as the Public Health Corps for me are two concrete touchstones within the purview of what has been put forward that I'm really excited about.

**Dr. Maybank:** Thank you. Manisha?

**Dr. Sharma:** Yeah, I super agree with what Rishi's saying. I'm thinking more from the ground. So one thing is that I think the nation has been hurt a lot in the last four years when it comes to health and racial justice. The trust has been frayed and broken really. And I think that moving forward, I think it takes folks to be in the mix that have street cred in ways that are healing and bring people together. So I think a lot about, the Dr. Camara Jones of the world, where there is a public engagement component of being able to bring people together to talk about and socialize, what does this healing and health equity and racial equity mean? This is language that we use in our bubble, but our nation doesn't necessarily understand that language. They just see that someone who looked like their uncle was killed and murdered by a policeman. They look at their fathers, their mothers dying on ventilators because of COVID and no one's listening to them.

So I think that I'm so hopeful. We didn't have in the last four years a space and a chance to actually have these conversations. Where it just wasn't an administration that was inviting to these conversations. And so now we have this chance moving forward. So I think that there's going to be a lot about how to bring the right voices to the table that could help with the healing process as a nation and the folks that have been beat down for many, many years, but it's just like these last four years just feel so much more of a beat down.

And I think that the Biden/Harris administration would allow to start opening those doors, to have those folks that have street cred that actually can heal the nation and talk to the nation in ways to bring them to that place, so we can have meaningful policies and we can really have hard discussions about the policies that exist, how we need to undo some of those and really build with intentionality. So I'm excited about those prospects. I'm excited that there are many positions that need to be filled with the right people, new faces. Some of it has to be new. Some of it has to be seasoned, but I think that's what I'm hopeful for moving forward.

I also think organized medicine has an opportunity here. Organized medicine, we pay our monies for organized medicine. The AFP, my dues go to AMA, AFP, the ACP, AAP, they have lobbyists. So make this front and center as a conversation to move the conversation and implement policies that are actually going to make people's lives better. The lobbyists that are in organized medicine take my tax dollar to pay for my membership. So I think we need health equity and racial equity to actually be front and center in these lobbyists' conversations. And that ties into payment reform, that ties into health care access and quality of care. All of those things tie into those things. But I think if you have the conversation through the lens of health and racial equity, that's the lens, it'll help start the healing

process, but it will also tie into all of these other things that we've been talking about for decades.

**Dr. Maybank:** Dr. Cameron?

**Dr. Webb:** Well, one definition that I love, I heard Manisha invoke Dr. Camara Jones, and she gave a definition of health equity, which was essentially everyone having the opportunity to achieve their best health, that idea of opportunities for health. So I want to, again, I feel like I'm just attaching myself to Manisha's comments here, but she referenced that health is in all policies. That's absolutely true. I think that in terms of what's next, we have to take really a three-generation approach to the health and wellbeing of our society. I think that on the front end, you have folks who are already dealing with the burden of disease and illness. We're seeing that front and center with this coronavirus pandemic and the way that it's rapid cycling our disparities in a way we haven't really seen before. It's elevated that conversation. And I think that so much of our health care reform is part of that conversation, ensuring access to care, ensuring that we bring down the cost of prescription drugs, ensuring that everyone can afford the care that they need, addressing surprise medical bills. All those things are things that are must dos.

We'll see what happens. The Supreme Court oral arguments on Tuesday, that was encouraging to me because I think that it sounded like, at least the law should survive. We'll see what Justice Kavanaugh eventually says, but I think that's what it sounded like in those oral arguments. I was joking with my wife, that was like my Super Bowl as a complete health policy nerd. But I think that, yes, that's one generation of folks who are dealing with chronic disease are on the cusp of that. For our young folks, it's investing in education. Again, health in all policy. Investing in education, addressing issues like rural broadband in a place where I live, that's critical. That's driving a digital divide that is going to create the disparities of tomorrow. It's addressing our housing crisis and the affordability of housing, addressing all of the legacy and the present of redlining and the impact that has on our communities with exclusionary zoning. These are things that we have to address, and these are things that president-elect Biden has talked about in his build back better plan.

So yes, that's being in the right place, addressing issues in transportation, addressing our climate crisis because environmental justice is addressing environmental racism. These are the conversations we have to have. But the last part I'll talk about is that next generation, which is the burden of allostatic load, that burden of chronic stress that comes with race in this society, and the fact that we are actually addressing the impact on those who aren't even yet born in the stress that people are dealing with every single day. So it's so important for us to recognize, elevate and engage that in the conversation at all times. I think here we're using the language of equity. We know how to hold space. We know how to engage one another. That needs to become commonplace in our politics as well if we're going to navigate this moment in a way that serves all the generations that are impacted by today's policies.

**Dr. Maybank:** Absolutely. So clearly, I'm going to be in agreement with all that you say, because

we're all cut from the same cloth in that way, but this is not easy. So, I think that's our optimal and ideal way in approach, but how do physicians and other health leaders address the challenges and the narratives that are so deep? I'll just bring back up Camara Jones, who talks about that this work isn't just about the technical pieces of doing the work and performance and metrics and all of that, but it's about this values piece to how we change culture and how we challenge the dominant narratives that exist. And knowing that many of our health care institutions, if not almost most of them, really have arrived in the context of white dominant culture and supremacy and patriarchy. How do we overcome that as physicians in our day-to-day conversations to the point where it actually impacts not only big P policy, but even institutional policy as well?

**Dr. Sharma:** So, Cameron said it before, and I want to stress being unapologetically authentic. Look, I think we've all been in spaces and places where we hear things. I think on our day-to-day, you hear it. You don't let it sit and plant its seed. I think that's one start. That's one of many other things that can move in parallel and at the same time. But I think this year, the pandemic, if you're a physician who didn't feel comfortable about what was happening this year, you've seen people dying, you have friends and family who got sick, if you really didn't want ... Now is your opportunity to literally like from small seeds of where you are in your day-to-day to actually stop coded language in its footsteps. If you are in a place of power, in a power position, bring it as a conversation piece to every meeting. That's how we socialize this and elevate it.

It's really important that we ... silence is the complicity. And that's actually what's part of the problem that we've had in the past. We have an opportunity now. Let's just make it cross-sectional, no matter where you are, no matter who you are. And I think it's really important. I think it's a conversation that when you see it, you hear it, you name it. Name it to change it, and that's where we start. And in addition to that, in the political realms, in the realms of higher power and influence, we make it cross-sectional. This is a thing, just like Cameron said, health is in all policy, in all sections of HR hiring. It's in your grocery store. It's in anything and everything that you see.

So, if we can help lead that charge, there's a million physicians out there. We lead the charge. We can have a million conversations about that if we all really can stop and say, "Hey, this is important. This is how we move the needle. And this is how we get through it." I don't think we can overcome it. I just think we can get through it and shift the conversation and shift the focus, because I think the overcome piece is not to acknowledge the pain that we've actually suffered through. So it's sort of, yeah.

**Dr. Maybank:** Absolutely. I just want to come back to Cameron real quick on that. In going around your state and in other places across the country during this campaign time, how did a message like that translate? Because again, we are amongst our family, we're amongst our common cloth per se. I say that very lightly. But how does that resonate to folks in different places, and how important is that?

**Dr. Webb:** It's so important. I love that you asked that question because I was thinking, I was like,

"Yeah, we're preaching to the choir right now. This is choir practice." And I think that when you're in these spaces, you have the conversation one way ...

When I tell you that racism is alive and well in America, it is alive and well in America. And I think that the way that you have to engage is you have to say, "Listen, this isn't a zero-sum game. It's not that if you help folks, persons of color all over this country, if you help low-income individuals all over this country, then you have something to lose." The fact of the matter is we talked about opportunity and we've really focused on this idea that everyone should have opportunities for help. Everyone should have opportunities for success.

And then we just started naming in the most rural of communities, we've had 150 rural hospitals close since 2010, we've had 15 close this year alone. Those are often the largest employer in your community. And by the way, that's impacting your access to care. We talk about the climate crisis. You say you enjoy that pastime of hunting or fishing, do you want your grandchildren to enjoy that? Because the threats to it are very real. Again, it's connecting and meeting people exactly where they are.

And in this health conversation, I'll tell you, Aletha, it actually wasn't hard. Everybody has a story about how our health care system is not serving. I mean, you don't even have to look that hard. You can just say, "How much do you pay for your medications?" And right there, they're just like, "That ain't right." Or you talk about insulin. They're like, "That ain't right." And it's like, "Okay, now that I've got you, let's talk about how that happened." Let's talk about how using purely market-driven policies and practices is not going to deliver the outcome that you desire and how there's a role for our government to help you make sure that you have health care that you can afford, that you can access, and then you have the chance to be healthy, right?

And then we talk about how that has a downward impact on your employment, a downward impact on your employability, a downward impact on your ability to provide for your family. And so you can have that conversation. You have to meet people where they are in different ways. That takes some practice, but I'll tell you as doctors, we have that practice. I always say on the campaign trail, we walk into rooms and ask people where it hurts. That's our job. And then you wait for an answer and then you work together to find solutions. That's literally what we do. And I think that it's similar in politics. You just have to have that patience. You have to have that thoughtfulness to ask somebody where it hurts. And then listen. You got to hear how they say it back to you. Even if they look different than you, even if they're coming from a different background and that's how you can bring them, you can recruit them. You can create allies out of them. You can invite them to choir practice, right? That's what we have to do.

**Dr. Maybank:** Thanks, Cameron. I appreciate that. Rishi, I didn't mean to cut you off earlier. Sorry.

**Dr. Manchanda:** No worries. I'm loving this. I'm loving this choir practice and what Cameron laid out, I

really, and what Manisha elevated is a nice pivot away from just looking at what we hope for from the administration. But what we know we need to do to be able to push and pull this country forward, which is organizing. Everything you're talking about Cameron, everything Manisha you are talking about, resonates to me, at least does the essentials of organizing.

And as you said, Cameron, doctors are uniquely gifted and privileged to be able to practice some of the very skills that make sense for organizing. And so I think while we definitely need, I'm just going to lay out some concrete kind of requests for the former, which is the administration needs. The things that I would want organized to push for one is presidential health care appointments, presidential public health appointments, sourced not from the higher echelons of health care cast structure, but sourced from HBCU's, sourced from minority serving institutions, sourced from the National Health Service Corps, which is where the front lines of the health care workforce has always been. And there's rich talent there from people who've had that experience and we know are still there. Sourced from National Service Corps, sourced from HBCU's, sourced from other minority serving institutions. When thinking about presidential health care appointments, because we have to get past the Brigham Bob Brahman, the Ivy Elites.

**Dr. Sharma:** I love that the Brigham Brahman.

**Dr. Manchanda:** And this is all up to the talented smart folks who were there, but this is the time to, if not now, when are we going to start to call out the inherent cast structures within American health care that resonate and reflect the cast structures and the resident structural racism issues in America. If we're going to reform and advance our health care structures, we need to actually start to source in a way that comes from the front lines. So that's one thing in terms of presidential health care appointments and public appointments. Let's advocate for people who have that lived experience as both Manisha and Cameron talking about. But the bigger question that invigorates me right now is exactly what Cameron and Manisha were laying out, which is organizing.

I think there's actually three ways to organize and to take coordinated action that include not just levels of societal transformation that we need, where we are active as individuals or mobilizing as physicians who are out in the communities. That's societal transformation that Cameron you represent exactly. One of the most potent forms of being able to do that. We need many more people. I have no doubt that so many people are going to follow in your lead, in the path that you've created right now to start thinking about a role in politics, to be able to shape societal level transformation, to advance health equity. There was also two other levels, right? There's community transformation. How the physicians and other health care professionals show up at the food banks, at the food policy councils. How they show up at the local Chambers of Commerce. How they show up at the board of supervisors meetings. How they show up and actually start to support and partner community-based advocacy efforts to address the social determinants of health, the food deserts and the food apartheid structures and the housing infrastructure. We need to partner better to drive community level

transformation.

And then there's actually more approximately practice transformation. If you're a practicing physician, as many shows and pointing out, there are steps to take to start the conversation and then transform your practice. We've done practice transformation from implementing EHR records to integrating behavioral health, to decreasing no-show rates and improving handwashing. We've done all sorts of quality improvement campaigns to transform practices, to become medical homes. We're familiar with not just organizing, but we're familiar with practice transformation. What if we take those same skills, that same experience and apply it to racial equity, apply it to health equity. So, practice transformation is where we can start, community transformation is where we can partner, and societal transformation is where we can flex in terms of our ability to be politically active in the ways that Cameron has demonstrated so wonderfully.

**Dr. Maybank:** Just to just echo the practice transformation piece, being at the AMA now, it's one of the top asks from many health care institutions from all across the country of how to do it. They want to do it. They want to embed equity. They want to embed racial justice, but the knowledge base and the skill base is not out there. So, I think it's important in terms of the language of you're doing this and now we have to provide this extra level of skillset and knowledge. And so, we're trying to find ways to do that. I think many of us are in a large-scale way. So, we're nearing the end of the show. We've actually gotten to the end of the show. Cameron, are you going to run again anywhere? Or do we get to see you somewhere else?

**Dr. Webb:** You got to ask Mrs. Dr. Webb that question.

**Dr. Maybank:** I get it.

**Dr. Webb:** I think it's always a family thing, but I think that we're redistricting, there's a new census. We'll see what the lines look like. My district really was designed for Republicans to win, but Virginia just passed a new amendment to change its constitution to have fair redistricting in our Commonwealth. So we'll see what the lines look like. For me, I'm a Christian, that's my faith. I always believed that God puts you exactly where you're supposed to be when you're supposed to be there. And if the opportunity presents itself and it's one that works for my family and I, I'm not at all turned off from politics. In fact, that, like I said I got the bug. So, I'm excited about it, but what we'll see what direction that goes.

**Dr. Maybank:** Awesome. And Manisha, I know you're going to be supporting people and doing your-

**Dr. Webb:** Right.

**Dr. Maybank:** It's in the background per se. It's the power in the background, making sure folks are where they need to be and advocating on behalf of many physicians across the country to make sure



that they are in places to be heard and seen. And Rishi is going to be working with us at the AMA, not in the AMA, but as partners with the AMA and helping support the practice transformation work that was mentioned. So, I really want to thank all of you. For all that we're tuning in just a reminder to check out our health equity resource center that is evolving tremendously. It has examples of folks across the country who are centering equity with their contact information. We're getting ready soon to release our strategic plan to center equity at the AMA. So, look forward to that and tune in on November 19th for our next episode on data and health equity. Nancy Krieger will be joining us and several other leaders across the country. So, thank you all again and talk to you soon.

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