

Dr. Valerie Montgomery Rice Investiture Address:

September 11, 2014

Martin Luther King, Jr. Chapel

Morehouse College

Atlanta, Georgia

I am humbled
by the trust and confidence
of the Morehouse School of Medicine Board of Trustees
for this honor.

Thank you.

I appreciate the opportunity today
to stand under the shade of a tree
that I did not plant.
This honored and sacred ground
was nurtured and cultivated by many who came before me.
Those like former Morehouse School of Medicine presidents
Louis W. Sullivan,
James A. Goodman,
James Gavin III,
David Satcher
and John Maupin
who nourished this medical meadowland.

I am grateful for their contributions
to the School of Medicine
and their legacy of fervent leadership.

To my teachers,
Ms. Neubold,
Faircloth,

Ella Mae Cater
and Mr. Charles Cook,
just to name a few
who brought science alive in the classroom and taught me to love the role it could play in my life
and the lives of others.

It was their early introduction
to the wonder of science and discovery
that engaged and
intrigued me as a student.

To my mother
whose sage advice to me as a young physician
was to value my patients
and to make sure that my counsel
always considers
what is in their best interests, first.

To my family and friends
who are here today,
I want to thank you for your encouragement, wisdom and unwavering support.

In particular, my three sisters,
Marsha,
Sandra,
and Priscilla
and their families;
my sister-in-law, Brenda and her family;
my supportive husband, Melvin Jr.,
and my two wonderful children,

Jayne and Melvin III;
and yes happy birthday, Melvin III,
thank you for sharing your birthday today with me.

I would like to take a moment and ask them all to please stand.

To my sorors of
Delta Sigma Theta Sorority Incorporated,
my Link Sisters,
and my dear friends
who have supported me through tears,
love
and laughter,
I say thank you
for adding to the richness of my life.

Thank you to the platform guests
who have impacted my life
in so many ways,
shepherding me toward this day.

I want to extend a special thank you
to Dr. Robert Franklin for presiding
over this investiture ceremony.
Robert and Cheryl Franklin
have been friends of Melvin and me
since our early days at Harvard Medical School.
We have shared so many memories together:
the births of our children;
the christening of Jayne at Danforth Chapel; and many vacations
that we now get to take with each other,

.....childless.

I can't think of any other person
whom I would want to open this occasion
at this historic place,
and at this time,
other than Robert Franklin.
Thank you.

To the legislators,
federal, state and local officials
who are present

To my other AUC presidents,
thank you for welcoming me.

To the faculty and staff at Morehouse School of Medicine who are the backbone of MSM and
who tirelessly prepare and inspire our most important asset:
our students.

Would our faculty and staff please stand, and MSM students
would you also please stand?

And finally

to our alumni

who extend our reputation of excellence well beyond our physical boundaries
to the broader community.

Will all alumni of MSM please stand?

I am also reminded as many of you are
of the significance of September 11th
in our country's history
and ask that we remember those
whose sacrifice affords us the right
to bask in the privilege of freedom.

Today we are gathered in the Chapel
that bears the name of a man
who emphatically understood
the moral obligation of equality in America. Martin Luther King Jr. once said,

**“Of all the forms of inequality,
injustice in health care
is the most shocking and inhumane.”**

What we now know after many years of study and documentation
is that injustice in health care extends well beyond *access* to health care.
The injustice is evident in
how health care is delivered,
whom it is delivered to,
and *where* it is delivered.

If we are to act upon what we have learned and what we know,
we must act differently.
We must move our discussion
from simply cataloging health disparities
to one that builds upon our new knowledge and leads to health equity.

Health equity is not defined
by giving everyone
the same level of service or access
but by giving a person or a community t
he level of service and access to resources that allows a person or community to reach an
optimum level of health.

The elimination of health disparities
is one of the pillars

on which Morehouse School of Medicine was built.

Today

our charge is to become a leader
in closing the health gap....

BUT HOW?

That is our charge.

That is our 21st Century mission.

We will become the recognized leader
in the creation of health equity
by focusing on four key areas.

First,

how we educate our learners

Over the past 39 years,
we have graduated more than 2,000 physicians, public health professionals
and biomedical scientists
many have chosen to practice primary care medicine
or they have advocated
on behalf of those in underserved communities.

That is the reason the Josiah Macy Jr. Foundation
ranked MSM
the number ONE medical school
in the country
in fulfilling its social mission.

America will face a physician shortage of more than 90,000 doctors in 10 years.
By 2020

this country will face a serious shortage
of both primary care
and other medical specialists
to care for an aging and growing population.

This year

we enrolled our largest class of 78 students, and we will focus on expanding to 100 medical students
with a 20% increase in our biomedical and public health students by 2017.

Continuing to increase
the number of mission-conscious health care professionals
will require enhanced recruiting efforts
and innovative medical education programs. It will include training
compassionate professionals
who are committed
to the holistic treatment of patients
and not just their medical condition.

Our recruiting efforts
must include cognitive diversity
in the selection of those
who are admitted here.

Scott E. Page is a social scientist
who has written extensively
on the power of diversity in creating stronger teams.

There is empirical evidence
that the greater the diversity
the more productive the team.

Since 70 percent of our physicians
come from underserved communities
and choose to practice

in underserved communities,
it is critical that we channel their life experience and diversity
to maintain innovative academic programs that will broaden their
experience and exposure to new ideas.

We must create opportunities to enhance their experience by including training
at the Veterans Administration Hospital
and at private hospital systems like Atlanta Medical Center
and global health experiences
like those with our partner,
the Fogarty Foundation.

This strategy of identifying the most cognitively diverse learners
is not limited to our recruitment of medical students.

It extends also to our biomedical scientists and our public health students.

For we know that our success in creating health equity is highly dependent on evidence-based
science

that begins with research discoveries

that incubate in lab,

but only become real to the public

when they are extended

through the advocacy of public health leaders.

Second,

we must continue to engage and educate the community

One of our core community values is

the ***community has the right***

to participate as an equal partner

at every level of decision-making,

including needs assessment,

planning,

implementation,

enforcement
and evaluation.

A person's access to quality health services has a profound effect on every aspect of her or his life,
yet nearly 1 in 4 Americans
do not have a primary care provider
and people without medical insurance
are more likely to skip routine medical care that increases their risk
for more serious health conditions.

We can thank the Obama Administration
for the Affordable Care Act
that has improved access to quality care and makes health care coverage possible for many
Americans
in order to reduce disparities in health care.

The president has proposed
\$14.6 billion for health care training
in his 2015 budget plan.
It includes more than \$5 billion
over 10 years
to train 13,000 doctors to serve in underserved areas.
His budget also proposed
nearly \$4 billion
over six years
for medical students to receive scholarships and loan repayment assistance
in return for serving in communities
with high medical needs.

In addition,

President Obama is expected to seek more than \$5 billion in increased payments to providers who serve Medicaid patients.

Increasing access to routine health services and health insurance are vital steps in improving the health of all Americans and specifically minority communities.

We understand that health status and health behaviors are determined by personal, institutional, environmental, and policy influences.

Educational and community-based programs over the next decade will continue to contribute to improving health outcomes in the United States.

We at Morehouse School of Medicine recognized years ago that education and community-based programs must reach out to people outside of traditional health care facilities.

That is why we have trained over 75 community-based physicians to participate in clinical research, and why we have one of the first mobile research vans that actually goes *into* the community.

Our community engagement must be broad, comprehensive and substantive like the Community Voices under our Satcher Health Leadership Institute that addresses Prison Health and Reentry Support Programs, Obesity and Diabetes Prevention Programs,

Mental and Behavioral Health Programs, and the Community Health Worker Health Disparities Initiative.

We are seeking to expand public-private partnerships that create win-win scenarios to improve patient outcomes, like our eHealthy Strides Initiative.

With investments and collaborations with Microsoft and the NIH, we launched a disease management system called eHealthy Strides, or EHS. EHS empowers patients

to take an active role in managing their diabetes with support from real-time health care providers.

EHS is one of a suite of patented, health technologies that use real-time actionable data from individualized health risk assessments

to develop a preventive, personalized

and a participatory treatment plan for the patient.

Our community engagement efforts allowed EHS to be tested in approximately 300 diabetic patients, including members of Big Bethel AME Church and in primary care practices of the MSM Community Physicians Network.

The City of Atlanta human resources benefits program is providing incentives for employees with diabetes to use eHealthy Strides to achieve health and wellness goals.

It was also approved
by the Centers for Medicare and Medicaid Services for use in the Morehouse Choice ACO
patient engagement,
and we are currently developing plans
to raise funds through a technology start-up to scale the technology for online access.

Community strategies designed
in collaboration ***with the community***
are our best chance at creating win-win health care strategies that benefit us all.

Third,
we must integrate and partner with systems committed to health equity

It would be impossible

for Morehouse School of Medicine
to fulfill its social mission
without its deep roots in partnerships.
In order to amplify our aspirations
we must have partners
who are as passionate as we are
and who recognize that investments in people,
processes,
and technology
are required for our mutual success.

These partnerships may include
health systems,
companies,
families,
advocates,

other health care professionals,
educators,
social workers,
volunteer organizations
and, yes, the State of Georgia.

We don't have to look far
to find partners who share our collective vision.
Partners like Emory University School of Medicine
stepped in during the early days
of the Morehouse School of Medicine's transition to a four-year medical school.
The bonds formed by that early partnership are even stronger now
as we partner in research
through our ATCSI grant
and with my alma mater Georgia Tech.
We also work side by side
with Emory at what I believe
is the best teaching hospital in the world, Grady Memorial Hospital.

For it was at Grady Memorial Hospital,
as an Emory resident
that I spent my formative years
honing my skills in Obstetrics and Gynecology.
It was through the lives
of those courageous patients
that I learned the real meaning of humility.
It was there that I began to understand
why my 7th grade teacher, Ms. Betty Davis, made me say the word "humble"
over and over again
as I practiced my valedictorian speech,
until I said it

with humility.

The character of a person
is tested when they find themselves vulnerable to a system
or a person
who can determine a particular outcome
in their life.

The humility in which a physician engages with patients
can either rob them of their dignity
or elevate their spirit of hope.

We also value our relationships
with federal agencies
like our friends and colleagues
at the Centers for Disease Control and Prevention,
the National Institutes of Health,
and the Atlanta VA Medical Center.

Our class expansion is predicated
on continuing to identify students
who are committed to primary care
and those critical core specialties
that impact the daily lives
of the most vulnerable.

However,
they must be prepared,
and we believe the best way to prepare a workforce
is to invest in children.

My life is a clear example
of what happens when you invest in a child. The odds were not in my favor:
a single-parent household;
a high school educated mother

working in a paper factory;
and siblings all less than three years apart. But the Georgia public school system was my
lifeline.

I believe it can be that same lifeline
for many other Georgia children
who have a curiosity for knowledge.

That's why we want to advance our partnership with
Georgia public school systems
to assist in advancing STEAM:
science, technology, engineering,
arts, and math.

We want to partner with companies
like Georgia Power
and its workforce development programs. Creating the next generation of health care
professionals
begins with stimulating a passion
for learning
and a hunger for discovery
in young children.

Some of these kids will become technicians; some will become nurses;
some will become MSM students
and some will work at places
like the Georgia Kraft paper factory..... because we partnered together
and invested together
in a shared vision.

For those students
who come to MSM for medical school
or residency training,
we will continue to show the return
on our state operating grant investment

by the 60 percent of our graduates
who practice in Georgia
and the more than 65 percent
who choose primary care
or core need specialties.

Thank you to the Governor
and the Georgia legislature
for supporting our mission
through a state operation grant
that allows us to educate and train professionals
who are standing and leading
in the elimination of health care disparities.

And last,

research

Great research

makes for a great medical institution. Research programs can provide the basis for innovative
models for teaching

and for community partnerships

that are essential to meeting

the health challenges of the 21st Century.

We all understand that

resources are limited

and medical schools have to focus their research

to closely align with their mission.

Well that is good news for us
because Morehouse School of Medicine has already seen success
in our nationally recognized
neuroscience and cardiovascular research programs.

In the last five years,
we have concentrated our research
in four key areas:

cancer,
cardiovascular disease,
neurological disease
and infectious diseases.

Why?

Because we know these diseases
have the highest rates of disparity
and by making an impact in those areas,
we can begin leveling health equity
across the board.

We have to continue
to produce groundbreaking research combined with innovative improvements
if we are to make that research translational.

Let me give you two examples
of the kind of translational research
we are doing to fight health disparities.

Our National Center for Primary Care research team
is working with the Amgen Foundation,
and we have identified some communities that have moved from high-disparity
to high-equity outcomes
in breast and colorectal cancer. Specifically,
we have evaluated breast cancer mortality trends over the past twenty years
in all counties across the country
with sufficient numbers
to create stable rates.

These counties began the 20-year time period with substantial black-white disparities,
but convergence of the mortality trend lines show outcomes are now
“optimal and equitable.”

The research shows that disparities
are not “inevitable,”
and that in some high-disparity communities,
we can even see a path
toward health equity.

Secondly,

our National Center for Primary Care published a research paper in 2010

that really supports the way we are now articulating the balanced mission of Morehouse School of Medicine.

We documented

that most of America's success stories

in health in the last 50 years

did not come just from public health

or just medical care

or even social determinants,

but instead

came from the combined efforts of

research innovation,

public health,

and medical care –

especially primary care

but sub-specialty care as well.

The specifics of the research study are:

- Only 9 conditions with mortality rates high enough to appear on “Leading Causes of Deaths in the U.S.” lists over the past 50 years
have achieved at least a 50% reduction in mortality

from their peak

from 1950-2000.

- 7 of the 9 conditions required all three elements of the triangulation model – research innovation,
public health / health promotion,
and medical care –
to achieve that success.

The success stories

typically consisted of a research innovation –

for example

the invention of the pap smear--diffused through the dual channels of public health –

for example, promoting screenings for cervical cancer – and then medical care

– for example primary care delivering most Pap smears and specialty care doing the colpo/biopsy and Rx.

- We noted that most often
the dual channels of public health and medical care worked in parallel,
but not in partnership,
which means there's a need for greater integration.
- A cautionary note – unequal diffusion of new lifesaving treatments
often worsens the disparities between more advantaged and less advantaged
segments of the population,

as in antiretroviral treatment of HIV, unless we pay attention to equity.

And this is why the world needs
Morehouse School of Medicine.

Benjamin Franklin said,
“Justice will not be served
until those who are unaffected
are as outraged as those who are.”

It is not unconscionable to question costs and quality of care
in this new health care environment.

Cost is a reasonable qualifier.

But our moral challenge

is to be impassioned enough

to be outraged by the enormous equity gap between the haves
and the have-nots.

At Morehouse School of Medicine,
we have always known and believed
that addressing health needs

is a moral obligation
because health is essential
to our existence and to our quality of life. There is no moral ambiguity
in our responsibility to humanity.

My hope for health care equity in this country
will not be accomplished by my vision
and my will alone.

But this great and historic institution
can be the catalyst that activates
that vision and will.

Our greatest asset lies in the professionals we train
whose care and commitment
illuminate our highest calling.

Knowledge,

Wisdom,

Excellence

and Service

are the tenets that will propel us
from good to great.

However,

one of the challenges we face
in moving from good to great
is the financial realities that exist
in higher education.

The cost of professional and graduate medical education is high,
and our students often carry
extremely significant debt
upon earning their degrees.

Our profound challenge
is to raise money
and increase our endowment
to provide more scholarships
for our students.

Granted fundraising is not easy;
however, I am confident that in order to raise the standard of excellence in fundraising,
we must provide current and potential investors with opportunities
to share in our success and our pride—
as ardent financial supporters

Simple things

such as consistently sharing the stories of our success
and of challenges,
and inviting partners to join us.

We have to inform them
honestly and transparently
about our circumstances
and let them know when giving
can make the difference
between failure and success.

As you know,
I have been extremely vocal
about this inauguration focusing
on raising money for scholarships
to support our students
thereby decreasing the debt they incur
to attend Morehouse School of Medicine. On average,
our students come from families
with household incomes of \$45,000
when the average medical student
in this country comes from a family

whose household income is \$175,000.

So we asked hundreds of alumni and friends to join us

in raising \$1.5 million dollars

for the Presidential Scholarship Initiative. Today,

I am proud to announce

that you answered the call.

You stepped up

and we have raised a total of \$2.7 million

in gifts and pledges

to the Presidential Scholarship Initiative.

You made the difference!

[Applause]

Maya Angelou once said,

“I would like to be known

as an intelligent woman,

a courageous woman,

a loving woman,

a woman who teaches by being.”

You have my abiding
and enduring allegiance
that I am prepared for this
and will steer this ship
under my watch with grace.

We are partners in this exciting new venture,
and I am honored to be at the helm
as we journey together
in pursuit of excellence.

THANK YOU