

Valerie Montgomery Rice, president of Morehouse School of Medicine LYNSEY WEATHERSPOON FOR THE WALL STREET JOURNAL

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Black people in the U.S. are more likely than white people to suffer from hypertension and heart disease and more likely to die at younger ages. They have accounted for a disproportionate share of Covid-19 cases,

hospitalizations and deaths. They are also more likely to enjoy healthier lives if treated by Black doctors, but there aren't enough. Valerie Montgomery Rice is working to address these disparities.

Dr. Montgomery Rice became president of Morehouse School of Medicine in 2014. The historically Black institution produces the third-highest number of Black doctors among all U.S. medical schools, putting Dr. Montgomery Rice in a position to impact one of America's most pressing health challenges.

Last week, former New York Mayor Michael Bloomberg's Bloomberg Philanthropies gave \$100 million to Morehouse School of Medicine and three other historically Black medical schools. The gift will allow the school to reduce the debt of 215 students by \$100,000, paving the way for more graduates to go into primary care instead of higher-paying specialties and to practice in underserved communities, a spokesman for the school says.

Growing up in Mason, Ga., Dr. Montgomery Rice was the only Black student in her high school honors program. She went on to Harvard Medical School, practiced infertility medicine, and became the founding director of the Center for Women's Health Research at Meharry Medical College, one of the nation's first research centers devoted to studying diseases that disproportionately affect women of color.

As a summer <u>focused on racial justice</u> ends and a <u>school year begins</u>, Dr. Montgomery Rice spoke with The Future of Everything about the dearth of Black medical students, how to get more Black men into medicine and the way patients will access care in the years to come.

What will health care look like in a decade?

A couple of things that we have learned from Covid-19 is that <u>telehealth is here</u> to stay and consumers' attitudes around different forms of care delivery have changed. We see more patients being willing to go to <u>Walgreens</u> or CVS or <u>Walmart</u> for their care. Seventy one percent of Americans believe that health equity should be a top priority. But what do we mean by health equity? Health equity is ensuring that we give people what they need when they need it and the amount they need to reach their optimum level of health. That's not only about care, but who delivers that care.



'We're being very intentional about who we recruit and how we retain those persons in medical school,' says Dr. Montgomery Rice.

LYNSEY WEATHERSPOON FOR THE WALL STREET JOURNAL

Are the wrong people delivering care?

Out of the 21,000 students entering medical school [in 2018], only 1,500 of them were African-American. That's pretty much a flat line over the last 15 years. But what's more concerning is that only 570 or so were black males. So when you look at the ratio of black females going to medical school, compared to black males, it's three to one, and there is no other demographic that is that different. All the other demographics whether its whites or Hispanics, it is 50-50.

Does that matter?

When people are like their providers that influences whether or not a patient is going to feel comfortable, where they're going to feel like they're seen or heard. When we talk about cultural competence, it is, "Can that patient see themselves or see that the provider sees them in that interaction?" And a lot of times, if you look at the diverse experiences people have, that is what makes me better as a physician—that I can see that patient's experience. So we have to challenge this and really address this dearth of Black men in medicine. And we are doing just that. We're being very intentional about who we recruit and how we retain those persons in medical school.

Can you go into a little bit more detail about how to grow that field?

What the nation needs is to recognize that there's a problem, right? And understand that we have a systemic challenge. So when you see the increase in the number of Black men going to prison versus going to medical school or going into any profession, you know that you're going to have a problem. It starts with what happened in the third through the 12th grade, with how they feel empowered to participate in the educational experience, how their differences are not seen as negative, but positive. First of all, they've got to see a future for themselves.

How can you help them see that?

We support them in recognizing that they have value. We need to increase the high school graduation rates, and then we need to ensure that they have opportunities for exposure. That exposure is about, first, we believe that you should be at this table. So it's got to be inclusive. And we direct resources to support them. One of the things we see in college are lots of students, particularly Black males, who start out interested in science and medicine, and then there's a significant drop off in all students after their first year. But we see even more significant drop offs in Black males and their continued interest.

Is that the only inflection point?

The MCAT is the test that gets you into medical school. We see that even though Black males score higher than Black females in that first round of tests, that if they have a low score, they are less likely to take it again, compared to any other group. And we believe that starts with the college counselors counseling them to be resilient and have a lot of grit.

And what about when they enter medical school?

When they finally get into medical school, what is their experience? Are they included? There are 158 medical schools. There are a significant number that don't have a Black male in their first-year class. So imagine you are a person in that classroom and there's no one else like you. Medical schools have to be very intentional about recruiting and retaining Blacks. At Morehouse School of Medicine this year, for the first time in 20 years, we had more Black males in medical school than females. We were very intentional in that we directed a lot of our efforts in saying to them, "We want you, we see you, we believe in you."

If these efforts succeed, what will the impact be on health disparities in the country?

We know that <u>Covid-19</u> is <u>disproportionately impacting underrepresented</u> <u>minorities</u>. We know that underrepresented minority physicians tend to care for a higher proportion of Black people in their practices. Black male physicians caring for Black males, the data is clear, there's a higher level of compliance with preventive diagnostic testing and recommendations for treatment or therapies. We believe that this matters significantly.

Interview has been condensed and edited.

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