

Transcription of Audio – Leadership Opportunities in the Era of Health Care Reform
Dr. David Satcher, MD, PhD

Dr. Katherine Nordal: And now you all are in for a real treat. It's my great honor to introduce our keynote speaker for this afternoon, Dr. David Satcher. I had the opportunity of hearing David Satcher speak at the Georgia Psychological Association. I was, I had my arm twisted by a friend Jennifer Kelly, and since I grew up in Georgia and lived in Atlanta and Columbus and all of that, I just felt compelled to go back to Georgia. But it was wonderful because I got to hear Dr. Satcher speak as well. He established the Satcher Health Leadership Institute at Morehouse School of Medicine in 2006 as a natural extension of his experience in improving public health policy for all Americans, and his commitment to eliminating health disparities from minorities, poor people, and other disadvantaged groups. Appointed by President Bill Clinton in 1998 as the 16th Surgeon General of the United States, Dr. Satcher served simultaneously in positions of Surgeon General and Assistant Secretary of Health at the U.S. Department of Health and Human Services. As such he held the rare rank of full admiral in a U.S. Public Health Core to reflect his dual duties. During his service, Dr. Satcher tackled issues that had not previously been addressed at the national level, including mental health, sexual health and obesity as well as the disparities that exist in health status and access to quality health care for minorities. These experiences, along with his leadership as a director for the Centers of

Disease Control and administrator of the Agency for Toxic Substances and Disease Registry provided Dr. Satcher with the expertise, skills and relationships necessary to build a private not-for-profit institute that we feel is poised to effect health policy on a national and global scale. I knew there was another reason I liked the Surgeon General. He's born in Aniston, Alabama, a good southern fellow. Dr. Satcher and his wife Nola, a poet, reside in Atlanta, Georgia. They have four grown children and four grandchildren. So please join me in a very warm welcome for our 16th Surgeon General, Dr. David Satcher.

[applause]

Dr. David Satcher: Thank you. Well thank you very much Kathy for that very kind introduction. I'm delighted to be able to join you on this very special occasion when you're discussing building a leadership culture. I have to tell you, I have a special place I guess in my heart for this organization. What a tremendous support you've provided to me as I took on the issue of mental health as a Surgeon General. I especially remember that meeting in San Francisco, I believe in 2001 in which we released the Surgeon General's report entitled *Mental Health Culture, Race and Ethnicity*, and the support that you provided not only in developing that report, but in making sure that it received the kind of attention that it deserves. So I'm delighted to be here. Kathy, I promise you I will not forget, performance matters, value is not a bad word, and performance requires teamwork. So if I make no other contribution today, I have

repeated I think a very important message. I bring you greetings from the Morehouse School of Medicine and especially the Satcher Health Leadership Institute. We have been engaged in this mission of developing a diverse group of leaders in medicine and public health who will contribute we think significantly to the goal of eliminating disparities in health. But at the same time and perhaps just as important if not more so, we as an institute are involved in providing leadership in dealing with some of our most difficult issues. We were quite involved in the healthcare reform legislation from start to finish. I remember meeting with President Obama when he was Senator Obama to talk about my feelings about the urgency of healthcare reform in this country. So we were very pleased with the role that we played and continue to try to play in impacting health policy in this country at the local, state, and federal level. We especially agree with the Institute of Medicine in that 1988 report on public health when it said, "Today the need for leaders is too critical for us to leave their emergence to chance alone." And so I'm delighted that you share that view and you have set aside this major effort for leadership development in your ranks. We need leadership from your ranks, especially, because I think you bring a perspective that's really critical at this time in our history. And a lot of it embodied in the psychology of teamwork that's going to be really critical if we're going to move this country forward in terms of healthcare reform. So we believe that today the need for leaders is too

great for us to leave their emergence to chance. We have a motto at the Satcher Leadership Institute. And we say that in order to eliminate disparities in health, we need leaders who first care enough, we need leaders who know enough, we need leaders who have the courage to do enough, and we need leaders who will persevere. As you know, great things don't come easy and they don't come quickly, so we have to stay the course in order to make significant differences. We released the first Surgeon General's report on mental health in December of 1999, and as some of you remember, the major recommendation was that as a nation we move toward parity of access to mental health services. Well, that was a beginning of an effort that took until 2008, and it was not just our effort of course, there were many efforts throughout the country, but in October 2008, President Bush signed the Mental Health Parity Act, and that was a major step forward. In January of 2009, President Obama issued the executive order removing the barriers to mental health parity that are now a part of the healthcare reform legislation. So leadership require perseverance, and so I hope you're in this for the long haul. I want to say a few words about what we're trying to do at the Satcher Health Leadership Institute. We have a philosophy about leadership, and you've heard some of it. We actually believe that leadership requires teamwork, that leaders who are not team players find it very difficult to make a difference. We also believe leadership is about learning. Now one of the things that we tell our fellows when they join us and we have

a post-doctoral fellowship, a one-year fellowship in health policy, we tell them that we are all students, and despite the fact that I have been a leader or trying to lead for almost 40 years, we are all students of leadership and we're going to learn together. We engage in interactive learning. I try to share with them what I've learned, including all the mistakes I've made, but also to learn with them new strategies and approaches to making a difference. It reminds me of that story that some of you may have heard. There was a Boy Scout who had been very fortunate to be selected to go to the great Boy Scout's Jamboree, but it was a late selection and he had to go more than 1,000 miles away. And it was a very difficult accomplishment because he didn't have the money to buy an airplane ticket, his parents didn't, his troop didn't. So he was able to squeeze onto a flight, a small plane. There were only five people on that plane, but they would be able to take him to where he needed to go. There was the pilot, and the Boy Scout himself, there was a priest, there was a business leader, and there was a leader of a small country. And after they had been in the air for awhile, the pilot said, "I have very bad news. There's a major problem with this flight and I don't know what it is. It's almost certain that we're going to go down. The sad thing is that we have five people aboard and we have only five parachutes." So he said, "I'm not sure how we're going to work this out. Now I need to take one of the parachutes because I need to be able to go back and explain what happened to this plane." So he did. And then the man who

was the leader of a small country explained that his people needed him, that he was their leader and they were dependent upon his leadership, and everybody agreed with that, that he had a real need to get back. So he took a parachute and went down. And the next person who spoke up was the business leader who told them that he was actually the smartest man in the world. And he had all the credentials to prove it, he showed them his scores and everything. And so they agreed, the smartest man in the world, so he grabbed a bag and he jumped out. So that left just the Boy Scout and the priest. And the priest had really made his peace with God, and so he knew what he had to do but he decided to engage the Boy Scout in some discussion. He said, "Now son, I want you to think about what this means. We're faced with an issue of who should live and who should die. It's a very important issue; books have been written about it." And the Boy Scout said, "But sir, we can both live." And the priest said, "Well now, you've got to be realistic son. We have one parachute and there are two of us." And the Boy Scout said, "Oh no, we have two parachutes because that smartest man in the world, he took my backpack." So one of the first things we do is try to make it clear to our students that we don't have all the answers. And that we have to learn together. And we actually have just started a community health leader program where organizations in the community such as churches are able to select people to send for a 12-week program, all day every Friday, and it's amazing how much we're learning from people who

actually live in the community. People who suffer the violence, who live in a community where there's no grocery store within miles. To really work with them in terms of trying to solve problems is one of the most important leadership experiences you can have, and hopefully they're learning something from us also and will go back to the community and really be leaders. Well some of the lessons that we have learned and we try to relate to our students is that leaders actually respond. It's one thing to have a strategic plan and it's important to have one, but leaders also have to respond to things that are not expected, crises. And I don't have to talk about that because everyday we seem to have a new one, a new crisis, and leaders have to respond. So being a leader and becoming a leader, it doesn't mean just the ability to plan and follow the plan, it also means being the kind of person and kind of communicator that can respond to crises. Leadership is not position-dependent. I have a lot of students who call me every year about what it was like to be Surgeon General, and a lot of them let me know that they want to be Surgeon General one day, it's a very high position. And I try to point out to them that some of them have not yet passed Chemistry, but that's another issue. But I try to point out to them that leadership is not position-dependent, and if you really want to be a leader, you ought to start now, acting like a leader. We need more people at every level who are acting like leaders and not waiting for some glorified position. So we try to make that clear to our fellows and the other students in our leadership

program, that leadership is not position-dependent. I think it is true, as I think Kathy said, that effective leadership transforms communities. One of the most important contributions that we can make is to help communities transform themselves into healthy communities. Communities where it's safe, where people are free from violence, free from depression, environmental depression. So leadership transforms communities, and it is this transformation of communities, including the healthcare community, that's going to be so important as we move into the future. Leadership is transformative. Leadership requires a global perspective. Now you, I'm sure, have been engaged with the discussion of social determinants of health, and I'll mention that also a little later, but one of the richest experiences that I've had was to spend three years working with the World Health Organization from 2005 to 2008 on this whole issue of social determinants of health. And looking at that issue from the perspective of countries all over this world, from Chile to Brazil to China, Japan. Visiting those countries and looking at what impact social issues were having on the health of the people and concluding that the most important investment that we could make in the health of people would be to improve the conditions in which they are born, in which they grow, they learn, they work they pray, but the conditions that surround people are more important than the healthcare system. A difficult call and something that we have to deal with, but certainly it's very clear in every country that we visited that both within

countries and between and among countries, the most important determinants of disparities was social determinants of health, social conditions. Leadership is like a relay race. Now when I was in college at Morehouse, I ran a little track, and I emphasize little, but I was a long distance runner. But my favorite race to watch was always the relay race because it requires so much working together. And if you watched the Olympics in China, you remember what happened to us as a nation, both our women's and men's team in the 4x100 lost because they dropped the baton. And that's what leadership is about. It's about not only achieving within yourself, but passing the baton effectively to the persons coming behind you. It's a tremendous task to number one, to have a leader who is secure enough to empower the person who's coming behind him or her to lead and to perhaps go much further than he or she was able to go. It takes a level of security that's all too rare in our society. Working with each other in such a way that the baton is smoothly passed from one person to the other is probably the biggest challenge in the relay race and the biggest challenge in leadership. In our country, of course, politics sometimes gets in the way of that smooth transition, but luckily we have seen some great examples of that. I think even in the last election and the working relationship that's occurred. So this baton concept of leadership is really an important one, because when you don't have it then it's like starting over every time there's a new leader. Well it was with that attitude I think that we tried to take on the issue of mental health in

1999. And that first report was a really critical one and we decided to do something that we felt needed doing, and that was to take time to define mental health. Because everybody who came to participate on the committee was ready to talk about mental illness. They were ready to talk about mental disorders. So we decided that we should stop and talk about mental health and to try to agree on a definition of mental health. And I think it was probably the most important thing that we did. We ended up defining mental health as the successful performance of mental functions. So one is able to be productive in his or her life. And one is able to establish and maintain positive relationships with other people. We also said that mental health was the ability to adapt to change. And I'm sure you see many patients who's struggle is adapting to change. We often think of adolescents, of course with that, but we all struggle with adapting to change. We've been working with the National Football League on the issue of dementia in former football players who have suffered repeated concussions. But one of the things that we've discovered is that perhaps the majority of professional football players, and perhaps professional athletes have a lot of trouble transitioning from being a professional player to going back into society. Especially when the average player retires before he's 40 years of age in professional football. Many of them are totally psychologically unprepared for that kind of transition. And that may well be, as we look at this issue, as big a problem as those who will suffer dementia, even though far too many of

them, we now know, are going to suffer dementia. But the number of former players who have a lot of trouble adjusting to life after being a hero, being the attention of everyone on the field and all the sudden you're retired before you're 40. So transitions represent a major challenge and therefore adapting to change is a major part of what it means to be mentally healthy. And finally we felt that mental health was the ability to deal with adversity. Now we had difficulty getting the WHO commission on social determinants of health to visit the United States. They felt that the United States was a wealthy country and they didn't need to visit the United States and look at social conditions. We finally convinced them because we referred to New Orleans and what's happened in New Orleans during and after Katrina, and how that adversity impacted mental health. And I don't need to tell you that we saw a tremendous increase in depression in New Orleans and surrounding areas as people tried to deal with the aftermaths of Katrina. I was thinking about that within the last 24 hours with the tsunami in Japan, because the last tsunami we saw in that area, we saw tremendous mental health impacts. So this whole issue of dealing with adversity as a challenge to mental health is one that we have to keep in mind as we try to provide leadership in a system where those kinds of things are often ignored. Well we had several lessons, and I'll just mention a few, from that first report. Just to remind you, we said in that report as a lesson that mental disorders were common. We even said that mental disorders are

real. Now you may say, “Well why did you need to say that?” Well, there are still people who don’t believe that mental disorders are real. They accuse people of having weak character but they don’t see it as a condition in need of treatment. So we tried to make that point in our report, and to make the point that mental disorders were common. Now in our report, we said that one in five Americans will suffer some diagnosable mental disorder each year in this country. And we said that meant 44 million Americans. Now if you’ve been following this, and I know most of you have, we now know that perhaps one in four Americans will suffer a mental disorder each year. One in four, 25% of Americans suffering a diagnosable mental disorder each year. We said in our report that a mental disorder was second only to cardiovascular disease and just above cancer as a cause of disability. The WHO now predicts, if it’s not already true, that certainly by 2012 depressive disorders alone will be the leading cause of disability in the world. So that’s what’s happening in the world. That’s what’s happening [UI] while we struggle with issues like mental health parity. And at the same time we are dealing, in this country and in the world, with the growing need for mental health care. So as we reform our health system, the critical need for leadership in this area is one that we must take into consideration. The good news in our report, first, was very good news, and you know this news but it’s worth repeating. And that was that 80-90% of the time, we have the ability to treat people with mental

disorders and to return them to productive lives and positive relationships. That as Mrs. Carter likes to say, recovery is possible. And if you read the New Freedom Commission's report on mental health in 2004, then you know that was a major focus of that report. Recovery is possible. That's good news, and that's news that more people need to hear in an environment where stigma is still such a factor when it comes to dealing with mental disorders. So that was the good news. The bad news of course in our report was that fewer than half of adults and fewer than one-third of children receive the mental health care that they need. Now that's a challenge for leadership. I mean if you're looking for a leadership challenge, well to say on the one hand that we have this ability to treat people with mental disorders and to return them to productive lives and positive relationships and then to say that fewer than half of adults get the help they need, and fewer than one-third of children. Think about that, and we know that about 20% of children suffer some sort of mental disorder each year. 15% of parents will actually seek professional help for their children each year for some mental disorder. And yet we know that the overwhelming majority of children do not get access to care. We believe that this is an area where we can make tremendous progress in our health system. There are at least 52 million outpatient visits a year where the diagnosis is a mental disorder. 2.4 million hospital discharges where the diagnosis is a mental disorder. This system that we're talking about cannot drive as a reform

system, not as it is today, unless we begin to impact upon what happens to people who suffer mental disorders and until we begin to promote mental health. I think we can do a much better job of promoting mental health. When I presented at the American Psychological Association meeting back in 2001, it was about culture that we were talking. We were talking about the critical importance of culture in dealing with mental disorders. And among other things, we pointed out that culture effects even how people manifest and describe their illness. I'm sure you noticed that. Culture effects how people cope with a mental disorder. The type of stresses that they experience when they are ill, and whether they are willing to seek treatment. Culture has a lot to do with that. And I think what that means of course is that any system that's going to be effective must be one in which cultural differences are dealt with. And the ones that I have seen, including the Asian Counseling and Referring Center in Seattle, which I visited soon after we released this report, where they had really, in dealing with a population that spoke 30 different languages, southeast Asians, they had gone into that community, developed leaders from within that community, trained people to be on their team, they had a team, and they were able to take a population that's usually averse to admitting that they need help in this area, very averse, and created what's become a very successful model. Culture counts. But it's important to remember it counts not just among patients, it also counts among providers. We're dealing with our own

culture. We used to talk about the culture of medicine when I was in medical school, and I think there is a culture that we develop, and Kathy mentioned this, in this idea that we've got to be independent. I think physicians suffer that more than any other group in terms that we've got to be the leaders and we've got to be independent. And our culture is something that can be a problem in terms of providing the best care for our patients. It can affect the way patients are diagnosed, by the way. It can affect the kind of treatments offered to patients and how services are organized and administered. Culture is important in the care of patients. Well what are the major social determinants of health and how do they impact? Well as we said, they are conditions. Conditions in which we're born and develop, in which we grow in. The Harvard School of Public Health a few years ago did a study in Chicago and basically they were looking at children who were exposed to violence when they were very young, like between the ages of three and five. And this was [UI] because the assistance at Harvard. But what they did was they studied children that were exposed to violence like murder, and unfortunately far too many children are exposed to violence including murder at a very young age. And basically what they found of course, which is something that you know, and that is that children who were exposed to that kind of violence were twice as likely to be victims or perpetrators of the same kind of violence before they were adults. So this social determinants of health means, as NIMH is now acknowledging and really pursuing, it

means that our environment of course effects our brain and it's development, that what we experience in our environment actually effects the wiring and certainly the chemicals of our brain. And so very clearly the idea of the social determinants of health is one that's quite real and it in fact effects our development and function. There are several reasons that people are giving for why we're seeing an increase in mental disorders in this country and in the world. One of course is aging, and clearly we all recognize that there are mental disorders for many people that are associated with aging. Dementia of course is the major one. So again, and we have a population that's again in this country, in fact the CDC says the fastest growing population of Americans are those who are 80 years of age. Worsening social problems are viewed as a part of causes of increased mental disorder. Civil unrest is viewed as a part. Natural and manmade disorders. So these are all things that are increasing mental disorders and we of course just learned recently that injuries experienced by professional athletes increased their risks such as dementia and depression. We wrote an op-ed piece when we were in Michigan to do our community forum about dementia in former athletes, and basically the subject of our op-ed piece was that the banging of heads must no longer be considered a sport. Now you may have to think about that one for a while. But this idea of butting heads, and kids see the professional athletes do it, and four year old kids playing football going for each other's heads. The brain is far

more important than that and deserves to be protected. So this whole idea of how we protect mental health is a critical idea. I just want to say a word about how I see healthcare reform impacting upon this need for leadership in our society and especially among those of you who are in this room and those who are members of your group. There are a lot of problems with our health system and Kathy has discussed those. Cost, quality, certainly access, and disparities in health. All represent major areas of problems. Nobody compares with us in terms of the amount of money that we spend for healthcare in this country, you know that. I served as delegate to the World Health Assembly for almost nine years, during the time I was director of the CDC and then Surgeon General, and so I had a lot of chance to look at our health system from the perspective of the World Health Organization, and certainly we put a lot of resources into our health system, there's a lot of money in it. And there are some strengths. We lead the world in research, I think we have won over half of the Nobel Prizes in medicine and physiology over the last 25-30 years. Our health system is big. It reminds you of that story of the farmer from South Carolina. Well a farmer was from Texas, and he went to South Carolina. This farmer had a big farm, 5,000 acres in Texas. But he wanted to see other farms, so he stopped in South Carolina and he visited a farm. And he was sitting on the porch with this South Carolina farmer and he said, "How big is your farm?" and the South Carolina farmer thought about that for a while and he said, "Well,

I think maybe it's 60 or 70 acres." And the Texas farmer thought, "My goodness, if I told this guy how big my farm was, he wouldn't understand. I mean 5,000 and his farm is only 60-70 acres?" So the Texas farmer said I'll just illustrate it for him. He says, "You know, there are some mornings when I get up and just as the sun is coming up, get in my truck to drive across my farm. And do you realize that when the sun is going down, I still have not reached the end of my farm." The South Carolina farmer thought about that for a minute and he says, "You know, I used to have a truck like that." Well when it comes to our health system, there's something wrong with the truck. And I think that's what this is about, it's about fixing the truck. It's not about the fact that we don't spend enough money, it's about finding a way to get the most from what we invest in our health system. That's the challenge we face in healthcare reform, and there are several issues that are on the table, of course, in this reform legislation. It's very political. I mean anything that's done in Washington can be tainted by politics and mostly is. So it's very clear however that this is an opportunity among other things. So whatever else happens, I hope that we will find a way to follow this lead and reform our system in such a way that it gets better control of cost so that we get more for our money, that we improve access to care dramatically, that we improve quality. Now in case you're not aware of it, we used to compare our country with other countries, right? We used to say, well other countries, especially those who have primary care

orientation, have better health outcomes. And people debated what that meant. And then all of the sudden Dartmouth and Johns Hopkins and others started looking at different communities within this country. And do you know what they found? Those communities that had the highest concentration of physicians, mostly specialists, had the worst health outcome when compared with communities that may have had fewer physicians but more primary care. And that of course is in studies that people have not wanted to talk about, but it's real. That we have some communities that have a dense concentration of providers, but the wrong kind. And so we spend a lot of money supporting them but we're not getting the outcomes. So the AMA, in supporting the health outcomes, pointed to these things, that this would allow us to do in terms of – and you've heard them, so I won't go over them. But let me just pick two or three things that I think represent real opportunities for us in healthcare reform, and where your leadership is really going to be critical.

Let me start with disparities in health. This healthcare reform legislation does several things that will help us with the goal of eliminating disparities in health. It puts more emphasis on preventive care. More emphasis on coordinated care, the whole concept of the medical home. More emphasis on improving diversity and cultural competency, rewarding that. Healthcare providers for underserved community, incentives for people to practice where they're most needed. Ending insurance discrimination and affordable insurance coverage. Every day

in this country we have people who get a new diagnosis of cancer or diabetes or some chronic disease, and many of them within two weeks will get a letter from their insurance companies telling them that they have been dropped. And when they ask why, they usually point to some fine print that they didn't take the time to read. But it's like a game that you get out of taking care of people when they need it most. Those days will be over with this healthcare reform. But I think probably even more important, pre-existing conditions, including mental health conditions, would not be an allowable condition for excluding people from insurance coverage. So I think disparities in health will benefit. Now the bill requires that data is collected and kept on issues, not just on race and ethnicity, which is some of the issues, but sex, primary language, disability status, and underserved rural and urban communities. So looking at disparities more broadly than perhaps we've looked at it before. I think that's important as a part of this reform. It's important that primary care is strengthened by this healthcare reform proposal. Increased Medicaid payments and fees for services and managed care for primary care, primary care doctors. Provide incentives for taking care of Medicare patients after receiving 100% reimbursement, 10% bonus payments, so the support for primary care improves dramatically because students are not crazy and what we've seen over the last several years is that students are voting with their feet. They know that primary care providers are discriminated against in terms of reimbursement.

They know that we make it very hard for people to practice with all of the paperwork. So this legislation attempts to deal with that, and it's a tough task to take on. And then prevention. Let me focus on that, even though Kathy focused on it, I want to say a few words about the focus on prevention. When I was Surgeon General, I said, and I don't like to quote myself, I said, "What this country needs is a balanced community health system. One that balances health promotion, disease prevention, early detection, and universal access to care, including access to mental health services." This legislation moves us in that direction very effectively, I think. Our national prevention strategy, which includes a national prevention council that will be chaired by the Surgeon General, and it will be council made up of the secretaries of all of the departments. I want you to think about this. This is a preventive health council, and it will be chaired by the Surgeon General, which obviously I like, and but then the members will be the Secretary of the Department of Labor, of Education, of Environment – you get the picture here that health outcomes depend upon more than health care, they depend on education. In fact what we found with our WHO study was education and income were perhaps the two most important variables in health outcomes. If we're going to create a healthier population, we have to deal with issues related to education and income. So having a prevention council that acknowledges that and supports that I think is very critical.

There is money in this legislation for enhancing prevention, and it started last year at \$500 million in 2010. This year it's \$750 million, and after 2015, \$2 billion a year to provide grants for prevention and health promotion. Now I don't think that's enough, of course, and what I hope is that in time we will see the benefits of keeping people healthy and not waiting until they get sick in order to respond to their needs. So prevention is a major part of this legislation. And finally, I think mental health benefits tremendously. And just some of the ways in which I think it benefits, and I hope that you will read this legislation for what it does for mental health. Pre-existing mental health conditions are not a cause for exclusion. Extended coverage for young people until they're 26 on their parents insurance. Starting in 2014, insurers cannot deny coverage or raise premiums for diagnosis of mental disorders and in 2014 mental health and substance abuse services will be part of the essential benefit package. Now that was a big fight about that, I'm sure you know. I remember going to see the late Senator Kennedy, when we were really pushing for the mental health parity. This was after I left office, it was a few years ago, and trying to make sure that he was fully on board. And he said, "Well, Dr. Satcher, I have a problem." He said, "We're trying to reach an agreement with the house, and the house will not give up anything. They don't want to give up substance abuse or intervention, so we don't believe we can pass that in the Senate." And I said, "Well Senator Kennedy, who's the problem in the House?" He

said, “Well it’s my son, Patrick.” So he’s leading an effort to make sure that this legislation also covers – and then I told him, I said, “I’m afraid I agree with Patrick, that I don’t believe that we should back away from the need for treatment for people who are addicted to addictive substances.” And I was really happy that in fact that was included in the legislation. I could go on and on but I encourage you to read what this legislation does as it relates to mental health and the opportunities for leadership that it provides. But it is going to require leadership. This is my last story. And it’s about the man who was travelling across the country in a hot air balloon. And at a certain point he realized that he was lost. This is not an old story. So he decided that since he was lost, the best thing to do was to lower the balloon and to see if he could recognize some landmarks, like the Washington Monument or the Golden Gate Bridge, or the Gateway to the West. So he started lowering his balloon. And he didn’t see anything that he recognized, so he just kept lowering it. And it was only after he got to about 30 feet above ground that he spotted a man working in the field below. So he yelled out, “Where am I?” and the man stopped digging and he looked up and he said, “Well you’re in a hot air balloon about 30 feet above ground.” Well the man in the balloon said, “Are you a scientist? You sound like a scientist.” And the man on the ground said, “My goodness, I am a scientist, but how in the world did you know that?” And the man in the balloon said, “I knew that because what you told me is technically

correct, but it is of absolutely no use to me right now.” Well, wait though. Not to be outdone, the man on the ground said, “Well you sound like one of those policy-makers from Washington or somewhere.” And the man in the balloon said, “I am a policy-maker, in fact I’m a leading policy-maker, but how could you have known that?” The man on the ground said, “I knew that because you’re in the same position you were when we met, you don’t know where you are, you don’t know where you’re going, and now you’re blaming me.” There’s a moral in that story, believe it or not. And it is of course that we have to continue to invest in science. We have been very strong in that as a nation. We have to continue to do that, but we also have to make sure that we change policies to be consistent with the science. And right now it’s not. Our health system is not consistent with what we know about the needs of our population. Especially in the area of health promotion, disease prevention, mental health especially. Without dealing with the mental health needs of our population much more effectively than we have in the past, we will never get the system under control. We need leadership, we need you to become involved with the integration of mental health and primary care. That’s one of the Satcher Health Leadership programs. We’ve had our fellows go to look at models where attempts were being made to integrate, [UI phrase] and some other places. We can win this battle. We can in fact integrate mental health and primary care so that people are working together on the same team, making sure that patients

receive the care that they need. And that team has to be led by the best team leader, not by anyone because of their profession, but by the best team leader. One model of course is having a primary care clinician, a mental health specialist and then a clinical care manager who really manages that system, which is what's needed. And then of course, right in the middle of all that is the patient. That's what the medical home is all about, is putting the patient in the center of the care. Not the doctor, but the patient in the center of that care. That's the challenge and that's the opportunity that we face and I hope you will join the struggle.

Life is filled with golden opportunities carefully disguised as irresolvable problems. Working together, we can resolve those problems. The Satcher Leadership Institute is involved in mental health promotion, a project funded by NIH and which we work with parents to try to make sure that before, during and after delivery, during pregnancy and after delivery, children receive the best chance for mental health. So it has to do with behavior on the part of the parents, the absence of violence and abuse, the absence of substance abuse and that can affect the growth of the brain, and then positive communication. Breast-feeding, but positive communication between parent and child. If we can push this, we believe that it is a way to promote mental health that we have not focused on. We have parents now, we have 150 parents, and most of them teenage parents, probably the parents who most need to be supported in terms of being good parents. And we know that if we can

help them to be better parents and many of them are very excited about the opportunity to be better parents, we can improve mental health outcomes. And all of us must continue to educate to reduce stigma as it relates to mental illness. We've got to continue to take every opportunity, regardless of what people say about education and stigma, we've got to continue to push to make sure that people understand that mental disorders are real, that they are disabling, and that we have the ability to treat and to return people to productive lives and positive relationships. Let me leave you with my last quote. And I'm back at Morehouse, of course. I went to college at Morehouse College many years ago. I won't tell you how many, but believe me, many. And I actually came, as you've heard, I came out of Aniston, Alabama, a cotton field in Aniston, Alabama, when I left to go to Morehouse. It was a last minute thing. I guess Morehouse decided at the last minute to offer me a scholarship and I took it, caught that Greyhound bus, and had never been out of Alabama before. But I rode to Atlanta and I have never regretted it. And the reason was that this was an intuition who believed that regardless of where we came from, whether or not our parents finished elementary school, we were expected to be leaders, and they pushed that. They pushed that. Every Tuesday morning, the President Benjamin E. Mays spoke to the students. This was the same Benjamin E. Mays who spoke to Martin Luther King, Jr. who graduated in '48, spoke to me every Tuesday morning, and I graduated in '63. I have a lot

of quotes, but they were quotes making it clear that we were expected to do great things. We were expected to solve problems. We were expected to be leaders. My favorite Benjamin Elijah Mays quote I want to leave with you. He said, “It must be borne in mind that the great tragedy of life is not in failing to reach all your goals. It’s in having no goals for which you’re reaching. It’s not a calamity to die with dreams unfulfilled, but it is a calamity not to dream. It’s not a disaster if you fail to achieve your highest ideals, but it is a disaster to have no high ideals for which you’re striving. It’s not a disgrace to fail to reach the stars. It’s a disgrace to have no stars for which you’re reaching.” When it comes to mental health and access to mental health care, we must remember that not failure, but low aim is sin. Thank you.

[applause]

[End of recording]